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## **What Level of Paternalism Should the UK Government Pursue to Combat the Detrimental Effects of Heavy Drinking?**

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### **Introduction**

Alcohol is today an inherent part of British culture; 90% at least occasionally consume alcohol (Tuck, p3) and it plays a major role in our social and leisure activity. Moderate alcoholic intake, as the majority of drinkers partake in, has no harmful consequences and can be beneficial, reducing the risk of contracting of coronary heart disease or Isohaemic stroke (Plant & Plant, p.58). Such consumption is of no concern to the Government. However, the UK has developed a trend of excessive consumption, commonly known as 'Binge Drinking'.

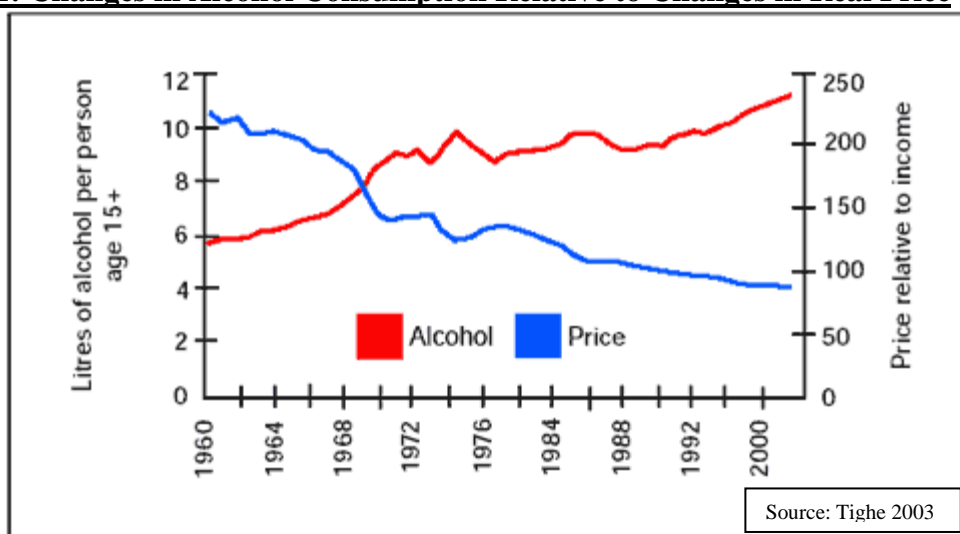
This investigation firstly assesses the trends associated with and magnitude of Binge Drinking, before realising the range of options open to the Government to prevent this phenomenon and analysing what is perceived likely to be the most effective.

### **Binge Drinking**

Binge Drinking is defined as being 'the dangerous practice of consuming large quantities of alcohol in a single session' (<https://medterms.com>). Medically quantified, this involves male consumption exceeding 8 units of alcohol (6 units for female) within 24 hours at least once per week (<http://www.scotpho.org.uk>). This equates to men not surpassing 21 units or 14 units for women weekly (<http://www.drinkaware.co.uk>).

Rises in UK intake have predominately been blamed on the increased affordability of alcohol over time (Plant & Plant, p55). Assuming alcohol is a 'normal good'; a fall in price relative to other goods delivers a rise in its demand, a larger quantity is consumed as its real cost diminishes, as shown below:

**Figure 1: Changes in Alcohol Consumption Relative to Changes in Real Price**



It has been computed that, by 2005, alcohol was 62% more affordable than in 1980 (SHAAP Report, p11). This trend has meant that between 1964 and 2004, although people increased their average alcohol consumption by 83% (from 6.3 to 11.5 litres), the percentage of their income spent on alcohol fell by 30%, from 7.6 to 5.3% ([www.ias.org.uk](http://www.ias.org.uk) [1] p.3-4).

Whilst alarming, the Government's concern is not average consumption per se, but the number of dangerous or binge drinkers. In 2004, the Cabinet Office Report estimated the UK housed 5.9 million binge drinkers, especially prevalent in young adults (Cabinet Office Report 2004).

**Table 1: Percentage of heavy drinkers aged 16 -24 years**

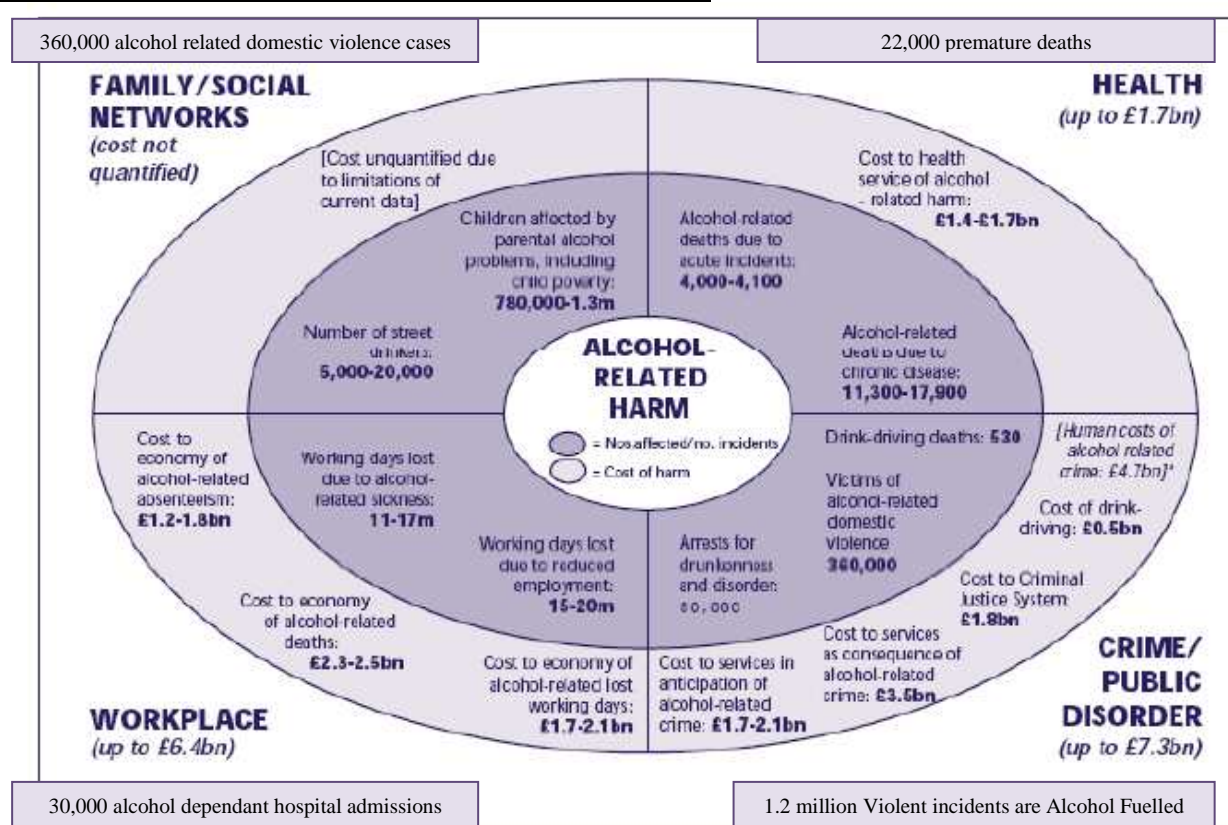
	Unit Quantity	% Change (1988-2000)	Risk
Men	>21 / week	31 - 41	Low
Men	>50 / week	10 - 14	High
Women	>14 / week	15 - 33	Low
Women	>35 / week	3 - 9	High
Source: <a href="http://www.statistics.gov.uk">www.statistics.gov.uk</a> [1]			
	Unit Quantity	% (2007) [UK Average]	Risk
Men	> 8 (one day at least once per week)	32 [24]	Binge
Women	> 6 (one day at least once per week)	25 [15]	Binge
Source: <a href="http://www.statistics.gov.uk">www.statistics.gov.uk</a> [2]			

Furthermore, the Parliamentary Office of Science & Technology estimate 60% of alcohol

consumed by women aged 20 – 29 is in ‘bouts of heavy drinking’ (<http://www.parliament.uk>). Excessive drinking among young people is partially attributed to the ‘Personal Fable’, a feeling of immortality of invulnerability (Elkind, pp. 1025 – 1038). It must however be realised both that young people tend to exaggerate their intake levels and also consume very conspicuously. Thus the extent of alcohol-related problems among older people is usually underestimated (Harrison [Harrison, Manthorpe & Carr-Hill], p95)

Associated costs are wide-ranging. Even in 1976, the estimation of road costs resulting from excessive alcohol consumption was £100 million (Tuck, p1). The composition of the costs facing society is shown in Figure 2 below:

**Figure 2: The Estimated Costs of Harmful Drinking**



Source:  
Cabinet Office Report (2004)

The Report shows the annual cost to the UK could be in excess of £20 billion every year. It is important

to remember there is huge ambiguity surrounding how some of these costs are quantified. For example, children with alcoholic parents are more likely to exhibit 'psychological vulnerability from a weakened level of child-parent nurture' (Harrison [Downs & Miller], p.16) - how can these costs be adequately calculated? In particular, the Value of a Statistical Life (VSL), or quantifying death, is an area both hugely debatable and widely unknown (<http://www.irs.princeton.edu> )

Regardless of exact figure, the UK's dramatic increases in dangerous drinking have led to spiralling costs over a variety of sectors, notably health and crime prevention, whilst simultaneously facilitating socially destructive processes. Therefore, it is surely in the government's interests to intervene and reverse these actions, not only because of the financial strain placed upon state-financed services, but also due to its socially destructive nature.

### The Role of Paternalism

'Paternalism' is defined as the 'interference of a state or an individual with another person, against their will, and justified by a claim that the person interfered with will be better off or protected from harm' (<http://www.plato.stanford.edu>). Extreme alcoholic consumption is a 'non-merit good'; people are unlikely to fully comprehend the consequences of their actions and so underestimate its associated risk. They may also drink harmfully through a lack of willpower or a myopic (short-sighted) view of its impact. Alongside these 'irrational' practices, state intervention should 'eliminate factors which constantly endanger safety' (Levy p.245) and, if heavy drinking is so categorised, interjection is justifiable to provide societal security and to successfully direct people to collectively optimal decisions.

There are two theories relating to alcohol consumption which outline very different narratives and so whose guidance will have different policy implications.

Weak Consumption Theory states, intuitively, that rises in average consumption (per capita) create more alcohol-related problems and thus policy should favour reducing this. Critics make an analogy to the motoring industry; higher volumes of traffic increase the opportunity for more accidents. Policy just advocating fewer vehicles does not guarantee removing the most dangerous drivers and, in failing to target these, you are not assuring yourself the fall in driving accidents (Tuck p.2-3). In 1976, 3% of Scottish drinkers consumed 25% of purchased alcohol (Dight, p45). Changes in this minority's drinking habits will influence consumption per capita without changing the 'average' drinker, thus making averages 'valueless' (Levy, p245)

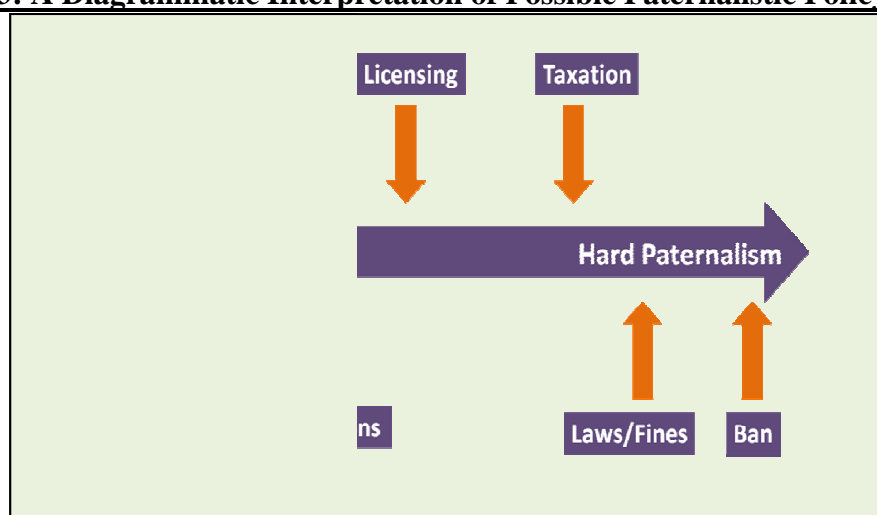
Conversely, Strong Consumption Theory reflects on the 'social processes for the genesis of drinking problems' (Tuck, p.4). Whilst Weak Consumption Theory concentrates on averages, this theory

discovers the reasons why heavy drinking ensues in order to minimise these mechanisms. One example is The Snowball Theory of Drinking, believing people's consumption is founded relatively to those around them. A small rise in Person A's consumption creates an 'escalation' in the intake patterns of everyone who bases their consumption relative to Person A (Tuck, p.4).

Whilst neither theory is soundly entrenched empirically, the distinctions that run between these two theories are important for Paternalism. A policy assimilated to the former (i.e. reducing average consumption) must appreciate that its recommendations are likely to impact upon all drinkers whereas a directive based upon the latter will concentrate on isolating and tackling the heaviest drinkers. As moderate and binge drinking have such different costs to society, a stance which incorporates the second ideal will be most effective.

The Government must decide 'how far it is desirable to curtail [drinking] by official measures' (Levy, p.98) and paternalism can take a spectrum of strengths. This ranges from Soft Paternalism, whose influence is mostly of an informative nature and so constrains the choices of the individual minimally, if at all, through to Hard Paternalism, which is highly authoritative regarding choice and gives the individual little scope for the action they may take. Below is a diagrammatic display of this scale, indicating alcohol-specific examples.

**Figure 3: A Diagrammatic Interpretation of Possible Paternalistic Policy**



### Soft Paternalism

As mentioned above, Soft or Libertarian Paternalism looks to minimise the controls over people's rights or choices. It instead looks to direct people towards better outcomes, or help them surpass some of their 'irrational tendencies'. A good example is alcohol education, because this makes no attempt to restrict an individual from drinking heavily- it merely hopes offending agents, once provided with a complete picture of the dangers, will themselves make decisions with socially optimal outcomes.

Advertising restrictions, a slightly harder form of paternalism, has much the same aim. By controlling alcohol advertisement, the government might hope that its own campaigns to promote sensible drinking are no longer overshadowed by promotional adverts. Alongside capping the volume of adverts, these restraints can include controlling the location, message or person involved with endorsements which may attempt to convey 'palpable untruths' (Levy, p.229).

Libertarian Paternalism has been the most popular policy for the UK government to employ. This is primarily because, in response to critical media attention, it very conspicuously suggests social awareness without infringing upon people's choice or conflicting with the alcohol industry (Plant & Plant p.133). It also aims to impact most heavily upon more susceptible groups in society, such as teenagers. Sadly, such policy alone is largely ineffectual among the heaviest drinkers, who empirically constitute a group most immune to advertising and the best informed regarding the risks they are taking.

Aside from this ineffectiveness, there are two further downfalls in pursuing soft paternalism. The first, regarding media response, is a need for the Government not to resort to 'publicity stunts'. This was noted when Scotland banned the sale of 'whisky miniatures' in souvenir shops. This 'new professional-class paternalism' was deemed 'as socially unhealthy as smoking a roll-up while necking a bottle of cheap hooch is physically unhealthy' ([www.tomharris.org.uk](http://www.tomharris.org.uk)). The second disadvantage regards the failure to withstand alcohol industry intimidation. Indeed, abatement success is 'largely dependent upon its [the industry's] political and economic power' (Levy, p.207). Thus, by pandering to them, the Government is said to 'be akin to keeping petrol prices low – you allow many lives to be put at risk [Global Warming] so some can enjoy short-term profits' (Plant & Plant p.147)

### **Hard Paternalism**

Whilst alcohol prohibition has been likened to 'draining the oceans to prevent shark attacks' (Rehm), Hard Paternalistic stances look to physically prevent people drinking, at least in harmful quantities. Enforcement of the existing law would involve tightening a whole variety of currently relaxed policies, including the refusal of alcohol sale to people underage or already intoxicated.

In Torquay, Devon, the success of this was shown: close police liaisons with harbour-side bar and restaurant communities for one year led to a 20% fall in recorded offences (Plant & Plant p.136). Similarly, in Stockholm, an increase in ‘intoxication refusal’ from 5% to 68% between 1998 and 2002 led to a 29% decrease in the number of assaults (Plant & Plant P.137).

However, these such interventionist forms of Paternalism require huge monitoring and surveillance costs, and may lead to a relocation of drinking practices to people’s homes, thus being futile in combating the associated adverse health costs. Like Weak Consumption Theory, policies such as national capping or reducing per capita consumption have no way to identify binge drinkers.

**Table 2: Binge Drinkers v Average Consumption**

	% Binge Drinkers (30 units per week)	% Moderate Drinkers (20 units per week)	% Light Drinkers (10 units per week)	Average (units/drinker)
Society 1	10%	40%	50%	16
Society 2	20%	20%	60%	16
Society 3	25%	0%	75%	15

Such policies would favour Society 3 (with 1500 units cap, or 15 units average) to Societies 1 or 2 (1600/16 units) despite containing the heaviest proportion of binge drinkers, who induce the biggest costs to society.

## **Licensing**

In November 2005 the UK Government gave all premises the opportunity to extend its license time beyond 11pm. Whereas only approximately 160 pubs applied for a 24-hour license, 120,000 establishments requested some form of extension ([www.bbc.co.uk](http://www.bbc.co.uk)). Government rationale was to combat both the ‘beat the clock’ period of concentrated drinking (Plant & Plant, p121) and to prevent 11pm mass vacations, notorious for invoking violence.

Whilst reasonably conceivable, and having had some success, an unfavourable impact has been the prolonged time per night the health and policing sectors are treating alcohol-related issues, meaning the implication for costs reduction is not obvious.

However licensing, which controls alcohol ‘availability’, is believed a key battleground in the fight against heavy drinking ([www.ias.org.uk](http://www.ias.org.uk) [2], p.2). Successful paternalism requires modification not only in relation to licensing times, but to the appropriateness and type of license issued. This means



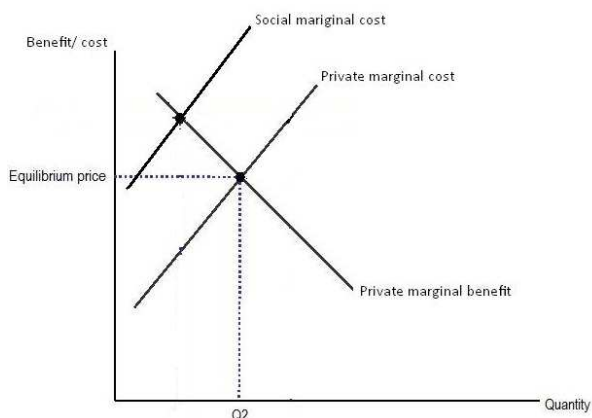
effective planning; licensing was designed partially to control the number of ‘outlets’ and withholding licenses to areas already adequately serviced for would preclude high concentrations of intoxicated people or pricing wars, both aspects paving the way for the practice of binge drinking (Levy, p.179-180)

### **Taxation and Minimum Pricing**

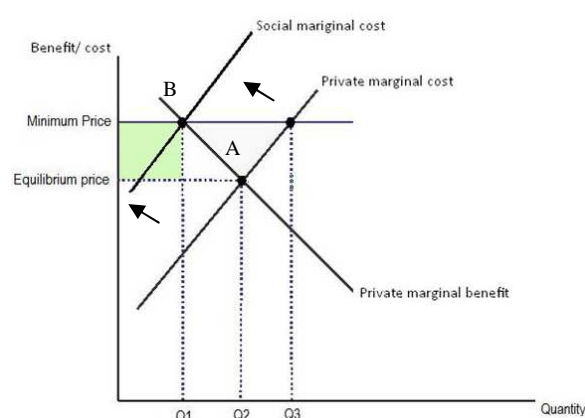
The other aspect which is said to be ‘Harm-Invoking’ is Price ([www.ias.org.uk](http://www.ias.org.uk) [2], p.1). Figure 1 established a correlation between alcohols’ falling relative price and the rises in binge drinking. Therefore, to revert this trend, it appears sensible to return the relative price of alcohol back to its previously higher affordability levels.

Prices can be raised either by ‘taxation above inflation’, that is to raise the real price of alcohol relative to other goods, or by introducing a lower bound for which it is legal to sell alcohol per unit, or ‘Minimum Pricing’.

In this sense we view price manipulation as a form of Pigouvian Tax. Pigouvian Taxation is a method used to overcome externalities in society. Binge drinking is a negative externality, the social costs are less than (at least the perceived) personal costs and thus we have a situation as demonstrated in Figure 4a.



**Figure 4a: A Negative Externality**



**Figure 4b: The Impact of a Minimum Price**

Source: adapted from <http://tutor2u.net>

The Pigouvian Tax shifts the effective cost of alcohol to the socially desirable level, moving equilibrium from A to B. Taxation or Minimum Pricing has the same impact, the only difference being



that taxation generates Government revenue, Minimum Pricing generates the alcohol industry more profit per unit sold, represented by the green box.

Taxation rates are already higher in the UK than in many other countries inducing revenue of nearly £14 billion in 2005 ([www.ias.org.uk](http://www.ias.org.uk) [2]).

**Table 3: Comparison of European Taxation (2006)**

	<b>VAT (%)</b>	<b>Spirits (70cl) 40% ABV (£)</b>	<b>Beer (Pint) 5% ABV (£)</b>	<b>Still Wine (75cl) 11.5% ABV (£)</b>
UK	17.5	5.5	0.38	1.25
France	19.6	2.8	0.05	0.02
Spain	16	1.6	0.04	0.00

Source: [www.ias.org.uk](http://www.ias.org.uk) [2] p.3

Although Figure 4 indicates demand will fall with a higher price, the important factor to consider the extent to which demand responds to the price change, or its elasticity. This knowledge is vital for price influences to be effective, the Government needs to understand how much to raise price to sufficiently combat drinking. Estimations of elasticity vary widely; the elasticity of demand for an individual alcohol type is estimated at -1, meaning a 10% rise in price corresponds to a 10% fall in demand ([www.ias.org.uk](http://www.ias.org.uk) [2], p.6). However, it is widely acknowledged that positive cross-price elasticities exist; a rise in the price of one alcohol type leads to its substitution with another type. Without actual simulation, total elasticity estimations are tough. Some studies believe the responsiveness could be as high as -1.39 (SHAAP Report 2007, p.48), meaning price alterations could be very effective, yet others indicate demand as inelastic as -0.17, meaning substantial falls in demand would warrant huge price rises (Gruenewald *et al* (2006)). Furthermore, opinions conflict regarding whether heavy drinkers have more or less elastic demands than moderate ones, intuitive belief states that they ought be more responsive because they spend the largest income proportions on alcohol ([www.ias.org.uk](http://www.ias.org.uk) [2], p.7), whilst others show demand to be relatively inelastic because of high prioritisation or alcohol dependency (CEBR Report 2009, p.16). Estimations believe taxation may have to rise 16% to realign drinking with 1979 levels ([www.guardian.co.uk](http://www.guardian.co.uk)).

We must additionally consider that the Government and alcohol industry face a conflict of interest. Whilst Pigouvian taxation creates higher profits per unit, the fall in demand may significantly offset this and actually decrease their monetary gains, hence ‘providing a formidable problem’ (Levy,

p.102). Currently, the Government ‘gauges taxation at a rate which does not kill the goose the lays the golden egg’ (Plant & Plant, p.143), meaning they are looking to maximise taxation revenue as opposed to social welfare. Equally, it has been noted that licensees only associate ‘high alcohol levels in the blood’ with ‘high profits’ (Plant & Plant, p.140) and historically have ‘immediately counteracted moves to abate drinking’ (Levy, p222). Now the industry must adopt a more socially responsible policy with respect to Binge drinking.

### **A Cost Benefit Analysis for a Minimum Prices**

In North-East England, alcohol can be purchased for as little as 12ppu (pence per unit) ([www.channel4.com](http://www.channel4.com)), In March 2009, Sir Liam Donaldson, Chief Medical Officer for England, recommended a minimum Price of 50ppu to achieve socially responsible drinking (CEBR Report (2009), p.12). The Corresponding Cost-Benefit Analysis is briefly detailed below:

**Table 4: 50ppu Cost-Benefit Analysis**

Benefit	(£m)	Cost	(£m)
Fall in NHS Spending	1018	Lower Consumer Utility	14877
Health Improvement	5680	Higher Consumer Spending	10687
Crime Reduction	669		
Absenteeism Reduction	183		
Higher Employment	6270		
Increased Firm Revenue	10246		
Other Benefits	1135		
	<b>25201</b>		<b>25564</b>
Total impact:			<b>£-363 Million</b>

Source: CEBR Report (2009) p. 42-67

In review of these estimates, the net change to society lies at -£363 million, suggesting a society disadvantaged by a 50ppu minimum price. This is perhaps misleading. Aside from the complications regarding elasticity estimation, calculations concerning fear of crime, utility losses and gains and the Value of Statistical Life (expressed more broadly here as Quality-Adjusted Life Years (QALY) Values) are all ambiguous meaning, a net loss to society is debatable. The Cost-Benefit Analysis simulations for the range of minimum price units are displayed below:

### **Table 5: Economic Implications for a Spectrum of Minimum Unit Prices**

Rate (£/unit)	Individuals (£m)	Producers (£m)	Wider Society (£m)	Net Economic Impact (£m)
0.30	-1989	1972	234	217
0.35	-3888	3622	560	294
0.40	-6433	5618	1107	291
0.50	-13605	10246	2996	-363

Source: CEBR Report (2009) p.68

Even with our estimation reservations, using any minimum price below 45ppu constitutes a net gain to society, maximised at 35ppu, strengthening the argument for Minimum Price Policy. Partially demonstrated in Figure 4b, it is noteworthy that as you increase minimum unit prices, the benefits or rents arising from the implementation shift from individuals, or consumers, to producers. This issue of ‘who profits’ reinforces the concern over the morality surrounding pricing adjustments.

## **Conclusion**

‘The Final aim must surely be a society where the great majority who wish to drink peacefully and sociably find themselves free to do so, and that minority which drinks excessively and problematically, are more and more successfully dissuaded from their non-adaptive behaviour’

(Tuck, p.24)

Moderate alcohol consumption has not only become a social catalyst in today’s British culture but has brought with it wide economic and employment opportunities. However, the increased affordability of alcohol over the last 50 years has led to excessive and dangerous levels of ‘Binge drinking’ to such extent that Godfrey, in 2004, calculated around 28% of alcohol is purchased for Binge sessions (Plant & Plant, p.149). This places huge strains upon individual and social relationships, alongside exhausting Government-funded services such as healthcare and crime prevention. Eradicating such action is consequently ‘an important goal of health policy for any Government’ (Tuck, p.1)

To remove what is a negative externality to society, the Government must instil paternalism, or control, over the UK population. Whilst soft policy measures are deemed largely ineffective, harder paternalist options will inappropriately influence all drinkers. Thus the level of intervention judged most fair and efficient tackles both restricting availability, through effective licensing, and raising prices of

alcohol, either through ‘taxation above inflation’ or ‘Minimum (unit) Pricing’ in order to bring the real value of alcohol in realignment with socially optimal levels. Such policy is seen as a ‘readily available instrument which can be applied to save lives and avert alcohol-related suffering’ and not implementing them ‘demonstrates a lack of commitment to the promotion of good health’ ([www.ias.org.uk](http://www.ias.org.uk), [2] p.6).

It must also be appreciated that price manipulations in this way pose a ‘moral challenge in society, not least for the government or alcohol industry’ (Plant & Plant p.146). This is because price increases will cause a reduction in consumption detrimental to tax revenue and profitability, leaving a sacrifice of economic gain to ensure the wellbeing of general society. Whilst calls for a minimum unit price of 50 pence is believed to most successfully dissuade from harmful drinking, studies have shown that a minimum price of 35 pence per unit on alcohol will deliver the most socially optimal results, although higher levels may be plausible due to ambiguity surrounding elasticity of alcohol demand and calculation complications regarding impacted facets.

‘Nudge’, produced by Thaler & Sunstein in 2008, is a form of behavioural paternalism and has become widely popular in the political sphere since its publication. Through the use of ‘choice architects’, this looks to frame situations such that people reach socially desirable outcomes themselves, hence without feeling their choices have been restricted. Whilst there is little research regarding alcohol specific applicability, this is certainly a new channel of manipulation for the government to consider.

Taxation is a word used sparingly in an election year, but the importance of this issue is such that all three of the main political parties have pledged to introduce some form of this taxation in their election manifestos. Furthermore, the Budget Report for 2010 bravely stated its commitment to ‘taxation above inflation’ for what it perceived more dangerous forms of alcohol. These pledges, consistent with the findings of this investigation, advocate the exploitation of the alcohol pricing structure as the most effective paternalistic policy the UK Government can pursue in combating binge culture.

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