

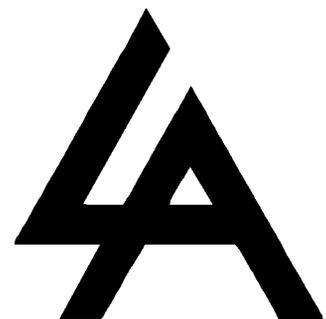
# THE FUN OF ALCOHOL:

## A RATIONAL DEFENCE OF BOOZING AGAINST THE ANTI-ALCOHOL KILLJOYS

**DANNY FREDERICK**

### CONTENTS

<b>1. Introduction</b>	<b>1</b>
<b>2. The Piss-Artist's Progress</b>	<b>2</b>
<b>3. What It's Like To Be A Sot</b>	<b>2</b>
<b>4. What It's Like To Come Out Of It</b>	<b>3</b>
<b>5. A More Balanced Approach To Drunkenness</b>	<b>3</b>
<b>6. The Myth Of The Alcoholic</b>	<b>4</b>
<b>7. Getting Plastered Can Damage Your Health</b>	<b>4</b>
<b>8. The New Puritans</b>	<b>5</b>
<b>9. Alcohol Misuse And Harms To The Drinker</b>	<b>6</b>
<b>10. Social Costs</b>	<b>7</b>
<b>11. The Measures Proposed</b>	<b>10</b>
<b>12. Conclusion</b>	<b>10</b>
<b>Notes</b>	<b>11</b>



### Political Notes No. 80

ISSN 0267-7059 ISBN 1 85637 154 9

An occasional publication of the Libertarian Alliance,  
25 Chapter Chambers, Esterbrooke Street, London SW1P 4NN  
www.libertarian.co.uk email: admin@libertarian.co.uk

© 1993: Libertarian Alliance; Danny Frederick.

Danny Frederick studied Philosophy for the B.Sc. Economics at the London School of Economics, and he obtained an M.Phil. in Philosophy from Birkbeck College, London. He has also taught Philosophy (specifically, Logic, Metaphysics, and Philosophy of Mind) at King's College, London. He is currently working as a management consultant in local government, where one of his concerns is the improvement of efficiency and effectiveness through the introduction of market disciplines.

The views expressed in this publication are those of its author, and not necessarily those of the Libertarian Alliance, its Committee, Advisory Council or subscribers.

Director: Dr Chris R. Tame

Editorial Director: Brian Micklethwait

Webmaster: Dr Sean Gabb

 **Libertarian  
Alliance**

**FOR LIFE, LIBERTY AND PROPERTY**

---

# THE FUN OF ALCOHOL:

## A RATIONAL DEFENCE OF BOOZING AGAINST THE ANTI-ALCOHOL KILLJOYS

DANNY FREDERICK

---

### 1. Introduction

The freedom to drink falls within the realm of “inalienable human rights”. It follows from *the* fundamental human right of everyone to use his/her private property in any way that he/she sees fit, so long as he/she does not interfere with anyone else using *their* private property in whatever way they see fit.<sup>1</sup> At its simplest: any alcohol that I have honestly acquired is my private property; my body is my private property; therefore, pouring the former into the latter is something that I have a right to do. Notwithstanding this, in some places at some times, the freedom to drink has been suppressed (the USA is the most well-known example); while in others it has been subject to more or less severe restriction, as in present-day Britain.

Some defenders of the freedom to drink seem concerned only with moderate drinking: they might well be happy to support measures aimed at stamping out occurrences of drunkenness. Others, more noble, will defend not only the freedom to drink in moderation, but also the freedom to get drunk (for those who want to do it), though they will usually advise against getting drunk and they may even regard inebriation with disdain. Well, there will be none of that here! This paper is a defence of the freedom to drink, and the freedom to get drunk, from the point of view of someone who enjoys drinking, enjoys drinking vast quantities, enjoys getting drunk, and in fact enjoys getting *absolutely wrecked*.

However, I stop short of actually recommending getting plastered to all and sundry. Some people enjoy it and some do not; in fact some detest not having their full wits about them, the loss of control, etc. Each person needs to find out for themselves what they like and then act accordingly, if only they have the freedom to do so.

This paper has two aspects: it relates my personal (extreme) experiences with alcohol and my reflections thereupon; and it discusses some of the political/philosophical issues surrounding drinking and drunkenness. The two aspects are sometimes intertwined; but in the earlier sections the emphasis is on the personal perspective, while in the later sections the emphasis shifts to the more general issues.

One problem of the whole debate about drinking is the vagueness of some of the central terms. In particular, it is rarely if ever spelt out what is meant by moderate and heavy drinking. Throughout this paper I will use “heavy drinking” to mean: frequently drinking to the point of drunkenness and beyond. By “moderate drinking” I will mean drinking which is not heavy. I agree this does not eliminate vagueness; first, because “frequently” is itself vague; second, because sobriety passes into drunkenness insensibly (pardon the pun). However, for one thing, this explanation is better than giving no explanation at all; and for another, vagueness does not always make a distinction useless (eg. day passes insensibly into night but we still fruitfully distinguish between the two).

### 2. The Piss-Artist’s Progress

I first started getting drunk when I was thirteen. Some friends and I used to drink bottles of cider; Woodpecker if we could get it,

because it was the sweetest, but otherwise Strongbow. It seemed like a grown-up thing to do; and getting drunk was fun up until the point at which sickness ensued. However, this was merely a phase: by fourteen I had lost interest in booze, and I didn’t touch another drop until I went to the London School of Economics (LSE).

Once at the LSE, I became a regular boozier, with the results that my tolerance level rose (it took more to get me drunk), and I could get drunk (in fact, as pissed as a rat) without also getting sick. Although I started out on cider, I experimented with a range of beers until, early in my third year, I discovered the joys of traditional cask-conditioned beer, or “real ale” as it has come to be known (inaccurately, because *ale* was distinguished from beer in being unhopped). I was drunk almost every night through that third year (I remember one night when I was sober), though I did exercise a little restraint on the evenings before final examinations (I only got “half-cut”). Upon leaving the LSE I had become a 10-pint-a-night man.

Immediately after LSE, my financial circumstances permitted me to go boozing only two nights a week; but I would drink to excess on both those evenings. However, as soon as my finances improved, I was out on the piss every night of the week. After 9 months of this, I started working as a full-time barman. This enabled me to drink as I earned (DAYE). Although I normally maintained a decent sobriety during the daytime, by around 9.00 pm I would be well on the way; and after we had shut up the pub, the real boozing would begin for the bar staff and the members of the band (it was a music pub). So I continued to get well sloshed every night of the week, and especially so on my night off. I held this job for one year and two months, which meant that, when I left, I had been getting paralytic every night of the week, every week of the year, for 1 year and 11 months.

While working as a barman I had managed to save quite a bit of money. So much, indeed, that I could afford to swap sides of the bar: to become a permanent customer, boozing day-in and day-out. I estimated that the money would last about six months if put to this use, and the idea of spending six months doing nothing but boozing filled me with delight. So I packed in the job as a full-time barman and became instead a full-time toper!

As it happened, the money lasted for 8 months. In the next few paragraphs I will describe my routine during this period.

I would normally wake up at around 10.30 am. This meant I had time to wash, dress, have a cup of coffee, and clean my teeth before heading for the pub to arrive a little after opening time (11.00 am). I had no breakfast: I couldn’t eat on an empty stomach. I usually took it easy at the lunchtime session: 6-8 pints of beer or 10 or so glasses of red wine.

The pubs closed at 3.00 pm (pre-1988 restrictions), which meant that I left at around 3.15. This left me enough time to go home, have a meal, get cleaned up, and get back to the pub for 5.30 pm when they opened again for the evening session. At that session I would go to town and drink as much as I could to get as pissed as I could. However, because I’d had a fair drink at lunchtime, I would normally only manage 10-12 pints in the evening,

though sometimes I would exceed this. From about 9.30 pm onward, I would be painfully aware of the fact that the pub would shut at 11.00 pm, so, fearing that I might just fail to end up as drunk as it is absolutely possible to get, I would have “chasers” (ie. shots of either whisky or brandy) with my beer.

Sometimes there would be “afters”, i.e. selected customers would remain in the pub after it had officially closed and booze would be sold to, and consumed by, them illegally. I quite often took advantage of this opportunity to facilitate my quest for total anaesthesia.

Weekends were different. On Friday evening, after meeting in the local, we would go to a heavy metal club which was open till midnight (“we” were a gang of between 6 and 26 blokes). There were several occasions when I managed 18 pints on a Friday night, even after a good lunchtime session. I think there were two reasons for this:

- (a) I always drink a lot more quickly when listening to music that I like;
- (b) the beer in this club was weak (we suspected that it had been watered).

On Saturday evening we would also go to this club; but the local pubs didn’t open until 7.00 pm on Saturdays, and this later start meant that I didn’t consume so much, though I still managed to get out of my box.

On Sundays the pubs were only open from noon till 2.00pm lunchtime, and from 7.00 pm till 10.30 pm in the evening. Every minute was precious! We would be queuing outside the pub from about 11.45 am. I would normally down 6 pints in the two hours available; abnormally, 7 or 8. Similarly for the evenings: queuing up outside from about 6.45 pm; keeping an eye on the clock throughout the evening to ensure I got at least 10 pints down my neck before they shut up shop.

As I have said already, I had no breakfast; but I did have a meal in the middle of the day (when the pubs were shut). That was my main meal of the day. The only other time I ate was when I got home from the pub at the end of the evening, when I would sometimes have a snack (something on toast). However, this was only sometimes because, as often as not, I would be too incapacitated to do anything so elaborate. Indeed, often even taking off my clothes and going to bed was beyond me: I would just pass out on the living room, or passage, floor.

So that was my routine. I was on the piss all day, every day, every week, for eight months; and this, remember, followed on immediately from a period during which I was rat-arsed every night of the week, week-in week-out, for 1 year and 11 months; which in turn followed on from a period of about two years of getting out of my head regularly (*at least* twice a week, and often more).

### 3. What It’s Like To Be A Sot

I will attempt to describe some of the features of the inner life of the hardened drunkard.

**Blackouts.** These come in two types. First, there is the momentary blackout. This is a loss of consciousness for a split second. You may be sitting, standing at the bar, walking back from the gents, or whatever, when suddenly you are aware of just regaining consciousness and quickly regaining your balance and stopping yourself from falling. These occurred, I would say, on three or four nights a week and two or three times on those nights.

Much more spectacular, but less frequent, were the total blackouts. These are the occasions when you just pass out and collapse. Again, you may be doing anything when one of these strikes you down, but they usually caught me when I was sitting on a stool up at the bar toward the end of the evening: I would just lapse into unconsciousness and fall off the stool on to the floor of the pub. On one of these occasions one of my sisters was drinking at the bar. She thought I had dropped dead. In a panic, she picked

up an ice bucket from the bar and emptied its contents over my face. As it was toward the end of the evening, most of the ice had melted, so the bucket contained freezing cold water. I jumped up with a start; I can’t remember whether I went back to my booze.

**Memory Loss.** Everyone knows that getting drunk causes a partial loss of memory. When you are permanently pissed your capacity to remember the day’s events is very nearly entirely wiped out. Because of this, the days seem very short: there are only a few incidents from the previous day that you can recall. Indeed, your picture of what happened on the previous evening is built up very largely from what people tell you the next morning (anything they tell you the next *evening* is, of course, similarly forgotten). Fortunately, I had people around me whom I could rely on to tell me the truth. However, it is not just your memory of the *previous* evening that is affected: you also forget things that happened only an hour or a half-hour ago. The evening seems to be over very quickly because you are forgetting parts of it at the time. Your grasp of chronology is also very weak: if someone asked me when something had happened, I could only say whether it had been before or after Christmas.

The memory which gets wiped out is short-term memory. I do not think that my memory of things prior to this period was affected. However, long-term memory *is* impoverished in that so little new stuff gets into it (because things get into long-term memory through short-term memory). I know very little now of the incidents that made up that period: it’s all little better than a blur.

**The Shakes.** In the mornings, if I held out my hand straight, which I regularly did, it would shake uncontrollably. Some mornings would be worse, or much worse, than others, depending on the severity of the previous day’s excesses. However, during the course of the day, ie. during the course of the fresh carouse, the shaking would lessen; but I don’t think it went away entirely.

**Hangovers.** I never had these; though I suppose it depends what is meant by a “hangover”. The celebrated “headache with upset stomach” never troubled me. It seems to me that that is a condition which afflicts only those who do not get drunk on a regular basis. I get these occasionally nowadays, but only if I go without a drink for two or three weeks and then have a good booze-up. However, provided I succumb to inebriation almost every weekend (which indeed I normally do, on at least one evening), then the classical hangover just passes me by.

On the other hand, going back to my more bibulous period, I used to wake up in a very peculiar condition. I found it difficult to describe at the time, so it will be pretty difficult to describe now. At the time, the phrase I used was “washed out”. The condition had a number of features: no appetite for food (at least, until I’d had a bellyfull of beer or wine); inability to concentrate; inability to focus properly (I was often unable to read a newspaper); a feeling of detachment from the world; a tendency to behave and speak in an unsubtle way; general insouciance. Since all of this was a consequence of the previous day’s binge, I suppose it could be called a kind of hangover.

**Dots And Stars.** Every morning I would have a small black dot hovering a few inches in front of my right eye. As I moved my eye to look around the room, the dot would move too. I think the dot was actually there permanently, but I was more conscious of it in the mornings, just because I was more conscious of everything in the mornings, before the booze started flowing.

Any sudden movement would cause me to see stars; and I often just woke up seeing stars anyway.

**The Squirting.** This occurred several times first thing in the morning, and several times just after my main meal of the day, every day. Anyone selling a high fibre diet would have been wasting their time on me. Something to thicken it up — now *that* I might have bought!

**Weight.** When I went to the LSE I weighed 8st 7lb; when I left I was around 9st. After 1 year and 11 months of getting drunk (and usually *very* drunk) every night, I weighed around 9st 7lb. How-

ever, after 8 months of boozing day and night and getting paralytic every night, my weight rose to 11st 7lb; and this in spite of the squirting. Most of the additional weight was concentrated around my stomach. As a consequence, I had to buy jeans in a size 30" waist instead of 28", and I even had to lie down on my back in order to get them on. I remember sitting in the bath and being amazed, and also quite disgusted, at the rolls of fat around my middle.

**Injuries.** Quite often, the first thing of which I would be conscious when I came to in the morning would be heat around one of my eyes. I knew straight away what that meant: black eye. I did not always know how it got there.

There were four ways in which I collected injuries. First, I mentioned above that my speech and behaviour through this period were unsubtle. Well, some people take offence. Second, unsubtle behaviour can lead to accidents: eg, I could pick something up or move something in a more swift or careless or robust way and thereby cut my hand or do myself some other damage. Third, the general lack of co-ordination and dullness of thought meant that I was more prone to accidents than normal. Fourth, there were the blackouts. I don't recall any damage from the total blackouts in the pub; but the floor of the pub was carpeted. On the other hand, London boroughs have not yet got around to carpeting the pavements and curbs. One Saturday night on my way home from the pub with a couple of friends, we came across a great hole in the pavement where workmen had obviously been digging for something. A barrier, consisting of plastic bollards connected with tape, had been erected around the hole, but of course I still managed to fall into it. I think that at this point I had not sustained any serious injury. However, after climbing out of the hole (with some assistance from my friends), I walked for a further five minutes or so and then blacked out, tumbled to the floor and gashed my eye on the edge of the curb. At the Sunday lunchtime session the following day I had the most incredible black eye: swollen, purple, almost entirely closed up, and adorned with a scab of dried blood. Most people found something to say about it; others were conspicuous by their studied indifference.

**Exaggeration.** I am not here talking of exaggeration in speech, though I think it's likely that toppers are generally liable to this too. Rather, what I am talking about is exaggeration of the whole personality. Mannerisms, behaviours, ways of doing things or saying things which were typical of, or peculiar to, me - these all became overblown. I became a caricature of myself. I have noticed this in other drunks too (both toppers and also non-toppers who just happen to be drunk for a change).

**Confusion.** It is difficult to think clearly when you are drunk. When you are *persistently* drunk, your mind becomes very muddled and befuddled. It is difficult to understand people and to think consequentially. It is easy to misunderstand people and to make inappropriate remarks. There are also more extreme kinds of confusion, of which I will give one example. There was a pillar running from the floor to the ceiling in the pub. A table was placed next to it, and there were some seats around the table. On one night, obviously a good one, I was sitting at the table conversing with the pillar. I can't remember if I thought it was talking back.

**The Positive.** There was, of course, a positive side (otherwise, why do it?). I was *enjoying* myself, after my own fashion. I loved drinking beer. I also enjoyed drinking spirits as well. And I loved getting drunk, especially in company with a great crowd of people who were also getting as pissed as arseholes at least some of the time. I had a great time: lots of laughs, lots of antics, and lots of shared experiences.

#### 4. What It's Like To Come Out Of It

After eight months as a full-time toper my money finally ran out. On the last day, I had enough to go out in the evening, but not quite enough to get totally arseholed. I had to borrow £5 from one of my sisters to ensure that the last night would be a match for any that had preceded it. However, after that last night, the money had gone, and so the boozing stopped.

It is probably quite a shock to the body to be filled to the brim with alcohol night after night for 1 year and 11 months and then all day every day for 8 months, and then to find that suddenly no alcohol at all is coming in. In the next few paragraphs I will describe what it is like to experience this change.

**Water.** For a few days I drank lots and lots of water. I was just so damned thirsty. I took a mug of water to bed with me; but I still had to get up several times in the night to replenish it.

**Long Days.** Initially I was amazed at how long the days were. I would be thinking that it must be getting late, and then I would look at my watch and see that it was many hours earlier than I thought. I was really surprised at how much you could do in one day. This was just the result of not having my memory wiped out by the booze.

**Sleepless Nights.** It was very difficult getting to sleep. For such a long time I had been used to just passing out when my body could take no more. It seemed as though I had to re-learn how to go to sleep. Even when I did get to sleep, it was for no more than a couple of hours at a time. Most of the night seemed to be spent just lying awake, or getting up to drink some more water. This went on for a few days, maybe a week.

**Food.** My appetite came back. I can't remember if this happened straight away or whether it took a few days, but I started eating for the enjoyment of it.

**Weight.** Despite my increased consumption of food, my weight started to decrease. This was very slow at first. In fact, for the first few weeks, I seemed hardly to lose any weight at all. However, from then on the reduction was relentless. Within a couple of months I was back to 9st.

**Acuity.** Shortly after my return to sobriety (I can't remember how long - it might have been a few days, it might have been a few weeks), I was walking through a local park and I was amazed at what I perceived: I could hear the birds singing in the trees, I could feel the breeze on my face and in my hair, I was so *aware* of the sights and sounds around me. Previously, in my pissed-up state, I had been oblivious to all such things. Now there was a whole world to be appreciated.

**Indifference To Booze.** At no time after packing it in did I have a craving for booze. I had passed through a protracted period of being permanently pissed; but the money had now gone and the boozing had to stop; and stop it did. I had some new experiences, some pleasant, others unpleasant. But I did not at any time feel that I needed a drink. I certainly *never* felt a compulsion to imbibe. For the first few days, if someone had made me a gift of some money, then I would probably have gone out and got drunk, because that would still have seemed to me to be the best thing to do with any cash. However, after those first few days, when I had started to re-adjust to sobriety, I would probably have put the money to some other purpose: by then I had re-discovered that there were other things in life that were worthwhile too, and which get shut out if you are permanently out of your tree.

#### 5. A More Balanced Approach To Drunkenness

Within a couple of weeks of stopping boozing, the negative symptoms had ceased, and I began to experience the *joy* of being sober. This is something you can't appreciate unless you've experienced the life of the sot. It's really just a matter of regaining your senses: your perception is more acute, your thinking is more clear and swift, powers of concentration and understanding return, and not least, your memory is back. In effect, *you* are back: back in the world, aware of what is happening around you, living instead of dreaming. This made such an impact on me that I resolved to abstain from boozing completely.

For several months (I think it was five) I didn't touch a drop: I preferred to spend my leisure hours reading the history of Philosophy. But then I felt the lure of booze again and went out on a binge lasting several days. This was followed by another resolution of teetotalism which was again, after weeks or months, succeeded

by another binge (lasting days or weeks). And so it went on, alternating between complete abstinence and complete indulgence (“a famine or a feast”, as one of my aunts put it). My mistake here, of course, was to imagine that it had to be persistently one thing or persistently the other.

Today I think I’ve got it right. I don’t normally get drunk during the working week because it impairs my performance at work (even the day *after* a night on the piss). I sometimes have a few mid-week, either lunchtimes or evenings, but not enough to get me drunk. But I do make an exception for special occasions (though I try to arrange the next day off if I can).

I do get drunk most weekends, on at least one night, quite often two nights, and sometimes I have a good session Sunday lunchtime too (the pubs are open until 3.00 pm on a Sunday now). I often book a day’s leave on a Friday and/or a Monday, and sometimes a Tuesday as well, to make a good long weekend of it. These long weekends often coincide with beer festivals, when I go completely over the top; sometimes they coincide with a trip to Amsterdam, where I go over the top in many more ways than one; and sometimes they coincide with a weekend away at a friend’s place (eg, I have friends living in Brighton, where there are loads of pubs and lots of excellent beers available). I take the best part of a week off work every August to attend the Great British Beer Festival.

So I still drink a lot; but drinking is not the only thing I do. I enjoy drinking beer, especially the porters that have been revived by breweries up and down the country over the last year. I enjoy being in pubs: talking, drinking, listening to music, meeting new people. And I enjoy getting drunk: if they took the alcohol out of beer I would probably stop drinking it and stop going to pubs. Let’s face it: beer is fun, pubs are fun, and *getting plastered is fun*.

However, I would certainly *never* again become a full-time toper, even given the resources to make it possible. This is *not* to say that I regret what I did: I think it was something I would always have wanted to do until I got it out of my system. But once was enough!

## 6. The Myth Of The Alcoholic

The popular conception of the alcoholic is of someone who through heavy drinking becomes dependent on, or addicted to, alcohol and who is unable to give up booze without assistance from Betty Ford or Alcoholics Anonymous (AA). The alcoholic is a compulsive drinker who needs help to return from his/her misery to a normal life.

When I was drinking myself into a stupor on a daily basis, and even before then, a number of people referred to me as an alcoholic. I always denied that I was an alcoholic: I maintained that I could give up boozing at any time, and that the only reason I was drunk every day (or earlier, every night) was that that was how I wanted it, that was what I enjoyed.

Experience eventually showed that I was right: when I wanted to (i.e. when my money ran out), I stopped instantly, and without a Betty Ford or an AA counsellor in sight. Let me point out that I could have borrowed: my father, mother, brother and two sisters were all (at that time) perfectly solvent and able and willing to lend me money for a few months if not longer (even if the money was to be used just for pissing it up). So I had the option of continuing the carouse; but I didn’t, simply because I didn’t want to run up debts (apart from the £5 for my last night).

But if I wasn’t an alcoholic, then who *could* be? Who *are* these people who seek out AA and who keep Betty Ford in the lifestyle to which she has become accustomed?

It seems to me that so-called “alcoholism” doesn’t have anything much to do with how much you drink; it has rather to do with your reasons for drinking. I am pretty sure that today I could drink most confessed “alcoholics” under the table. I am certain that when I was a full-time toper I would have left any of these “alcoholics” for dead (just as I left all the other hardened drinkers for

dead, with one possible exception). I bet very few so-called “alcoholics” really know what a *proper* piss-up is. The difference between the “alcoholic” (i.e. the person who needs help) and the plain piss-head, is that the piss-head drinks because he/she enjoys drinking and enjoys getting drunk, whereas the “alcoholic” is someone who turns to drink to seek refuge from life’s problems. If there were no alcohol, these people would try to escape from reality in some other way: they might take drugs, or they might enrol in a mental institution (have a “nervous breakdown”), or they might discover Jesus, or they might immerse themselves in the world of Mills and Boon, or they might do something else.

With “problem drinking”, the problem is not the drink but the drinker. Self-proclaimed “alcoholics” do not have problems because of drink; they drink because they have problems. Other people sort out their own problems, and drink (if they do) because they like it.

So how can we help the so-called “alcoholic” (if we want to)? Clearly, we *don’t* start trying to tamper with drink (its strength, level of taxation, restrictions on sale, etc.); we need instead to look to the “alcoholic”. Unsympathetically, it could be said that what these people need is a good kick up the backside. More constructively, what they need is counselling on how to deal with their own problems, how to take responsibility for their own lives, how to face up to the facts and make decisions. Perhaps this is what AA offers (I don’t know); but part of the counselling ought to involve making it clear that their boozing was not the problem, only a symptom.

We need a new term to refer to so-called “alcoholics”, a term which doesn’t conjure up the popular myth, and which doesn’t link them in any special way with alcohol. I propose “inadequates”. In the rest of this paper, so-called “alcoholics” will always be referred to as *inadequates*.

## 7. Getting Plastered Can Damage Your Health

Everyone who has read this far will be aware, if they were not already aware, that heavy drinking is both physically and mentally deleterious. Most of the negative conditions of mind and body that I experienced in my time as a full-time toper I have also experienced, in different combinations, and to lesser extents, during the regular, and even occasional, bouts of drunkenness that interrupt an otherwise sober life. So heavy drinking brings with it physical and mental debilities.

However, with a return to sobriety, it seems that the debilities are eventually overcome. Even after my stint as a full-time toper, I appear to have returned to normal. The blackouts, memory loss, injuries and “exaggeration” stopped straight away. The shakes, dots and stars, “hangovers” and the squirting stopped within a few days, as did the negative effects of leaving the booze alone. I went on to obtain a research degree in Philosophy, and also to teach Philosophy, at the University of London, so the intellectual impairment was also only temporary. Today, even though a regular boozer, I weigh only 9st 7lb, I have a 28" waist and a fit and healthy body.

So it appears from my experience that there are no long-term ill-effects of drunkenness, even when that drunkenness is pretty protracted. However, a number of caveats need to be entered here:

- people are very different, and something that one person can survive intact will kill another;
- it is *possible* that I have suffered internal damage, eg. to liver or brain, that will only manifest itself in later years;
- my memory *might* have been enfeebled, since I am aware today that my memory is not too good, but I do not know if it was very good before (I can’t remember);
- some of the injuries I have collected through inebriation have left a permanent mark, viz., a few scars and slightly impaired hearing in my right ear following a fractured skull (the latter, incidentally, came *after* my period as a full-time toper).

As for the short-term ill-effects: these are just part of the price you pay for getting drunk, and different people will come to different conclusions about whether the price is worth paying. Certainly, in my sottish stupor I was happy to pay the price of that condition. I used to joke about the debilities with other drunkards; indeed, I even regarded them as all part of the experience (I wouldn't have missed them for the world). Today, I wouldn't choose the life of the full-time toper even if all the negative aspects could be removed: there are just too many other worthwhile things to do. I do wish that my periodic drunkenness didn't have its negative aspects, but I still feel that the advantages outweigh them, provided the drunkenness only comes as an interruption to an otherwise sober existence.

The discussion of the health effects of alcohol consumption cannot, however, be left at this personal level. Some account must also be taken of medical research. Briefly, the evidence of medical research appears to be as follows:<sup>2</sup>

- \* moderate drinkers have a higher risk of cirrhosis of the liver than do teetotallers, but the actual risk is *very* small (pp. 68, 69);
- \* moderate drinkers have a *lower* risk of heart disease than do teetotallers or heavy drinkers (pp. 31-33, 69, 77);
- \* moderate drinking can improve the quality of life by relieving stress, inducing a feeling of relaxation, overcoming shyness and encouraging friendship (pp. 29, 31, 34-35);
- \* alcoholic drinks have a nutritional value, providing minerals and vitamins (pp. 33-34);
- \* heavy drinking can cause several liver disorders, but these disorders can also result from other causes (p. 36);
- \* *years* of heavy drinking can cause cirrhosis of the liver (it usually attacks people in their fifties or sixties), but (a) cirrhosis can also result from other causes, and (b) less than a third of lifetime heavy drinkers develop cirrhosis (p. 36);
- \* heavy drinking causes inflammation of the pancreas, subtle changes in the intellect, and damage to the reproductive functions (p. 36);
- \* heavy drinking over many years *may* raise blood pressure thereby increasing the risk of a stroke (p. 77);
- \* in pregnant women, heavy drinking will, but moderate drinking will not, damage the foetus (p. 36);
- \* having one or two "dry" days per week gives the body a chance to recover and thereby reduces the risk of ill-health (pp. 11, 36).

Once we know the costs, risks and benefits of an activity, we can make an informed decision as to whether that activity is worth undertaking. However, because different people put different values on the same things, they are liable to form different judgements as to whether to engage in an activity, and to what extent, even given the same information. Personally, I enjoy getting pissed and I'm willing to pay the price. In fact, on the above evidence, my drinking habits (usually staying dry on weekdays, apart from Fridays) seem pretty safe. Sure, I'm taking *some* risks, and I *may* be suffering some long-term damage; but even if I am, I'm here to enjoy life, not just to avoid dying.<sup>3</sup>

## 8. The New Puritans

Someone defined a puritan as a person who is persistently tormented by the fear that somewhere, someone might just be having some fun. The last couple of decades have seen an upsurge in repressive puritanism in a number of different guises. However, in whatever guise, there is a common psychological development, or tactical transformation, of the puritanical message.

(1) At bottom, the puritan thinks that fun is wrong and ought to be prohibited. However, when it is expressed so blatantly the puritanical message is scorned by the general population.

(2) To obviate this, the puritan begins to maintain that fun is bad for those who engage in it: it does them no good, it damages their health (mental or physical), it shortens their lives, etc. And with respect to some specific fun activities (e.g. drinking), there may actually be some scientific evidence to support claims that the participants in those activities are exposing themselves to harm or to risk of harm. The puritan can generally be relied upon to exaggerate or distort this evidence or what it shows.

However, for the most part, people carry on having fun, even when they know the risks they are taking or the damage they are incurring, and even if they believe the exaggerated claims about risks and damage made by the puritans. They carry on because they value the benefits of their fun activities: in their eyes, according to their values, the benefits of these activities are worth the costs (including the costs, or putative costs, to their health). After all, as it has been said, the quality of a life is as important as its quantity.<sup>4</sup> Further, with respect to any specific fun activity, even people who do not engage in it are often reluctant to support measures curtailing those who do, since most people pay at least lip-service to the proposition that, so long as they are not harming anyone else, people should be allowed to live their lives in their own way, even if they are risking their own early demise.

(3) This, however, gives the puritan the key to obtaining public support for repressive measures. The puritan now claims that various fun activities are harmful, not only to those who engage in them, but also to the innocents who abstain (particularly children). Again there are references to research evidence. However, the actual research is generally inconclusive and sometimes, in fact, points in the opposite direction to that desired by the puritans. Consequently there is the resort to distortion, exaggeration and even fabrication. For, provided the puritan can make the claim of "harm to others" stick, there is the prospect of "tough new laws" to stamp out all the enjoyable things in life.

To the shame of investigative journalism, this third tactic of the puritans has had considerable success, and spurious claims about the harms of various ways of having fun have become part of the conventional wisdom. I will give a couple of brief illustrations of the puritans at work before going on to a more detailed consideration of the puritanical campaign against alcohol.

Pornography has been anathema to puritans from time immemorial. They have execrated it as sinful, as harmful to those who come into contact with it (it "depraves and corrupts"), and more recently, as harmful to the innocents who avoid it if they can (it is supposed to be responsible for sexual crimes, including child abuse). There has been extensive research into the possible harms of pornography, some of it scientifically suspect. Two government-appointed reviews of the research have concluded that there is no scientific evidence that pornography does any harm, and some evidence that it may actually do some good.<sup>5</sup> But this does not stop the puritans from reiterating their unfounded claims, distorting research findings, and quoting from discredited research. Worse, the media give publicity to the puritanical pronouncements without challenging them, perhaps because the journalists cannot be bothered to consult the research or even the (very readable) reviews of it, or perhaps because they are just after a sensational story. As a consequence, complete nonsense about the harms of pornography becomes a part of "common knowledge", and the puritanical clamour for "tough new laws" meets with little resistance.

The purported harms of smoking to the smoker gave the puritans their traditional cover for campaigns to stamp out any whiff of tobacco fun. But over the past decade or so, their attention has concentrated instead on supposed harms of smoking to non-smokers, particularly through so-called passive smoking (i.e. inhaling other people's tobacco smoke). The research into passive smoking has been entirely inconclusive: there is no scientific ground for a belief that passive smoking is harmful. Once again, however, the puritans are not really interested in whether smoking or passive smoking is harmful: they just want it suppressed. So they exaggerate, distort and even lie about research findings. And once more, the media lap it up, and a quite unfounded public hys-

teria is created which lends support to an absolutely disgraceful campaign against the civil liberties of smokers.<sup>6</sup>

Around 90% of the adult population drink.<sup>7</sup> An open campaign for teetotalism would be a dead loss (not even all of the remaining 10% would support it). Consequently, the puritans identify “alcohol misuse” as their overt enemy. The very term suggests, no doubt deliberately, that their target is the inadequate or “alcoholic”; but the measures they campaign for are aimed at continually reducing alcohol consumption across the board, thereby achieving teetotalism by stealth.

## 9. Alcohol Misuse And Harms To The Drinker

I have been unable to find a definition of “alcohol misuse”. In the popular mind the term evokes images of the inadequate (the “alcoholic”). However, anti-drink campaigners like Alcohol Concern, the Health Education Authority and spokespersons for the British Medical Association, seem to use the term synonymously with “heavy drinking”; but they leave this undefined too. Indeed, as used by the puritans “heavy drinking” appears to be used in two quite distinct senses (and I suspect that this equivocation is deliberate). In the one sense, it seems to be roughly equivalent to the sense in which I am using the term in this paper, viz., frequently drinking to the point of drunkenness (and beyond). In the other sense, it means (frequently) drinking more than *their* recommended limits. To see that these two senses are different, we need only to consider the recommended limits. At present, these stand at: up to 21 units per week, for a man; up to 14 units per week, for a woman. A unit is equivalent to half-a-pint of ordinary strength beer or lager, or a single pub measure of spirits, or one small glass of sherry or fortified wine, or a small glass of table wine.<sup>8</sup> Now, I could drink three pints at lunchtime and three pints in the evening every day of the week without ever getting drunk. This would make me *not* a heavy drinker in the first sense; but it *would* make me a heavy drinker in the second sense, as I would be consuming 84 units per week.

I will continue to use “heavy drinking” in the sense in which I have been using it throughout this paper. We need a new term for frequently drinking more than the puritans recommend. I propose “excellent drinking”, since it is drinking which surpasses the set limits. I am both a heavy drinker and an excellent drinker. However, I just gave an example of how someone could be an excellent drinker but not a heavy drinker; and it is also possible (though perhaps rare) to be a heavy drinker but not an excellent drinker (e.g., some old dears frequently get pissed on just a glass of sherry).

So we have three (overlapping) classes of drinker — the inadequates, the heavy drinkers, and the excellent drinkers — all of whom are tarred by the puritans with the stigmatic brush of “alcohol misuse”.

Now it seems to me that the inadequates may justifiably be charged with alcohol *misuse*. For as I said earlier, they are not drinking for enjoyment (at least, not primarily), and they are not even using drink as a rational means to achieve some other objective (as would, e.g., the young man who has a few to steady his nerves before chatting up some girl he fancies). Rather, they are just using drink to flee problems which won’t actually go away if they get drunk. As this is quite futile and irrational, the epithet “misuse” seems appropriate.

The heavy drinker, on the other hand, is not necessarily being irrational. As I said earlier, I have weighed the costs (including health risks) of heavy drinking against the benefits, and I have decided that, according to my values, heavy drinking is a worthwhile way of having fun. This is paradigmatic of rational decision-making! And I am astounded and offended at the arrogance of prigs who describe *my* way of having fun with alcohol as “alcohol misuse”. Do they have so little respect for other people’s differing values?

The same applies to the excellent drinker: only someone completely intolerant of other people’s different tastes could refer to excellent drinking as “alcohol misuse”.

It might be said at this point that what troubles the Alcohol Concerned is that people are taking risks with their life and health, and that, as these things are so precious, it cannot be rational to put them at risk. However, this would be a very stupid thing to say. For there is no escaping risks to life and health: if I leave my house, I am at risk of being hit by a car, or being mugged, or being blown to bits by an IRA bomb, etc; but if I stay indoors I am at risk of being hit by a falling aeroplane, or being killed by a gas explosion, or suffering an electric shock, or starving to death. However, not only are risks in general unavoidable, but there are many avoidable risks which people voluntarily take because of the benefits they confer. Whenever we travel in a plane or a car, we are putting our lives at risk; but the risks are small (or not so small in the case of the car) and we judge that the benefits are worth it. Any woman who gets pregnant is putting her life at risk (some die in childbirth), but she judges that the benefits of having children are worth the risk. Risks, including risks to life and health, are a kind of cost. It is not rational, or even possible, to avoid all costs. What is rational is to incur those costs which are justified, in the circumstances, by the benefits they bring. The same goes for risks, including risks to life and health.

Let us, then, reject the puritans’ description of heavy and excellent drinking as “alcohol misuse”. Correlatively, let us also scorn their characterisation of drinking that is within their recommended limits as “sensible drinking”.<sup>9</sup> By my lights, getting plastered on a regular basis is eminently sensible!

But what now of these recommended limits? Where do they come from? We have seen that moderate drinking, and even heavy drinking so long as it is regularly punctuated by dry spells, carries relatively small risks to health. What is the point of confining consumption within such narrow limits? Clearly, not to achieve *complete* safety. For as we have seen, even moderate drinking increases the risk of cirrhosis; while not drinking at all increases the risk of heart failure. (This, incidentally, illustrates the point I made earlier: we cannot eliminate risk, we can only choose which risks we are going to take.) Given that the risks are inescapable, and not much larger even for the heavy boozer (provided he/she gives it a rest for one or two days a week), the very low recommended limits seem quite arbitrary. That the limits are indeed arbitrary — and arbitrarily *low* — is confirmed by consideration of the fact that the recommended limits have been successively reduced over the past few years even though, apparently, there has been no new evidence to justify the reductions. This is Dr Thomas Stuttaford:

The biggest screening centre in London was until very recently still teaching that most men would be unlikely to suffer serious consequences of alcohol-induced disease at under 10 units a day [70 units per week], but to be safe it was wise to restrict the intake to six [42 units per week]. It is unlikely that medical knowledge has substantially increased in the last year or two, thereby rendering this statement fallacious, more likely that the approach to the problem has altered in response to sociological pressures.<sup>10</sup>

Again, John C. Duffy:

... the threshold has been steadily reduced by a kind of Dutch auction of researchers and interest groups from an original suggestion of 15cl of 100% alcohol per day [around 78 units per week] to the most recent 21 units per week — about 4cl per day.<sup>11</sup>

It is similar with the advice on drink-free days: it was one a week a few years ago; now it is two or three.<sup>12</sup> What these arbitrarily low recommended limits show is that health or safety is not the real concern of these people at all. Their real concern is just to stop people doing the things that they enjoy, in this case, drinking. This much seems evident, indeed, to most people, who treat the puritans’ advice with contempt. Certainly among the working class,

most people know dozens of heavy boozers who live to a ripe old age without suffering alcohol-related problems.

We have just been discussing the puritans' exaggeration of the real risks of alcohol consumption. There are also, however, dubious allegations of harm. For instance:

There's nothing attractive about a drunk.<sup>13</sup>

Anyone who has been drunk at a party and later woken up in some stranger's bed will have difficulty believing this. *Nothing* attractive about a drunk? The statement is false for at least three reasons. First, different people find different things attractive; so even if it is true that most people find drunkenness unattractive, there may well be others for whom it is a positive turn-on. For instance, a wife of a friend tells me that she likes it when her husband comes home smelling of beer. (I have to admit that I was surprised when I heard this. Also, it is doubtless a matter of degree: I imagine she is not exactly delighted when he comes home stocious.) Second, getting drunk is usually a social affair, happening at pubs, clubs, parties, etc., where other people are getting drunk too. Provided people are at roughly the same stage of inebriation, their drunkenness tends to go unnoticed by each other. So even if they do (when sober) find drunkenness unattractive, when drunk they probably won't even notice it (so long as it's not too different from their own state). Third, everyone has a combination of attractive and unattractive features. If drunkenness is unattractive, then someone who gets drunk is merely adding an unattractive feature; but he/she may still be attractive overall. (Compare: "there's nothing attractive about a person with spots".)

It has been reported in the newspapers, several times over the past few years, that drinking, or heavy drinking, causes a man's penis to shrink. Of course, the first time I read this I went straight for the tape measure. Much to my relief, the allegation appeared to be a load of cobblers. I say "appeared" since it is possible that the shrinkage is detectable only by a microscope; it is also possible that this condition (if there is any truth in the allegation at all) affects only some men.

On the question of drinking and diet, Alcohol Concern state that alcohol "has no nutritional value at all".<sup>14</sup> This *appears* to be a straightforward denial of the evidence cited above, in which case it would be a *falsehood*. It is more likely, however, that the statement is *misleading*. For they may be saying that *pure alcohol* has no nutritional value; but this is hardly relevant to the dietary contribution of *alcoholic drinks*. Who, for God's sake, drinks pure alcohol?

There are other allegations made by the Health Education Authority and Alcohol Concern about the harms of drinking. However, these are about harms to people other than the drinker. These supposed harms fall into the category of "social costs", to be dealt with in the next section.

## 10. Social Costs

I spoke earlier of my rational calculation of the costs and benefits of boozing and other leisure pursuits, leading to my decision to consecrate to Bacchus at least one evening of most weekends, and often longer periods too. The puritans will be quick to point out that in this calculation, I am only taking account of the costs (including, admittedly, health costs) to myself. What I leave out of account, they will object, are the costs of my fun to other people. For "alcohol misuse", they insist, has "huge social costs".<sup>15</sup> I will now consider the main categories of alleged "social costs" of alcohol consumption.

**Costs To The National Health Service.** I read the following in the *Daily Telegraph*: "Alcohol Misuse is estimated to cost the Health Service £112 million a year".<sup>16</sup> Unfortunately, it didn't say who made this estimate, but it doesn't really matter. I have three points to make about statements of this kind.

(1) There are many activities which involve significant costs to the National Health Service. Thousands are injured and killed on the roads each year. People get injured and sometimes killed through participating in sports. Some people injure or kill themselves

through keep-fit (joggers are notorious); some others come a cropper because they *didn't* keep fit. Many are a burden on the NHS because they eat too much, or eat rich foods; and so on and so forth. For each of these activities, someone could produce an estimate of the "huge" costs to the Health Service. Are we to suffer campaigns against driving, against sport, against keeping fit, against not keeping fit, against over-eating, against enjoyable food, etc., etc? We may end up with a cheaper Health Service, but would we actually do anything?

The point is that costs must always be weighed against the benefits. If you want the benefits you have to pay the costs; if you don't pay the costs, you go without the benefits. As the saying goes, "there's no such thing as a free lunch"; but that's not a sufficient reason for skipping lunch. As I pointed out earlier, what is rational is *not* trying to avoid all costs, but *rather* trying to ensure that you incur those costs which are justified by the benefits. With 90% of the adult population drinking, the benefits of booze must be "huge".

(2) The estimates of the costs to the Health Service of alcohol consumption, or "alcohol misuse", are notoriously shakey. First, Professor P. M. Jackson has shown that the calculations typically depend upon estimates of the extent of alcohol-induced disease which are based upon small, unrepresentative studies which fail to take account of other intervening variables, and which give an exaggerated picture even on the most *outrageous* assumptions about the extent to which alcohol is implicated.<sup>17</sup> Second, the estimates do not make any allowance for the costs *saved* by alcohol consumption: if people were not drinking they might be doing something else that is even more costly to the Health Service (eg some might be taking drugs); and we have already seen that there would certainly be more heart attacks, which would add to the health bill.<sup>18</sup> Third, duties on booze raise more than £5 billion a year: even accepting the exaggerated claims of costs to the Health Service, the duties on booze will pay for the costs *forty-five times over*.<sup>19</sup>

(3) However, the whole debate about the costs to the Health Service is really beside the point, because costs to the Health Service are only artificially "social costs". It is only because health care has been nationalised that health costs are met from a social pool. If there were no National Health Service, if instead there were only private sector hospitals and doctors, then everyone would have more money (due to the absence of taxes for health services) and would *pay his/her own health costs* through a combination of private health insurance (for unpredictable and expensive treatments) and direct payments (for the rest). It would not then be possible for prigs and puritans to argue that people's enjoyment of life should be controlled because of health costs to others. This is an excellent argument for privatising the National Health Service (NHS).

It is not the only excellent argument for privatising the NHS. Here is another. The NHS appears to be free because it is "free at the point of need". In fact, of course, it is not free; it is very expensive and we are paying for it through our taxes. So we are going to pay for our health care one way or another: either through taxes (under the NHS) or through prices (in the market). However, the differences that emerge from these two methods of payment are vast. If we pay through taxes, we have no choice: the money is taken off us without our consent and given by politicians to bureaucrats and doctors. These professionals then decide what health care we will get, and how much; and they also decide how to ration it out amongst us. In the face of this, the ordinary person is virtually powerless and has to take what he/she is given (or more likely, not given). On the other hand, if we pay through prices in the market, then we can shop around, we can decide whether we pay or go without, we can decide how much we pay (depending on what level of service we want): we have choice, we have control, we have purchasing power. The doctors and other professionals will do what we want, because we are paying, and if we don't like it, we won't pay, or we'll go somewhere else. Nationalised health care means power to the professionals (doctors and administrators), with ordinary people having their health decisions made for them by a bunch of "we know best" *Guardian* readers.

Markets, on the other hand, mean power to the persons:<sup>20</sup> the professionals will only earn their money if they do for each of us what *we*, individually, want.

Here's a further excellent reason for privatisation. People generally moan that the government does not spend enough on the Health Service. However, people are also generally opposed to paying the higher taxes that would be required for additional health spending. Is this a case of wanting to have your cake and eat it? I don't think so. The problem with paying for your health care through taxes is that there is no guarantee that higher taxes will be spent on health; and even if they are, there is no guarantee that you will see any personal benefit from your higher contribution (your particular health needs may not be deemed a priority by the health professionals, or even if they are, you just go to the end of a long waiting list). So under nationalised health care, it is quite rational *both* to want more or better health provision *and* to be opposed to higher taxes to pay for it. Privatisation, on the other hand, gets us out of this dilemma: anyone who wants more or better health services just buys them; and anyone who wants less just spends the money on something else. Since people generally seem to want more and better health provision, privatisation should lead to a boom in the health industry with an increase in the quality and quantity of services. This is one of the wonderful things about markets: they give people what they want (rather than what some state official thinks they ought to have). Defenders of the NHS, whether they realise it or not, are just defending state control over people's lives.

Another excellent argument for privatisation of the NHS runs along the following lines. When health care is "free at the point of need" people are encouraged to use health services which they don't really want and which may be very costly to provide: if people realised what the services cost, and had to pay the price, they would think the services weren't worth it (it would be much better to spend that money on something else). However, they use these services because they are free at the point of use. Because of this, less resources are available to provide services that people really do want and would pay the price for. So if health services were paid for by prices instead of taxes, this misuse of resources under the NHS would be avoided.

Any talk of privatising the NHS is guaranteed to have the puritans, and others, gasping for breath. The standard response is to complain that some people cannot afford to pay for their health care. This seems to ignore the fact that privatisation would mean that everyone would get back their health taxes and so would be much better off. However, the point of the complaint is usually that the NHS involves a *redistribution* of wealth; and that under privatisation, without this redistribution, the less-well-off would be a lot worse off.

The first point to make here is that this complaint is a red herring. If the concern were really redistribution, this could be achieved by redistributing money: privatise the NHS, but take some cash from the rich and give it to the less-well-off. This would be a redistribution which would give the less-well-off enhanced purchasing power to make their own health choices; which is precisely why the puritans don't want it. They're not really interested in redistribution; they're interested in control over other people's lives.

The second point is that the redistribution effected by the NHS is not a redistribution from rich to less-well-off; it is rather a redistribution in favour of the middle classes. For it is the middle classes who get the most out of the NHS (and other state-run services) because they understand how to work the system, and because they are articulate and able to communicate with doctors and administrators on their own level. This is inevitable when purchasing power (which is blind to class, race, sex and creed) is replaced by rationing by professionals.

One final point (though I could go on all day on this topic). Some defender of the NHS might object that, after privatisation, while most people would be sensible and take out private health insurance to cover the worse eventualities, there will be others who

are too irresponsible to do this. What, then, will happen when they come to grief (as some of them surely will)? Let us just admit this problem. The easy way around it is just to make a minimal level of health insurance compulsory, just like third party motor insurance.<sup>21</sup>

There are, then, many excellent arguments for privatising the NHS. However, with the rise of the new repressive puritanism, and the puritans' seductive appeal to "social costs" to make their case, privatisation of the NHS is *imperative* for personal liberty.<sup>22</sup>

**Lost Production.** Estimates of the total "social costs" of "alcohol misuse" give figures for Britain in excess of £2 billion.<sup>23</sup> Over 80% of these supposed costs are accounted for by estimates of lost output. However, these estimates suffer from similar defects to those afflicting the estimates of health costs. First, the figures give an exaggerated picture because of wildly unrealistic assumptions.<sup>24</sup> Second, they do not take account of costs saved (alternatives to boozing might involve greater lost output). Third, they do not take account of revenue raised from duties on booze, which would pay for the *total* "social costs" two-and-a-half times over, even assuming the accuracy of the exaggerated cost figures. Fourth, costs are considered in isolation from benefits (imagine someone arguing against holidays, on the grounds of lost production). Fifth, the costs are not really "social costs" at all. If someone through boozing fails to fulfil a contract (e.g. a contract of employment), the other party to the agreement should claim compensation (e.g. the employer could deduct a day's pay for a day's absence), which means that the costs of default are borne by the defaulter. Whether the benefits of boozing were worth the costs of the default is for the boozer to decide: the costs and benefits are his/hers, and are thus his/her business. Of course, it might well be that there exists legislation which ensures that the costs of some people's activities are artificially transferred to other people and therefore made into "social costs". But it is then this legislation which is responsible for the "social costs" and not the activities which give rise to the costs.

**Violence.** Here's a good one: "Nearly half of violent crimes are committed by people who have been drinking".<sup>25</sup> We are clearly supposed to infer causation. But we can be certain of the following: *all* violent crimes are committed by people who have been breathing. Does it follow that breathing is responsible for violence? Of course, everybody breathes, so it is no surprise that every violent offender has been breathing. But when you consider that 90% of the adult population drink, it may be found a little surprising that *not even half* of violent crimes have been committed by people who have been drinking. It might look as though people are more dangerous when they are stone cold sober.

I have been to seven Great British Beer Festivals. These are attended by over 30,000 people each year (38,000 in 1992),<sup>26</sup> most of whom get at least tipsy, and many of whom get good and drunk. I have never seen any trouble at these. The worst incident I ever saw involved a couple of blokes, obviously friends, having a loud verbal row which didn't come to blows. I have a friend who has been to every Great British Beer Festival since 1978. He has only ever seen one fight at one of these, and this, again, involved a crowd who fell out with each other.

Any claim that booze, or drunkenness, causes violence can be dismissed: it is just not the case that alcohol will transform a non-violent person into a violent one. However, I think it is true that *some* people who are already disposed toward violence may be *more* readily disposed toward it after they have been drinking. It is also true that *some* people who are already disposed toward violence may be more readily disposed toward it after they have been watching a Rambo film, or working out, or reading the Bible, or reading Karl Marx, or attending a football match, or listening to heavy metal, etc., etc., etc. The problem is not drink or any of these other activities, but rather the people who are predisposed toward violence. It is that predisposition that needs attention, not the drink (or anything else) that the vast majority of non-violent people can enjoy without trouble.

Attending to the troublesome predisposition means attending to the beliefs and attitudes that constitute it, specifically, beliefs about what is acceptable behaviour. For example, some people think that violent behaviour is acceptable, though they may have some inhibitions against it; others think that behaving violently is OK if you have been drinking; and others may think that it is *required* if you have been drinking. A person of any one of these types is going to be a problem after boozing; but the problem is not the booze, but the troublesome beliefs/attitudes. Why do some people have these troublesome beliefs and/or attitudes? Part of the answer is education *in the broadest sense* including, and especially, upbringing; the other part is that some people just choose to be wicked.

**Relationship Problems.** “Many family rows and breakdowns are caused by too much drinking”.<sup>27</sup> It seems to me that there are two different types of problem here, viz., incompatibility, and neglect of responsibilities or obligations. I will deal with them in turn.

Consider the following couples:

- (a) he would like to spend more time at art galleries and museums, but she is always out with the girls on the booze;
- (b) she would like them to spend more time together at home, but he is always out football training;
- (c) they always argue because she wants to go out and socialise more often, but all he wants to do is sit in and watch television.

Is the relationship problem in (a) caused by too much drinking? Or is it caused by too much culture-seeking? Surely, the problem is just that he and she have different priorities. Only someone who thought that drinking was not a legitimate leisure pursuit would say that the problem is too much drinking.

The same goes for (b) and (c): too much football or too much cosiness? too much television or too much socialising? I am sure there are puritans who maintain that football or television have “huge social costs” and must therefore be subject to restrictive controls. However, only someone who thought that there was something illegitimate about these activities could describe the problems in (b) and (c) in such a tendentious way, instead of recognising that all we have in such cases is a degree of incompatibility.

Every two people are incompatible to some degree. That is why living together requires mutual toleration, a bit of give and take. When couples are incompatible to a great degree, then living together will hardly be worthwhile, even if it is possible. However, even when the degree of incompatibility is relatively small there will still be problems if one or both are unreasonable, ie. if they don't exercise that toleration that is integral to personal respect.

Consider these two: *He* wants some friends round for dinner, conversation and classical music; *she* would rather have a rave. However, they had a rave-up last week, so they agree on the dinner party. But she ensures that the wine flows freely, and effectively turns the evening into a piss-up, much to his chagrin. This leads to a blazing row.

Only someone with a bias against booze would describe this as a row caused by too much drinking. The problem is the woman's unreasonable behaviour. Either she should give him his due, or they should part.

The second type of relationship problem for which the puritans scapegoat booze is where people fail to carry out their responsibilities or duties, especially to their children. For example, a father or mother spends money on booze in preference to spending it on clothes or food or toys for the children.

The first point to make is that in some cases like this there need not be anything wrong. For instance, the parents calculate that if they gave up the booze they could buy the kids designer clothes; but they consider the advantages to the children of having designer clothes small in comparison to the great disadvantage to the parents of losing one of their favourite leisure pursuits. So, tough luck kids, mummy and daddy are on the piss again! This is no neglect

of their duties (assuming the kids still have adequate clothes); it is just a matter of achieving a reasonable balance. But, of course, the anti-booze brigade (who have completely different priorities) will view this as parental neglect “caused by too much drinking”.

There are, on the other hand, genuine cases of neglect, where children go hungry or poorly clothed, etc., because their parents (either or both) are spending the money on booze; or where children are left unattended, or not properly cared for, because parents are in the pub or spark-out on the living room floor; and so on. What is surprising, though, is that *boozing* gets singled out in this way. For all we have here is parents who are pursuing their own interests to the detriment of their duties to their children; and this can happen no matter what the parents' interests happen to be. For children can go without because one or both parents spend large sums on their own designer clothes, on gambling, on home improvements, on videos, on cars, on extra-marital affairs, on donations to Alcohol Concern, etc. And children can be left unattended, or not properly cared for, because parents are away on holiday, or working long hours, or out at a group sex orgy, or out spreading the gospel or raising money for charity, and so on and so forth. The problem is not drinking or any of the other activities that responsible people can enjoy without trouble. The problem is just that some people do not face up to their responsibilities and discharge their obligations. Typically, such people are very ready to follow the puritans in blaming alcohol (or anything else) for their own shortcomings.

I have been talking of parents not doing their duty by their children, since alleged harms to children are the puritans' trump card; but the same goes for neglect of responsibilities to other adults. Some people prefer boozing to fulfilling their obligations, some people prefer other things, some people prefer *anything*. Such shirking can indeed lead to family rows and breakdowns; but only an anti-alcohol puritan could be so perverse as to mischaracterise this as an alcohol problem, “caused by too much drinking”.

**Accidents.** The Health Education Authority again:

More than 1,000 young men die each year in road accidents involving drink. Alcohol also causes accidents at work and in the home.<sup>28</sup>

I suspect that the figure quoted is a customary exaggeration: even if there are over 1,000 young men injured in road accidents in which at least one party had been drinking, it doesn't follow that the drink actually played a decisive part, or even any part at all, in bringing about the accident.

Notice also that the supposed culprit here is just alcohol, rather than drunkenness. I have already described some ways in which *drunkenness* makes one more prone to accidents; but it is a different proposition to say that *drinking* (e.g. moderate drinking) does too. Since a couple of drinks can make you more calm and relaxed, they can also make you less liable to panic, and this could *save you* from having an accident in an emergency situation. However, let us concede that even moderate drinking *may* increase the risk of accidents if you are using machinery.

Remember that we are dealing here with “social costs”. Increased risks of harm to oneself have already been dealt with above. What we are considering, then, is accidents brought about by people who have been drinking, in which other people are harmed. The following points can be made.

(1) In the vast majority of these accidents, the damage caused is little more than an inconvenience, e.g. stepping on someone's toe, spilling beer on clothes, etc.

(2) It is possible to reduce the risks of the more serious harms by keeping drunkenness (but not necessarily moderate drinking) separate from dangerous machinery (e.g., cars). Let us agree that drunken driving involves unacceptable risks. The task then is to ensure that people's beliefs and attitudes about drunken driving are changed sufficiently to diminish the likelihood of them driving while drunk; and this may involve outlawing drunken driving with severe punishment for recalcitrants. However, outlawing drunken-

ness or outlawing dangerous machinery is neither necessary nor desirable (in fact, does not address the real problem).

(3) Leaving aside drunken driving, the risk of serious damage from a drink-related accident is small. Excluding drunk-driver accidents, how often have you, or anyone you know, been seriously harmed because someone else has been drinking? Sure, such harms do occur, and they may be tragic when they do; but the risks are small. (Compare this with flying: some planes fall out of the sky and slaughter people on the ground, as at Amsterdam and Lockerbie, but we put up with planes because the risk is small.) Personally, I think the worst harm I have suffered because someone had an accident when drunk, is when a drunken friend passed out while smoking, consequently burning a hole in a piece of furniture.

(4) For 90% of the population (viz. all those who drink), there is a direct trade-off: I accept the small risks of other people's drinking in return for them accepting the small risks of my drinking.

(5) Even for the other 10% there is an indirect trade-off in that they may engage in non-drinking activities which put drinkers at risk. For example, anyone who flies puts at risk the lives of everybody he/she flies over; anyone with a gas oven puts at risk the lives and welfare of his/her neighbours who could be blown away if something goes wrong; anyone who drives puts at risk not only other road users but also pedestrians; and so on. This is an important point: if we stop people doing things that put other people at risk, we may end up with very little to do, and all the benefits of civilisation will be foregone. We only enjoy the prosperity we do because we tolerate risky activities; and such mutual tolerance is, indeed, integral to civility itself.

## 11. The Measures Proposed

Alcohol Concern express their aim as a "fight against alcohol misuse".<sup>29</sup> To the man or woman in the street this may sound like a laudable concern for the unfortunate "alcoholic". But when you realise that the term "alcohol misuse" is applied to any drinking above the recommended limits, it becomes clear that the aim is to bring everyone's drinking down to below those limits. And when you further consider that the recommended limits are forever being reduced - and without justification in terms of health or safety - it also becomes clear that the aim is ultimately to achieve teetotalism (by gradual erosion).

This explains why the puritans propose and support the measures they do. For in addition to a few measures targeted at the problem cases, there are many measures intended to reduce the drinking of everyone who drinks.

Thus we can all agree that inadequate and drunken drivers are a problem, and we may be willing at least to discuss the following proposed measures:<sup>30</sup>

- (1) random breath testing of drivers;
- (2) rehabilitation for convicted drink-drive offenders;
- (3) continued state funding for residential alcohol services.

On the other hand, each of the following proposed measures is intended to compel *everyone* to drink less (even those people who are already drinking within the recommended limits):<sup>31</sup>

- (4) lower legal blood-alcohol limits for drivers;
- (5) higher taxes on booze;
- (6) the stronger the drink the higher the tax;
- (7) more restrictive alcohol advertising codes;
- (8) a special tax on alcohol advertising to raise money for alcohol education;
- (9) compulsory unit labelling of alcohol containers.

Why should anyone but an anti-alcohol killjoy even consider any of these proposals? Note that they have learnt the lessons of the prohibition: bans on alcohol are unenforceable and only make alcohol attractive to youngsters.<sup>32</sup> Instead the idea is to price booze

out of people's pocket through punitive taxes; to make it ever more difficult to advertise through restrictions on freedom of expression; and to institute state propaganda against it through "alcohol education" and health scare labelling. Note also that such measures are likely to have a greater effect upon the more moderate drinkers, rather than the hardened drunkards, because the demand of the former for booze is likely to be more elastic (more responsive to higher prices, lack of advertising, and adverse propaganda).

Given the patently puritanical objectives of Alcohol Concern it should be a cause for public concern that in 1992 this organisation received £1.8 million (91% of its income) from government grants.<sup>33</sup> It is scandalous that we, the taxpayers, are being forced to pay for an organisation which exists to preach puritanism and to campaign for measures the purpose of which is only to make it more difficult for us to enjoy life!

## 12. Conclusion

Drinking, and getting drunk, like any other activity involves costs and benefits. Part of the costs are risks to health, and in the case of drunkenness, guaranteed temporary physical and mental debility. However, living itself involves risks to health, and the risks of moderate drinking are small, the risks of heavy drinking are not much greater provided the body is given regular respites, and many life-long persistent toppers survive well into old age without alcohol-related problems. Around 90% of the adult population judge that the benefits of drinking justify the costs; and most of these think that getting drunk, at least some of the time, is worth it. Some of us, of course, think that getting drunk lots of the time is great and well worth the costs and risks. However, different people value different things, and to different degrees; and what is right is that each person should be free to come to their own decision about whether and how much they drink. You only get one life: you must be allowed to live it in the way that you see fit.

It has become important to emphasise this really rather obvious point because of the growing tide of repressive puritanism. Alcohol Concern, the Health Education Authority, and various medical authorities exaggerate the harms, or risks of harm, to the drinker and set low recommended limits for alcohol consumption which are insufficiently grounded in the medical evidence and which could only be justified if drinking were in itself an evil (which is, of course, precisely what they believe). Indeed, the very notion of prescribed recommended limits does violence to the idea that individuals should come to their own decision about the balance of costs and benefits.

In order to secure support for their campaigns to make drinking — *all* drinking — unattractive (through punitive taxation, curtailment of free speech, and state propaganda), they appeal to supposed costs of drinking to people other than the drinker; and because 90% of the adult population are drinkers, they phrase this appeal in terms of the costs of "alcohol misuse" to create the false impression that their target is really only some small class of problem drinkers. However, the alleged costs of drinking to other people do not stand up to rational scrutiny. Almost all so-called alcohol problems are not really alcohol problems at all; either because it is not really alcohol that is the problem (as with inadequate and shirkers, violence and relationship problems), or because really there is no problem (because the costs are exaggerated, are not really "social" costs at all, are *easily* covered by the tax yield of booze, and are in any case justified by the benefits). Sure, if people are getting drunk, there is an increase in the risk of accidents, but:

- (a) the worst risks to others can be avoided by keeping drunkenness apart from dangerous machinery;
- (b) for the remaining risks to others, a vast range of perfectly acceptable activities involve comparable, or larger, risks to other people; and,
- (c) if people were not getting drunk they might instead be doing something which involved even greater risks to others.

Further, the puritans' reference to costs to the Health Service provides yet another cogent argument for privatising the NHS.

Finally, the anti-alcohol killjoys are only one face of a multi-faceted puritanical threat to our liberty. With respect to pornography and, especially, smoking the puritans have already had considerable success. This is ominous for drinkers, even for those who have no interest in porn and for those who don't smoke. For, if the puritans win on one front, this not only frees their resources for other battles, but it also sets a precedent to which they can appeal for further repressive measures. A specific consequence is that if, e.g., the freedom to smoke gets suppressed, then the freedom to drink will come under stronger attack. A general consequence is that if you value the freedoms to do the things you enjoy, you had better defend the freedoms of others to do the things they enjoy too.<sup>34</sup>

## NOTES

1. Cp David Friedman, *The Machinery of Freedom*, Harper and Row, New York, 1973, p. xiv.
2. The page references, at the end of each of the "bullet-points" that follow in the text, are to Digby Anderson, ed., *Drinking To Your Health*, Social Affairs Unit, London, 1989.
3. Cp William McIlvanney quoted in Chris Tame, ed., *Enough Is Enough! Journalists And Academics Respond To The Anti-Smoking Fanatics*, FOREST, London, 1992, p. 22.
4. Cf the quotation from Dr Christiaan Barnard, *ibid.*
5. Bernard Williams (Chairman), *Report of the Committee on Obscenity and Film Censorship*, Her Majesty's Stationery Office, London, 1979; D. Howitt and G. Cumberbatch, *Pornography: Impacts and Influences*, Home Office Research and Planning Unit, London, 1990.
6. *Vide*, e.g., Peter D Finch, *Lies, Damned Lies ... A Close Look At The Statistics On Smoking And Health*, FOREST, London, 1991; also Chris Tame, ed., *op.cit.*; plus the series of FOREST Information Sheets and other FOREST publications.
7. See, *Find Out About Drink*, Alcohol Concern, London, 1990.
8. See, *ibid.*; *Problem With Drink?, Alcohol Concern*, London, 1991; *Sensible Drinking: Here's How!*, Health Education Authority, London, 1989.
9. See Health Education Authority, *op. cit.*
10. Digby Anderson, ed., *op. cit.*, p. 37.
11. *Ibid.*, p. 63.
12. *Ibid.*, p. 11.
13. Health Education Authority, *op. cit.*
14. Alcohol Concern, *Find Out About Drink*.
15. Dr Tim Webb, *What's Brewing*, February 1993.
16. April 7, 1993.
17. Digby Anderson, ed., *op. cit.*, pp. 81-83.
18. *Ibid.*, p. 88.
19. In the financial year 1991/92 (the latest for which figures are available at the time of writing) excise duty on alcoholic drinks raised the following amounts:

	£(millions)
beer	2,325
spirits	1,742
wine	925
cider and perry	74
<u>Total</u>	<u>5,066</u>

See, HM Customs and Excise, *Annual Report 1991/92*, HMSO, London, 1992, p. 18.

20. The slogan comes from David Friedman, *op. cit.*, p. 225.
21. For much more on the themes I have raised in this discussion of the NHS, see Arthur Seldon, *Charge*, Temple Smith, London, 1977.
22. For the way in which the government's new Health Promotion Scheme will effectively turn NHS general practitioners into instruments of puritanical control, see *Free Choice*, No. 37 (May), FOREST, London, 1993, pp. 5-6 and Addendum.
23. Digby Anderson, ed., *op. cit.*, p. 84; though the report in the *Daily Telegraph*, 7 April, 1993, puts the figure at £1.8 billion.
24. Digby Anderson, ed., *op. cit.*, pp. 86-87.
25. Health Education Authority, *op. cit.*
26. Figures supplied over the telephone, on 21 April 1993, by Malcolm Harding of the Campaign for Real Ale who organise the Festival.
27. Health Education Authority, *op. cit.*
28. *Ibid.*
29. Alcohol Concern, *Annual Report 1991/92*, p. 4.
30. *Ibid.*, pp6-7.
31. *Ibid.*
32. *Alcohol and Your Children*, Alcohol Concern, London, 1987, p. 2.
33. Alcohol Concern, *Annual Report 1991/92*, p. 15.
34. The "various medical authorities" referred to in the third from last paragraph include, besides the BMA, the following: World Health Organisation; Royal College of Psychiatrists; Royal College of General Practitioners; Royal College of Physicians. For references to publications, see Digby Anderson, ed., *op. cit.*; but one title must be quoted, *viz.*, *A Great and Growing Evil: The Medical Consequences of Alcohol Abuse*, Royal College of Physicians. What a wild and wacky bunch!