

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

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Chapter One

Introduction to the Study

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 Review 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 in-trade alcoholic drinks market is predicted to grow by 10% for the same time period. The strength of the off-trade market volume relative to the on-trade is largely explained by the importance of the home for consumers and the levels of comfort and entertainment options consumers are integrating into their homes. Consumers' investment in homes - both financial and emotional - is considerable, so people want to spend time at home to enjoy the benefits of their outlay and personal taste.

The first Alcohol Harm Reduction Strategy for England (**The Prime Ministers Strategy Unit 2004**) made no mention of the challenges posed by drinking away from licensed premises. However the most recent strategy (**Home Office 2007**) recognises that home drinkers do present a significant health burden.

International research has shown for some years that the majority of drinking takes place outside of licensed premises. (**Single and Wortley 1993**). Generally there has been very

little empirical research into the reasons why “adults” elect to drink in non-licensed premises. But gender has been identified as an important demographic factor. The alcohol purchasing patterns of men and women differ. Men are more likely to buy drinks in bars, women are more likely to purchase alcohol in a supermarket. Between 16-24 years of age 45% of women purchase alcohol in bars; after this the figure drops to 26% (**Goddard and Thomas 1999**). More recently research has shown that the increased level of harmful drinking amongst women aged 45-64 has been linked to greater home drinking (**Information Centre 2006**).

However most of the research thus far concerning drinking outside licensed premises has been directed at examining the behaviour and motivations of young people and there is also good evidence that underage drinkers have little difficulty in obtaining alcohol (**Maisey & Davies 2003**).

Coleman and Cater (2005) found that the most common venues for young people to drink (excluding pubs and bars) were “at a friends home when parents away”, “own home when parents away” and lastly park and the streets. Drinking in the park and the street was also related to other high-risk behaviours such as illicit drug use, getting into trouble with the police and unprotected sex.

Forsyth and Barnard (2000) asked questions to a sample of Scottish schoolchildren (n=1240) about their consumption of alcoholic beverages with a view to identifying drinking venues. Those who had consumed alcohol were asked about the circumstances of their last drinking occasion. This was done with the intention of quantifying the extent of under-age drinking in different settings. The results indicate a continuum of drinking styles between what might be regarded as low-risk and high-risk circumstances. At one extreme, much drinking tended to take place within the family home, usually under parental supervision. At the opposite extreme, other alcohol consumption took place in a variety of public or 'hidden'

outdoor locations. Consumption in these latter location types more often resulted in intoxication. Also, more dangerous, high alcohol, large volume beverages (e.g. white cider) tended to be consumed in more risky locations. 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)**. **Spijkerman et al (2008)** investigated the effect of alcohol-specific parenting practices on adolescent drinking, binge drinking and alcohol-related problems and whether these associations are moderated by socioeconomic status. The sample consisted of 1,344 adolescents, who were approached at school and parents received a short questionnaire at the home address. The results showed that applying strict rules about alcohol use and having qualitative good conversations about drinking alcohol seem to prevent adolescents from heavy drinking patterns, but parental alcohol use seems to promote adolescents' drinking. The same study found a relationship with social class. Those parents living in areas of lower socioeconomic status were less likely to prevent heavy drinking in their adolescent children. Though there is also likely to be a relationship with availability of alcohol outlets. Further US work **(Pollack et al 2005)** has shown that alcohol availability was shown to be concentrated in the most deprived neighbourhoods.

Adolescence is a time of transition from childhood into adulthood and during late adolescence many people leave home for the first time. **White et al (2006)** examined the changes in drinking behaviours during the time when the participants left home to go to college. They also looked at how protective factors against alcohol and drug use affected these possible changes. Leaving home and going to college were found to be significantly related to increases in the frequency of alcohol use and heavy episodic drinking. Having fewer friends who used each substance protected against increases in the frequency of alcohol use and heavy episodic drinking. Higher religiosity protected against increases in alcohol

use. Higher parental monitoring protected against increases in heavy episodic drinking and moderated the effect of going to college. Therefore perhaps parental drinking and protective behaviours can affect the drinking behaviours in young adults when they experience a change of home environment and the psychological adjustments that go with this transition.

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 that those who do pre-load are more likely to be women and involved in a cluster of risky behaviours (**Hughes et al 2007**). These 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. Perhaps drinking at home leaves women free to enjoy the experience of social bonding with friends without worrying about safety or childcare.

Drinking in the elderly is under-researched but this is a group that is likely to increase and have a heightened likelihood of drinking alone. The proportion of the UK population over 65 years old is now 15%, compared to 11% in 1951 and 5% in 1911 and this is a group that is also becoming healthier. In all probability elderly people would choose to drink in the

comfort of their own home rather than going out to pubs, both due to cost and their own mobility issues. However this is not without risk for alcohol consumption in the elderly is associated with an increased risk of falling (**Felson et al 1988**). There is also evidence that carers of the elderly (especially those where the person they are caring for is suffering from dementia) are likely to have increased alcohol consumption levels in an attempt to reduce stress and the majority of this is drinking takes place in the home (**Saad et al 1995**).

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**).

This report uses a qualitative methodology to examine some of the reasons put forward by male and female participants age range 15-75 for drinking away from licensed premises. We are defining an adult as 16 and above. This is the age when it is legal to drink alcohol accompanied by a meal. The aim is to develop explanations and theories explaining the reasons adults elect to drink in non-licensed premises. (Home drinking)

Chapter Two

Alcohol Consumption in Blackpool

Blackpool is a seaside town in the North West of England with a resident population of 150,000 making this Borough one of the most densely populated authorities outside of London. Blackpool's main source of income is tourism, however, the pace of decline in visitor numbers, average visitor spend and shortened duration of stay is accelerating. The local economy currently generates the 12th lowest gross domestic product (GDP) of all UK Boroughs. At 70.2%, employment rates in Blackpool are considerably worse than the national average and mean earnings in 2004 were only 72% of the English average and therefore well below those for the region. The area has one of the highest levels of adults with no qualifications; both the underperforming education and health systems have direct consequences for lack of employment. There are also local government wards in Blackpool that have some of the worst rates of alcohol-related morbidity and mortality in England.

Residents in Blackpool (n=1,098) were part of a survey into the impact of alcohol consumption in the North West England (n=24,181) (**Cook et al 2008**). Alcohol-related harm is highest in Northern England where it causes 5.8 months to be lost for each resident due to alcohol compared to 3.6 months in Eastern England (**Deacon et al 2007**). The majority of the comments herewith apply to North West England, however at the end there will be a number of comments which relate to Blackpool only.

Alcohol consumption is high across all population groups. Wine consumption tended to be associated with less deprived areas, beer and cider with greater levels of deprivation. **Cook et al (2008)** sought to map the behaviour of those surveyed to levels of harmful and hazardous drinkers. These were linked to the Government definitions and were as follows

- Sensible drinkers- Up to including 14 units of alcohol per week (females) and 21 units for males over the same period
- Hazardous drinkers- Between 15-35 units of alcohol per week (females) and between 22-50 units for males over the same period
- Harmful drinkers- Over 35 units of alcohol per week (females) and over 50 units for males over the same period

Most of those surveyed obtained their drink from supermarkets- (65% overall- sensible (64%), hazardous (71%) and harmful (68%). This was a function of income- the use of supermarkets was greater as income increased. In households where the per-person income was less than £4,000, 49% used supermarkets to buy alcohol, the equivalent figure for households with a per-person income greater than £37,000 was 74%. Only 45% bought alcohol from pubs (hazardous 53%, harmful 56%) and pub used declined as income increased. Use of off-licenses was associated with heavy drinkers.

The majority (39%) (modal group) were drinking once or twice weekly but abstinence and daily drinking both increased with age.

The mean male weekly consumption figure was 23 units divided as follows (14.9 beer/lager/cider, 2.7 other and 5.4 for wine. The equivalent figures for females were 12 units, on this occasion the majority of alcohol consumed was in the form of wine (7 units). Wine drinking was also more likely as incomes increased and conversely beer/cider/lager lessened in higher income groups. Despite this men were more likely to drink beer but again wine consumption was greater in men with higher incomes. For females there is again in relationship with income. In higher income areas the vast majority of alcohol consumed by females is wine, whereas in lower income areas there was almost an equal consumption of wines, beer and other beverages.

Arguably the most important and perhaps surprising finding in the context of which “binge drinking” is portrayed is that affluence is now associated with a higher likelihood of “Hazardous drinking” and this is likely to eventually be reflected in greater alcohol related ill-health, morbidity and possibly mortality.

This summary of **Cook et al (2008)** will conclude by looking in greater depth in the data concerning Blackpool. Of those surveyed there were more sensible drinkers than the North West average but marginally fewer who described themselves as abstinent. Again in terms of hazardous/harmful drinkers these were within the regional averages- fewer hazardous drinkers and marginally more harmful drinkers. However large differences emerged when perceptions of alcohol related problems in the area were considered. These were higher (at times far higher) than the regional averages in the following variables; Blackpool % figures first:

- Avoidance of the town centres at night because of the drunken behaviour of others (62.4 v 47.0)
- Action is needed to tackle alcohol-related behaviour in local areas (63.1 v 50.2)
- The drunken behaviour of others is a concern (75.7 v 72.6)
- Alcohol- related crime is a concern locally (61.9 v 56.0)
- Alcohol- related litter is a concern locally (51.3 v 48.4)
- Children drinking in streets/parks is a concern (79.4 v 75.2)
- The risk of alcohol-related fire is a concern (20.9 v 18.6)

Chapter Three

Participants and Methods

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.

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, in practice this structure was rarely followed in 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.

Chapter Four- Results- a)Theoretical Explanation

There were a number of themes that emerged from the focus group discussions that contribute to a theoretical explanation for the reasons adults chose to drink at home.

a) Convenience

This theme was mentioned in general on 25 occasions, a typical quote from a woman in her mid 50s from the residents association is shown below.

“You can relax more at home. You don't have to wait at the bar to be served; you can just go and get yourself a drink. You sit down and you are pretty much there for the rest of the night.”

In addition this theme includes a number of activities that involved drinking at home; these were food/dinner parties (n=7), drinking games, listening to music, playing computer games (all n=1). Finally included in this theme was the fact that there is no need to order taxi's.

(n=1)

b) Cost

There was a strong link between convenience and many of the other themes. The fact that alcohol was cheap was mentioned on 34 occasions. The majority of alcohol purchased was bought in supermarkets or local off-licenses. The quote below illustrates the purchasing behaviour of a male in his mid-thirties with a partner but no children

“I have found this week that I have brought more alcohol than I have ever brought in my life because it was cheap. It was a heck of a lot of more than I would normally buy. It was two litre bottles for £20 last week and this week it is 7 pound a bottle. I ended up buying double or triple I would normally buy because I'm saving some money on it.”

Young people had a very different type of purchasing practice. It was common place for them to club together their monies to buy more alcohol. The second quote relating to cost illustrates this.

“When you are out with your mates if there are 10 or 15 of you, if you all put in a tenner that’s £150 between 15 of you to spend on booze so when you’re out and everyone buys booze just with that £10. Say like...how much is a bottle of vodka now, about £10 or something?”

c) Child-Care

An issue that was largely pertinent to the young women in their 20s and 30s (though not exclusively) was drinking at home because they had young children to look after or avoiding the cost of babysitters. This clearly has a link to cost and convenience and was mentioned on 18 occasions. The illustrative quote comes from a male in his early thirties with a young child. It also illustrates how those participants who had young children had their own self-imposed rituals around drinking in this environment.

“When I have a drink, I have a nine-year-old son and we don't make a habit of having a drink when he is up. So we will make sure, he goes to bed at nine o'clock, then we will have a drink.”

d) Safety

Also linked to the idea of convenience was a shared belief that drinking at home was safer than going out. This tended to manifest itself in different ways. There were 33 comments relating to safety. The majority related to a belief that pubs were often unpleasant and violent. There were some specific concerns, younger women believed they were often short-changed in terms of measures of spirits in pubs or they were watered down. Another perceived danger from pubs was having your drink spiked- again this was an issue for both genders. The quote below comes from a gay man in his early 30s.

“Spiking of drinks is also an issue I am really careful about, if I am going to buy a drink it comes in a bottle with a lid on rather than leave my glass there when I got to the loo I will ask someone to watch it for me. Though sometimes this can go wrong, you have somebody

watching it for you, what they are doing is putting a pill in their hands and reaching over to get something else, and as they do they drop it into your glass. And they think it's funny.”

The group from the residents association tended to be older and they perceived a lack of safety in the amount of under-age drinking and subsequent public nuisance that the police were either unable or unwilling to tackle. In consequence a number of this group did not want to leave their flats after dark. The two quotes below both come from a male in his mid-fifties from the residents group.

“Gangs of youths drinking and smashing bottles and when you phone the police they come out but they come back again. Loads of time you wake up in the morning and you see all the broken bottles, so they are getting it from somewhere.”

“Every teenager on this estate knows that under a certain age there is nothing that the police can do to them.”

In total there were 11 comments relating to the problems created by underage drinkers, thus there were 44 comments under the theme of safety or perceived lack of it outside the home.

e) Social Occasions

Home drinking was also common as result of social occasions such as birthdays (mentioned 11 times) and having friends or family over for a visit (18 times). Thus the theme of social occasions occurred 29 times in total. The quote below comes from a female with a partner and children in her early thirties

“I would say birthdays, anniversaries or anything like that. Anything to do with my family where we are all together we always ended up having a couple of bottles of wine, special occasions.”

f) Stress/Reward

Having a drink generally and specifically at home “to wind down” was a theme mentioned on 13 occasions. This clearly is linked to the idea of convenience, as the alcohol is readily

available. This was an issue for both genders but the quote provided comes from a female in her early thirties with no children.

“I think if you have had a particularly stressful day at work. I will get in the bath and open a bottle of wine”

Miscellaneous Adult Themes

There were a number of other themes that encouraged home drinking that were discussed by the adult groups. The number of times they were mentioned is shown in brackets; smoking ban (n=9), because it would mean driving (n=4) and the practice of pre-loading (n=4). (drinking at home before going out for the evening). A quote is provided for each with a brief profile of each of the speakers.

Smoking Ban: “I found in the past two years, because I am also a smoker, and you can’t smoke in pubs, I go into one of the local bars and they have a little shelter at the back and you can’t see in front of you from all the cigarette smoke. I am a smoker but I don’t want to be gasping for air continuously. So I would stay at home and have a glass of wine and a cigarette”

Male –Early 30s-Partner and Children.

Driving: “If you are a driver it is safer to drink at home because then you don’t have to worry about driving” Female – Mid 40s. Partner and Children.

Pre-Loading: “We never ever go straight out we always meet up at someone's house before we go out and if I'm being completely honest it's to get drunk before we go out so that we don't have to pay extortionate prices when we get out” Female-Mid 20s- No Children.

Chapter Five- Results- b) Drinking Outside of Licensed Premises and Young People

This data is taken from the first focus group only that contained 9 males and 6 females aged 13-21. Once again a number of themes emerged.

a) Drinking as Freedom/Rite of Passage

This theme was mentioned on four occasions. It is well illustrated by this young male reflecting back on what it was like for him leaving care at 16.

“I think sometimes, especially in the situation I was in when I was 16. I was homeless and I was living independently with other people. You don’t really need an excuse, we didn’t anyway. For the first time in our life we had quite a lot of independence so we could do what we wanted when we wanted and a lot of the time that involved a lot of alcohol.”

The idea of learning your own limits through experimentation was illustrated by this quote from a young woman.

“I don’t think you should be forced to drink at an early age. I think that it should be like made available to you because I know when I first started drinking the taste of it was horrible. It was just made available to me every so often and I just thought I will see if its changed or if it’s different or something like that, and I sort of got used to it. And then you get bladdered and you realise hang on I shouldn’t be drinking that much. And then you learn from your mistakes.”

b) Drinking Venues

This theme was explicitly discussed on five occasions. Prior to 18 years of age most of the drinking did not take place in licensed premises. The venues mentioned by both genders were in the home, under the pier, in the park and bus-shelters. One female who had recently

left care (most individuals left local authority care at 16) described how it was important to know your area first before having parties or you could risk being the subject of complaints and being made homeless.

“A lot of people end up homeless that way because they have had a house party and stuff. So when you get your new house don’t start drinking straight away, get to know your neighbours first and then do what you want.”

c) **Different Drinking Patterns**

There were some interesting findings regarding how parents influenced the type of drinking. Generally they were regarded as a restraining influence. One girl commented

“ A glass of wine with mum, lemonade with dad, a litre of vodka when I am out”

This situation altered if there was a party at home and parents or other adults had been drinking themselves. This was then seen as an opportunity to drink heavily as the adults would be less vigilant. The following quote comes from a young woman.

“On Christmas day we had a bit of a party around my mum’s friends house and my mum said “you can drink I don’t mind it Christmas day but behave yourself”. So I had a few, so I wasn’t in the best of states and my mum went “right” and she wasn’t drunk but she was nearly drunk “you are not having anymore” but as soon as she got drunk it was like...I just though a vodka and orange she will not notice. It’s so easy when other people are drinking, especially with vodka, as long as you keep your drink away from them and they can’t smell your drink you can just say it is because I had a drink before. They are not going to notice.”

There was a tendency to go into town on a Friday and Saturday night because it was easy to find someone who would buy alcohol on their behalf. This is illustrated by the following quote by a young woman.

“If you go out on a Saturday or Friday night and you go into town you can almost guarantee somebody will go in the shop for you. So that’s why I think people go down town because

you can guarantee it. If you say I will give you a shot of vodka they will say alright then. Or if you go to the middle of town there are always drunks and druggies and they will go in the shop if you say I will give you a fag or something like that, something stupid.”

The theme of drinking patterns was mentioned six times

d) Parents as Role-Models or Not

This was the most common theme and mentioned seventeen times. As can be seen above, as a general rule they were seen as a restraining influence. This is well illustrated by the following quote from a young woman less than 18.

“I couldn’t drink that much if my parents were there. My dad doesn’t let me drink and my mum doesn’t have booze in the house.”

There was also some discussion about how repressive attitudes towards drinking could possibly encourage a young person to rebel. The perceived European attitude to drinking whereby children are given small amounts of wine by their parents was seen as constructive. The following quote from a young woman illustrates how parents who drink in a controlled way without getting into trouble or arguments provide positive role models.

“I can see my parents when they go out for a drink, they will go out and have quite a few drinks but they don’t get drunk. And I think they set a good example that you don’t have to get smashed every time you have a drink.”

There was a belief that the participants initially drank to excess just to find out what it was like and it is linked to the theme “rites of passage” the process of experimentation is well-illustrated by this quote from a young male.

“I think as well once you have got that freedom, when you turn 13 or 14 and you are allowed to go out at night...when you are in year 7 or 8 your parents can be a bit (inaudible) and say you are not going out but when you get into year 9 they give you a bit more freedom and it’s like all your mates are drinking and its like it can’t harm you can it and you carry on drinking.

The first time you touch drink you don't know what your limits are but once you have drunk a few times you know that you can drink like 10 cans and you will be a bit tipsy but you will still be fine but if you touch 15 then you are pretty badly fucked.”

There was then an issue about the steps some parents would take to keep track of their children such as mobile phones which was resented by the same young man who had made the previous quote.

“There is like paranoia with your parents where if you are out at night they don't know where you are or what you are doing. So that leads to them doing things like mobile phone tracking and stuff like that, which I don't like.”

e) Dangers of Drinking on the Street

There was a perception that street drinking was frequently accompanied by a high chance of either observing or getting into fights. Females in the group tended to be threatened by this atmosphere. One made the following quote after having observed six fights in one evening.

“I feel quite scared drinking on the street because every Friday night I go out there is a fight and even if I am not involved in it it's either one of my friends or I see it or it is near me.”

Although the participants were aware of some of the dangers of drinking on the street it is important to note that they also enjoyed it and felt it gave them a sort of a buzz. This is illustrated by the following interaction between a male and female member of the group.

Male; “When I was quite younger and drinking a lot it kind of felt a little bit dangerous to be drinking out on the streets and stuff but we didn't care, we kind of enjoyed it.”

Female; “It all adds to the thrill”

This theme was discussed on eight occasions

f) Peer-Pressure/Excessive Drinking

This was discussed five times

For the members of the group there was a strong feeling that greater drinking was linked to peer pressure. This is illustrated by this quote from a young man.

“I think sometimes you want to look good in front of people so it’s kind of like a competition, people drink more.”

This was also linked to the propensity of young people to pool their resources. This has been previously discussed under b) cost.

Chapter Six- Results: c) Attractions of Drinking Outside of Licensed Premises: Promotion of Safe Practice?

The data presented in this section comes from focus groups 2-4 and once again are presented in the form of the themes that emerged from the conversations. It was clear that one of the main attractions was the freedom to drink as the individual chose rather than be restricted to licensing hours. This theme is called “Lack of Surveillance.”

Lack of Surveillance

This theme was particularly prevalent in Focus Group 2 (mixed gender group of charity workers mentioned on 5 occasions) and discussed on one occasion in focus group 3 (mixed group from a residents association). The attractions of this lack of surveillance are neatly summed up by these quotes from focus group 2.

“ You don’t need to get dressed up and you can call it quits when you want.”

“ You can do what you want, drink what you want, mix your drinks and you don’t have to justify your actions to anyone.”

“ It’s your choice and your confidence level but we should not be told what we should be drinking in our house.”

However as became apparent that though there were benefits that accrued from this freedom there was also the recognition that there were inherent dangers too. This was described by one of the interviewees as the “push me, pull you effect” and will be discussed later.

Promotion of Safe Practice:

Some of this topic has been previously discussed and it was mentioned explicitly three times in focus group 2. Focus Group 3 tended to concentrate more on the dangers inherent in drinking at home. For women the issue of knowing what you were drinking and especially in

terms of spirits getting full measures was an issue. Also paramount was not being attacked. Within this there were a number of behaviours beliefs that promoted safer home drinking.

a)Childcare

This was a theme that was prevalent in focus group 2 (8 mentions) and once discussed in focus group 3. Having young children promoted safe and responsible drinking by only drinking after the children have been put to bed, though this offered less protection as the child became older. One woman would not drink until she had put the baby to bed. This quote from a man in focus group 2 sums up the general discussion well.

“When I have a drink, I have a nine-year old son and we don’t make a habit of having a drink when he is up. So we will make sure if he goes to bed at nine o’clock, then we will have a drink. It is not reasonable to drink at 5 or 6 o’clock”

However there was also the recognition that home drinking did not necessarily promote safe drinking which reflects some stigma against single mothers. It is summarised by this quote from a woman.

“It’s society as well. If you had a person who was going out every night to the pub the streets would be quick to point and say “look at her out every night” but then she could be at home every night getting completely wasted...”

The quote from a male focus group 3 concerned the change in child-care practices, though it was related to older children.

“ I think it is more common practice now that they do it because you don’t go out. What I’ve seen with families is nowadays...years ago when we had a young family we had a baby sitter and went out for a meal or a drink. Nowadays people buy to drink in and it’s accepted that you drink in front of children”

b)Time-Limits

Another way in which safe home drinking was promoted was by the use of time limits. This has links to childcare but was also a discreet theme. It was not discussed in focus group 3 but mentioned five times in focus group 2. There was a belief that if these were self-imposed safer practices would be likely to be promoted as illustrated by these two quotes.

“ A lot of people have a specific time; my wife will not touch a drop until eight o’clock”

Male

“ If you have a double whiskey at six o’clock and you don’t go to bed until 11 you may end up having seven instead of three.” (Female)

c)Drinking with Food

Again this was not discussed in focus group 3. It was referred to three times in focus group 2. There was a belief that less alcohol was likely to be drunk if accompanied by food- one female felt obliged to drink if she went out- as follows

“ I don’t drink every night but I like to have a drink with food. Whereas when I go out I feel like I have to drink.”

The following quote also from a female illustrates how she drinks less alcohol when accompanied by food.

“ I think wine goes down well with food and I am happy with two glasses.”

d) Not Drinking Alone

One of the rituals employed to encourage safe drinking was not to drink alone though a number of interviewees in focus group 4 did not have a problem with this. It was mentioned 5 times in this group. These two quotes illustrate the tension.

“I don’t to be honest with you; I don’t think I would only have one. It is not until my partner comes in and says to me do you want a glass of wine? I don’t sit with a glass of wine in my hand when I am on my own” (Male)

“I do drink on my own because I am on my own quite a lot at night anyway. If I want to drink I don’t have an issue or fear of having a drink” (Female)

It was discussed once by an older woman in focus group three who stated she would not drink on her own

“ I wouldn’t dream of even having one in my house when I am on my own.”

For a number of interviewees drinking alone was linked depressive behaviour and this will be discussed in greater depth shortly

Chapter Seven- Results: d) Harmful Consequences of Home Drinking

Although many of the interviewees enjoyed home drinking they were aware that there were a number of inherent dangers. The following quotes from a male in focus group 3 does not fit within a specific theme, it illustrates how safety is mediated by the type of people who are drinking at home (which is of course identical to what happens in licensed premises).

“ It’s not just the type of drink, a certain amount of friends that you have got, you have got your two sets of friends you’ve got your friends that come round and you can have a quiet drink with, watch TV, play games whatever. You also got your friends that come around and get rowdy, you’ve got police coming to your door because you have music going on, and it spills out onto the street, and somebody is getting hurt because we are all drunk and decided to have a fight with someone else.”

It does not have to be in a pub that you get trouble you can get it from somebody’s house, it can be every week around here.”

The following quote from a male in focus group three is also illustrative:

“I think there is a danger with the amount we are now drinking in our own homes. A nation of binge drinkers because you are more comfortable in your home, you don’t have to worry about getting a taxi home, nobody is going to tell you when you have had enough, you can carry where your normal unit intake for the week should be x and y that’s going out of the window when you are at home. And as you said you will have a glass of wine every night but it is a big glass and it is probably two full glasses.”

Although many of the themes that are subsequently discussed individually they overlap with the three quotes above.

1)Consequences of Having Accidents

There was a short discussion in focus group three (2 mentions) concerning one of the dangers of harming yourself at home whilst drinking as opposed to being in licensed premises.

“ I think if you are at home on your own drinking and you do something like fall down the stairs and there is nobody to give you help. If you do outside in a pub there are lots of people to help you.” (Male)

It was also touched upon (1 mention) in focus group 4. The relevant quote from a male is reproduced below

“ I have a drink because I like the flavour of it and it just helps me to feel relaxed. I would never drink at home to get drunk. It is just to feel relaxed. I would hate to feel sick or fall over at home.”

2)Keeping Up/Consumption

Although the majority of interviewees liked the freedom that drinking at home gave them, there was a general feeling that especially when there were groups of people there was a higher likelihood of heavy drinking and possible alcohol-related harms such as violence. (See quote at the beginning of this chapter) It was not discussed in focus group two.

This was a theme that was most prevalent in focus group 4. This quote from a male illustrates some of the conversation.

“For me it’s a glass of wine every night too and sometimes two. But if there are people in the house – five or six people it is not unheard of for 12 bottles of wine to disappear and I have to go out and buy some more.”

Another series of quotes illustrates how in company some of your own self-regulation is dispensed with

Female “Going back to people who you have around you at the time (friends and family). You might intend to drink two or three and somebody turns up who is a heavy drinker and it’s almost as if you are enticed to drink with them.”

Male “ It is almost like you are trying to keep up.”

Female “ And your enjoying yourself and your giggling and you just roll through the evening.”

Waste

There was a short discussion (2 mentions) in focus group four only concerning the fact that higher levels that drinking was likely to occur at home because once a bottle of wine was opened it was likely to be finished. This may not have been the case in licensed premises where measures are fixed.

Loneliness/Depression/Dependency

There was the perception that drinking alone was inherently dangerous because it was linked to depression. This was what lonely and depressed people did and could easily become a habit when drinking at home if lonely or depressed. It is well illustrated by a quote from a female in focus group two where it was mentioned twice.

“Some people might drink at home because they are lonely. I know that might sound double-dutch now but they have got so used to drinking at home it has become second nature.”

It was only briefly discussed once in focus group four but the quote from a young female is worth reproducing.

“I have a friend who is notorious for getting 3 bottles of wine for a tenner and drinking them. I will be out on a night out and get endless texts about “my life is rubbish I want to kill myself and all that stuff.

We always talk about it because she wakes up and says it was just the drink and drivel

So I suppose that it is a down side especially if you are on your own and feeling down and you have been drinking on your own and you are left with your own thoughts.”

A number of the interviewees had partners who had been alcoholics or a family history of alcoholism. There was a general feeling that home drinking was likely to worsen this situation. However these quotes are not reproduced here as the project was keen not to pathologise home drinking.

Normalisation.

Finally there was a discussion in focus group two which was linked to the idea of home drinking increasing alcohol consumption because it had become part of “normal everyday behaviour” and in consequence many people are not aware how much they are drinking. It is illustrated by this interaction.

Male “ I don’t think people are aware of what they are drinking. I think they take it as natural, just another day comes. I don’t think if you ask an ordinary person they would say they drink all the time.”

Female “It’s become part of life, part of daily living. Most people will say I have a bottle of beer or glass of wine when I get home.”

Chapter Eight: Discussion

Towards a Theoretical Model

This paper has used a qualitative methodology to investigate the reasons why adults chose to drink at home. Although a number of sub-themes emerged and have been described 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.” Further discussions revealed that 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. Another reason put forward for more drinking at home was the idea of waste. Once e.g. a bottle of wine had been opened it had to be finished. Not drink alone was previously suggested as a measure to promote safer drinking practices, conversely it was felt by some individuals that 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 being worsened and remaining undetected for longer. The final risk/danger discussed was the perception was that home drinking had become routine and normal, which 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 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 witnesses fights. However 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. Finally young people tended to maximise their resources by clubbing together so that they could buy more (usually) cheap alcohol. The Licensing Act 2003 provided a more flexible licensing regime including less restriction on the sale of alcohol in supermarkets and off-licenses. As has been previously discussed in this report in North West England (**Cook et al 2008**) higher levels of hazardous drinking are associated with greater levels of affluence- a trend that is now present nationwide. Despite this the “binge drinking” debate in England is framed around the problems caused by alcohol usually in terms of alcohol- related crime and disorder (**Plant and Plant 2006**). (**Foster 2008**) pointed out that heavy episodic/binge drinking is not new in England, but outlined some of the trends that have been present in the past thirty years; one of these was “greater drinking outside of licensed premises”.

In this section we will discuss some aspects of this theoretical model. The main reason for adults drinking at home can be summed up around one word “convenience.” Alcohol consumption has become more convenient at least in part because the real price of alcohol has fallen and there are many more outlets now selling alcohol at different hours of the day. From 1980-2003 alcohol has become 54% more affordable (**Office for National Statistics 2004**). Public health professionals should provide messages/information that takes into account the fact that the majority of drinking now takes place in the home and seek to understand some of the reasons for this change.

The issue of cost is clearly of import to this group and there is now some discussion as to whether a minimum price of 50p per unit of alcohol should be introduced. This will now be introduced in Scotland and follows a report from the University of Sheffield (**Meier et al 2009**). It has also been one of a number of recommendations made in a recent report 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 as illustrated by this quote from Gordon Brown (UK prime minister) the morning following the release of Donaldson’s report. “We don’t want the responsible sensible majority of moderate drinkers to have to pay more or suffer more as a result of the excesses of the minority.” (**Swane 2009**)

The interviewees felt that individuals who had children were likely to find it convenient to drink at home. A brief scan of google scholar found no research to date that has considered whether in the United Kingdom having children does reduce home drinking levels or if it does why. Some cross-cultural research exists in this area and interested readers are referred to **Social Issue and Research Council (2009)**.

There is a large body of research that shows that the expansion of the night economy is associated with the increased likelihood of violence across different cultures (**Hadfield 2009**). Blackpool has an extensive night time economy and the economic imperative of attracting stag and hen parties etc so that it can continue to function as a 12 month resort. Thus it is not surprising that some individuals perceive many licensed premises as unsafe (see also **Cook et al 2008**). This is also consistent with the findings of **Herring et al (2008)**. It

has been known for many years e.g. **(Collins et al 1985)** that social occasions encourage greater drinking so it is not surprising that much home drinking that takes place at home is with families and friends and social occasions. Furthermore it is reported by our groups to lead to heavy drinking on occasions. Later we will briefly consider the impact of parents as role models for controlled drinking.

One of the reasons given for drinking was relief of stress and using alcohol as a reward (for having got through the day). This is of import because it has been known for many years that alcohol does not relieve stress **(Powers and Kutash 1985)** indeed consuming alcohol to relieve stress is linked to greater consumption or a higher likelihood of dependency. The belief that it does relieve stress has been termed the “tension reduction hypothesis” **(Young et al 2006)**. In practice the belief that alcohol reduces stress is based upon an interaction between the pharmacology of alcohol, expectancy, gender, gender role and situation.

The miscellaneous themes deserve some comment. It is little surprise that one of the reasons given for drinking at home was to avoid drink driving. Pre-loading has already been discussed in the introduction but it will also be touched upon when the limitations of the study are touched upon. The finding that the smoking ban has encouraged home drinking is consistent with the research to date. Figures from market analysts Nielsen show that in the nine months from July to March 2008 volume sales of alcohol in the on-trade in England and Wales fell eight per cent – before the ban the rate was falling at three per cent. **(Alcohol Policy 2008)**

Drinking and Young People.

Some of the research in this area has also been discussed in the “introduction.” The idea as was confirmed by the interviewees that alcohol is regarded as a “rite of passage” is consistent with much cross cultural research e.g. **(Beccaria and Sande 2003)** and the venues described

e.g parks and bus shelters is consistent with previous findings (**Coleman and Cater 2005**). Some of the interviewees described witnessing and at times getting into fights but this was unlikely to act as deterrent for them. A number of them described getting a buzz out of this culture and in order to understand this behaviour it is important to understand that it serves a purpose for those involved. Their reports were consistent with what has been termed as “calculated hedonism.” **Szmigin et al (2008)** suggest this term should be used rather than “binge drinking” in an effort to understand and not stigmatise what is in reality complex behaviour.

Some comments were made re the role of peers and parents in facilitating their drinking. Indeed the majority of comments in this focus group revolved around whether parents could act as an effective role model. They were generally seen as restraining influences whilst peers were regarded as likely to encourage more drinking. At the point it is worth considering the recent **Bellis et al (2009)** paper in some depth. This study surveyed (n=9,833) students aged 15-16 years old and examined the links between some drinking practices and risk. In that paper they quote two Dutch studies (**Van Zundert et al 2006; Van de Vorst 2005**) that suggest that in some circumstances it may be advisable to have a goal of abstinence at this age. However Bellis indicates that in an English context that if the goal of adolescent-abstinence is set by parents it is likely to lead 15-16 year olds into high risk situations such as greater alcohol consumption and binge drinking, drinking in public places, experiencing violence when drunk, alcohol-related regretted sex and forgetting things. Indeed there was less alcohol consumption and fewer alcohol-related problems (in particular less drinking in public places) when parents provided alcohol. Parents providing alcohol was common practice (49%) compared to “buying my own” (27%) and “getting adults at a shop to buy it” (24%). Of these getting to adults to buy alcohol in a shop was associated with the highest alcohol consumption, binge drinking and alcohol-related risk behaviour. Parents

were more likely to provide wine and this was associated with less public drinking and alcohol-related risk. Different drinks were associated with different levels of harms, cider (especially bought in multi-litre bottles) was associated with greater alcohol consumption and all those risks measured. The same was true for spirits except “regretted sex.” Both of these were cheap, the paper quotes an approximate figure of 11p per unit for cider. One of the important findings from the focus group we conducted was that the young people club their resources together in order to buy more alcohol. This is likely to be linked to greater risk-taking behaviour and is an avenue for future research.

Lack of Surveillance

One of the attractions of drinking at home was the sense of lack of surveillance and greater freedom that drinking at home gave the participants. This accords with what is perceived to be greater state involvement in the life of the private citizen (e.g advice on diet and exercise and how much to drink) over the past ten years, that is believed to be increasingly resented. The somewhat derisory term for this is the “Nanny State” (**Daily Mail 2006**). However despite this perception work from the Kings Fund has shown that in their sample over three quarters of those surveyed would welcome state advice especially concerning diet and smoking and as incomes increased how much alcohol was safe to consume (**BBC News 2004**).

Some Measures to Promote Safe Drinking Levels at Home.

There were a number of measures/rituals employed by those interviewed to promote safe drinking levels at home, these included not drinking in front of young children, not drinking before a certain time and drinking alcohol with food. To our knowledge these concepts have not been investigated in the context of home drinking before. There is good empirical evidence for the final safe ritual and that was not to drink alone. A number of interviewees associated drinking alone with loneliness and depression. **Mohr et al (2001)** investigated

social and solitary drinking. Solitary drinking was associated with negative experiences that potentiated more drinking. The authors discovered that those who drank alone scored highly on neuroticism. In contrast social drinking was associated with positive experiences however our interviewees reported a number of dangers with this in a “home drinking setting” that will now be discussed.

Some Risks Associated with Drinking at Home.

Despite the fact that many of the participants enjoyed the freedom of drinking at home they were also aware that the “lack of surveillance” presented problems of its own. It is best to consider these risks in terms of drinking with company and alone. Whether drinking at home was risky or likely to lead to excessive drinking was dependent of the context in which the drinking took place and with whom an individual was drinking. There were individuals and situations that were inherently controlled and safe and those which were inherently risky.

Once more this demonstrates the importance of “setting” in terms of explaining drug effects **(Zinberg 1984)**. The dangers of home drinking were largely thought to revolve around acute harms such as having accidents in the home and having no one there to help you. In licensed premises there is usually a controlled response in such situations. These are well-founded fears for alcohol is implicated in many household accidents **(Institute of Alcohol Studies 2009)**. Although a lesser theme some participants pointed to the issue of “waste” (or rather not wanting to waste) as contributing to a more drinking than was intended in the home.

There was a feeling that e.g. once a bottle of wine was opened at home it had to be finished, whereas in licensed premises you either had a drink or you did not, there was not a sense of drinking because it was “there.” In the previous paragraph one of the suggestions put forward to encourage sensible home drinking was not to drink alone. Allied to this was a feeling in a number of the participants was that home drinking was likely to promote heavy drinking especially in those who were drinking whilst lonely or depressed and that this could

lead to dependency. It was all the more dangerous and harmful because it could remain hidden for longer.

The final danger/risk that was discussed was the feeling that drinking at home had become normal and unremarkable. **Parker et al (1998)** coined the term “normalisation” to describe a phenomenon whereby illicit drug use had become commonplace in young people. There are benefits to this process as what are risky behaviours can become less stigmatised and thus it becomes possible to target harm reduction interventions, however there are obviously dangers when risky behaviours become normal. It is important for public health professionals to understand whether home drinking has become “normalised” and if so in which groups this is the case. At present much of the debate around the problems facing the UK focuses upon the visible problems presented by binge drinkers which demand a policy response. The consequences of increased home drinking are not apparent for many years but may eventually be more costly than those presented by young binge drinkers. The findings of **Cook et al (2008)** suggest that alcohol consumption increases alongside more disposable income and it is extremely difficult for policy makers to target this group without being seen as the “nanny state” and “killjoys.” Figures from the **British Beer and Pub Association (2009)** show that 39 pubs are closing in England and Wales per week, it is likely that the main institution under threat as a result in the rise of home drinking is the British pub. It should not be forgotten that drinking in a pub is subject to regulation and control. Ultimately the licensee can lose their license if there is too much irresponsible behaviour which may be within their orbit of control. This is not the case in the home where few if any sanctions exist.

Limitations of the Study

“Preloading.” i.e. drinking at home before going out to a pub or night club is a topic that has been of increasing research interest and was the subject of a recent set of comment articles in “Addiction” e.g. (**Room and Livingstone 2009**). In the current study it was not discussed in

the depth that we expected it would be. There are a number of possible explanations for this. Most of our group were either older, working or with families. The young people we interviewed tended to be unemployed. “Preloading” seems to be an activity largely confined to young people without dependants who have disposable income. If there had been a greater number of these or students in our sample this might have become a more prevalent issue. There is another possibility; that pre-loading has become so common place that individuals do not make the distinction between drinking at home and then going out.

The study has used qualitative methodology throughout and thus suffers from the inherent deficiencies of qualitative work. In short these are that the sample was not randomly selected and therefore is open to a degree of selection bias. In reality, this is a rich qualitative data set and it is likely that the themes that have emerged from the discussions would be applicable across different settings however there remains the possibility that Blackpool is not typical. Research resources meant that there were groups that the research team were unable to access and we are currently seeking additional funding to address these gaps. The groups we would like to interview in future would be students, young people with disposable income and individuals from middle class occupations. Our ultimate aim is to use this study to devise a tool to allow for a rigorous epidemiological general population survey with a view to teasing out gender, living arrangements, class age and ethnic differences in “home drinking.”

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