



Accidental Impact

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Curiosity drives my work on historical geographies of drinking, but I also want to share the curiosity of others; given the nature of the topic, people are usually quite happy to engage (Phillips, 2010). However, I was still surprised to be accidentally and briefly impactful in 2009 when I was invited to provide written and then verbal evidence on the history of British drinking to the House of Commons Health Select Committee, a group of MPs considering matters of health policy. From one point of view, this looks like conventional impact (research-based evidence that might shape policy), and from another, like business as usual: “Impact, as presently imagined, is unlikely to alter prevalent elite perspectives on who the producers and consumers of knowledge are” (Pain et al., 2011, 185). From a third perspective, it’s yet another ‘impacted geographer’ sucking up to MPs: “*decision-based evidence making*, where academics become cheap consultants to policy elites looking for evidence to support decisions they have already made” (Slater, 2012, 118, emphasis in original). And that’s even before we consider matters of anachronism and advocacy in the relationship between history and policy (Berridge, 2010).

But how did my research on nineteenth- and twentieth-century drinking come to be considered relevant to twenty-first century health policy? The secretary of the Committee had wondered whether the UK research councils had funded any research on drinking beyond the fields that the Committee usually consulted on this topic (public health, medicine, occasionally sociology, psychiatry, etc.). The



secretary, a history graduate, was pleased to see that the UK had recently funded a research network on ‘Intoxicants and Intoxication in Cultural and Historical Perspective’ through the Economic and Social Research Council, and contacted the network leaders, Phil Withington and Angela McShane.² Phil and Angela suggested two other witnesses, James Nicholls and myself; the four of us provided written material, but Phil and Angela were unable to give evidence in person as both were on holiday on that date. I was there, in other words, because of my research interests and earlier connections (Angela and I were brought together by a producer working on a radio documentary). So James and I appeared as ‘the historians’, sandwiched in between the President of the Royal College of Physicians and Martin Plant, a sociologist of addiction.

So much for the ‘how’ of this accidental impact, where curiosity acquires a new and unexpected value. As to the what, we can’t always anticipate when and how we will engage with others (which rules out some forms of participatory research). But if *any* engagement might bear fruit, planned or not, then surely it’s worth thinking about how these encounters work, the way engagement *happens* – accidents included?

Being accidentally impactful might offer us some protection against being ‘impacted’ ourselves. Doing the research before it’s reclassified as ‘policy relevant’ does mean you’ve already found your material and formed your opinions.³ I had also, fortuitously, spent over a decade thinking about select committees, as my first paper on drinking examined Victorian ancestors of this Committee (Kneale, 1999). Adam Ashforth suggests these institutions frame not only ‘social problems’ but also their solutions: “the discourse manifested through Commissions of Inquiry is concerned at the same time with the making of substantively true propositions about material and social reality while also elaborating practical means to achieve specific ends within the context of that reality” (1990, 8).⁴ If the current definition of ‘problem drinking’ now requires a historical perspective (‘how did we get like this?’), you ask historians.

Secondly, it’s clear that we were only recruited to the Committee because of its secretary’s own curiosity (it’s hardly a requirement that they must consult historians and geographers, after all); the list of witnesses would otherwise have been a familiar mix of public health specialists, the occasional sociologist, and representatives of the trade. Similarly, it was obvious that several Committee members, including the chair, were very unhappy that Britain’s poorest might suffer a disproportionate share of the damage from drink, even though they are not necessarily the heaviest drinkers. We should recognise that *some* members of ‘elites’ might share *some* of our intellectual and political interests, though our

² See <http://www.hist.cam.ac.uk/research/research-projects/economic-and-social/intoxication>

³ Not being so dependent on grants can make it easier to avoid being ‘impacted’ by policy, too.

⁴ I recommend Ashforth’s paper to anyone studying (or appearing before) these institutions.

contact with them might be short-lived and unexpected and our sense of what might be done rather different.

Thirdly, impact or engagement is an outcome that can only be gauged afterwards; it doesn't follow *every* encounter, and it emerges in ways that are themselves not always predictable. James Nicholls made some excellent points, and I tried to do the same, but our answers were nuanced, careful. In contrast Martin Plant, a smart and experienced witness, attacked the marketing of cheap alcohol by telling the committee that: "the supermarkets have shown all the morality of the crack dealer". Guess whose words were on the front page of the *Daily Mail* the next day? Still, I think the historical evidence quoted in the First Report (2010) had *some* kind of impact, and it has led to other opportunities for engagement. The most important contribution we made, perhaps, was persuading the committee (and hopefully others) that British drinking does indeed have histories and geographies. The idea that nothing can be done about drinking because the British are natural sots can now be countered, and the facts and arguments are freely available online. However others have been quick to try to redefine these new understandings. When the Royal Geographical Society (with the Institute of British Geographers) launched its Policy Briefing Paper on Alcohol (2010), someone from the drink trade asked why we should be worried that alcohol consumption had risen since the 1960s, if history showed it rising and falling over centuries (as if it was subject to natural fluctuations, perhaps something to do with sunspots). And I did receive a few emails from consultants keen to recruit academics to defend their clients (giant drink firms) from hostile questioning from Select Committees; if history is useful, let's get our own historian.

Perhaps naively, I think I've had the best of both worlds. Immodestly, I feel that this engagement was worth doing; and to my great relief, I have not been selected as one of my Department's impact case studies, which present particularly significant work as part of the Department's submission to HEFCE (the Higher Education Funding Council for England, which is overseeing the whole exercise). This reminds us that while the impact agenda may seem to emanate from a single point ('HEFCE', 'the British Government'), definitions of what does or doesn't have impact are made by departments and disciplines, journal editors and referees. Impact is an outcome; it happens when some of these elements agree that it happens. So while the period in which my work was felt to have impact as HEFCE understands it is over, I hope the wider engagement will continue for much longer.

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