**Temporary Sobriety Initiatives: Emergence, Possibilities and Constraints**

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At the same time as the Australian media was focusing attention on problems stemming from youthful binge drinking and was decrying a problematic national drinking culture, voluntary (and often philanthropic) campaigns oriented around temporarily giving up alcohol emerged. Although these Temporary Sobriety Initiatives (TSI) originally positioned themselves as a solution to the problems being discussed, their popular appeal proved to be their alignment with larger currents of neoliberal governance in the fields of health, wellbeing, productivity and civic duty via philanthropy. This critical cultural history conducts a discourse analysis of TSI-generated materials and examines quantitative participant data to better understand how the initiatives framed themselves as a solution to the identified problems at the same time as they ever-more overtly pitched themselves to an already responsibilised segment of the population. The implications of these findings point to the larger role that TSI can play in addressing, in a non-regulatory way, both attitudes and behaviours among the majority of the population who are not considered problem drinkers.

# Introduction

In 2008, Australia officially inaugurated a period of intense state and more widely public concern about alcohol consumption, which centred on binge drinking among teenagers and young adults. Newspaper coverage of binge drinking had risen steadily from 1996 to 2007, but in 2008 coverage reached unprecedented levels. A keyword search of ‘binge drinking’ conducted using ProQuest’s Australian newspaper database shows a meteoric rise from 977 articles on the topic in 2007 to 3108 in 2008.[[1]](#endnote-1) Coverage outlined the problem –young and heavily intoxicated revelers winding up in hospital with alcohol poisoning or suffering the effects of accidents and physical and sexual violence both carried out by and on the inebriated – and highlighted the federal government’s response to it via a multimillion-dollar National Binge Drinking Strategy and a change to the taxation rate for certain forms of alcohol popular amongst young (and particularly female) drinkers. Coverage also addressed the initiatives of local councils, such as occurred in Melbourne and Newcastle, NSW in 2008, when local governments responded to alcohol-fuelled violence and the effects of binge drinking by significantly restricting late night trading in the bars and pubs in their cities’ Central Business Districts. This surge in national interest about the harmful effects of binge drinking aligns with broader global sentiments, expressed most concisely in the World Health Organisation’s ([2008a](#_ENREF_61)) ‘Strategies to reduce the harmful use of alcohol,’ which was released contemporaneously with the Australian government’s major policy announcements targeting binge and youth drinking. Since this time, the prevalence of ‘binge drinking’ as a keyword in newspaper coverage has dropped off to approximately 2007 levels, although the topic retains a constant presence at around 1100 articles per year. While only a rough measure of the public profile of the issue, this figure gives an indication of when ‘binge drinking’ became a concern and tracks its importance on the Australian public agenda.[[2]](#endnote-2)

As binge drinking came to occupy an ever-greater place in the public consciousness, a number of distinct but fundamentally similar campaigns focussed on temporarily giving up alcohol, what one might call experiments in binge sobriety, were launched. Temporary sobriety initiatives (TSI) with an overt philanthropic component – FebFast, Dry July and Ocsober, which emerged in 2008 – were marketed as challenges that benefitted causes such as cancer treatment and drug and alcohol rehabilitation. They, along with Hello Sunday Morning (launched in 2010) were nonetheless also framed as a way to reflect on and alter Australia’s public drinking culture. They did this (or at least they claimed to do so) by fostering change for participants – and hopefully by extension those around them – by providing a framework for appraising alcohol’s (prominent) role and (negative) effects through its temporary absence.

It would be spurious to directly attribute the appearance of TSI to the 2008 discussions about the harms of irresponsible alcohol consumption. Yet, there is a historically significant overlap relating to the inauguration of TSI and an intensification of public discourse of concern about unsafe or problem drinking that merits further consideration. TSI officially and initially positioned themselves as responding to the concerns that were freely circulating and that were both rooted in and augmented by government and public health discourses about alcohol. As the worries about binge drinking have been renewed, especially in light of an increased focus on the adverse health effects of alcohol and a spate of lethal incidents of drunken violence in the night-time entertainment districts of capital cities since 2012, TSI have endeavoured to portray themselves as sensible counter-measures to the excesses of drinking and a way to change what is widely referred to as ‘Australia’s drinking culture’.

As exemplified in the testimonials that constitute a great deal of TSI marketing strategy, the campaigns did prompt greater awareness of the dominant social role of alcohol, reflection on personal drinking habits and changes to individuals’ patterns of consumption ([Robert 2015](#_ENREF_53)). This study nonetheless shows that at a cultural level TSI were failing to address the popularised problems associated with alcohol, namely youth binge drinking and drunken violence, because they did not target or typically attract those deemed most susceptible to the potential harms of overconsumption.[[3]](#endnote-3) The appeals to self-governance and self-control as a way to change the drinking culture that underpin TSI were not particularly effective in reaching those deemed most at risk or of greatest public concern. Rather, they were embraced by those who were already quite responsibilised with regard to their drinking and who already operated within neoliberal frameworks that promote health optimisation, improved productivity and private philanthropy. Therein, TSI represent both a potential (albeit always partial) mechanism for changing the drinking culture and a somewhat ineffective means for bringing about this same end in a way that addresses the problem as outlined.

I will add here one caveat: the goal of this paper is not to determine whether or not the governmental and public health issues being widely discussed in the media around the time the TSI were initiated were well founded (i.e. whether or not there was a national drinking culture and, if so, if it was indeed a problem), but to instead to analyse the ways in which these campaigns positioned themselves, at times contradictorily, as being part of the solution to the problem as it was defined and to assess their impact in that regard.

# Literature Review

## Defining the problem and targeting solutions

How one frames alcohol as a problem has a direct influence on what is proposed in terms of a remedy and how its effectiveness is evaluated. Australia’s history of trying to manage its citizenry’s relationship with alcohol reveals no shortage of incidents where particular definitions of the problem have given rise to solutions that were selectively targeted (typically toward certain subgroups) and, not coincidentally, often ineffective in addressing the broader issues at stake. It is against this history of narrow problematization that contemporary concerns about alcohol’s deleterious health effects and anti-social consequences, especially for certain segments of the population, have given rise to different approaches to deal with what is commonly termed ‘problem drinking’.

Anna Blainey ([2000](#_ENREF_8)) notes that it was in the late 19th century, with the rise of the temperance movements, that there was a shift toward seeing alcohol as a social rather than a strictly individualistic (and primarily moral) problem. Thus while organisations encouraged members to take a pledge of total abstinence and to see religion as a source of fortitude for individuals battling the temptations of drink, groups like the Women’s Christian Temperance Union also became strong campaigners for larger reforms that (among other aims) targeted the production and sale of alcohol. Objections to alcohol stemmed primarily from the cultures of irresponsibility, violence and immorality thought to be fostered by drink and affecting working class men, who were corrupted by their consumption and the liquor trade’s disregard for the welfare of the individual, families and society. Consequently, the major and long-enduring temperance-backed law in Australia was the six o’clock closing of public drinking venues, which was thought to be a way to bring these vulnerable men (and not their affluent counterparts who could still imbibe into the night at private clubs) back to their families early, with most of their pay still in their pockets and relatively sober by only allowing them only a small window to drink after their working day ([Phillips 1980](#_ENREF_51) ; [Blainey 2000](#_ENREF_8)).[[4]](#endnote-4)

At the same time that restrictions on trading hours were easing in the 1950s and 60s, public discourse around alcohol and the nature of the problems it engendered was also shifting. As Robin Room ([2010](#_ENREF_55)) contends, the medical or disease-oriented definition of problem drinking as alcoholism was gaining greater acceptance and ‘became an argument for weakening alcohol controls and treating alcohol as an ordinary consumer product, [for] the problem was alcoholism, and the problem was in the person, not in the bottle’ (157). This change resulted in both a privatisation and a pathologisation of alcohol in the public discourse.

As a result of the first shift, discourses of personal responsibility, as opposed to social or structural factors, became central in the alcohol debates and policy. Australia, for instance, introduced random breath testing to combat drink driving in 1982 and thus began to police the decision-making process involved in choosing when to drink, how much to consume and if and when to drive. These were all framed as individual choices.

The pathologisation of excessive drinking, far from being confined to matters relating to the extremes of alcoholism, caused alcohol in general to become associated with questions of health, for if drinking too much was unhealthy, moderating one’s consumption by consequence became a healthy (or at least healthier) practice. The 1960s thus marked the start of a downward trend in generalised alcohol consumption in Australia ([ABS 2015](#_ENREF_2)). Whilst overall aggregate consumption and measures to reduce it could be monitored relatively easily, especially since alcohol policy science became a growing field of scholarly interest starting in the 1906s ([Babor et al. 2010](#_ENREF_5)), patterns of consumption became a greater concern. Public health officials and governments began to look more closely at who was drinking, what they were consuming and how they were imbibing. This lead to an ever greater body of information being collected, especially about young people and those (not exclusive of the first group) who deliberately drank to the point of intoxication ([see for instance, Roche et al. 2008](#_ENREF_54)).

The move to seeing excessive alcohol consumption as the problem of the few as opposed to the many fostered resistance, both on behalf of the alcohol and hospitality industries and a large segment of the population, to using legislative levers to address a problem that they felt confined to small but disruptive sub-groups ([c. f. Malpass 2011](#_ENREF_45)). Room ([2011](#_ENREF_56)) argues that this facilitated a duality of approach by which the ‘moderate drinker’ who remained in control became the paradigmatic model for the majority of the population who were not ‘problem drinkers’, and a selective regulatory approach for those, such as drink-drivers and public inebriates, who could not operate in a manner commensurate with this ideal.

Armed with a better understanding of consumption trends, patterns and their consequences, the Australian government in 2008 broadened its selective regulatory approach and began to target groups of drinkers who (it believed) still ran afoul of the social dictates of moderate and responsible drinking. In April 2008, the Rudd government announced that it would close a tax loophole on pre-mixed spirits-based beverages. This measure imposed a 70% increase to the rate of taxation for alcopops, a type of drink that was especially popular among young (largely female) drinkers and that was commonly seen as a comparatively inexpensive way to get drunk ([Doran and Diguisto 2011](#_ENREF_16) ; [Metzner and Kraus 2008](#_ENREF_46)). The timing of this move coincided, virtually to the day, with the release of the 2007 National Drug Strategy Household Survey: First Results report, which showed that 28.3% of Australian teen girls put themselves at risk of short-term alcohol related harm at least once a month ([AIHW 2008](#_ENREF_3)). A $53.5 National Binge Drinking Strategy focusing on young drinkers was also announced a few months later and the financial commitment to the initiative was effectively doubled in 2010 ([Department of Health 2014](#_ENREF_15)). Lockout laws restricting late night trading were put in place in the entertainment districts of Newcastle and Melbourne (2008), Adelaide (2013) and Sydney (2014) and a ban on takeaway alcohol sales after 10pm in New South Wales was imposed in February 2014.[[5]](#endnote-5) Although ostensibly applying to everyone, the measures (like their predecessors) targeted certain groups whose consumption of particular products, favouring of certain venues and overall patterns of drinking were seen as the major contributors to the alcohol-related problems.

The strident discourse about these problems notwithstanding, lawmakers and most commentators were at pains to emphasise that these attempts to reign in irresponsible drinking and avert the worst of its potential consequences were not aimed at the majority of Australia’s ‘responsible’ drinkers ([Nicholls 2014](#_ENREF_49)). These caveats to the general public were nonetheless tempered by a parallel discourse, also emerging from the medical community, that signalled the inherent dangers of alcohol for all who imbibed. In October 2007, the National Health and Medical Research Council issued a draft release of its new guidelines for alcohol consumption. The guidelines, which were eventually adopted in 2009 in a form similar to their draft version ([NHMRC 2009](#_ENREF_48), [2007](#_ENREF_47)), stipulate that there is no level of alcohol consumption that can be considered safe or without risk, which is to say at which there are no adverse health effects, whether immediate or long term. As is common for official ‘healthy living’ guidelines, they also defined ‘low risk’ consumption (no more than two standard drinks a day) in a way that contravened many widely-held beliefs about what constituted moderate drinking ([Lindsay 2010](#_ENREF_42)) in a country that consumed twice the global per capita average of pure alcohol per year (14.5L vs 6.55L) and ranked 19th globally in per capita consumption, ahead of counties like Ireland, the UK and New Zealand ([WHO 2014](#_ENREF_63)).[[6]](#endnote-6) Such pronouncements from the nation’s leading medical research body challenged not only established practice – which in 2008 was 2.83 standards drinks per person aged 15+ per day ([ABS 2010](#_ENREF_1)) – but also understandings (scientific and non) about the physical and psychological benefits of moderate and judicious alcohol consumption ([Room 2011](#_ENREF_56)).

The combined effect of these two discourses, one that used the extreme habits of a sub-set of the population to emphasise the serious consequences of excessive drinking and another that raised alarm about the potential consequences of any and all drinking, helped to foster a more broadly pessimistic outlook on alcohol, where some were perceived as being at great risk and nearly everybody else at some risk. Australia’s ‘drinking culture’ a term that tellingly doubled its media circulation between 2007 and 2008 ([ProQuest Australia & New Zealand Newsstand 2014](#_ENREF_52)), had become a problem. Indeed between 2007 and 2013, the share of Australians aged 14 and older who noted alcohol, more than any other drug, as the greatest drug-related concern for the general community increased from 32.3 to 42.5, a figure that is 2.5 times higher than the next ranking issue of concern ([AIHW 2014](#_ENREF_4)).

Alcohol had become not just a concern, but had so infiltrated all aspects of society that it became both possible and common to speak of a problematic (and problematically grammatically singular) ‘drinking culture’. Both blame and responsibility for the issues associated with alcohol were therefore spread much more evenly over the population, for the term, as note Ross Fitzgerald and Trevor Jordan, ‘tends to deflect moral responsibility from individual abusers and from the alcohol industry, at the same time reapportioning a considerable amount of blame to us all’ ([2009 182](#_ENREF_26)). Drinking was, to employ Joseph Gusfield’s ([1981 [1980]](#_ENREF_34)) coinage, a ‘public problem’, which is to say a posited fact that is deemed to be both susceptible to and requiring intervention to change or solve it.

## Responsibility for the problems

Although public problems arise from a consensus regarding the existence and alterability of a problem, there is often a lack of agreement about what should be done to solve it or who is responsible for inaugurating any necessary changes ([Gusfield 1981 [1980]](#_ENREF_34)). In formulations of a problem that use regulatory controls to target undesirable behaviour, a disciplinary response is employed. As defined by Foucault ([1995 [1975]](#_ENREF_30)), this form of power dictates how individual conduct is shaped and directed by disciplinary institutions and technologies. Underpinning these institutions and practices are assumptions that individual freedoms can and should be constrained. Such constraints serve both to create order and efficiencies, but also limit avenues for risk or harm by rendering them either inaccessible or so unattractive that the consequences function as a deterrent, for instance through the imposition of heavy penalties for infringement. Where disciplinary power errs toward constraint and limitation, there is often an underlying supposition that individuals are incapable or limited in their capacity to freely and voluntarily act in a way is socially prescribed or desirable. Foucault’s studies of disciplinary institutions – notably prisons, hospitals and asylums – all take as their focus institutions meant to discipline those who were assumed or ‘proven’ to be of limited capacity to do so for themselves. As disciplinary power has become more diffuse through a focus on technologies and techniques rather than institutions, the core concern of imposing control on those who cannot adequately control themselves persists. It is thus that members of the working class in the early twentieth century, Indigenous populations in various jurisdictions and young people have been targeted by regulatory measures that limited access to alcohol as a proxy for internally generated and enacted restraint or responsibility.

Where individuals outside of these target groups were simply implored to ‘drink responsibly’ – a strategy that has increasingly been called into question ([Wolburg 2005](#_ENREF_64) ; [Barry and Goodson 2010](#_ENREF_6) ; [Smith, Cukier, and Jernigan 2014](#_ENREF_57)) – the subtler mechanisms of governmental power were being enacted to quite literally, using the catchphrase of both government and the alcohol industry, responsibilise drinkers. The process of responsibilisation with regard to alcohol is one in which the possible behaviours of individuals are managed in such a way that they align with and support the aims of government and its ancillary agencies such as public health departments ([Foucault 2000 341](#_ENREF_31)). As Mitchell Dean ([1999](#_ENREF_14)) elaborates, governmental power ‘seeks to work through a mass voluntary commitment’ (53) to facilitate the betterment and improvement of aspects of social life and is successful insofar as the governed come to see themselves as defined by the capacities, qualities and statuses of the subject that is the ideal and model of the governing regime (32). In the case of drinking and the responsibilisation of the drinker, the ends of health, productivity and social behaviour – largely collective or aggregate ends – are served when individuals identify as responsible drinkers and conduct themselves in accordance with the norms of this role, such as knowing when it is appropriate to drink, knowing when to stop drinking and remaining in control of oneself despite having imbibed.

Following Mariana Valverde’s ([1998](#_ENREF_60)) argument that the management of alcohol consumption operates via an assemblage of philosophies and practices, the most recent attempts to govern or manage alcohol problems conform to patterns whereby there is a ‘piling up of rationalities of governance on top of one another, rather than a shift from one to another’ (177). The twinned framing of the problem and the duality of approach employed in dealing with the alcohol problem nonetheless produced a paradoxical situation in which the majority of the Australian public – the ‘Australian drinker’, a term that I employ fully conscious of its problematically monolithic connotations – was construed as both explicitly responsible and implicitly irresponsible in their relationship with alcohol. Neither the target of the disciplinary-tinged regulations, nor responsibilised enough to be seen as somebody whose drinking habits could not benefit from reform, the Australian drinker became somebody who had to cultivate a healthier and more responsible approach to alcohol. It is from this ambiguous definition of the problem that solutions – TSI – targeting the somewhat but not wholly responsible drinker, one whose conduct with regard to alcohol could be improved upon but was not quite cause for alarm or state intervention, emerged.

That the original TSI (FebFast, Dry July, Ocsober) also had a philanthropic component is in keeping with modern trends in embodied philanthropy such as fitness-based fundraisers like walks, bike rides and runs for charity that use the body as a vector for fundraising ([King 2006](#_ENREF_39), [2012](#_ENREF_40) ; [Klawiter 1999](#_ENREF_41) ; [Erikson 2011](#_ENREF_22)). The ‘responsible citizens’ who take part in these sorts of activities have been identified as exemplary subjects of neoliberal governance insofar as they use their participation to attend to the imperatives of self-care and self-improvement via fitness (or other health or aesthetic practice) and perform (in both the sense of execution and display) one’s active and responsible citizenship through philanthropy ([King 2006](#_ENREF_39), [2012](#_ENREF_40)). These institutions and expressions of embodied philanthropy closely align with the projects of neoliberal governance that seek to responsibilise citizens not just for one aspect of their conduct but for a variety of behaviours, attitudes and undertakings that are designed to promote personal and community well-being, order and productivity. While laudable in many respects, such ambitions are predicated on systems of thought and institutions that encourage – and arguably compel – individuals to shoulder the burden for services such as health and care of the poor that had previously been the responsibility of the state ([Clarke 2005](#_ENREF_11)). As Alan Petersen ([1996](#_ENREF_50)) argues, ‘Neo-liberalism calls upon the individual to enter into the process of their own self-governance through processes of endless self-examination, self-care, and self-improvement’ (48-49) with the aim of ‘moderating the individual burden on society’ (49). Philanthropic TSI in particular therefore satisfy many of the imperatives of responsibilisation expected of citizens in societies like Australia.

# Methodology

This critical cultural history entails both a discourse analysis of a corpus of materials produced by and about TSI from 2008 to 2015 and a quantitative analysis of participant demographics relative to national statistics on the drinking population. Promotional materials produced by FebFast, Dry July, Ocsober and Hello Sunday Morning such as official websites, press releases and media interviews constitute the majority of the texts analysed because they are the primary source of publicly accessible information about the campaigns. Official documents that are part of the public record but that do not commonly circulate as sources of general information (such as annual reports) were also considered insofar as they provide more specific information about campaign outcomes, participant profiles and orientations from year to year.

In the discourse analysis, close attention is paid to the ways in which TSI position themselves as addressing the national priorities around binge and other forms of problematic drinking (as expressed in government documents such as the *National Binge Drinking Strategy*), their claims to be acting to improve the nation’s drinking culture and the ways they mobilise appeals to self-governance and self-control, as well as to philanthropic responsibility. The analysis of participant demographics, which serves as a counterpoint to the qualitative data, is based upon both campaign generated materials as well as secondary research that focuses on single campaigns and a sampling of their participants. This data is contrasted with population level statistics about the overall drinking population and information about subgroups of ‘problem drinkers’ gleaned from national surveys such as the National Drug Strategy Household Survey.

# Findings

## Linking TSI to publicised problems

At the time of their initial appearance, coincidental with a flurry of press coverage about binge drinking and its attendant problems, the three philanthropic TSI were quite overt in their self-appraisals as being part of a solution to these problems. For FebFast, there was a direct association between its reported aims and the saturation of the media with reports of alcohol’s deleterious social impacts:

Media reports continue to be a constant reminder of the impacts of alcohol and other drug consumption on our community. It seems you can’t open a newspaper without reading about alcohol fuelled problems such as street violence. It is FebFast’s role to influence communities’ thinking and behaviour around alcohol and other drug use. ([FebFast 2009 3](#_ENREF_24))

Although the report in no way substantiates a link between the organisation and any reduction in alcohol-related street violence, the mere evocation of the issue helps to position the initiative as one both conscious of and, by dint of its promotion of more responsible drinking, doing something about this problem.

In other TSI, the links are not as explicit in their referencing of the publicity being given to some of the more sensational aspects of the problem, but the programs still cultivated an image as positive interventions that address other much-discussed concerns, notably youth and binge drinking. An Ocsober spokesperson, for instance, had the following to say about youth drinking and setting positive alcohol-related norms for young people: ‘We decided that it's time that Australians really put alcohol into perspective and recognised that, as a culture, it's something to be enjoyed but not abused, and to send a message to our kids and to be an example’ ([Fawsitt 2008](#_ENREF_23)). Where the National Binge Drinking Strategy focused on youth drinking and targeted funds toward educational campaigns for parents of teens to help them educate their children about teenaged drinking ([Government of Australia: Department of Health 2013](#_ENREF_33)), the focus on youth and example setting directly links with national priorities. This emphasis on youth is echoed in the only participant testimonial to feature in the 2009 FebFast annual report, which comes from a young woman in her early 20s who spoke of instituting new regimes of abstaining from alcohol during the week and imposing a midnight cut-off point for her weekend drinking ([FebFast 2009](#_ENREF_24)). This choice of spokesperson – when the same report states that the majority of participants were between 26 and 49 years of age – suggests that the campaign was influencing the vulnerable youth demographic and helping them to break their binge drinking habits. Dry July, in a similar youth-oriented self-assessment, claimed to be ‘reaching the binge-drinking culture’ ([Croker 2008](#_ENREF_13)). By repeating the buzzwords in heavy circulation at the time, TSI rhetorically linked their general efforts to reduce alcohol consumption and promote a more considered approach to drinking to specific and much-publicised problems.

The prominence of binge drinking, youth drinking and street violence in the public conversation in 2008 aside, discussions about the national drinking culture were almost ubiquitous and continued to hold media attention throughout the period. It is thus that throughout the nearly decade-long run of the various TSI, their marketing has continued to emphasise their positive influence on the national drinking culture. This influence encompasses both awareness raising about the pervasive role of alcohol in Australian society as well as attempts to reshape that culture through a multitude of individual choices having a collective impact – a principle that bridges from individual to population-level approaches to the problem.

Exemplifying the educational or awareness role, a Dry July participant quoted in a newspaper article noted how the experience of abstaining prompted her to think about conventions and social norms surrounding alcohol, for instance as a precursor to sociability and as a marker of hospitality: ‘I’m more aware of how much people do drink and how often you get offered a drink … I think I will be more conscious if I really want to drink or not’ ([Tonkin 2008](#_ENREF_59)). As these personal revelations are shared with others, the anecdotes reach a wider audience. This sharing occurs in myriad informal ways (conversations with friends, colleagues, family members) but has also increasingly been channelled through blogs (a feature of Dry July, Ocsober and Hello Sunday Morning) and social media campaigns. This participant-driven publicity has become part of TSI’s claims to be influencing the drinking culture for the better: ‘By sharing their story, each person’s stand is a unique and essential contribution to a better drinking culture. Hello Sunday Morning is a way for any individual to take a break from drinking and recreate the drinking culture around us’ ([Hello Sunday Morning 2014](#_ENREF_37)). Where social media reach can be measured, it has even become possible for TSI to quantify (or at least claim to quantify) their impact: ‘Each HSMer's story has a positive impact on the drinking culture of 10 people around them’ ([Hello Sunday Morning 2014](#_ENREF_37)).

## Cultural change via individual change

If promoting awareness of the taken-for-granted role of alcohol in Australian society is one part of the process in changing the drinking culture, helping individuals to develop a consciousness about their own drinking habits is often framed as an extension of this objective or as the means toward this end. ‘Taking part in Dry July gives you the chance to also focus on yourself – notice your own drinking habits and the value of a healthy, balanced lifestyle’ ([Dry July 2015](#_ENREF_20)). Participant testimonials echoing this official position abound across TSI, so much so that the benefits of breaking old habits and forging new ones represents something of a pivot point between the social goals and personal benefits of TSI. These benefits encompass issues of health (vital statistics, weight loss, fitness), financial savings and well-being (better sleep, alertness, self-confidence). The larger cultural change envisaged by TSI therefore proceeds via the individual, a common mantra in collectivist movements that emphasise the power of individuals banding together, but differs in that the focus of the undertaking becomes the personal gain and the larger question of cultural change recedes.

In calling attention to the general benefits of abstaining from alcohol, TSI reframe the discussion away from logics of problems and solutions to logics of self-improvement. Exemplifying this shift from the social to the personal and from problems to enhancements, Dry July co-founder Brett Macdonald prompts: ‘Imagine what you could achieve without a hangover for a whole month! Being booze-free gives you a clear head, increased productivity and endless possibility to achieve something you've been putting off for months’ (["Dryving a Change in Drinking Culture" 2014](#_ENREF_21)). Macdonald’s encouragement to use the time of the TSI to take on a new challenge is echoed in Hello Sunday Morning’s focus on getting participants to work toward a goal of their own choosing during their months of sobriety to incentivise their abstinence.

Personal benefit has always been a part of TSI’s appeal, if not their marketing strategy, but recent years have brought an intensification of focus on these aspects of the campaigns. Whereas Dry July previously prioritised its philanthropic goals as its major pro-social contribution and secondarily addressed its potential to change the drinking culture ([Dry July 2009](#_ENREF_18)), the 2014 campaign debuted extensive health, fitness and nutritional information in a ‘wellbeing’ webpage for participants ([Dry July 2014](#_ENREF_19)). FebFast similarly expanded its concept in 2014 to encompass fasts from sugar, excess screen time and caffeine, and the 2015 iteration included breaks from junk food and smoking. Although still ostensibly focusing on national health-related problems (obesity, smoking) akin to irresponsible alcohol consumption, the attention to diet, fitness and other lifestyle issues suggests that the problems TSI are seeking to remedy are no longer the same ones that were of concern at the time of their founding. Even in the wake of renewed attention to the consequences of immoderate drinking for young people and greater focus on the acute dangers posed by belligerent or violent intoxicated persons, TSI have reframed the problem with drinking to be one less concerned with public problems than private costs and personal benefits.[[7]](#endnote-7)

## Solutions to a different problem

Although no systematic study of TSI has yet been undertaken case studies of individual campaigns and organisational data allow for a cursory understanding of who participates in TSI (and why) and how the participant demographics compare with the target audiences for remedies to irresponsible drinking. FebFast data for 2011, for example, reveals that 62% of participants were female and 54% were between 35 and 54 years old. Compared to data on Australian drinkers as a whole, FebFast participants were also 40% more likely to have a university education and 30% more likely to be employed ([Hillgrove and Thomson 2012](#_ENREF_38)). Smaller scale case studies that relied on qualitative research with FebFast participants further revealed that a majority of them were in professional occupations ([Cherrier and Gurrieri 2012](#_ENREF_10) ; [Robert 2015](#_ENREF_53)).

The motivational data supplied for the early TSI campaigns shows that in 2009, 60% of FebFast participants said that they joined because of an intrinsic desire to improve their health and wellbeing, while still others principally sought to do something altruistic for the community through the philanthropic aspect of the initiative ([FebFast 2009 6](#_ENREF_24)). Despite the organisation’s both stated and implied investments in changing the larger drinking culture, its participants – even at the outset of the campaign when the discussion of the nation’s problems with regard to alcohol were omnipresent – saw themselves as fulfilling other goals through their involvement.

Hello Sunday Morning participants (data is for all participants between 2010 and December 2012) were equally as likely to be female as their FebFast counterparts. Participants (both male and female) were nonetheless more likely to be younger than FebFast participants with 27% in their twenties, 35% in their thirties and 26% in their forties ([Carah, Meurk, and Hall 2015](#_ENREF_9)), a finding that might be explained by the campaign’s emphasis on social media. The data gathered by Carah, Meurk and Hall ([2015](#_ENREF_9)) also reveal that a majority (53%) of participants are considered high risk drinkers (according to the World Health Organisation’s Alcohol Use Disorders Identification Test) but how this compares to the national average is not explained.

Some TSI are very clear that they do not see themselves as a viable option for those whose drinking could be considered problematic in a clinical sense: ‘We do not recommend febfast as a suitable form of withdrawal for people who may be dependent on alcohol and/or other drugs…If you have a problem with alcohol and/or other drug consumption, we recommend you see your doctor for advice’ ([FebFast 2013](#_ENREF_25)). Although serving as a legal disclaimer, this statement clearly differentiates the initiative’s intended audience from those who have a problem with alcohol and are therefore discouraged from taking part in the campaign. As recent research into a Dry January initiative in the UK reveals though, most participants in such initiatives probably do exceed recommendations for alcohol consumption ([Coghlan 2014](#_ENREF_12)).

These ‘moderately irresponsible but still responsible’ drinkers that in taking up TSI became publically responsibilised citizens concerned about health, productivity and philanthropy did not coincide with the audiences of young people and street fighters being targeted by regulatory measures. The skew toward a female demographic, and in some cases one that is 35+ years old, certainly did not align with the government-identified ‘irresponsible drinkers’, who were under the age of 25 and typically male ([Government of Australia: Department of Health 2013](#_ENREF_33)).

# Discussion

As part of the strategy to claim legitimacy and to establish themselves as not just philanthropic organisations, but entities acting upon social problems, TSI made both unambiguous claims and vague allusions to their role in addressing the country’s issues relating to drinking. They positioned themselves as grassroots community campaigns that could effect positive change on the drinking culture. Although they initially linked themselves to issues such as street violence and youth drinking being raised in the media, this rhetoric fell away to focus more on what could be gained on a personal level by giving up drinking for a month instead of what problems this sacrifice could fix.

One might construe this discourse of personal benefit as a departure from earlier rhetoric, an opportunistic attempt to incite participation as public priorities shifted. In response, I would stress that concerns about binge drinking and violence have calmed, but have certainly not abated, so the issues present in 2008 remain valid. Moreoever data on the motivations of TSI participants suggest that these personal ambitions were always a core appeal. A decade earlier, albeit in a different context, Valverde ([1998](#_ENREF_60)) noted that there was something of a neo-temperance movement taking root among the health-conscious. Where personal responsibility for health is very much part of a larger neoliberal ethos that values productivity and notions of accountability ([Lupton 1995](#_ENREF_44)), TSI testimonials extol the value that participants found in being more alert and productive in terms of both their work and leisure pursuits, being more willing and able to exercise and being a good example for – and even of service to – others, for instance by being a designated driver for non-participating friends (["Dryving a Change in Drinking Culture" 2014](#_ENREF_21)). These elegiac testimonials promoting neoliberal aims are in turn mobilised across multiple platforms (social media, campaign websites, press coverage, word-of-mouth) as appeals to others who seek to optimise their health, productivity, fitness, etc. Responsibilisation in this paradigm of self-improvement therefore proceeds not through strategies to limit one’s consumption (such that one does not risk posing a threat to the social order or safety of others), but through a personal cost-benefit analysis relating to aspects such as productivity and fitness that were all but absent from the initial discussions of alcohol as a problem. The steady rise in the number of participants across the range of TSI attests to the validity of this strategy in engaging new participants.

Being fundraising organisations with goals centred on publicity and dollars earned, and not bodies explicitly operating as public health agencies with health behaviour targets, TSI impact on the drinking culture in general, on problem issues in particular and even participant health is only beginning to be understood now that they are recognised as a cultural phenomenon worthy of study. Short-term projects, both large and small scale, using self-reported data about post-TSI consumption patterns and attitudes and factors such as health, wellbeing, productivity and financial savings suggest that TSI are promoting anti-consumption choices, raising awareness about the social role of alcohol and leading participants to reassess their own health by being more attentive to the impacts of alcohol consumption ([Cherrier and Gurrieri 2012](#_ENREF_10) ; [Robert 2015](#_ENREF_53) ; [Fry 2014](#_ENREF_32) ; [Hamley and Carah 2012](#_ENREF_35) ; [Hillgrove and Thomson 2012](#_ENREF_38)). Emerging research from the UK into the actual health effects of abstaining from alcohol for a short period of time are also proving that there are objectively measurable benefits for participants, at least in the short term ([Coghlan 2014](#_ENREF_12)).

As for assessing whether or not TSI have a measurable impact upon health in terms of changed consumption patterns and/or vital statistics over a longer period (six months to a year beyond completion of a TSI), there is much scope – and arguably a need – for further research to be done. Where governments and public health bodies such as the World Health Organisation are becoming increasingly vocal about the health consequences of even moderate drinking ([NHMRC 2009](#_ENREF_48) ; [WHO 2008b](#_ENREF_62)), initiatives that allow people to appreciate and translate these abstract notions into personally meaningful insights about both impact and feasibility have tremendous potential ([Tobin, Moodie, and Livingstone 2011](#_ENREF_58)), this despite their origins as mismatched solutions to a different set of problems.

Nearly a decade after their instantiation, TSI constitute a legitimate and growing social phenomenon, both in Australia and beyond its borders. Dry January, a British philanthropic TSI established in 2014 and benefitting the Alcohol Concern charity had over two million participants in 2015 ([Dry January 2015](#_ENREF_17)) and the Jean Lapointe Foundation, which combats drug addiction and is based in Montreal, began its ominously titled ‘Hardest 28 days of Your Life Challenge’ in 2013 ([Fondation Jean Lapointe 2015](#_ENREF_29)). Like their Australian counterparts, these initiatives have grown rapidly from grassroots campaigns that seem to capitalise on the desire to take a break from the excesses of drinking that typically follow on from the festive season to multi-million dollar fundraising efforts that are taken up by thousands of participants. The proliferation of campaigns similar to the Australian model of the philanthropic TSI suggests that the cultural preoccupations about health, wellness, productivity, philanthropy and, perhaps, even drinking culture that appear to be shard amongst participating societies are fertile ground for these initiatives that target the vast majority of responsible drinkers who could still reduce their consumption. How to tailor campaigns to touch on the particular combination of factors that will resonate with local audiences, including the ability to capitalise on moments of perceived crisis about drinking without demonising accepted cultural norms, however will require a nuanced understanding of local cultures.

# Conclusion

Over the course of the last decade, the irresponsible consumption of alcohol and the effects of drinking (once again) emerged as public problems in Australia. Its effects and consequences were wide ranging, but media attention coalesced around a few key areas of concern, notably drunken violence, binge drinking, youth drinking and a problematic ‘drinking culture’. TSI, which began contemporaneously with this surge in discussion about the impacts of problem drinking, initially positioned themselves as part of a solution to youth drinking and cultural patterns and norms respective to alcohol. Their appeal, despite claims to be using individual actions to subtly shift the larger drinking culture, nonetheless proved to be more personal or individualistic in nature. Participants were both initially (when the media frenzy about binge drinking was at its peak) and in subsequent years motivated by reasons such as improving one’s health and wanting to ‘give back’ via a philanthropic initiative. Reflecting this shift in motivation, or rather recognising what had been inciting participation all along, TSI rhetoric increasingly reoriented itself away from categorising the campaigns as solutions to the public problems associated with alcohol. Instead organisers framed TSI as mechanisms or opportunities for individuals to improve their lives – health, finances, fitness, productivity, well-being – by taking a break from alcohol as a step toward more lasting and more responsible drinking. These aims were not so much the solutions to the problem as defined as they were objectives in larger projects of neoliberal governance akin to those in any number of other public health initiatives.

It would be near impossible to characterise TSI as a responsibilising force for those the Australian government deemed irresponsible drinkers. There is nonetheless a growing body of evidence to suggest that they are a way for participants to alter their drinking habits, attitudes toward alcohol and to gain greater insight about the ubiquity of alcohol in mainstream culture. What is perhaps most clear, however, is that the increasing popularity of TSI coincides with their ability to showcase one’s civic contribution, responsibility and commitment to one’s health and productivity. TSI are consequently best thought of as initiatives aimed at the largely but not fully responsible drinking majority.

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1. The term ‘binge drinking’ was popularized in public health discourse in the United States and was principally used to denote the excessive weekend drinking behaviour of American college students. It had previously been used in ways that were less explicit in their connection to youth ([Berridge, Herring, and Thom 2009](#_ENREF_7)). [↑](#endnote-ref-1)
2. For a more comprehensive study of the prominence of various issues related to drinking and alcohol around this time, see [Fogarty (2012](#_ENREF_27)); [Fogarty and Chapman (2011](#_ENREF_28)) [↑](#endnote-ref-2)
3. A common critique of TSI is that they also promote practices, such as post-campaign binge drinking and an all-or-nothing attitude, that are contrary to their stated aim of promoting a more considered approach to alcohol. These claims certainly warrant further investigation, but to do so in this article would unproductively split the focus of the current study. [↑](#endnote-ref-3)
4. Many scholarly and casual commentators have nonetheless noted that despite the targeted nature of the measures and their rather harsh stipulations, they failed to achieve the desired outcomes. After hours drinking continued in secret and ‘sly-grogging’ become more prominent ([Luckens 2008](#_ENREF_43)). The laws also created new problems associated with the frenzied drinking behaviour of what notoriously became known as the ‘six o’clock swill’, the phenomenon whereby pub patrons would hurriedly drink as much as they could in the hour between the end of their working day the closure of the pubs ([Harden 2010](#_ENREF_36)). The undoing of these early closing measures in the 1950s and 60s were therefore also a response to widespread frustration and dissatisfaction with new aspects of the public drinking culture, which included a criminal element controlling a significant share of the liquor trade, the sociability of pub culture being lost in favour of utilitarian approaches to consuming as much as one could in limited time and the original law failing to have achieved its desired ends. [↑](#endnote-ref-4)
5. Just before the issues of youth and binge drinking came to media prominence, there were also sweeping new measures introduced in areas of the Northern Territory that imposed total bans on the consumption, possession and sale of alcohol. These measures, part of what is commonly referred to as the Northern Territory Intervention, were blatant in their targeting of Indigenous Australians for the perceived excesses of their consumption patterns and the toll (social, economic) of these practices on their communities. Although the debate about the Intervention and its provisions with respect to alcohol was contemporaneous with the discussion about binge and youth drinking and fundamentally concerned what were perceived as deficiencies with respect to the responsible consumption of alcohol among members of a subset of the general population, the complexity of the Intervention’s implementation, the troubled history of relations between the government and Aboriginal communities and the relative quarantining of one discussion from another in public discourse makes it both unfeasible and problematically reductive to bring both contexts to bear on the present study. [↑](#endnote-ref-5)
6. A standard drink is often significantly smaller than a typical serving. In addition to this aggregate guideline, drinkers are to consume no more than 4 standard drinks in a sitting. Alcohol consumption among adolescents should be delayed as long as possible and pregnant and breastfeeding women are advised to abstain altogether ([NHMRC 2009](#_ENREF_48)). [↑](#endnote-ref-6)
7. There was renewed interest in alcohol-fueled violence following the one-punch death of 18-year old Thomas Kelly in Sydney in July 2012. Subsequent incidents of a lethal nature led the Premier of New South Wales to introduce much harsher penalties for drunken offences, including violence, in 2014. [↑](#endnote-ref-7)