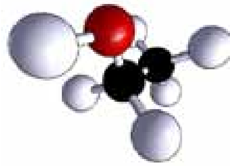
68 ALCOHOL INSIGHT



Why do people drink at home? An exploration of the perceptions of adult home consumption practice

Background:

There has been a 50% rise in overall per capita consumption since 1950 (Academy of Medical Sciences 2004) though there are signs from the National Household Survey (National Statistics 2006) and the Department of Media Culture and Sport (2008) that this is starting to tail off. Latest figures (end of 2006) from the British Beer and Pub Association found that 83% of all wine consumption is purchased on an off-sales basis, equivalent figures for spirits and beers are 77% and 43% respectively (Foster 2008).

Drinking at home is growing faster than drinking in pubs, clubs, cafes and restaurants (Alcohol Policy 2006). The off-trade consumption of alcoholic drinks is forecast to rise by 15%, which is £12.3 billion in value from 2008- 2010 alone, with women being the key growth factor in this trade.

The first national alcohol strategy document made no mention of alcohol consumed at home though the most recent strategy (Home Office 2007) recognises that home drinkers do present a significant health burden. International research has shown for some years (Single and Wortley 1993) that the majority of drinking takes place outside of licensed premises but there is little empirical research into the reasons why "adults" elect to drink in non-licensed premises. Most of the research to date has focused upon the behaviour of young people in this respect and found that drinking in public places such as parks is associated with increased risk. (Coleman and Cater 2005). The role of parents in this area is unproven though recent research from North West England found that alcohol-related harms and consumption were lessened in young people (15-16) whose parents provided alcohol at home (Bellis et al 2009).

Recent data from the Scottish Executive (Scottish Executive Social Research 2007) has documented a behaviour concerning home drinking mainly in young adults 16-24 (though not exclusively) known as "front loading" or "pre-loading". This is consuming alcohol purchased from a supermarket or off licence and thereafter going out to a pub or night club. Research has shown that among the reasons this has become popular are to accelerate drunkenness (Engineer et al 2003) and because it is cheaper than alcohol bought in an on-licensed premises. There is now evidence in the 16-24 age group those who do pre-load are more likely to be women and involved in a cluster of risky behaviours (Hughes et al 2007). These

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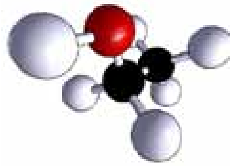


include drinking more, a greater likelihood of being sexually molested, being "too drunk to walk" and getting into fights.

Men are still the biggest consumers of alcoholic drinks in the home but women are closing the gap and having a significant impact on the volume of pubs, bars and clubs, and as shown above are more likely to take part in "pre-loading." By 2010 they are predicted by Datamonitor to account for over 40% of the volume of the market.

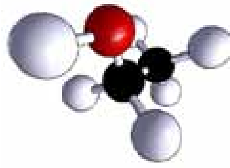
To date the reasons why adults elect to drink in non-licensed premises are largely speculative and anecdotal. It is thought that cost and convenience are two of the key variables. In particular for those individuals who have young children. There also may be certain activities which have become increasingly linked to home drinking, such as family parties and barbecues. Research has also shown that a number of key local authority personnel believe that for older people by which they mean 30+ and those with young families town centres are becoming increasingly unattractive to visit as they are perceived to be overwhelmed by young binge drinkers (Foster et al 2008).

To date the research suggests that the following are particularly at risk from home drinking women aged 45-64 (Home Office 2007), the elderly (Felson et al 1988) carers of the elderly

(Saad et al 1995), and individuals who live in affluent areas. Greater affluence is associated with a higher likelihood of hazardous drinking, more use of supermarkets and greater wine consumption (Cook et al 2008).

Methods and Study Setting.

The study received ethical approval from the Middlesex University School of Health Studies-Heath Ethics Sub-Committee. The research governance department for Blackpool Primary Health Care Trust (PCT) was happy to consent to this on the proviso that no participants were recruited through the PCT and that PCT premises could not be used when conducting the research. Blackpool has a population of approx 150,000 is one of the most densely populated areas of the England outside of London and was once the most popular seaside resort in the United Kingdom. However over time the resort has gone into steep economic decline and is now

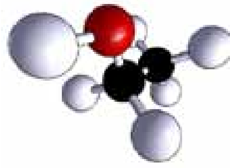


heavily reliant on stag and hen parties to maintain it as a viable twelve-month destination. It has far higher than national/regional average alcohol-related mortality and morbidity rates and these tend to be concentrated in the most deprived areas of the town.

The current project employed a qualitative methodology, in this case four focus groups to explore the reasons why the participants elected to drink at home. All the participants were current drinkers who drank both within and outside the home. The aim was to collect a sample that could reflect the views of both genders and differing age bands. Attempts were made to collect more precise data relating to age, educational marital /employment status and income but there was some reluctance to provide this data in three of the four groups and thus a broad sketch of the profile of each group is provided only. All the participants agreed to take part in the focus groups after having been shown a participants information sheet and signed a consent form to the effect the proceedings would be taped and transcribed but their anonymity would be maintained. All four groups were recruited through Blackpool based voluntary sector organisations or residents groups via personal contacts of the research group. The first group were young people (n= 15, 9 Males, 6 Females) aged 13-21. Some were still living at home but none had children. A group of volunteers (1 male, 3 Females) aged 30-50, some of whom had children and were in relationships from a Blackpool-based charity comprised the second group. Another large group (n=15, 6 Males, 9 Females) were recruited from a Residents Association of what they themselves described as a working class housing estate. The age of the participants ranged from 25-70 with the majority being clustered at 50+. The final group (n= 4, 1 Male, 3 Females) (age range 20-30) were recruited through a Lesbian and Gay Group. All were currently working, in relationships and one of the women had a child.

Each focus group was conducted with two facilitators, one who predominantly observed and took notes and the other who facilitated the discussions. A series of themes/prompts were provided for each group as follows:

- Why do you drink at home?
- On what occasions do you drink in licensed premises?
- What are your beliefs concerning home drinking?

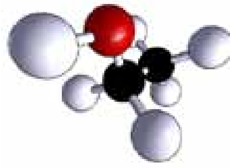


- Who makes the decision to drink in your household?
- What are some of the rituals that surround the drinking that takes place at home?

The discussions were free-flowing and organic, and in practice this structure was rarely followed in a linear fashion. Each group was taped and subsequently transcribed. Thereafter it was analysed by the first and second author who agreed the themes that emerged. A procedure was in place for the third author to act as an arbitrator in the case of a dispute. In the event this was not required.

Key Findings and Implications:

- Although a number of sub-themes emerged the reasons adults give for electing to drink at home concerned convenience. Included in this are issues such as price, safety, availability of child care, immediate relief of stress, family occasions, the smoking ban and not having to drink and drive.
- One of the main attractions of home drinking was "lack of surveillance" and "freedom to drink as they wished."
- Individuals employed certain measures to promote safe drinking levels at home, these included not drinking in front of young children, drinking alcohol with food, not drinking before a certain time or alone.
- Despite the fact that individuals liked the freedom given to them by home drinking they were aware that it was not inherently "safe" as it has tended to be portrayed when the binge drinking debate is presented. Whether home drinking was safe depended upon the context the drinking took place and with whom an individual was drinking. Heavy drinkers were likely to be heavy drinkers in a home situation and often encourage others to drink more heavily than they would normally do.
- Not drinking alone was suggested as a measure to promote safer drinking practices, (not all the group felt this). Drinking alone especially when lonely or depressed was one of the inherent dangers of home drinking, and even more so now that alcohol was cheaper and more easily available. It could lead to problem drinking becoming more extreme and remaining undetected



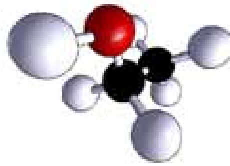
for longer.

- The final risk/danger discussed was the perception that home drinking had become routine and normal. This would be likely to lead to increased consumption in certain groups.
- There was also a focus group that discussed drinking away from licensed premises by young people. Much of this discussion confirmed that drinking in this group often took place in public arenas; such as parks, bus shelters and the pier. It was seen as inherently risky and a number of the interviewees had either been involved in or witnessed fights.
- The risky nature of this drinking provided a "buzz" and young people's drinking needs to be seen in such a context.
- Parents were seen as a moderating influence and peers as likely to promote excessive drinking and engaging in risky behaviours.
- Young people tended to maximise their resources by clubbing together so that they could buy more (usually) cheap alcohol.

The main implication of this study is that it is, to the knowledge of the research team the first time drinking away from licensed premises has been considered in this way. It provides data on what is now the most common form of drinking alcohol in the United Kingdom. Future research endeavours should conduct a robust survey to establish whether these findings are generalisable to other settings.

Lessons for Policy.

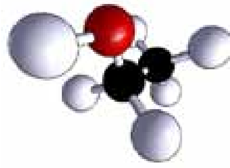
The data collected in this study provides policy makers, commissioners and health care workers with an insight as to why drinking alcohol at home is becoming increasingly popular with adults. It will allow them to tailor and target information designed to promote greater awareness in this area. Part of the message should attempt to put over a message that home drinking is neither intrinsically, safe or unsafe; this is dependent upon the circumstances in which the drinking takes place. These messages should also point out that whereas in licensed premises there are a number of external controls that influence behaviour this is not the case "in the home." There are two particular areas of concern that could be the



focus of further research. Firstly a number of interviewees linked alcohol with a reward and relief of stress. This is based upon an expectancy belief, however over time excessive drinking will exacerbate stress and in all probability lead to higher consumption levels. Secondly there was a feeling that drinking at home had become normal and "habitual"- this too over time is likely to be linked to increased consumption especially in more affluent groups.

The discussions with young people is consistent with much existing research, however we would like to highlight three findings that should help professionals to understand some of the issues around "underage drinking." Firstly although many of the young people were aware that drinking in parks and bus shelters etc carried a number of risks this also gave them some form of "buzz". Secondly the young people we interviewed tend to club their resources together to buy more high strength alcohol. Finally drinking with peers was likely to lead to greater drinking and more risk taking behaviour but parents/adults were regarded as a restraining influence.

The rise of home drinking has coincided with a time where alcohol has become cheaper and more available. The issue of cost is clearly of importance and there is now some discussion as to whether a minimum price of 50p per unit of alcohol should be introduced. This has now been introduced in Scotland and follows a report from the University of Sheffield (Meier et al 2009) and has also been one of a number of recommendations made in a recent by the British Medical Association to reduce drinking in young people (British Medical Association 2009). The rationale for the 50p cut-off was this would have a significant impact upon heavy drinkers and young people whilst increasing the cost of alcohol for "controlled drinkers" to only a few pence per week. This policy has now been recommended by Sir Liam Donaldson (Chief Medical Officer 2009). The importance of Donaldson's proposal is that it posits a general population approach towards the costs of tackling alcohol-related harm that would involve a paradigm shift in UK alcohol policy. However it is likely that over time such a shift will become a necessity. It is not possible to draw definitive conclusions from long-term alcohol mortality and morbidity trends because of inconsistencies in data collection methods. However a great deal of effort has been made in recent years with a view to standardising this. Recent data (National Statistics 2009) report an increase of 69% in alcohol-related hospital admissions from 2002/3-2007/8, and a rise in alcohol-



related deaths from 2001-2007 of 19% (The majority of these were alcohol-related liver disease). It is important to put these figures into some sort of context. The majority of alcohol-related diseases will be the result of many years of drinking. Figures from customs and excise estimate that per capita consumption in 1986/87 was 9.53, the similar figure for 2007/8 was 11.53. (Institute of Alcohol Studies 2009) The majority of the 2007/8 figure is consumption of alcohol away from licensed premises and is "invisible." Policy responses focus upon responding to the visible problems caused by "binge drinking" if alcohol-related mortality and morbidity are to be lessened then it becomes increasingly incumbent on policy makers and health professionals to focus their interventions upon drinking in the home.

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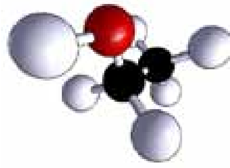

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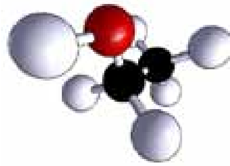

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