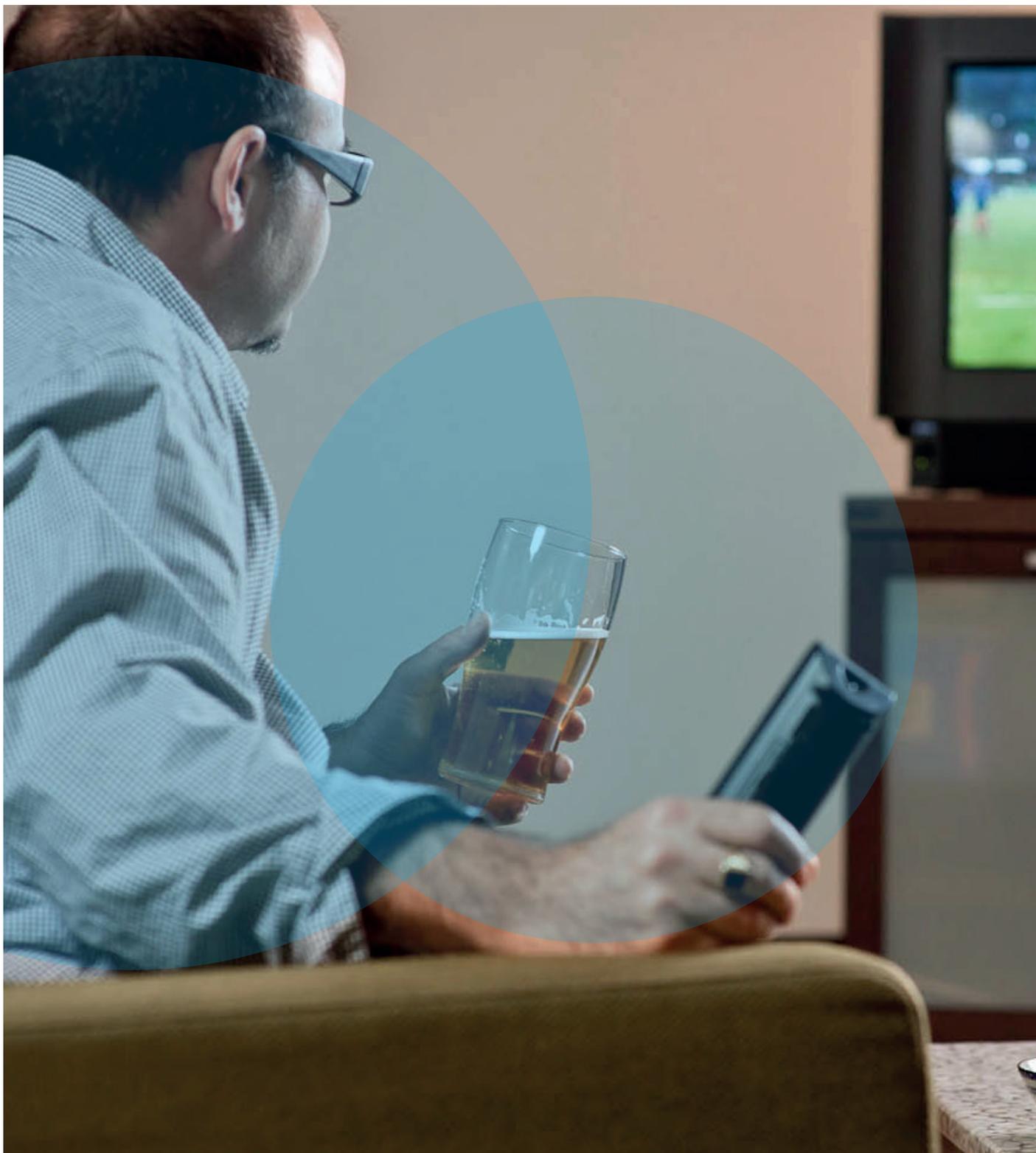


Midlife Male

Drinking

Findings from research with men aged 45 to 60



Simon Christmas and Amanda Souter

drinkaware

This research was commissioned and funded by Drinkaware.

The views expressed in this report reflect the authors' interpretation of the research findings.

We would like to express our thanks to attendees and speakers at a seminar on the target audience arranged by Drinkaware, and designed, hosted and facilitated by Cohn & Wolfe: David Almers, Leith; Adrian Barton, Plymouth University; Jez Bayes, Alcohol Strategy Lead, Truro; Daisy Blench, BBDA; Jonathan Chick, Drinkaware Medical Advisory Panel; Michael Davies, Leith; Wendy Garcia, Leith; Claire Holdsworth, Keele University; Jonathan Ling, Sunderland University; James Morris, AECR Alcohol Academy; Thomas Thurrell-Read, Coventry University.

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Executive

summary

Executive summary

Context

This report presents findings from research commissioned by Drinkaware, designed to address the question: what role could and should Drinkaware play in reducing consumption of alcohol among men aged 45 to 60 who are drinking more than 21 units in a typical week (increasing and higher risk drinkers).

Phase 1 of the research comprised pre-work and interviews with 42 members of the target audience, and was undertaken in June/July 2015. Phase 2 comprised 10 workshops, and was undertaken in September 2015. This phase was designed further to explore ideas for ways in which Drinkaware might seek to promote reduced consumption in the target audience, developed on the basis of findings from Phase 1. Note that the research was commissioned and carried out before the announcement of new government guidelines for alcohol in early 2016.

Drinking

Why do members of the target audience drink? A number of recurring and consistent patterns of explanation were found across participants' own accounts of their drinking.

Reductions in responsibilities

The first such pattern is, strictly, an explanation not of drinking but of *not* drinking, since it highlights a norm that sets the boundaries of legitimate drinking. This norm lays down that, whatever else one does, one should never drink in a way that interferes with one's day-to-day responsibilities as an adult. The temporary suspension or reduction of such day-to-day responsibilities is a necessary condition of drinking. Participants consistently constructed their own drinking as meeting this necessary condition of legitimate drinking.

Meeting this necessary condition means keeping in mind not just one's immediate responsibilities, but also one's responsibilities the next day, and the possible consequences of failing to meet those responsibilities. The distribution of responsibilities through the working week, and therefore of opportunities to drink, helps to explain different patterns of drinking – for instance, the contrast between those who drank through the week and those who drank mostly at weekends. Some participants also commented on the ways that responsibilities change over one's life, and the impact this has on opportunities to drink.

Changing one's state of mind

A second set of patterns of explanation highlighted the way alcohol changes one's state of mind. These explanations positioned drinking as intentional, goal-oriented behaviour. Three distinct reasons to change one's state of mind with alcohol were identified:

- **To self-medicate for stress** – in particular the stresses associated with fulfilling day-to-day adult responsibilities such as work. In this role, drinking was compared to other forms of self-medication for stress, such as listening to music or physical activity.
- **To give oneself a deserved treat.** In this role, drinking was compared to other kinds of treat, such as chocolate bars.
- **To get into the swing of things.** In this role, drinking was described as helping one to match one's mood to the requirements of a social context.

Accounts of individual drinking drew on the first two types of explanation. Accounts of social drinking drew on all three, but predominantly the third.

Underpinning these different explanations of drinking were subtly different models of the effect that alcohol has on one's state of mind:

- **Reduction of negative feelings** (a '-' to '0' model) – and in particular the reduction of stress and anxiety.
- **Creation of positive feelings** (a '0 to '+' model) – including the pleasure associated with qualities of the drink (such as its taste, or its being refreshing), and the pleasant feelings of mild intoxication.
- **Intensification of existing feelings** (a '+' to '++' model) – but with the risk that negative feelings can *also* be intensified.

These effects were explained sometimes in terms of intoxication and sometimes in terms of the symbolic significance of alcohol, in particular its role as a marker of transition from day-to-day responsibilities to a more carefree time.

Social interaction and social norms

A third set of patterns of explanation highlighted the role of social interaction and social norms.

These explanations applied only to social drinking, and started from the recognition that social drinking is more than a mere aggregation of individuals drinking: it is something that people do *together*.

This joint activity is shaped by social norms, which include requirements to:

- **Join in.** Social drinking involves a synchronisation of behaviour, including not just whether one drinks but also what one drinks. By the same token, choosing *not* to drink represents a refusal to participate. In the absence of a good reason, not joining in is extremely uncomfortable. Indeed, so expected and *normal* is drinking in certain contexts that it is not drinking, rather than drinking, which raises questions about whether one has a drinking problem of some kind.
- **Keep up.** Synchronisation may go further, with members of the group also drinking the same quantities and at the same pace. For example, rounds can create a pressure to synchronise the pace of drinking because everyone gets a new drink at the same time. Some participants described contexts in which more direct pressure is applied, such as egging each other on or making fun of those who don't keep up. Others, however, argued that they were not susceptible to peer pressure of this kind, or that such pressures did not exist in their own social circles.
- **Be masculine.** Participants drew attention to a strong link between drinking and being a man, and noted norms which relate to maintaining a masculine image and cover: the fact that you drink, what you drink, and the measures in which you drink it.

Social norms of the kinds above were used by participants to explain why they drank, what they drank, how much they drank, and how fast they drank it. Such norms are very powerful, at times outweighing factors such as personal preference. Indeed, one of the few things that can overcome them is the even more powerful norm of not allowing drinking to interfere with day-to-day responsibilities – and in particular not drink-driving.

Non-intentional drinking

A fourth set of patterns of explanation highlighted the extent of the non-intentional nature of much drinking. These non-intentional explanations overlapped with the patterns of explanation reviewed above. Key themes included:

- **Social cues.** Social norms of the kind discussed above may not typically be consciously experienced as a social pressure to drink. More often, it seemed that participants were very happy to go along with the social norms; these norms operated not by creating conscious feelings of being pressured but by cueing non-intentional behaviour. Important cues can be provided by the behaviour of others, but also by aspects of the environment. It is not typically an intentional 'yes' that drives drinking in social contexts, but the absence of what would have to be an intentional 'no'.
- **'Getting the taste'.** A number of participants identified a pattern whereby one drink creates a context in which another is more likely: once they started, they would tend to carry on drinking.
- **Habit.** Accounts of individual drinking were also full of non-intentional explanations of that first drink as a habitual action linked to a time of day or moment in the daily routine. Habit was also cited in explanations of social drinking.

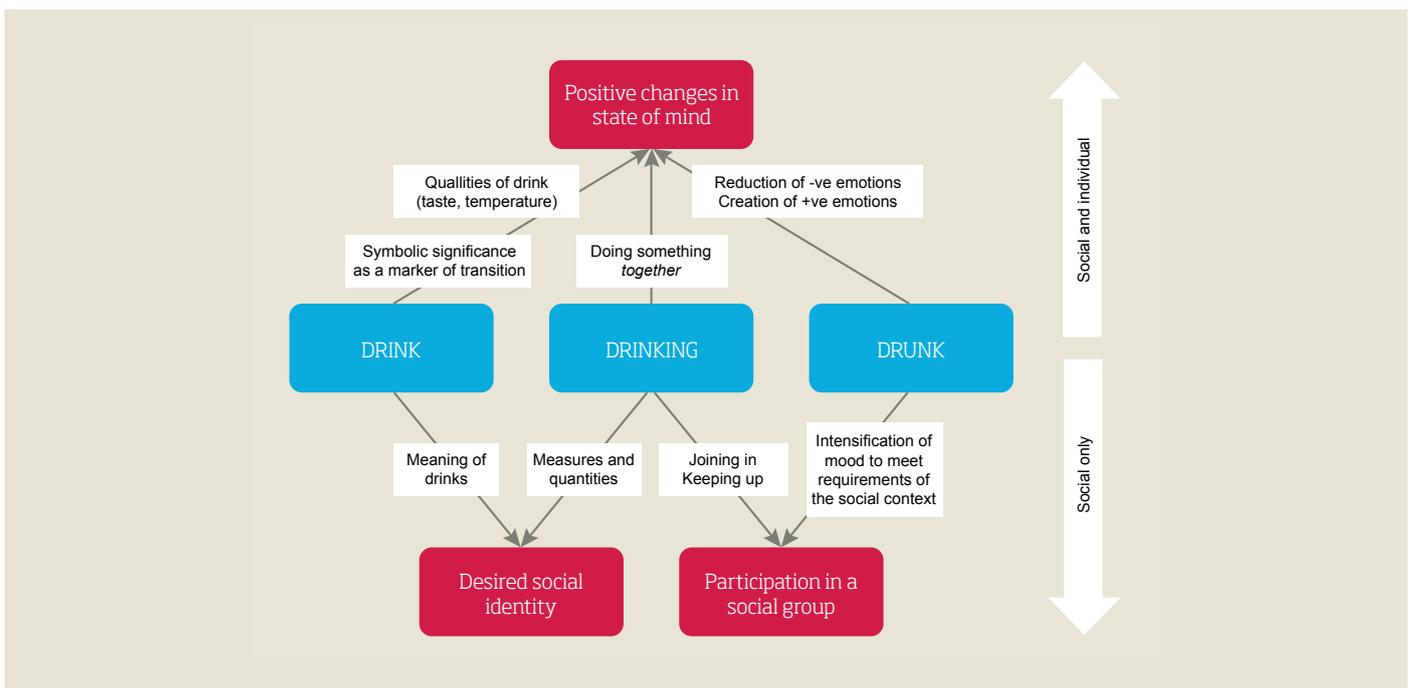
- **Availability.** In a social context, availability – e.g. someone putting a drink in one’s hand – can be an important cue for drinking. Availability was also identified by a number of participants as an important factor in individual drinking at home. Some identified not having alcohol in their homes as a possible strategy for cutting their consumption. On the flipside, participants identified a number of factors that lead to increased availability at home, and thus to increased consumption, including: gifts from others, stockpiles left over from parties, and factors such as the positioning of alcohol in shops and bulk-buy offers.

The benefits of drinking

The patterns identified above suggest a number of benefits associated with drinking, summarised in the model below. These benefits are not *reasons to drink*, in the sense of factors which help to explain an *intentional* action. As we have seen, participants described much of their own drinking in non-intentional terms. However, even habitual behaviour can bring benefits to the person who does it: and while these benefits may not be reasons for drinking in the sense above, the potential loss of these benefits can provide a very clear *reason not to cut back*.

The model identifies three broad classes of benefit: positive changes in one’s state of mind, participation in a social group, and a desired (masculine) social identity. The first of these is available in individual and social drinking contexts; the second and third only in social drinking contexts. Underpinning these three benefits, the model distinguishes three components of drinking:

- The symbolic significance of the **drink** itself
- The activity of **drinking** – including how fast and how much you drink
- The effects of being mildly intoxicated or **drunk**



Opportunities to cut back

Almost without exception, participants who engaged in both individual and social drinking argued that, if they were seeking to reduce their consumption, it was the *individual* drinking that they would cut back, on the grounds that doing so:

- is easier. In social contexts, one has to contend not just with habit and 'getting the taste', but also with the operation of powerful social norms.
- entails less loss of benefits. In line with the model presented above, social occasions were ruled out as opportunities to cut back, on account of the benefits they bring. Participants who did *all* their drinking in social contexts found it harder to identify any opportunities to cut back. By contrast, some of those who drank on their own during the week struggled to identify any significant loss associated with cutting this individual drinking.

Reasons to cut back

Why might members of the target audience cut back on their drinking? Two broad classes of reason why they might do were identified.

Control

The first class of reason to cut back is associated with concerns about whether or not one is keeping one's drinking under control.

Most participants were keen to construct themselves as in control of their own drinking. Unlike the construction of themselves as never drinking in a way that interfered with day-to-day responsibilities, however, some participants were willing at least to entertain questions about their self-control.

These questions arose specifically in respect of individual drinking – and not in respect of social drinking. Social contexts provide an excuse for losing control, an excuse which is lacking when one drinks on one's own. With regard to individual drinking, particular concerns arise in connection with patterns which suggest that the individual *needs* a drink, in particular:

- Self-medication
- Habits and getting the taste (non-intentional drinking)

The fact that so much individual drinking is habitual may also mean that it goes unnoticed. Becoming aware of how much and/or how often one is drinking on one's own can be enough to prompt questions about control and thoughts about cutting back.

However, a lack of language to describe this kind of routine individual drinking also creates a risk: that drawing attention to such drinking does not prompt constructive intentions to cut back, but instead prompts concealment or denial, to avoid the risk of being seen as an alcoholic.

Health consequences

The second class of reason to cut back is associated with concerns about the possible health consequences of continuing to drink at the levels at which one drinks.

While participants could cite examples of serious alcohol-related health issues in people who drank significantly more than they did, they struggled to see a connection between these consequences and their own levels of drinking. To see such a connection, they needed either:

Direct experience of immediate effects

A mental model of what alcohol was doing in their bodies, which allowed them to imagine harm that is not otherwise experienced

Such mental models exist to a limited extent, and account for the acknowledgement of certain kinds of harm, such as weight gain and damage to the liver. However, mental models are missing in key areas – such as the effects of alcohol on the cardiovascular system.

The guidelines fail to fill this gap: they *state that* consumption at a certain level creates risk, but they do not *show how* such consumption creates that risk.

Moreover, in the absence of a mental model, the guidelines and other medical advice can feel more like arbitrary instructions to achieve an absolute target, rather than useful information that can be used to make incremental trade-offs between different kinds of harm, or between harm and pleasure.

The value of such advice can be further diminished if vague terms such as 'moderate drinking' are used.

Recommendations

Drinkaware's remit is to provide impartial, evidence-based information, advice and practical resources; to raise awareness of alcohol and its harms, and to work collaboratively with partners. It does not take a stance on policy issues such as pricing or regulation.

This research was not designed to explore areas beyond Drinkaware's remit. The focus of our recommendations on opportunities to change consumer behaviour using the kinds of tool at Drinkaware's disposal reflects Drinkaware's remit, and should not be read as implying the views of the authors on the potential value or impact of other kinds of intervention.

- R1 Drinkaware should focus on promoting reductions in *routine home drinking*; and reductions in routine home drinking among the target audience should be the overarching outcome measure of success.
- R2 Drinkaware should undertake three key strategic actions to promote reductions in routine home drinking, in line with its remit:
- R2.1 Drinkaware should seek to prompt awareness in the target audience of their own drinking.
- R2.2 Drinkaware should seek to motivate the target audience to take action to reduce their routine home drinking, by creating/amplifying concerns about:
- whether or not they are keeping their drinking under control; and/or
 - the possible health consequences of continuing to drink at the levels they are drinking at.
- R2.3 Drinkaware should seek to equip the target audience to take *effective* action to reduce their routine home drinking.
- R3 Drinkaware should identify language which the target audience recognises as describing their own drinking, but which at the same time challenges that drinking.
- R4 Drinkaware should develop compelling mental models of the harms caused by alcohol, which:
- R4.1 allow members of the target audience to picture what alcohol is doing inside their body, and imagine harm they do not experience;
- R4.2 enable members of the target audience to make choices and trade-offs, and weigh the potential benefits of relatively small reductions in consumption – with messages that are achievable, positive and holistic;
- R4.3 focus on harms that members of the target audience care about.

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Introduction

Introduction

Context

This report presents findings from research commissioned by Drinkaware, designed to address the question: what role could and should Drinkaware play in reducing consumption of alcohol among men aged 45 to 60 who are drinking more than 21 units in a typical week (increasing and higher risk drinkers).

The research was commissioned and carried out before the announcement of new government guidelines for alcohol in early 2016. Prior to that announcement, the guidelines stated that men 'should not regularly drink more than 3-4 units a day'.¹ Although no longer publicised, definitions of increasing and higher risk drinking in terms of typical weekly consumption were also still in use. For men, increasing risk drinkers were defined as those drinking more than 21 units in a typical week, but fewer than 50; higher risk drinkers as those drinking 50+ units.

Drinking at these levels is associated with a wide variety of health harms. The Health and Social Care Information Centre (HSCIC) estimates that 'in 2012/13, there were an estimated 1,008,850 admissions related to alcohol consumption where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis'.²

Target audience

The focus on midlife men as a target audience arose from a segmentation of UK drinkers based on the Drinkaware Monitor survey.³ The segmentation analysis considered drinkers according to their attitudes and values (openness to moderation, reasons for drinking, mental wellbeing) and their behaviours (risk level of drinking, consequences and harms experienced from drinking). Five clusters were identified: 'comfortable social drinkers', 'controlled home drinkers', 'risky social and coping drinkers', 'self-contained moderate drinkers' and 'risky career drinkers'.

While the 'risky social and coping drinkers' broadly fitted with the profile of younger adults drinking excessively on nights out as already addressed by Drinkaware's work on 'Drunken Nights Out'⁴, the 'risky career drinkers' stood out by being predominantly male, over 45 years old, and drinking frequently for social and enhancement reasons, although there was also evidence of drinking for coping reasons. This group of drinkers are, compared to the other segments, also relatively unlikely to be seeking to moderate their drinking.

The segmentation analysis suggested to Drinkaware that midlife men would be an important population to target, in order to reduce alcohol harm.

1 See for example <http://www.nhs.uk/change4life/Pages/alcohol-lower-risk-guidelines-units.aspx>.

2 HSCIC, Statistics on Alcohol England, 2014.

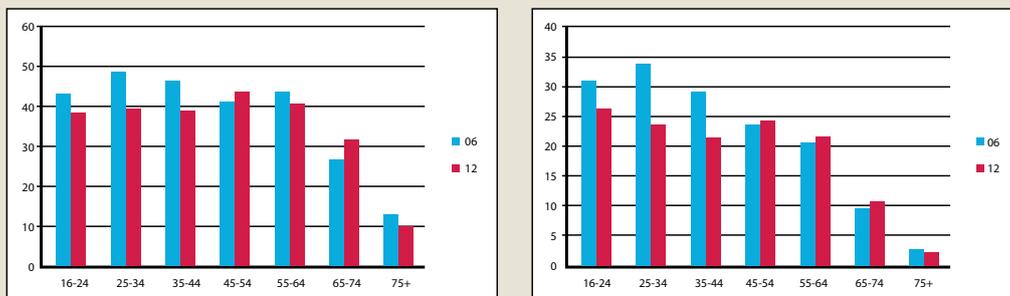
3 Ipsos MORI (2015). Drinkaware Monitor 2014: Adults' drinking behaviour and attitudes in the UK, London: Drinkaware.

4 Christmas, S. and Seymour, F. (2014) Drunken nights out, London: Drinkaware.

Drinkaware data for men aged 45-65 indicates that roughly a third (35%) of men in this age range are drinking at these levels: 24% are increasing risk drinkers, 11% are higher risk drinkers.⁵ Men also continue to drink more than women, and suffer proportionately more harm. For example, the HSCIC reports that 'males were more likely to be admitted to hospital with alcohol related diseases, injuries and conditions than females, with 65% of the overall admissions being male patients'.⁶

- Furthermore, while the quantity and frequency of alcohol consumption by younger age groups has declined in recent years, drinking among older people has not declined in the same way. The charts below, based on HSCIC data, illustrate this pattern: note how the bars for 16-44 year olds, but not for 45-64 year olds, have fallen back between 2006 and 2012. As a recent longitudinal study by Keele University and UCL points out: 'older people are responsible for a greater proportion of alcohol consumption'.⁷

Percentage of men, by age, drinking more than 4 units (left) or 8 units (right) on heaviest drinking day⁸



Moreover, as the chart below shows, this is also an age range in which health harms begin to become apparent. Obviously this reflects not just current drinking, but also the cumulative effects of drinking when younger, as well as age-related factors. Nevertheless, there is clear potential to reduce harm if alcohol consumption by increasing and higher risk drinkers in this age range is reduced.

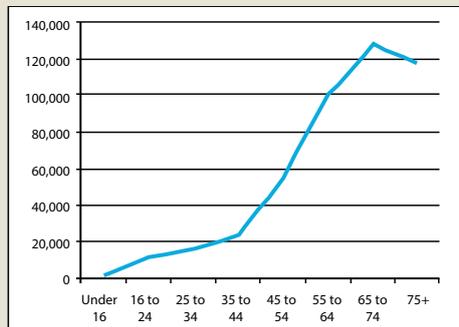
5 Ipsos MORI (2013), Drinkaware KPI Measurement Study 45-65 year olds data tables. Base: all respondents.

6 Health and Social Care Information Centre (HSCIC), Statistics on Alcohol England, 2014; note however that, among under 16s, females are more likely to be admitted to hospital.

7 Holdsworth et al., Alcohol consumption, life course transitions and health in later life, downloaded from www.keele.ac.uk/drinkinglaterlife.

8 HSCIC, Health Survey for England – 2012, Trend tables, accessed at <http://www.hscic.gov.uk/catalogue/PUB13219>.

Total partially attributable alcohol-related NHS admissions in England, based on primary and secondary diagnoses, among men only, by age⁹



Despite the above considerations, men in this age group did not appear, at the time this research was commissioned, to have been targeted by recent campaigns to reduce consumption. Rather the focus appeared to have been on younger people and on women.

Scope

Drinkaware's remit is to provide impartial, evidence-based information, advice and practical resources; to raise awareness of alcohol and its harms, and to work collaboratively with partners. This research was designed to support focused recommendations for activities in these areas.

Drinkaware does not take a stance on policy issues such as pricing or regulation. The research was not designed to explore areas beyond Drinkaware's remit. The focus of this report on opportunities to change consumer behaviour using the kinds of tool at Drinkaware's disposal reflects Drinkaware's remit, and should not be read as implying the views of the authors on the potential value or impact of other kinds of intervention.

Literature review

The primary qualitative research presented in this report was commissioned in parallel with a systematic literature review of published qualitative research on the experiences of, and motivations for, drinking among midlife men in the UK, led by the Drinkaware research team. Publication of the findings from this literature review is forthcoming.¹⁰ Key points from the literature review are that midlife men's main motivations for drinking are related to relaxation, socialising and maintenance of male friendships. It was found that the men justified drinking as a controlled choice and were keen to point out their ability to meet key responsibilities, which they saw in contrast to the 'problem drinker', with whom they did not identify. Strong social norms were found to govern drinking behaviours, specifically in relation to alcohol consumption as an expression of masculinity. The review highlights that interventions addressing alcohol consumption among midlife men in the UK must consider carefully the cultural meanings and social importance men associate with their alcohol consumption.

⁹ HSCIC, 2014, Statistics on Alcohol England 2014 – Additional tables, <http://www.hscic.gov.uk/catalogue/PUB15483>.

¹⁰ Parke, H., Michalska, M., Russell, A., Moss, A.C., Holdsworth, C., Ling, J. and Larsen, J. (under review) Understanding drinking in midlife men: a systematic review of qualitative studies.

Methodology

Phase 1

Phase 1 comprised pre-work and interviews with 42 members of the target audience, and was undertaken in June/July 2015. This phase was designed to address the following research questions agreed with Drinkaware:

1. What forms does drinking take in this group? How much, where, when, how often, what, with whom, why? What does drinking mean to this group?
2. What forms, if any, does moderation take in this group? What does moderation mean to this group?
3. How do individual motivations, social context and norms and other factors shape i) drinking and ii) moderation in this group? In particular, what impact do partners have?
4. How do participants see their own drinking? To what/whom do they compare their own drinking? What meaning do they attach to differences?

Sample

42 men aged 45 to 60 were recruited by professional research recruiters in three locations:

- Urban/suburban areas in south Manchester (NW codes in the report)
- Urban/suburban areas around Walsall (WM codes in the report)
- Rural areas in North Somerset, Bath and North East Somerset, and Sedgemoor (SW codes in the report)

Participants were screened using questions taken from the annual Drinkaware Monitor survey, and taken through a consent process to ensure understanding of and informed consent to all parts of the research.

All participants drank at least 3 days a week, and reported drinking at least 30 units in a typical week. No upper limit for consumption was set; however, recruiters were asked to avoid participants with a serious drink problem of a kind that would require medical intervention. In practice, the highest reported levels of consumption were just over 60 units in a typical week.

Participants were also asked the following question from the Drinkaware Monitor Survey:

If you were being honest with yourself, which of the following statements best describes your drinking habits?

A. I am a sensible drinker and drink well within the accepted safe limits

B. I drink more or less within the limits of what is good for me

C. I don't drink to excess but I probably drink a little more than is really good for me

D. I frequently drink quite a bit more than what is supposed to be 'safe'

All participants selected either C or D. In a survey conducted for Drinkaware in 2013, 72% of men aged 45 to 65 and drinking more than 30 units in a typical week selected one of these responses; with an even higher proportion (88%) of higher risk drinkers doing so.¹¹ Use of this question in screening therefore excluded around a quarter of participants in the target consumption range.

Recruitment in each of the three regions also specified:

- A spread of ages, with at least three participants in each 5 year age band
- A spread of Social Grade (AB, C1C2 and DE)
- At least 8 participants to be living with a partner, and at least 3 not to be living with a partner
- 2 participants to have children under 14 years of age

The following issues were also considered in developing the recruitment specification:

- *Ethnicity*. It was our concern that specifying ethnic diversity in a qualitative sample of this scale would have risked tokenism. Adequately exploring any impact of ethnicity or culture on drinking behaviours would require a separate study, with a different design and sample structure. The sample for this study was recruited on an 'as it falls' basis with respect to ethnicity. The final sample was predominantly white British.
- *Sexuality*, especially in regard to the recruitment of partners. Once again, specifying the inclusion of male partners would have risked tokenism. The partner sample was again recruited on an 'as it falls' basis. The final sample of partners were all female.

See Appendix 1 for a summary of participant details.

11 Ipsos MORI (2013), Drinkaware KPI Measurement Study 45-65 year olds data tables. Base: all who drink at least once a year.

Participants were also selected where possible with access to a smartphone or similar device allowing them to use the pre-task application. In two instances where participants did not have access to an appropriate device, alternative arrangements for the pre-task were made.

In each region, arrangements were also made for the partner of 6 participants to take part in a joint interview following the main interview with the participant, meaning 18 partners in total were recruited in this way. Partners were initially recruited via participants, but taken through a parallel consent process to ensure understanding of and informed consent to their involvement.

Participants were remunerated for time spent on the pre-task and interview in line with industry standard rates. Partners were separately remunerated for their participation in follow-up interviews.

Consent process

A consent process was developed to ensure that all participants gave fully informed consent. Particular issues identified as needing to be addressed by this process were:

- The need to ensure informed consent prior to undertaking the pre-task (and therefore prior to discussion with the interviewer), and to manage the possibility that participants might wish to withdraw during or after this step.
- The need to ensure that participants were able to raise and address any questions or concerns during the pre-task.
- The need to manage separate consent from partners, and to avoid any risk of the partner feeling in any way pressurised to take part to enable their partner's participation.

The following steps were implemented to ensure informed consent:

1. Recruiters established in principle consent to take part in the research activities during initial recruitment contact.
2. Participants were supplied with a document setting out the purpose and contents of the research prior to giving their initial consent to proceed.
3. Separate consent sought from partners to be involved in the additional joint interviews. Partners contacted separately by the recruiter, and provided with a separate document prior to giving consent – making it clear that their participation was *not* required for their partner to take part in the project.
4. Participants reminded of key points (e.g. who to ask if they had questions, right to withdraw) in the e-mail giving them technical instructions about downloading the pre-task app and getting started.
5. On downloading the pre-task app, participants were asked to read and agree to simple consent text before moving to main screen.

Note – for participants not using the app, steps 4 and 5 were addressed by researchers as part of a briefing process by telephone.

6. Photographs of and information about researchers were supplied in the app, to ensure they were approachable from the outset.

7. Researchers maintained contact with participants via the 'chat' function during the pre-task activity; participants were encouraged to raise any questions or concerns via this route.
8. On completing the pre-task, participants were invited to answer a few questions on their experience; including an opportunity to raise any concerns about the activity.
9. At the beginning of the interview, the researcher confirmed consent to recording and use of transcripts, reviewed the participant's experience of completing the pre-task activity (including any points raised on completion) and addressed any other questions the participant might have.
10. Participants had the option to withdraw at any stage. This option was clearly explained at steps 2, 3, 4, 5, 9.
11. In the unlikely event that the researchers had found themselves placed in difficult situations – e.g. evidence of an abusive relationship – the following escalation steps were agreed:
 - a. Discussion between the researchers of the issues and the appropriate way forwards (in line with the MRS professional code and other relevant requirements)
 - b. Discussion with the Drinkaware contract manager
 - c. Formal advice from the MRS

Pre-task

Prior to the interview, participants were asked to carry out a pre-task over the course of a week. The majority of participants completed this pre-task using an app designed and managed for the project by CrowdLab.

The key task participants were asked to carry out was to capture 'drinking moments' during the week. This involved taking a photo or making comments at times when they were drinking. Participants were also asked to complete a log each day of what they had drunk. They could also upload text or photos as and when they wanted, or send messages to the researchers. The researchers moderated the process, responding to questions and prompting where participants were slow to get started or were not providing much content. For two participants without appropriate devices, an alternative to the pre-task was designed involving briefing and contact via phone and e-mail.

The purpose of the pre-task was to provide stimulus material for the interview, and in particular to ensure that participants were able to remember and talk about drinking moments that they might otherwise have forgotten. Findings suggest that in this respect the pre-task was successful – see for example §6.4.

The pre-task was *not* designed to measure consumption. Indeed, elements such as the log were deliberately designed to avoid creating this impression, with participants logging what they had drunk in ranges (e.g. "6+ pints") rather than a specific number.

Reactions to the pre-task from participants were positive, notwithstanding the fact that some had never used an app before. A number commented on how easy and quick the tasks were to complete once understood. The most significant difficulties were experienced in setting the app up in the first place.

Prior to the interview, researchers collated material from the pre-task into a simple diary format, using PowerPoint. This material provided stimulus for discussion at the interview.

Interview

Following the pre-task, participants took part in a 90-minute in-home semi-structured interview. Interviews were carried out by one of two experienced qualitative interviewers. Interviews were audio-recorded and transcribed.

A priority for design and delivery of the interviews was to avoid unduly prompting any one way of making sense of drinking behaviour. For example, if a researcher asks people “why do you drink?” s/he risks prompting rationalisation of behaviour (in terms of benefits, for example) which may in fact be habitual or cued by context.

Our approach built on the approach developed in earlier research for Drinkaware,¹² and involved inviting participants to co-interpret their own drinking behaviour using a simple construct: *a typical drinking occasion*. We conceived of a typical drinking occasion as a pattern of context/behaviour, recognisable to the drinker himself, of which there might be many specific instances. By first identifying typical drinking occasions, the interviewer could then invite the participant to adopt the position of a co-interpreter – for example by asking questions such as “what is going on here?” or “why does that happen?” which allow the participant a fuller range of sense-making strategies.

The construct of a typical drinking occasion was not explicitly explained to participants, but introduced in use – with the stimulus material generated by participants during the pre-task being critical in this respect. Interviews confirmed that the construct of a typical drinking occasion made immediate sense to participants: for example, none had any difficulty in creating a simple map of their own typical drinking occasions following initial discussion of the pre-task, or in extending this map to include even very infrequent but still ‘typical’ occasions, such as holidays or special events.

Interviews began with a reminder of the purpose of the research, confirmation of understanding and informed consent, review of key information about the participant (from recruitment) and a check on the pre-task. Following these introductory sections, and in line with the above approach, interviews covered the following topics:

- Exploring different drinking occasions from the previous week, based on the pre-task
- Building a ‘map’ of typical drinking occasions
- Exploring patterns of consumption and moderation across different types of occasion
- Exploring perceptions of self as a drinker
- Exploring understanding of what can make drinking problematic, including understanding of health consequences of alcohol

An interview guide was developed with model questions and probing strategies for these areas. A pilot interview was carried out with a member of the target audience in London, on the basis of which revisions were made to certain key questions: in particular, a line was added to the introduction clarifying that the researchers understood that the participant's life did not revolve around alcohol, and that the focus of the next ninety minutes on that topic reflected the researcher's priorities, not the participant's. The need for this framing is in line with findings reported in §6.5.

Interviews were conducted flexibly, with topics often being taken in different orders according to the interests and priorities of the participant. For example, some participants were prompted to reflect on their own drinking by the pre-task (see §6.4).

The researchers debriefed regularly with each other throughout the fieldwork period, and reviewed the interview guide and strategy. This provided an opportunity to share specific questions or approaches which had proved valuable. However, the overall interview guide proved robust, and was not altered.

Follow-up interview with partner

For 18 participants, the main interview was followed by a further 30-minute joint interview in which their partner also took part. This additional interview was intended to provide an opportunity to set the drinking of the participant in the context of a relationship, and to explore any drinking which partners did together. Follow-up interviews were audio-recorded and transcribed.

In the event, the follow-up interviews with partners did not add significant value to the overall research. It was not possible to identify clear patterns across the responses, apart from the fact that, as women (all partners interviewed were women, although this was not specified), partners were not subject to the same norms around masculinity (see §3.4).

The lack of additional insight from the interviews with partners may in itself be significant. Partners can by themselves create a social context for drinking of the kind discussed in Chapter 3 (see for example §3.1), and a few partners were active alongside participants in wider social settings. In general, however, it was male friends who played a more important role in creating a social context for drinking for our participants.

However, the lack of additional insight may equally reflect weakness in the design of this element of the research. In particular, the researchers identified a number of practical issues with running a joint follow-up interview after the main interview with participants:

- The arrival of the partner risked creating a social context in which it appeared that we were looking for corroboration or non-corroboration of participant's accounts. While there is no evidence that this caused discomfort to participants or their partners, researchers were conscious of the constraints on possible questioning strategies.
- In particular, it was not generally possible to introduce topics from the main interview into the follow-up interview unless i) the interviewer had remembered to seek prior permission from the main participant or ii) the topic was spontaneously raised again.
- Partner responses may have been modified by the presence of the participant. In particular, partners may have been less likely to express any concerns they felt about their partner's drinking in the presence of the partner.

On balance, it is not clear to us that partners either do or could play a role in the drinking behaviour of this target audience. Our hypothesis is that any such role is at best limited. However, given the limitations of the methodology, our primary conclusion is that investigation of the role of partners in the drinking behaviour of this target audience would require additional research specifically designed to address that question; and that the attempt to incorporate such an investigation into a larger piece of research using a follow-up interview as done here, should not be repeated.

Analysis

Transcripts and pre-task responses were analysed thematically, using an iterative, inductive approach to the development of themes.

1. A first review and discussion of transcripts by the researchers identified an unstructured longlist of provisional topics, observations and patterns, which provided a starting point for analysis. In the very first instance, these were simply the topics, observations and patterns which occurred to the researchers on the basis of their review of the transcripts.
2. Material (e.g. excerpts from transcripts) relevant to these topics, observations and patterns was then grouped together and reviewed. This included supporting and counter evidence for a provisional topic, observation and pattern. Not surprisingly, some material was grouped under more than one topic.
3. The initial longlist of topics and patterns was then revised and developed:
 - a. Items were provisionally validated, refined/sophisticated to reflect supporting material, qualified to reflect exceptions, replaced with a better item, or rejected entirely as unsupported.
 - b. In particular, over successive iterations, researchers sought to replace themes (such as 'responsibilities') with propositional findings (such as 'drinking which interferes with day-to-day responsibilities is illegitimate').
 - c. Where needed, items were grouped together to create new superordinate categories, or split to create separate items. Connections between items were also noted.
 - d. New items were added as needed: in particular, material which had *not* been grouped under existing items was carefully reviewed, and new items were identified.

Review of the material focused not just on *what* participants said, but also on *how* they said it and in response to *what*. Care was taken to ensure that material which was grouped under items contained sufficient indication of context: for example, researcher questions or notes on what had happened earlier in the same interview.

Scrutiny of the evidence was also, inevitably, informed by theoretical distinctions familiar to the researchers, and by past experience as researchers. These factors unavoidably shape what researchers see in the evidence (and also, therefore, what they miss).

4. The new longlist of topics and patterns was then used as the starting point for a new round of grouping (step 2) and reviewing (step 3). The process was iterated until a stable, propositional structure emerged which both was supported by and accounted for the evidence.

In practice, the first few iterations of this process were undertaken either without physically grouping transcript material or using paper-and-pen methods. Thereafter, as a more stable structure began to emerge, coding software was used as a practical way of grouping and regrouping large quantities of material. (The software used in this project was TAMSAnalyzer, a freely available coding package for Macintosh computers.)

The final iterations coincided with the early stages of collating material for a report of findings which would present and adequately illustrate the stable, propositional structure that had been developed. As part of this process, a final detailed evaluation of the relationship between propositional findings and evidence was also undertaken. Where necessary, final checks were also made on the original context of material, to ensure it was not being quoted out of context. (Note that these final iterations were distinct from the final *drafting* of the report, which involved selection and editing down of specific quotations to be used as illustration.

Role of Phase 2 in the analysis of Phase 1

The timeframes for delivery of this project did not allow for completion of analysis of Phase 1 prior to delivery of Phase 2. As a result, the final iterations of analysis were undertaken *after* Phase 2 had also been completed.

This created an excellent opportunity to test further initial findings from Phase 1, since stimulus material for Phase 2 was developed on the basis of these initial findings (see below). Subsequent iterations of analysis were therefore also shaped by the experience of delivering and findings from these workshops. Although the workshops did not lead us to question any of our initial findings, they did lead to an enhanced focus on certain issues – such as, for example, the ambiguity of terms like ‘moderate’ and ‘excessive’ drinking (see §7.6).

Phase 2

Phase 2 comprised 10 workshops, and was undertaken in September 2015. This phase was designed further to explore ideas for ways in which Drinkaware might seek to promote reduced consumption in the target audience, developed on the basis of findings from Phase 1.

Sample

Six participants were recruited to each workshop; non-attendance of one participant meant that 59 participants took part in total. Of these, 17 were participants who had already taken part in Phase 1 research, and 42 newly recruited participants.

Workshops took place in 5 locations: the three locations in which Phase 1 research took place, plus two new locations, London and Glasgow. Three workshops – one in each of the Phase 1 regions – involved participants who had taken part in Phase 1 research. The remaining seven workshops involved newly recruited participants.

These were recruited to the same specification as that used in Phase 1, with the following additional considerations for five of the groups:

- A spread of ages and SEG was recruited for each group
- At least 2 participants in each group lived with partners, and at least one did not
- No quotas were set for the presence or ages of children
- An additional screener question was added looking at patterns of drinking at home and out of home, to reflect findings from Phase 1 regarding different patterns of drinking (see §1.5). At least 4 participants per group drank at home at least 3 times a week, and at least 2 drank out of home at least 3 times a week.

The remaining two groups, one in Glasgow and London, were recruited with a specific focus on those in professional/managerial roles, and with a university level of education. This reflected a judgement that this kind of drinker had not been adequately represented during the Phase 1 research.

Stimulus development

Workshops involved the presentation and discussion of stimulus materials, designed to allow exploration of ways in which Drinkaware might seek to promote reduced consumption in the target audience. The development of these stimulus materials during August 2015 drew on:

- *Initial analysis of Phase 1 findings*: while analysis could not be completed in full prior to Phase 2, owing to a very short time frame, initial findings were identified as the basis for Phase 2 research.

- *Drinkaware seminar*: a seminar on the target audience was arranged by Drinkaware, and designed, hosted and facilitated by Cohn & Wolfe. The seminar included presentations from a number of academics and practitioners working with the target audience, alongside a presentation of preliminary findings from Phase 1. Participants then took part in activities to develop ideas for ways in which Drinkaware might seek to promote reduced consumption in the target audience.
- *Collaboration with Drinkaware and agencies*: ideas were further developed in collaboration with members of the Drinkaware team and its agencies.
- *Post-pilot revisions*. The first two workshops, which took place in London, were used as an opportunity to pilot stimulus materials and make final revisions. Following these workshops the number of stimulus statements was reduced, and some statements were revised.

Two key sets of stimulus material were used in workshops:

- *Health stories*: these set out to give participants a model of what alcohol was actually doing in their bodies at the levels at which they were drinking. See Chapter 7 for relevant background.
- *Propositions*: these set out simple campaign ideas, each of which comprised a simple insight and an associated call to action. See Part B for relevant background.

The final health stories and propositions used (after post-pilot revisions) are presented in Appendix 2.

Workshops

Workshops were facilitated by the same research team that had delivered interviews. After a reminder of the purpose of the research, confirmation of understanding and informed consent, and introductions, workshops covered the following topics:

- A brief discussion of four characters representing 'typical drinking patterns', based on patterns observed in Phase 1. This provided a way of reinforcing the fact that the target audience for Drinkaware activity was 'people who drink like you'.
- Health stories review, including individual (written) responses, prioritisation exercise, and group discussion.
- Proposition review, including individual (written) responses, prioritisation exercise, and group discussion.

Health stories and propositions were read out in a randomised order at each workshop. However, health stories were always presented and discussed before propositions were presented and discussed.

Workshops were audio-recorded and transcribed. Individual responses written by participants during workshops were also collected and collated.

Analysis

The workshops yielded a range of different kinds of evidence in relation to each item of stimulus, including:

- Individual written comments
- Results from 'voting' on the stories/propositions
- Group discussion

On the basis of the 'voting' results, it is possible to argue that certain stories and/or propositions performed 'better' for these participants. While useful as a starting point for analysis, however, caution is needed about a result of this kind, for two reasons. First, the results for a qualitative sample of this kind cannot be extrapolated to the target audience as a whole. Secondly, these results mask crucial evidence about what was more or less effective *within* individual stories or statements.

For this reason, we do not reproduce the 'voting' results as a finding in this report. Instead, we focus on the more important findings regarding the kinds of approach Drinkaware can and should take to promoting reduced consumption in the target audience, and the ways in which effective communications should be framed for the target audience, based on a qualitative analysis of the comments made by individuals and groups on each story/proposition. These findings are incorporated into our recommendations (Part C).

A summary of findings from the workshops can also be found in Appendix.

Part A

Drinking

Part A

Drinking

Why do members of the target audience drink? In this part of the report, we review the different types of answer to that question which can be found in participants' accounts of their own drinking.

Specifically, we identify a number of recurring and consistent patterns of explanation, which can be found across the accounts of multiple participants. These patterns can be seen as a stock of explanatory *components*, from which individual participants' accounts of drinking are constructed – rather as sentences are constructed from words.

In Chapter 1, we look at the most universal of these patterns. Strictly, this is an explanation not of drinking but of *not drinking*, since it highlights a norm that sets the boundaries of legitimate alcohol consumption and lays down that, whatever else one does, one should never drink in a way that interferes with one's day-to-day responsibilities as an adult. The temporary suspension or reduction of such day-to-day responsibilities is a necessary condition of drinking.

Within the boundaries set by this norm, participants engaged in different kinds of drinking, for which they offered a range of explanations. We present these explanations under three broad headings.

- Explanations which highlight the way alcohol changes one's state of mind (Chapter 2)
- Explanations which highlight the role of social interaction and social norms (Chapter 3)
- Explanations which highlight the non-intentional nature of drinking (Chapter 4)

It is worth stressing that we are presenting a categorisation of the *components* with which participants constructed accounts of their own drinking. We are not categorising the accounts themselves. Those accounts often brought together components from different categories

For example, consider the quotation below. This participant had just told the interviewer he had tried to cut back on his drinking in the past but had always "fallen back into that pattern". When asked what had happened, his response combined many of the components discussed in the following chapters:

I like the taste of it. It's... I don't know. It's just refreshing. When you've had a hard day at work, I think it's just that... Got into that habit, which I think a lot of people do, and you deem it as a little bit of a treat when you get home. Especially, yes, I love to sit in the garden when I get home, in the summer. Quite often I'll get home, because [partner] gets home before I do, first thing I do, we normally go out into the garden, or sit down in the kitchen if it's cooler, have a drink, just tell each other about all the crap we've had each day. You know, this happened today, and that's happened today. And we both have that, sort of, half an hour or an hour, get the... Clear the air. [WM08, 53]¹³

13 Quotations in this report are referenced with a participant code, formed from the location (NW = North West, SW = South West, WM = West Midlands) and a number (01 to 14 in each region). The age of the participant is also shown, following the code. Further information about each participant, by code, can be found in Appendix 1.

1. Reductions in responsibilities

In this chapter, we review the most universal pattern of explanation found in participants' accounts. Strictly, this is an explanation not of drinking but of *not* drinking, since it highlights a norm that sets the boundaries of legitimate drinking and lays down that, whatever else one does, one should never drink in a way that interferes with one's day-to-day responsibilities as an adult. The temporary suspension or reduction of such day-to-day responsibilities is a necessary condition of drinking. Participants consistently constructed their own drinking as meeting this necessary condition of legitimate drinking.

Meeting this necessary condition means keeping in mind not just one's immediate responsibilities, but also one's responsibilities the next day, and the possible consequences of failing to meet those responsibilities. The distribution of responsibilities through the working week, and therefore of opportunities to drink, helps to explain different patterns of drinking – for instance, the contrast between those who drank through the week and those who drank mostly at weekends. Some participants also commented on the ways that responsibilities change over one's life, and the impact this has on opportunities to drink.

1.1 Current responsibilities and thinking ahead

Drinking which in any way interferes with one's day-to-day responsibilities as an adult was consistently presented as illegitimate – and as something which participants themselves did not do and would never do (although a few acknowledged transgressions when younger). Only people with a drinking problem, participants argued, would allow alcohol to interfere with their life in this way.

I wouldn't dream about going out on a Tuesday night and having, I don't know, 10 pints because I have to work to earn a living, so you know it's... there's responsibility and awareness of what comes first. There's a priority, there's a pecking order. I think if you've got a problem drinking's number one whereas if you haven't then obviously maybe, you know your wife, your work, your family, your friends, and drink comes further down. Pecking order, you know and that's where I like to keep it. [NW01, 46]

To me too much to drink is when it starts affecting your everyday life, when it means you're not there, you're not putting food on the table for the kids, you're not feeding the dogs, walking the dogs, doing stuff with the wife, letting people down, not turning up to work. When it affects that side of things that's too much to me. [SW08, 49]

If I thought that I was having an effect on anyone in my family because of my drinking habits, I would just stop. [NW04, 50]

One obvious implication of this ban on drinking interfering with day-to-day responsibilities is that one should not drink at times when such responsibilities are *current*. Drinking at obviously inappropriate times was seen as a sure sign of a drinking problem.

To me, if you're drinking on the job then you have got a form of alcoholism. I might think about having a drink at work but I'd never dream of having a drink at work, so to me that's more being an alcoholic, when you've got to have a drink in the daytime when you're driving. [NW05, 54]

To me, an alcoholic is someone that you see drinking first thing in the morning, which I've never done. [WM08, 53]

Drinking, however, does not just have immediate effects. The morning after drinking one may still have alcohol in one's bloodstream, or smell of drink, or have a hangover. To ensure that one's drinking does not interfere with day-to-day responsibilities, one also has to be mindful of one's responsibilities the next day, and the further consequences of failing to meet those responsibilities.

You've got to put a lid on. Because you're getting up for work, you've got to function, you won't be able to function, then you've got work to do you can't – I'm driving as well remember. So that is a biggie, isn't it, it's my livelihood, my driving as well. [WM13, 49]

The clearest example of these next-day responsibilities is provided, as in the quotation above, by drink driving. Almost all of our participants were adamant that they would not drink more than the legal limit and drive, especially those who drove for work.

We all have a responsibility, we're all in responsible jobs, and the rule of thumb is, make sure that if you're reporting for work in the afternoon that you're safe to drive because we have to drive as part of our job as well. [WM10, 52]

I may have a pint or I may have a shandy or something like that but no more than two or one glass of wine because obviously driving is important to my life. So I don't do that. [WM02, 58]

A number of participants were also acutely aware of the risks of still being over the limit the morning after drinking.

You don't really want to be drinking a lot the night before. You know, if you're going to have a drink, have two or three. Don't have a lot because it quite easily could still be in your blood, you know, your blood at that time of the morning. [...] That's maybe why Saturday night or weekends is the big night because you don't have to worry about getting up and having to drive the next day. [NW04, 50]

Moreover, the concern was not just that one would not be fit to drive, immediately or the next morning. The salient risks lay in the consequences of being caught – losing one's licence – and the wider impact that this would have on one's livelihood.

I think that's one thing you've always got to keep in mind, you're driving when you're drinking. You know, I wouldn't be able to get to work if I couldn't drive, if I was banned, so you've always got to bear that in mind. [NW03, 59]

There's no ifs and buts about that because driving is your livelihood and there's no in between. You get DD on your licence, you're not going to get [work]. [NW10, 51]

These risks can be further sharpened by the impact a loss of livelihood would have on others if, for instance, one has a family that depends on one.

Maybe it was a bit irresponsible, but before the kids, there were certain mornings when I'd turn up for work and think, I was... I had too many last night. But nowadays, if I'm on an early shift, I don't drink a drop the night before. [...] When it was just me – not just me, just me and the wife – if, say, I lost my license or things like that, we'd muddle through, type of thing. But, you know, you've got two kids there, and a big mortgage, and everything else, if I... Either of us lost our jobs, then, yes, you'd be in trouble, really. [NW14, 45]

Legitimate drinking is constrained not just by immediate responsibilities, but also by responsibilities the next day, and by the consequences of failing to fulfil those responsibilities. To break the requirement that drinking should not interfere with day-to-day responsibilities is to risk the impact ramifying through one's life.

I know a lot people who just... they manage to keep going, [...] A friend of mine was a plumber, he lost his job because... he lost his job and then he lost his wife. [...] All over the drinking. And he'd had warning upon warning upon warning. [WM07, 53]

1.2 Different types of responsibility

Although the most commonly cited constraint on drinking, driving was by no means the only day-to-day responsibility that set boundaries on alcohol consumption. Other examples include:

- having to be up early for work the next morning

I get up very early. [...] So I can't afford to sleep in or sleep over or whatever. So it has to be, if I'm having a drink in the week, it normally... there normally has to be a good reason for it. [WM10, 52]

- not wanting to smell of alcohol at work

You wouldn't want anyone smelling alcohol on you at work. It's not good. [NW03, 59]

I don't want to come in smelling of drink. So I know the rights and wrongs of it, but then you still have a drink. [WM03, 53]

- family plans the next day

Saturday would just be completely blank, and so whatever plans we had would disintegrate. I wouldn't be able to drive or I wouldn't feel comfortable driving anyway. So when it gets to the point where sometimes... I don't do it now, but sometimes you'd know that you had responsibilities the next day but they would, after about the third drink, they would dissipate, they wouldn't feel as important to you. [NW13, 56]

- childcare responsibilities

When my kids were younger, yes, I did have a drink but not half as much now because you've got to realise that you've got kids to look after so, no, I didn't do it. [...] Yes, you've got the responsibility of the children obviously, when they are youngsters. [WM13, 49]

- having to walk the dog

I want to come home anyway because even if I'm tipsy I'll still walk the dog so that's in my mind as well that he's still got to be walked. [WM02, 58]

So strong is the relationship between responsibility and not drinking that one participant came up with the idea of working on Saturdays in order to cut back his Friday drinking.

I think I can cut back Fridays. Definitely I need to cut back Fridays. I'm even starting to think about maybe doing a bit of work Saturday morning, just go out Saturday morning to work even though I love my two days off. If I did that I'd earn more money and it would stop me having a beer on a Friday. [NW02, 49]

Another expressed support for a reduction in the legal driving limit, in line with Scotland, as it would prompt him to cut his drinking.

Maybe this is off track, but I would like that [a reduction in the legal driving limit] because it would then... this would then say, right, you know you can't do that on Sunday because you've got to work on Monday, but I don't... then I should be bigger, that I don't need a law to say that when I know I shouldn't be drinking on a Sunday but, anyway... [SW14, 45]

Money

One way in which drinking could have an impact on one's day-to-day responsibilities is as a result of how much it costs. One participant suggested including a running total of how much one had spent on alcohol as part of an app to track one's drinking.

Like, the cost of how much you actually have drunk, and that times over a year and see how much you... And that shock to say, jeez, I'm actually spending that much money. [NW02, 49]

However, shortly afterwards, he went on to argue that such considerations had little or no impact on his own behaviour.

It wouldn't matter with the price of beer, if I had to pay £2, £3 per bottle you would still drink. [NW02, 49]

This was a common pattern. Participants would sometimes talk about the financial impact of drinking on others – those perceived as having drinking problems – but as with other kinds of impact on responsibilities, consistently presented this as something that did not apply to them personally.

There's obviously a financial angle to this, because the people, generally, who we play poker with, you would call quite well-off. You know, they can certainly afford to drink and whatever. [...] There's no case that I know where somebody's children are at home and not being looked after financially because they're in our group, playing poker. [WM09, 60]

I mean like the money side of it is not an issue, buying or anything without thinking that's all I spend my money on, because if... well definitely [wife] would say something about where all the money was going, sort of thing, so it's not the money side of it. [WM14, 45]

Differences in price were sometimes mentioned as an explanation of a decision to drink at home rather than out – but not with the implication that drinking out would create financial problems.

I begrudge paying the price of upcharge, when you think what you can buy it for in the shops and supermarkets. So I think there's an element of that, and I think also your own surroundings. [NW04, 50]

Pints of cider are £3-odd in a pub, I get four pints in a bottle for £3.69. It's okay if you like drinking at home, which I don't mind. I can do either but some people don't like drinking at home. [NW03, 59]

1.3 Were participants' accounts accurate?

It is of course impossible to know how accurately participants' accounts of their own drinking matched reality. Did their drinking really have no impact on their day-to-day responsibilities?

The potential for mismatch is illustrated by the only participant in our sample to describe himself as an 'alcoholic'. Despite this, he constructed his drinking as having little or no impact on those around him. Indeed, the term he used to describe himself was: 'functioning alcoholic'. By contrast, when his partner joined for the final part of the interview, she stated that they were spending so much on alcohol that they had not had a holiday that year.

We have no way of adjudicating between these two perspectives. In the context of our sample, moreover, this example appears to be an extreme one. However, it illustrates very clearly the possibility that participants' accounts of their own drinking may at times have been self-serving.

What we can say with confidence is that participants consistently and without exception *constructed* their own drinking as not interfering with their day-to-day responsibilities.

For what it was worth, it was the estimate of the interviewers, visiting participants in their homes, that this construction was broadly accurate in the majority of cases.

1.4 Two patterns of drinking

The distribution of responsibilities through the working week, and therefore of opportunities to drink, helps to explain different patterns of drinking. An obvious example is the tendency for people to drink more at weekends or on holidays, times when the responsibilities of work are set aside.

In our sample, there was a noticeable difference between two groups:

- those who drank large amounts at the weekend – most or all of it in social contexts – but little or nothing during the week
- those who drank smaller amounts most nights of the week – with the weekday drinking typically happening at home and on their own

Not every participant aligned neatly with these two descriptions. For example, some participants did their weekday drinking in pubs, or with a partner. Within our sample, it was noticeable that those who drank all through the week, though they tended to drink more at weekends than they did during the week, still drank less at weekends than those who concentrated their drinking at weekends. To some extent, this may be an artefact of recruitment: to meet the lower limit of consumption, people who drank infrequently had to drink more on those few occasions. However, the language used by participants also suggested another explanation: that those who drank only at the weekend were in some way ‘making up for’ the lack of opportunity during the week.

It's like an escape, you're being let out. You've been caged up for so many days, on your fourth day the cage door opens, that's it, I'm out of here. [NW05, 54]

Patterns of drinking, work responsibilities and social class

Within our sample, there were indications that these two patterns of drinking might be associated with different patterns of work responsibility. In particular, the former pattern of drinking only at weekends appeared to be associated with shift work and work which involved driving.

We cannot extrapolate from a qualitative sample to the population as a whole. Nevertheless, the hypothesis that different patterns of work in part explain different drinking patterns is at least plausible.

If confirmed, this hypothesis would also suggest a possible connection, albeit a mediated one, between drinking patterns and social class, in that those patterns of work responsibility associated with drinking only at weekends may also be concentrated in certain social classes. While work responsibilities emerge from this research as a plausible mediator of a possible relationship between drinking patterns and social class, we express this point with caution. Social class may also be conceptualised as a matter of social identity: and if a relationship does indeed exist between social class and drinking behaviour, it may also therefore be mediated by social mechanisms of the kind discussed in Chapter 3. Our own analysis has not highlighted specific references to social class in participants' accounts either of the norms of the groups in which they drink (contrast references to specific sports and industries in §3.1) or of the perceived requirements of class identities (contrast discussion of masculine identity in §3.4). But that does not mean such connections do not exist.

With this in mind, we recommend that any further research into the connections between social class and patterns of drinking should pay close attention to the hypothesised role played by differing patterns of work responsibility, but should also consider other possible mediators such as the potential role of social context.

1.5 Lifestage and drinking

Over longer time frames, children can have a significant impact on levels of day-to-day responsibility. A number of participants described how having children had had an impact on their drinking patterns. By increasing both the scale and the duration of their day-to-day responsibilities, opportunities to drink were reduced. Some participants also noted that money had been tighter when their children were younger, a barrier to drinking they no longer faced.

I cut back when the kids were younger. Because you just need that money all the time to go out to drink, or even drinking in the house, because by the time you've done everything in the day, it was like 10:30 and it was time for your bed. [WM04, 46]

Maybe when I was younger and didn't have the money, the cash flow, you know, you couldn't the same, do you know what I mean, when you could afford it, but now you've got more cash flow you fancy a bottle of wine or a beer or... you can just get one like, you know. [SW11, 54]

For some, the requirement to stay in the house when children had gone to bed had also prompted a move to drinking at home, sometimes for the first time in their lives. As part of that transition, reasons for drinking can also change. For example, the participant below describes how, with the arrival of children, his drinking shifted from being all about socialising to being a kind of self-medication for stress (see §2.1).

Obviously as a teenager and late in my 20s [...] it's all about the social thing and getting out and meeting people and everything, and then when you get married and have children it becomes very difficult to keep... or to have the same level of like social activity that you did beforehand, so I'd never ever drunk at home until we became parents. And then, because we couldn't go out, and then sometimes you've got difficult nights getting the kids off to sleep or whatever, or you've got all the trials and tribulations of parenthood, getting the kids down to bed, phew, that's great, oh it's all quiet now, we'll sit down, we'll have a drink. [...] And that was the first time in my life that I'd ever really drunk at home, because to me the whole thing about drinking was going out and socialising, and that... I don't know whether it's stress has affected me more as I've gone through life, but certainly towards my late 20s I found that my reason for drinking changed, it changed from one of socialising and being part of the crowd and going out having fun, to having a nice relaxing time in and sort of trying to unwind in the home environment. [WM10, 52]

In the following quotation, the participant describes how, for him, drinking at home replaced not social drinking but sport.

I think what happens is, when you're single, before you get married and have children, you've got time on your hands and you look after yourself and play sport. But I mean, I went through it, when you have children, your priorities change don't they? You have children and you find that you haven't got time for yourself, because after school you're taking them to football and karate and this and that, and weekends you are watching them play sport or drama classes or whatever it might be. You don't have time for yourself, and the only time you've got for yourself is when they're in bed and you end up having a drink and something to eat and you tend to balloon a bit. I think with my friends, they've just carried that on. All our children are now grown up, and we've all got time for ourselves again, but it's so difficult to get back to fitness, I think. [NW12, 55]

As this last quotation suggests, as children grow up so too opportunities to drink can open up again. This may involve a continuation of habits established while the children were younger, as above; or it may involve a rekindling of one's social life.

Being married, lack of money, work, hangovers, and all these things just sort of added up to sort of where I really didn't drink for maybe 20 years. [...] And then moving here and living out in the middle of nowhere, and kids wanting lifts here, there, and everywhere. There was just never... it was either no opportunity, no inclination, the lifestyle, work. [...] And then, like I say, kids growing up, at the other end of it. Our social life sort of changed a little bit. Became a bit more important for us, not just being the parents of somebody and mixing with other parents. We've got our own social life. [SW01, 52]

For a few participants, there was even a sense of making up for lost time – as if they had reached the weekend of a very long working week.

I think I'm making up for it. Because I had my eldest quite young [when 17] I kind of didn't go out an awful lot when I was younger so I think... [...] It's midlife crisis isn't it, really? So yes, so I kind of find that I'm kind of making up for lost time really. [WM12, 45]

2. Changing one's state of mind

In this chapter we review explanations of drinking which highlight the way alcohol changes one's state of mind. These explanations position drinking as intentional, goal-orientated behaviour. Three distinct reasons to change one's state of mind with alcohol are identified:

- to self-medicate for stress
- to give oneself a deserved treat
- to get into the swing of things

Accounts of individual drinking draw on the first two types of explanation. Accounts of social drinking draw on all three, but predominantly the third.

Underpinning these different explanations of drinking are subtly different models of the effect that alcohol has on one's state of mind:

- reduction of negative feelings (a ' - to 0' model)
- creation of positive feelings (a '0 to +' model)
- intensification of existing feelings (a '+ to ++' model)

These effects are explained sometimes in terms of intoxication, and sometimes in terms of the symbolic significance of alcohol, in particular its role as a marker of transition from day-to-day responsibilities to a more carefree time.

2.1 Self-medicating for stress

One explanation of drinking apparent in the accounts given by participants turns on the perceived ability of alcohol to reduce worry, anxiety and stress.

It just makes you feel good and relaxed, it makes you feel good and you don't care so much and worry so much. [WM13, 49]

Just a bit of relaxation, just, yes, winding down, type of thing. [NW14, 45]

In particular, drinking was described as providing a release from the stresses associated with fulfilling day-to-day adult responsibilities such as work.

I'm in a job where I'm doing all the miles – and this is no way an excuse – I'm doing a lot of miles and I have a lot of bosses. [...] And sometimes I think that it gets me away from that. It takes me out of that person to another person, really. [WM11, 52]

I wouldn't say it gives you an adrenalin rush, but it just makes your mind just more come down. You know, you've had a busy day, your head's going, and I think alcohol just stimulates that, in moderation. [WM02, 58]

It's just actually just at the end of the day, a bit of a... bring yourself down a little bit. [...] I don't want to be drunk, but I also want to be kind of... it eradicates the thoughts having to go through your mind during the day. So I kind of think it just chills me out a little bit. [SW06, 50]

I like the feeling I get when I've had a few drinks. It kind of relieves the stress of day-to-day a little bit. [WM12, 45]

The role assigned to alcohol in these descriptions can be seen as ‘- to 0’, in that the benefit which drinking delivers is the reduction of a pre-existing negative feeling – rather as the benefit of taking an aspirin is the reduction of a headache. In line with this, some participants described being more likely to drink when they were feeling more stressed. Note the comparison to a sedative in the second quotation:

I did feel myself getting sort of quite worked up as a result of the stressful day and as a result of trying to get everybody to the cinema on time, all seated. So when I got back I just thought I just need something to... a bit of a nightcap if you like, so that was the excuse on that occasion. [WM10, 52]

It all depends what day I've had at work. [...] If you've had a crappy day then yes. If I've had a crappy day at work, I want a beer at four o'clock. Get in at ten to four, go straight to the fridge. [...] I suppose it's like having a Temazepam, it just relaxes you, chills you out. [...] It's just like a drug, well I suppose it is a drug isn't it? Alcohol is a drug, it just relaxes you, meditation drug. [WM04, 46]

This role of drinking was also compared to other forms of self-medication for stress, such as listening to music or physical activity.

I'm just winding myself down. And that's why I like listening to music, because it does... I don't think about anything else. And it kind of... a beer I suppose helps that relaxation for me of being able to wind down. [SW06, 50]

Some people could just go and walk the dog and it'd be stress release, or see the kids I suppose. [WM02, 58]

One participant noted how normalised this use of alcohol is our society, pointing to soap operas as an example.

It's the culture. Everything you watch on TV, whether it's Coronation Street, Emmerdale, they're in the pub. Every TV programme you put on: I've had a stressful day, offer me a drink, someone pour me a drink. [NW02, 49]

Some participants commented on how this readily available method of stress-reduction provided a ‘quick fix’ alternative to healthier methods, such as sport or exercise.

I used to come home and go out for a run and I don't do that anymore. I suppose that was my de-stress. Each time I've gone to play five-a-side... I don't do that any more. So you, sort of... it's not that you, sort of, like, turn to this. It's just that it's there and it does become a habit. You just... by having a glass of wine it does... you feel a bit stressed and you'll have it, whereas, before, if you felt a bit stressed you'd go for a run. It is different. So you... yes. If I could find another way after a stressful day that could I de-stress quickly... because, having a glass of wine, I mean, that's what the glass is about. [NW11, 50]

The way that I think about it is if you ever get the feeling of driving quickly in the fast lane of the motorway and you've got somebody behind and they're trying to push you out of the way, but you're going as fast as you naturally feel that you can then you want to pull over into the middle lane and just slow down, but you can't because the middle lane's blocked. So you're being forced in the fast lane to drive at this speed that you don't want to and that's how I feel about life sometimes. I have spells in my life when it's busy at work and it's busy at home and sometimes these two things come together and that's when I tend to get really stressed out and what happens is if I'm busy then I don't have time to relax naturally by doing the sporting things that I do, so I'm looking for a quick fix. [WM10, 52]

2.2 Giving oneself a deserved treat

A second explanation of drinking apparent in participants' accounts positions the drink as a deserved treat.

It's like a reward. [NW08, 58]

There's also an option of I deserve a drink. It's a reward system. That's what it is. [SW12, 60]

For some participants, such as those quoted below, drinking as a deserved treat was explicitly contrasted to drinking as self-medication.

I'd like to think not but I am sure that if I've had a bad day, for whatever reason, most of the time... most of the time when I have a drink it's because I just feel like it's a nice thing... nice thing to do. I don't actually start slugging down lots of spirit or alcohol as fast as I can because I'm stressed up or I feel as if I've had a bad day. [SW07, 60]

[I have a whiskey] Because I'm happy and relaxed. I don't have a drink to make me relaxed or to calm me. I can only ever think of one occasion where I actually physically sat down and drank a shot of whiskey to calm my nerves. [NW04, 50]

As we shall see in §6.3, the distinction between 'self-medication' and 'deserved treat' is not a morally neutral one. Even where a moral distinction is not made, however, some participants distinguished self-medication and deserved treats in their own drinking patterns – with self-medication typically assigned to weekdays, and deserved treats to the weekend.

You can always find a reason for having a drink. It's either the start of the week so you need one to settle you down, or it's the end of the week and you deserve it. [SW13, 46]

It's maybe just an excuse, but it just tends to help you unwind when you come home from work.

*[Interviewer asks if this applies to weekend drinking occasions as well]
Not really, because that's the weekend anyway, so you're in a bit more of a relaxed, sort of, feeling. [...] That's just because it's enjoyable, isn't it, really? [WM08, 53]*

Although contrasted by some participants, however, the idea of a drink as a deserved treat is not, in fact, inconsistent with its use as self-medication: after all, winding down can itself be a kind of treat.

I've got a couple of relaxer chairs and if I've been working in the garden, sort of, when I've mowed the lawns or whatever, I'll just sort of relax in the chair and maybe just enjoy a cold beer as a sort of a reward. [WM10, 52]

I was in a high-pressured job. Then, I deserved a drink and I did want and needed a drink to, sort of, de-stress, really. [SW13, 46]

What is striking, however, is how these two ways of explaining drinking consistently lead to a subtly different *focus of attention*. Note, for example, how the first quotation singles out a pleasant quality of the beer – the fact that it is cold – while the second slides from ‘want’ (deserved treat) to ‘need’ (self-medication). Descriptions of drinking as a deserved treat shift attention from the negative feelings that are reduced to the positive feelings that are created. The same pattern can be observed in the following quotation: note how, after an initial reference to the need for relaxation, alcohol is compared, not to other stress-reduction methods (such as exercise), but to other treats (bars of chocolate).

I just think it gets to a night and you just need a bit of relaxation, and I think my relaxation is either have a bar of chocolate and a cup of tea, or a glass of wine or a bottle of beer. [...] And it sounds ridiculous, but if you have a couple of strong lagers it gives you a bit of a nice feeling, a bit of a swimmy feeling, not the drunk feeling just a chilled out feeling and I think that helps. [NW06, 47]

Whereas self-medication descriptions see the effects of alcohol as ‘- to 0’, deserved treat descriptions see it as ‘0 to +’, in that the benefit which drinking delivers is the creation of a new, positive feeling. This positive feeling might be simple pleasure at the taste of the drink, or the feeling of being refreshed by a cold drink.¹⁴

I do really like the taste of it. I do really like it. [SW09, 60]

I do like cider, as well. Cider's nice and refreshing, especially if it's a hot day. [WM08, 53]

Pleasant feelings of mild intoxication – the ‘swimmy feeling’ noted in the quotation above – can also be part of the treat.

I like the way beers progress and, you know, you can have different types of beer. And I like the beer buzz. I like the beer buzz you get after two or three, just a sort of nice little, mm, mellow buzz. [SW05, 55]

¹⁴ We heard quite a lot about the refreshing qualities of drinks such as beer and cider. It is worth noting, however, that interviews took place during the summer. Other qualities of drinks might have come to the fore if we had conducted fieldwork at a different time of year, as one participant noted: “It’s quite refreshing. I mean, when it’s been hot. In the middle of winter it might be a nice glass of red wine in front of the wood burner. But at the moment it’s a nice cold beer”. [SW06, 50]

But the positive effects attributed to alcohol go beyond this, as the next quotation illustrates.

How can I put it, it's the layer of icing on top of the cake that just makes everything seem perfect. Although I think it was Saturday we had really good weather and we'd been out, we'd been busy, we'd done lots of things and everything had gone well and I said to my wife, I said: 'It's funny today I feel so happy it's like I've had a drink, but I've not had a drink'. And all of the things that had happened that day and the weather had been so nice. And she said: 'Oh, the expression you're looking for is drunk on life'. And I said: 'Yes that's exactly how I feel'. And so I think if everything is perfect sometimes I can sense those emotions and feelings of pleasure, but quite often all of the pieces of the jigsaw aren't there, so you have a drink to give you that feeling that you would get being drunk on life but without a drink. [WM10, 52]

The idea of drinking supplying the 'icing on top of the cake' points towards a third model of the effects alcohol has on one's state of mind, which involves not the creation of new positive feelings, '0 to +', but the intensification of existing positive feelings, '+ to ++'. By the same token, of course, this model also suggests a risk that drinking could intensify negative feelings in the same way.

Some days I will come home from work and say 'I could kill a pint', and other days the last thing I want to look at is a pint. And from literally almost exactly the same angle. I think it's probably when I'm more annoyed I'm less likely to have alcohol. So I'm just wound up and worked up. If I'm angry I don't like having alcohol then. If you start drinking angry you could finish drinking angry. [SW08, 49]

While there is evidence of the '+ to ++' model of the effects of alcohol in descriptions of drinking as a deserved treat, it is in the context of social drinking, and descriptions of drinking as a way of getting into the swing of things, that this model comes to the fore.

2.3 Getting into the swing of things

The two explanations of drinking considered so far – as self-medication and as a deserved treat – dominate accounts of individual drinking.

These two explanations also occur in accounts of social drinking. For example, the idea of a treat can become, in a social context, a special effort or celebration.

My daughter came home from Sheffield with her boyfriend. My son came here with his girlfriend. [...] The weather was beautiful, and we sat out on the patio. And we had candles out, late at night, and we had music piped out onto the patio. And it was just one of those evenings where it's rolled a bit, do you know what I mean? [WM11, 52]

Just like deserved treats, these celebrations can be contrasted with weekday self-medication.

So there's the celebratory aspect of drinking – and then there's the, I had a really tough day, it's been a terrible week, I feel really stressed out, I'll have a drink. [WM10, 52]

However, self-medication too can take place in a social context: for example, a regular drink with old friends can help you to unwind.

[Regular meeting with old friends at the pub] It's unwinding as well and a bit of male bonding. There's nothing wrong with that. [WM02, 58]

Sometimes the source of stress can be in the moment, as in the following quotation where a participant describes his tendency to drink stronger drinks when watching more important football matches. What is also striking about this quotation, however, is how it blends the familiar role of alcohol in reducing anxiety with a new explanation of it being "to give me a bit of a kick, to get me into the swing of things".

Depending on how I feel I might have a pint of [Brand] or I might have a bit of the stronger stuff. The bigger the game, the more nervous I am, then the stronger the stuff I can drink at football matches, if that makes sense. [...] If it's a big game, like the classic big game against Liverpool, Manchester City, to me I'm more nervous. I need something stronger, not so much to calm my nerves but I need something stronger to give me a bit of a kick, to get into the swing of things. [...] If it was a lower team – no disrespect to West Ham supporters – but West Ham or Southampton or Swansea, you can't really get yourself up for it, you know, I'd meet the lads there and say right, just have a [Brand]. I expect them to beat the likes of those teams, but the bigger teams I need something stronger to calm my nerves. [NW05, 54]

We have borrowed the above participant's phrase to describe the third explanation of drinking – which is that it intensifies your mood to meet the requirements of a social context.

It's [a drink before going out] a livener, it's to put you in the mood probably; put you in the mood. [NW10, 51]

I have never heard a good joke start with 'I was having a cup of tea the other day...'. [SW08, 49]

Well the banter and the jokes and the exchange of knowledge would be there anyway and it's like: let's get this party started, you know. What we having? So what's it [alcohol] there for? Because we're totally at ease with each other's company, we just want to take it to a higher level, yes. [SW12, 60]

We shall return to the last of these quotations in §3.1 and §3.3, where we shall see how this idea of 'taking it to a higher level' creates a link between the effects of alcohol and social norms of drinking. As the phrase suggests, the idea of intensification plays an important role in explanations of drinking as a way of getting into the swing of things.

[Describing the feeling of being at the right level of intoxication] It's comfortable and it's, I don't know, I think it's, I don't mind talking but it enhances what you want to talk about. [WM03, 53]

Winding down is more the food with a couple of drinks. But when we go out, we go out to have a laugh, and I'm more relaxed. [...] You know, I'll mess about more, and the alcohol and all that will join in, because it's the... It's more the atmosphere, if you like. [NW08, 58]

The best part in an evening, when you're having a drink, is when you're, sort of, midway through it and, you know, you've had several pints or you've had a few pints, and you're relaxing and so is everybody else and everyone's laughing and the silliest little things seem very funny, you know. [...] If you were sober, nobody would find it amusing at all, you know, so it's at that point in the night. [SW13, 46]

Once again, this means that you need to be intensifying the right mood or feeling to start with.

It's a social thing. It's... well I know how alcohol works. Alcohol just amplifies your moods so if you're happy it will generally make you happier. People talk about good drunks and bad drunks don't they? Bad drunks tend to be those people have got lots of internal problems and alcohol just makes them angrier and then they want to go out and clonk somebody. [NW01, 46]

In some accounts, descriptions of bad drunks tip over into a possible fourth model of the effects of alcohol, which sees it having an effect not only on one's state of mind but on one's entire 'personality'. This account was only ever applied to other people.

I know plenty of them, that they have a few drinks and they become a different personality. [WM03, 53]

I suppose to a certain extent you might be like a Doctor Jekyll and Mr Hyde, you could be two different people, because I know drink can make people nasty. I'm not nasty in drink. [...] You can go from being a mild-mannered person to someone who's nasty in drink. [NW05, 54]

2.4 How does alcohol bring about changes in one's state of mind?

Underpinning these three explanations of drinking – as self-medication, as a deserved treat and as a way of getting into the swing – we have identified three models of the effects alcohol has on one's state of mind – '- to 0', '0 to +' and '+ to ++'.

How do participants explain these effects of alcohol? Not surprisingly, the intoxicating effects of alcohol are often invoked.

I really do think that it just helps you relax, because obviously you're getting drunk at the same time, aren't you? And when you get drunk, you generally relax. [WM08, 53]

It is striking, however, that participants often draw attention to alcohol having these effects even in very moderate quantities. Indeed, just the act of having a drink can have a symbolic significance, independently of any physiological effects.

It's about saying that's it. That bit's stopped and I'll do exactly what I want now. [SW06, 50]

I suppose I would say it [alcohol] does make me relax. I think it helps me relax. I'm not sure if that's necessarily true. And I think I sort of feel it washing over me that, ah, I've had a drink. I think part of it as well is... it's funny, going back to my brother-in-law, you know, he says, oh well, [Name] will come in from work, his wife, and I'll pour us a gin and tonic. And that's such a... in my mind... I don't know. Maybe it's going back to things, like, I don't know, The Good Life and things like that, you know, it's what people used to do, wasn't it, when they came in from work. [SW01, 52]

I think it comes down to chilling and relaxing. [...] You just seem to be going from one thing [to another] and you're not actually stopping and resting, and then, it gets to here, you go: brakes on. Let's have a glass. And that just helps you chill out. [NW11, 50]

In the next quotation, the participant has been asked to consider why he would have an alcoholic drink at the end of the day rather than, say, a soft drink or a cup of tea. Strikingly, his response makes no reference to the physiological effects of alcohol, but instead focuses entirely on its symbolic significance.

God, that is a good one. I don't know, because there's no logic to it, because I'd say, oh, thirst-quenching but the... that word... But then, equally, so is a pint of lemonade. I don't know. I genuinely don't know. Well, what the answer must be, the feeling that it gives you of relaxation, of forgetting about work and then if the phone beeps or does something, you're just, sort of, not bothered now, I've switched off. That's probably what it is. I've finished work, that's it, no. [...] I'm starting to relax and I've actually started to kick back, said that's it, I've finished now, I've done all my jobs. [...] The kids, they're all in bed, everything's done, watering the plants, that's sort of the last thing then, nothing else to do. I suppose I'm used... maybe it's just using it as an excuse just to cut off, switch off. [SW14, 45]

As we saw in Chapter 1, a strong prohibition exists on drinking alcohol at times or in ways that could interfere with one's day-to-day responsibilities as an adult. The flipside of that is that drinking alcohol serves as a signal that those day-to-day responsibilities are being suspended, and a marker of the transition to a more carefree time.

I suppose it's like... almost like that you're at school, you've got to behave yourself. You're being naughty. So during the day that's, sort of, like, a working day. Whether it's a Saturday or Sunday, it's the day. And then when it comes to evening, now you're out of school, now you can relax. Now you're out of work, you can now relax in different ways, so you can have a glass or two, so. [NW11, 50]

I think it's the holiday feeling, you know, because I'll buy Red Stripe and Vintage Jamaica and I'm, kind of, sat in the Caribbean on the rocks looking over the Caribbean Sea with a Red Stripe in my hand, and it takes you back to that feeling of taking you away from it all. [NW06, 47]

In §3.1, we shall see how, in a social context, alcohol acquires additional symbolic significance as something that is done *together*; and how this may help to explain the idea of drinking as a way of getting into the swing of things.

Is drinking intentional or non-intentional?

The effects alcohol has on one's state of mind are explained in the accounts of our participants in terms of not only the physiological effects of alcohol, but also its symbolic significance. The fact that alcohol has such symbolic associations, however, risks blurring the boundary between intentional and non-intentional actions. Is it really the case that one is using alcohol to relax? Or is it that a relaxing context is cueing a drink?

I drink more, happy moods, the weather: if it's sunny you can sit in the garden and you have a beer, don't you? [NW10, 51]

The following quotation provides an interesting example of a participant wrestling with exactly this question.

So I think, for me, it's that time of day, with an activity that I just sort of... I quite enjoy cooking, so I sort of found the whole thing relaxing. And this time of year, I mean, I would imagine during the winter, that I drink a little bit less, because I don't... it's just this time of year encourages it, I think, for a lot of people. You know, it's just pleasant. And of course we've got doors we can open and stuff like that. So we've got... it just sort of feels a lot more... not relaxing because that's not the right word at the moment with mum, but you know, I think you can just sort of slip into that sort of... it's nice to have a drink. The weather's nice. It's a nice time of the evening. Of course we had the really hot weather last week as well, so it was just sort of almost the perfect storm for having a few drinks. [SW01, 52]

He eventually reaches the conclusion that this is not an intentional use at all, but a habit.

It's almost, I suppose looking at it, it's almost like a little habit I've gotten into where, you know, it's not like I feel drunk after having a couple, because I don't. And it's not, like you say, I'm not drinking with anybody else. It's just almost like I'm cooking, all right, I'll have a drink. [SW01, 52]

We shall return to non-intentional explanations of drinking, such as habit, in Chapter 4.

3. Social interaction and social norms

In this chapter we review explanations of drinking which highlight the role of social interaction and social norms.

These explanations apply only to social drinking, and start from a recognition of drinking as an activity that people do *together*. This joint activity is shaped by social norms, which include requirements to:

- join in
- keep up
- be masculine

These norms were used by participants to explain why they drank, what they drank, how much they drank, and how fast they drank it. They are very powerful, at times outweighing factors such as personal preference. Indeed, one of the few things that can overcome them is the even more powerful norm of not allowing drinking to interfere with day-to-day responsibilities (see Chapter 1) – and in particular not drink-driving.

Behaviour in line with social norms can be construed as intentional or non-intentional – a point we return to in the next chapter (§4.1).

3.1 Drinking together

Social drinking is more than a mere aggregation of individuals drinking. In a social context, the activity of drinking takes on a symbolic significance as something that is done *together*.

I get roped into a fair bit of drinking out of friendship because I think, between blokes, going for a drink is seen as a confirmation of friendship, really, and so for, well, all of the blokes that I socialise with, that's it, really, you know. [SW13, 46]

If you're with, as I say, people who drink a similar amount, it's nice, it's sociable. [NW09, 56]

More often than not, if we both [respondent and partner] have one, we will both have two, just to be sociable, but occasionally, you know – do you want another one? – no – then I'll say: I'll just have a little one. It's like that. [NW12, 55]

Drinking together in this way may be closely linked to the role alcohol plays in getting you into the swing of things. The first part of the quotation below has already been presented in §2.3 as an example of intensification in a social situation; note now how the quotation continues.

So what's it [alcohol] there for? Because we're totally at ease with each other's company, we just want to take it to a higher level, yes. Even though alcohol is a depressant and blah, blah, blah, and you might not be quite as sharp, you know what, we're doing this together. [SW12, 60]

For some groups, drinking together can become a primary focus of social activity – the principal thing that they are doing together.

What does it revolve around? Well, yes, normally alcohol, I suppose. It's nice to catch up; some are friends, long-term friends, and also family as well. [SW14, 45]

It [alcohol] forms, I'd say, quite a big part of my social life. You know, group of mates I've got [...] it seems to be centred around having a drink, a lot of it does, you know? [NW14, 45]

One participant even suggested that drinking provides something to do together for people who might otherwise struggle to find a focus for social activity.

It's for people who've got no personality. Drinking... in that respect drinking, sort of, bonds them together because you can drink and talk rubbish together. [NW11, 50]

For other groups drinking together is not the *primary* focus of social activity, but remains an important part of it. For instance, one participant noted that the primary focus of one of his recurring social groups was not drinking together but playing poker together.

I always say, or we always say, as we're leaving, everyone says: you coming to the poker next week? And nobody ever says: you coming for a drink next Sunday? It's always for the poker. [WM09, 60]

However, drinking was an invariable component of this joint activity.

The whole thing goes together. There's nobody... I suppose, if you wanted to do that without a drink and not have a drink, you could do it at someone's house. I know you could still have a bottle of it, you know? But we all come from different, obviously, directions. We meet in the club, and it's just something that goes with the game. [WM09, 60]

Drinking together is particularly strongly connected to social activities where the primary focus is on sport – both watching sport and socialising after sport.

My socialising has always revolved around sport really. I play badminton and go out for a couple of drinks afterwards, I go spinning on a Sunday and we go out with that group for drinks now and again. So it's all targeted with sport in some way. They're complete opposites really, aren't they, but it works. [NW12, 55]

I used to play rugby. So, with the rugby club there was always some drinking involved. I was involved with the Young Farmers which, again, always drinking. I was involved with the Tug of War club which, again, that was much the same as the rugby, you go out for the afternoon, you pull your bloody heart out, you sweat your cobbles off and then the first thing you do then is like: let's go to the pub, we need to rehydrate and, again, you get on the beer and it's just that sort of society, those sort of things that I was doing and the two sort of went hand in hand. [SW10, 48]

It must be in the DNA. Football especially. I'd say football is the strongest link. [...] Because it's a social gathering, a sport event is a social gathering, and you're all there to be entertained whether it's rugby, football, cars, bikes, whatever it is, it's a gathering of people. [NW01, 46]

I just think it's a way of life when you've got sport, any sport. You'll go and have a drink. Sunshine. I think it's thrown in your face all the time that you have to have a drink when sport and sunshine's out. [NW02, 49]

Some participants also noted the strong culture of drinking after work in certain industries, such as policing and construction.

Perhaps underpinning all of these connections is a strong link between drinking together and being a man with other men. For a number of participants, social drinking was something they primarily did with male friends. One participant contrasted such social drinking to time spent with his family.

I've been to work and that's the lad's night out, and that's what, everyone texting each other Thursday morning: are you up for it tonight, yes, we're going out. And that's what you look forward to, that's what I look forward to, even though I've got family, I always looked forward to that, but Thursday night it's... you can talk about things that you wouldn't talk about with your family, do you know what I mean? [WM04, 46]

It is important not to overstate this point. Levels of drinking with female partners varied widely across our participants; couples also drank together; and in a few cases participants did much of their social drinking with their female partners. Even when couples did drink together, however, it was striking how often the women were described (or, when interviewed, described themselves) as drinking relatively little, with the woman often taking the role of designated driver. More than once participants described sharing the driving with their partner, only for this to turn out to mean that the man would drive out, and the woman would drive home. Some participants and partners also drew attention to gender norms in relation to pub-going, pointing out that it would be odd to see a single woman in a pub, or for women to arrange to meet their friends there. Moreover, as we shall see in §3.4, men are subject to different norms regarding *what* and *how* they drink in social settings.

Over and above these strong connections between drinking together and sport, certain industries, and being a man, a number of participants highlighted a wider normalisation of drinking as a social activity in our culture – although there was disagreement as to whether this was a sign of Britain becoming more or less like Europe.

I suppose the image is I can go to the [Pub], a pub at the side of the [Name] canal where you can walk out and see groups of people laughing, talking, having a drink in their hand. [...] Men, women all in conversation, laughing, being sociable. Although you don't have to drink to be sociable, do you, but that drink in their hand, sort of thing. [NW05, 54]

People now eat and drink on the pavements outside bistros, cafeterias, all the coffee shops. That never used to happen, and I think that's all come from the continent, because more people travel and they see that, and so it's filtered down. And, of course, consequently, then, it's become, like, a socialising thing, so you drink more. [WM08, 53]

There's a cultural thing here as well, isn't there? I mean if you go abroad, if you went and walked down a street in Paris, you'll see people drinking coffee or wine or beer, all mixed. For us, it's very... you only drink alcohol here. [SW01, 52]

3.2 Joining in

The fact that social drinking is more than a mere aggregation of individuals drinking has some important consequences. First, drinking together in this way requires a 'synchronisation' of behaviour. Consider for instance the following excerpt, in which a participant discusses how he aligns his own behaviour to match the behaviour of a teetotal friend and a whisky-drinking friend.

I've got a friend who's teetotal. [...] If I go to a pub I might have a shandy with him, I might not, might just have a coffee, you know. [...] I might have a beer but I certainly wouldn't have two beers, because then I feel I'm slightly out of sync with him, you know. I might have a beer, but I wouldn't have a 5% beer, I'll just have a boy's beer just to literally wet my whistle, you know, no more no less. It's not... I'm not consuming alcohol with him; I'm just having a drink. Big difference. [...] Whereas... [...] This friend came down from Scotland and he always has a very good malt whisky on him. So I probably drank more whisky and then beers but, normally, I wouldn't touch malt whisky. It was just the right thing to do. [SW12, 60]

As this quotation illustrates, synchronising one's behaviour can extend to the question of not only whether one drinks, but also what one drinks.

The importance of aligning one's drinking behaviour with other people is particularly apparent in contexts where one person is a host and the other is a guest. The next quotation describes how it is the job of the host not only to offer a drink, but also then to make the guest feel at home by drinking the same. The participant, who enjoys drinking brandy with his partner, is explaining why he drinks lagers instead when a friend comes round.

Probably what's going on there, because I am sort of the host, my house, I know [my friend] doesn't touch spirits, he's a big beer drinker. [...] So when he comes round, I will say to him – it's pointless offering a spirit – I will say: cup of tea, coffee or a little lager? 'Ooh, I'll have a lager', he'll say. So I join him, so it wouldn't be right me saying, 'I'm going to have a little brandy', it wouldn't be... I don't know, I don't know why that's wrong. [...] If he decided to have a lager, I couldn't say, 'Well I am not having a drink, but I will sit with you while you drink your bottle of lager'. It's... I think I would have a lager if I fancied one or not really. Just to be... I don't know, I think it just helps the social interaction that you both have... [...] I want it to be a nice occasion for someone coming to my house. If he said... I know what would happen, if I said 'Are you having a lager?' and he said 'Yes', and I said 'I'm not having one, but you have one', he would say 'Oh no, don't, don't matter, no forget it, don't get one'. He wouldn't have one. So it's me trying to match him really. Just to be the host I suppose. So I would probably have a lager even though I didn't fancy one. [NW12, 55]

Part of the significance of a drink in this context is as something one does *together*; meaning the decision whether to have a drink or not is not an individual but a joint decision. Indeed, the real question being asked in situations like the one described in the next quotation is not 'Would you like a beer?' or 'Would you like a tea?' but 'What drink shall we synchronise our behaviour with?'

Well we've got friends, you could call round to see them, like the other day, and they will all either offer you a cup of tea or a beer. And then it's decision time. If you say 'No' to the beer, they won't be upset, but then you say, 'Are you having one? Yes I'll have one if you're having one.' [WM03, 53]

Just as the social activity of drinking together involves synchronising behaviour, however, so too choosing *not* to drink represents a refusal to participate. Anyone who does not join in is being anti-social.

[Drinking water is] not sociable is it? If you're with a group of people who are drinking alcohol, they're all saying, 'Right, let's have another drink, a pint, glass of wine, brandy, John, what you having?' 'Water.' It's like... come on.

[Interviewer: How about orange juice, I mean is soft an option in that context? I mean water is very plain, I agree, but...]

Yes, I don't think it is. I think I would be quite happy having an orange, but I think everyone, when you're in a group of people, everyone wants everyone else to have a great time, and you're a bit of a party pooper if you say, 'I'm actually going to have a non-alcoholic beer or something'. Why? We're having a great time, everyone wants mutually, you're wanting us to have a good time, and if one is saying: 'Oh, I'll have a water' – you can understand if you are driving, you know, hands up, yes, okay, you've had a pint, driving, yes okay, understandable, but there's no reason, you've got to have a reason I think, otherwise, I think it spoils the night for the rest of the people. They think: he's off tomorrow, he's not driving, it's a great opportunity to have a drink and a good time. [NW12, 55]

In the absence of a good reason (see §3.5 for discussion of driving as providing such a reason not to drink), not joining in is extremely uncomfortable – making it easier to have a drink than to persist with good intentions.

There's only so much blackcurrant you can drink, but it's more the fact that you're sitting there having the chat, you're being sociable and you're joining in with everybody at the pub, than it is the fact that you're drinking beer, to be honest. [NW09, 56]

My friends, we did the Three Peaks last year, so I was training for about four months for that, and it was... [Friend A] said, well, why don't we try and stay off the alcohol? [...] I think it was a birthday. It was a gathering of some kind, and I just... And I think [Friend B] was there, as well, and he was shaking his head at me. And I said, I can't, I've got to have a drink. [NW14, 45]

Indeed, so expected and *normal* is drinking in these contexts that it is *not* drinking, rather than drinking, which raises questions about whether one has a drinking problem of some kind.

When you become an adult, you're expected to be able to drink alcohol. It's very unusual to be finding people who don't drink alcohol now. Whereas you have tea or you have coffee, with sugar or without sugar. Why is it that you can [have tea or coffee, with sugar or without sugar] on and off? It's normal, it's acceptable. And if you don't drink it [alcohol]: what's the problem you've had? Almost like: have you got an alcoholic in the family? [SW06, 50]

Not surprisingly, some participants took the view that they would not join a social gathering in the first place if they were not going to drink, as in the next quotation. Either one joins in completely, which means drinking as well, or one does not join in at all.

It was their birthday, they had a cottage that particular weekend, I had to miss out on it because of... I say I had to miss out, I wasn't going to go down there, with the group, circle of friends that we've got and drink pop all weekend, no, I will be honest, I wasn't going to. [...] You can speak to someone and they say we sat on the weekend, it's not all about alcohol. But this is what I do, we do. This is what we do when we get together. [WM13, 49]

One final example underlines the power of norms of joining in with social drinking. Most of our participants were clear that they would not drink drinks they did not personally like: but it is striking that the exceptions to this general rule were all cases where the norm of joining in trumped personal preference.

If I'm only popping in, I'll drink what he's... he drinks [Brand], I don't particularly like the taste but then each man to his own. But I will have a couple of his. [WM07, 53]

If [partner] is, sort of, feeling a bit lively, she might say, 'Do you want a glass of wine with your tea?' And I say, 'That'd be nice, [name]'. Because she doesn't drink very often. This is a big occasion, so she'll open a bottle of wine, she'll have one glass of it and I'll probably have the rest. [...] Yes, but just to, sort of, be sociable with her, really. It wouldn't be my choice. [SW13, 46]

The one particular couple, they love their shots, Sambuca shots. And every time they buy a round, shots for everybody. So you just oblige, don't you? [...] It's not something I'd choose to drink. [...] If it's a shot, I just put it down and get back to the beer. And I don't know why that is. It's just... You just feel as though you have to because you're with everybody else doing the same. [WM08, 53]

Someone might have got a round of shots in. I can't stand bloody shots, they taste of nothing, but you still have one, because you're on sort of, knocking the table and having a shot, yes, I will have a shot, get me a shot. But you're just joining in with the atmosphere and you don't really know why. [NW12, 55]

3.3 Keeping up

Norms of joining in mean that, in a social context where drinking is one of the things people are doing together, deciding not to have a drink can be seen as anti-social or even a sign that one has a problem. Moreover, as we have seen, the requirement to synchronise one's behaviour can extend not only to the question of whether one drinks, but also to what one drinks.

However, synchronisation may go even further, with members of a group also drinking the same *quantities* at the same *pace*.

I think you're also influenced by the group with which you're in, and if the group that you're in are all drinking five or six pints that it's expected without being written that you're going to drink at the same rate and the same amount. [WM10, 52]

The first parts of the quotation below have already been presented in §2.3, as an example of intensification in a social situation, and in §3.1, as an example of how this links to drinking together. The final sentence of the quotation adds a link to the idea of a shared drinking pace.

So what's it [alcohol] there for? Because we're totally at ease with each other's company, we just want to take it to a higher level, yes. Even though alcohol is a depressant and blah, blah, blah, and you might not be quite as sharp, you know what, we're doing this together. So we'll probably match each other glass for glass, you know. [SW12, 60]

One very obvious expression of norms of keeping up is through the practice of buying rounds.

People tend to drink, or certainly in my immediate circle of friends, people drink at the same pace. I think part of that is driven by the man culture thing: it's my round, I'll get them in, what do you want? So one person is buying the round and the fact that you have this – I never really thought about it before but it's quite logical when you think about it – if one person's buying the round then he's getting all of the drinks together, so that tends to force the pace. So you tend to drink at a similar pace. [WM10, 52]

Rounds are driven in part by norms not of drinking but of generosity and reciprocity: the acts of giving and receiving drinks are as important as the act of then drinking them together.

If you're drinking with somebody, you're more likely to keep pace with somebody, you know? Get a round, it's my turn to pay. In a pub it's more the round situation. [SW03, 53]

[I find it] difficult to do, where you'd say you wouldn't get involved in rounds, and it just seems almost peer pressure to be in rounds, you know what I mean? [...] 'I'm only having a couple so I won't get in a round', or whatever. Oh no, come on here – and so as soon as they've bought you one, you then feel obliged, and because you're buying them one, you've got to buy everyone else one, because they're... and it has a snowball effect. [NW07, 57]

Rounds create a literal pressure to synchronise the pace of drinking, because they involve everyone getting a new drink at the same time (and, as we shall see in §3.4, having a smaller drink, say a half, is not an option). The participant quoted above continues:

You get some people drinking faster than you do. [...] So because you're talking you're not drinking, and someone's been and got another round in, and then you're still talking, someone's been and got another round in, you know. And they don't even come and ask you – do you want? – because we then know what the round is, so they don't even ask you in that sense. So it, sort of, becomes peer pressure, I think, at some of the things. [NW07, 57]

Some participants also pointed out that the rules of rounds can create a *de facto* target consumption level: everyone wants to buy a round, so that is how much one ends up drinking.

I suppose, and again it's something I've not thought about until now, but if there's six of us there, I'll probably have six drinks, if there's four of us I'll probably have four, if there's ten of us you'd have ten. [...] It's, sort of, unwritten code, almost. [NW07, 57]

If there are twelve of you, there is this unwritten law that everyone's got to buy a drink, and there isn't a law but...

Interviewer: Can you just drop out? [...]

What quite often happens, let's say at the sporting events, someone goes out and just gets a tray of drinks and comes back. So then they're on there and they haven't asked, they've just... so that's how it works. [SW09, 60]

I think it is an old thing, wherein we feel obliged. And if someone buys me a drink, I will buy them a drink back. Whether they want it or not, they're going to get one back. So, because there are three of us, we'll probably start at six pints on the Sunday evening. If we have a late game, it could go on until eight or nine. [WM09, 60]

This was not universal however. In some groups, it is permissible to carry rounds across from one week to another.

If I miss out the one week I will try and definitely get to the bar the following week. So, I think we all do that. It's not like that: he is not buying a drink this week. We all sort of take our turn. [WM14, 45]

Nor are norms of generosity and reciprocity essential to establish a group pace. A number of our participants used an alternative mechanism – the kitty – to ensure that everyone contributed equally to the evening. Even with a kitty in place, however – and with the norms of giving and receiving therefore satisfied – the group would still tend to synchronise their pace by buying drinks in rounds. Note also how, in the second quotation below, which describes the use of a kitty in a mixed gender group with partners, it is the 'lads' who maintain this group pace:

So I hold the kitty, and then I just nominate someone to go and get the round in, as such. And that's normally when everybody's, kind of, finished. Like I said, there's always one that finishes five minutes before the others, and he's always moaning about getting another drink. I said, 'No, no, wait until we're all, sort of, done, and that's when we get the round.

Interviewer: So if you finish early, you have to wait until everyone's ready to go.

Yes.

Interviewer: What about if I've been nattering away and I've still got half my pint left?

Well, then they need to speed up. Yes. [NW14, 45]

What we do a lot, I've got to say we've got a kitty, we probably get a glass and put twenty quid in the glass. [...] The lads particularly – yes, the lads are probably more or less on the same par, yes. So I know what you are saying, yeah, I'm not ready for one, but nine times out of ten we're all about: well, yeah go on then. We'll probably sup it up a bit quicker, won't we, because we're going to keep up, that's what normally happens, yeah, with the lads. [...] You want another one? And I've still got half a pint, I would probably drink that quicker: yeah, go on because I want to keep up. I would, yeah, get my glass empty ready for the next one, yes. [WM13, 49]

As these quotations make clear, group paces can be created and maintained by a range of gentle cues, from suggestions that it is time to get another drink and offers to buy it (whether with one's own money or from the kitty), to placing the new drink in front of the person (we return to the topic of social cues for drinking in §4.1). Some participants described contexts in which more direct pressure is applied, such as egging each other on or making fun of those who don't keep up.

Blokes egg each other on, you know. If I go to [Friend's] to watch the rugby, you know, he'll say to me, 'Come on, have another one'. And I'll go, 'No, I told [Partner] that as soon as the game was over, I'd come home. And he'll go, 'Come on, just have one more'. 'All right, then' – and he'll laugh and I'll laugh and so then, when I get to the bottom of that one, I'll say to him, 'Come on then, let's have another quick one'. [SW13, 46]

You just get hammered from the lads otherwise, and name-calling, mickey-taking, get ripped apart. [...] And sometimes towards the end of the night they'll go and get a double round in when you've already had a load, and you just drink it. [NW06, 47]

[If you didn't join the second kitty] Well, there'd be a load of mickey-taking and banter and, you know, peer pressure. Even at forty-five, peer pressure. You used to get that at school, didn't you? [NW14, 45]

Pressures of this kind mean that norms of keeping up can apply even in contexts where no one is buying drinks at all. The following quotation concerns a context in which all those present have brought their own personal stash of drinks.

They just keep on at you: 'No, come on, come on, have another one, have another one, that one's empty'. 'Oh, go on, then'. And then you give in and have another one. [SW10, 48]

One participant had hit upon a piece of subterfuge that would allow him to maintain the impression of keeping pace while actually drinking less – hence avoiding this kind of pressure to speed up.

Up north you don't drink [Brand] out of a glass, you drink it out of the bottle, so when you finish the bottle... it's a pint bottle, so when you're glugging it, like, it slows down your drinking, so that if they're having three and four to my one, but they thought I was still with them. [WM07, 53]

Another described how a failure to keep up had effectively led to one member of group being dropped from social activities.

Because he doesn't drink loads they say, 'Don't bring him out'. [...] He's probably the only one, isn't he, really, because they just see him as someone who there's no point, because if you can't drink there's just no point. Because they say, 'Oh it's not right when someone's on a different level', you know. You're all a bit daft when you drink and stuff and he's clocking everything, so you can't enjoy your night when someone's not drinking. [NW06, 47]

On the other hand, one way in which norms of keeping up may be sustained is because people choose to drink with people who tend to drink at the same pace.

I think if it comes to pubs, I think it's like an affirmation. If you drank seven pints, you want to be with someone who drinks seven pints, because it's quite embarrassing if you're drinking seven pints of beer in a pub in two hours. And I know people who do that, at the local pub. And I can't keep up with them. [...] It's embarrassing because I can't drink that amount. So I'd much prefer to have a couple of pints slowly with somebody. [SW06, 50]

Not keeping up

The quotations presented above illustrate the important role the norms of keeping up play in some participants' accounts of drinking. But this was by no means a universal feature. For example, a number of participants argued that they were not susceptible to peer pressure of this kind. In the next quotation, for example, the participant combines an analysis of norms of keeping up with an emphatic statement of his own immunity to them.

It's just a general conception, isn't it? People think because you don't go with the flow: oh, he's boring, he doesn't want to join in. But if you want to think it's boring, I suppose. It's not boring to me.

Interviewer: And so you don't feel any pressure when people say that to you, to go with the flow?

Not at all, no. I can understand why some people do. They want to be seen to be part of the gang, I suppose. [NW04, 50]

Others argued that pressure to keep up did not exist in their own social circles.

I just like drink as I fancy to drink, you know what I mean? I won't... just because you finished yours I won't quickly drink mine up, do you know what I mean? It's as I fancy like. [...] We do [buy rounds] occasionally, but like, because they're drinking a lot faster you're not expected to buy them one every time, or every time they buy you one. [SW11, 54]

They know me quite well, so usually after the first kitty – the first kitty will get me three or four pints each out, I suppose – after that we will say, 'Right, we're having another kitty, would you rather you stayed out of it?' Yes I am. They know, you see, because I've still got a full pint, and they know it will probably last me another hour. [...] There's a friend of mine, he always, whenever we go out for a drink he will say, 'Right, are you going to go past the four pint barrier tonight, or you sticking on for...?' So we will have some banter around that. But I think now that we're older, in our fifties, there's no pressure as such. [NW12, 55]

The last participant even provided an example of the rules of rounds being suspended in a social group (thanks to the use of a kitty).

Most of the time I will sort of have one pint to their two. I will miss out on every other round, sort of thing. [NW12, 55]

Norms of keeping up can also be suspended when drinking with people one has a good reason to spend social time with, but who drink at a different pace, such as family members.

Generally, with the lads that I normally go out with [...] we're all, sort of, at the same pace. Yes. When I go out with my brothers though, they both drink more than me and they drink quicker, so I... That ends up going out of sync. [...] So they tend to go and buy their own in between the rounds, as well, because it makes sense. [WM08, 53]

Both the absence of pressure to keep up and the ability to resist it were contrasted by participants with their own drinking when younger.

You know, even if the lads are there, now I've had my two and I'm going now and it's... so they understand that and... not like the old days: no, stop and have another one, stop and have another one. [WM02, 58]

When I was younger, I used to try and keep up, because it's a man thing, keep up with beer and everything. [...] I used to try and keep up, but now I know my limits. [NW12, 55]

Having said that, however, it is of course possible that people might still be influenced, either without knowing it, or without choosing to acknowledge it (see §4.1 for further discussion of non-intentional drinking in a social context). The next quotation, for example, comes from the segment of an interview in which the partner also took part. The participant in question had earlier denied the existence of social pressures to keep up, and argued that he decided himself what he drank. In this exchange, however the partner suggests exactly such pressures when her husband and sons are at home together.

Partner: It's not allowing people to influence you because I watch him with the boys. You know the boys will go: another brewstie [bottle of beer]? And they'll be: oh I've got to finish my brewstie, but yes bring it up, [...] And they will have them lined up you know, and it's... Why? You finish one before you start something else, because you may after the one that you're finishing say: no thank you. But it just... it seems to be like a... I don't know. [...] You know, there seems to be oneupmanship, I don't know, particularly with the alpha males in my house.

Participant: I think that's a bit exaggerated.

Partner: It's not exaggerated. Do you see how many bottles there were?

Participant: I know and I didn't drink them.

Partner: That's denial. [SW07, 60]

3.4 Being a man

As noted in §3.1, there is a strong link between drinking together and being a man; and in line with this, the norms of joining in and keeping up can operate alongside other norms which relate to maintaining a masculine image. These cover:

- the fact that you drink

I know my mate who doesn't drink, people say, 'Oh, come on, be a man', you know. I'm thinking, what? He's no less a man because he doesn't drink. [NW07, 57]

- what you drink

I actually prefer wine, you know, to lager, but I could never go in a pub with my mates and say, 'Do you know, I'll have a glass of Shiraz'. You'd get caned for it, just never do it. [...] Sometimes I'll have just a lager top with lemonade – I love that drink and I should do that, but you can't, you get hammered. [...] Well you're called a southern shandy-drinking poof. [NW06, 47]

I did a shandy one night. It was a hot day and I'd fancied a shandy. And I felt the need to justify to the person that served me, you know, that because they're used to me having the real ale. [...] And I had to justify it by describing it as a girly shandy, you know. But then that's what I wanted. Why shouldn't any man, if he wants a shandy, have a shandy, you know? Or have a glass of lemonade should it be that's what he wanted. [SW03, 53]

- the measures in which you drink it

I don't know what it is with volume and men. I think it's just a man thing, isn't it, to drink pints. [NW04, 50]

You'd be thrown out of the pub for asking for a half. [...] And yet, funnily enough, lots of people drink bottles, which are only a half. [SW13, 46]

Oh, no, that [ordering a half] wouldn't happen [laughter]. They would look... well, I'd have to order two, wouldn't I? [SW14, 45]

These norms play an important role alongside norms of keeping up, preventing individuals from opting for a smaller or weaker (or non-alcoholic) drink. The following participant, for instance, has just been discussing getting to a point where 'I don't want any more now, and in those kind of situations, if my pace is being forced more quickly than it would naturally be, I compensate for that by leaving earlier'. The interviewer asks him whether he could instead stay and order a soft drink:

That's a really good question. That's a male macho thing that is, I'm sure it is, yes. I also find it very difficult, when I'm at the pub, to drink soft drinks. [WM10, 52]

What is remarkable about the extended excerpt below is that the participant describes these norms *superseding* the widespread acceptance that someone should not drink and drive – which, as we shall see in §3.5, is perhaps the only thing that excuses people from the norm of joining in.

She [partner] might have a half whereas I won't be sitting with a half of anything.

Interviewer: Because?

Because it is not a man's drink is it? [...] I wouldn't dream of having a half. I would rather go without.

Interviewer: Is it still really the case that a half is not a man's drink?

Yes. I try and get away with it. If I am getting a round in, and I have in the past, I will order my drink, especially if there are friends there, and then when I... I will get their drinks in first, get them away from the bar, and I will order a pint of shandy.

Interviewer: But you can't be seen to do that?

No.

Interviewer: What would happen if they saw you?

Oh, I would just have the piss ripped out of me, big time, by them. Because we like to have a laugh and a joke and we're always at each other's throats, in a fun way. As we're big jokers with each other, so you just wouldn't hear the end of it. I mean there is one lad and he is a big, big bloke. I mean he is six foot five and he is about the same and he would ask for a dash. [...] Just a little bit of lemonade in a lager. And we will for a night out... so he will drink that, so we would say to him it's a woman's drink. So if he found out that I was ordering a pint of shandy I wouldn't hear the end of it.

Interviewer: And do you have shandy rather than a half because then it still looks like a pint?

Yes, exactly. [...] I try not to put it next to theirs as well because it is a different colour, so you can't see that it is a different, lighter colour.

Interviewer: So you're sitting there kind of nursing this shandy, keeping it separate from everyone else's just so that no one notices it?

Yes.

Interviewer: And why would you want a half and not a pint?

Because it is lower alcohol. I don't want to run the risk because people say if you are not eating or anything like that...

Interviewer: Because you are driving?

Straight into your bloodstream yes...

Interviewer: So this would be on a driving occasion?

Yes.

Interviewer: Everyone knows that you are driving, they would respect the fact that you don't want to drink and drive, but you still can't have a half?

Yes. [WM14, 45]

This was not the only example of subterfuge of this kind. Another participant who went to motorcycling events had hit on a similar ruse on nights before racing.

I used to go into [Supermarket], when we were buying the food, and I was buying two litre bottles of [Supermarket's] own lager shandy which was like 0% alcohol, but I was still out with the boys. You still have a pint in your hand and yes, you're still, sort of, having a drink.

Interviewer: Why does it matter to have a pint in your hand?

Well, they're all sat there, and if you're sat there with a bottle of coke in your hand, it's like, 'What are you drinking, coke? Well, you ain't driving are you, so what you drinking that for?' Whereas, it looked like I had a pint of beer in my hand so nobody noticed, no one said anything, yes, and also, with the racing as well, I was racing against a couple of them, and they think, oh, he's on the beer tonight, so, it won't matter, I'm going to beat them the next day. [SW10, 48]

3.5 A clash of norms

The social norms reviewed in this chapter are very powerful, at times – as we have seen – outweighing factors such as personal preferences.

One of the few things that can overcome these social norms is the even more powerful norm of not allowing drinking to interfere with day-to-day responsibilities. Having work the next day, for example, can provide a legitimate reason not to join in, keep up, or be a man.

The clearest and most often cited example of this is drink-driving. This is a common site of conflict between social norms and norms of responsibility.

Last night in Scotland, but driving to Manchester for a meeting tomorrow. So, stuck between drinking to be sociable and not having too much to be driving tomorrow. [WM12, 45 – Pre-task comment]

Participants described a widespread acceptance that this conflict should be settled in favour of responsibility. As a result, driving not only prevents an individual from drinking: it also provides a *social excuse* not to drink.

That's why I like to drive. If we go out, I like to say: no, I'll drive tonight; that's fine, I'll be fine. [...] To me, it's a bit like a tick in the box, because I've got the opportunity to drink lots of alcohol, and then I think, no, I don't need it, so I drive. [SW04, 48]

They [friends] just thought that because I was going driving, right, not that day, the next day, they took it for granted that that's just the way I was. [WM07, 53]

One participant described how parking his car outside the pub served as a visible statement of an intention to limit his drinking which others would then respect. As the following excerpt illustrates, however, the main audience for this statement of intention appears to be himself.

I deliberately park it outside, because then everyone knows I've gone in for one drink and I'm off after one drink. [...]

Interviewer: Why does it matter that everyone knows that you've put the car there?

It's important for me to know, you know. I've set a limit, that's one drink, and sometimes I think oh, sod it, what if it's really good in there? Well, you know what, you lazy bastard, you brought the car, right? If you want that option you should have walked and not taken the car.

As we saw in Chapter 1, participants consistently presented their own drinking as not interfering with day-to-day responsibilities. In line with this, almost all were clear that they would *never* drive if over the limit. Perhaps this is true for these particular individuals: but we know as a matter of fact that some people do still drink and drive. The following quotation is a rare example – the only one from our sample – of an individual acknowledging the way that social norms can sometimes overcome even norms of responsibility.

In fact I remember the moment. It was probably more me than anybody else. We got to the point where we all knew we'd had sort of two pints and, you know, that's... if not already over, it's getting close to being over the limit, so we should definitely be driving home then, getting home then and not having any more. And I was asking the question, 'Right are we going to risk it, are we going to have another one?' I can hear myself say that, and from the other three, so yes that's what happened. [...] Because we were having a good old laugh. It was a group of people that really get on well and we were having a hoot. [SW03, 53]

4. Non-intentional drinking

In this chapter we review explanations of drinking which highlight the non-intentional nature of drinking.

Four aspects of non-intentional drinking are considered:

- social cues
- 'getting the taste' – i.e. one drink serving as the contextual cue for another drink
- habits
- availability

The first of these (by definition) applies only to social drinking, while the second is most prominent in accounts of individual drinking. Explanations in terms of habit are apparent across accounts of both individual and social drinking.

4.1 Social cues

In Chapter 3 we discussed the ways in which participants explained their drinking in social contexts in terms of social norms – norms of joining in, keeping up, and being a man.

Taken out of context, some of the quotations presented might create the impression that participants were giving in, against their own wishes, to a consciously experienced social pressure to drink. In a few instances, this may indeed have been the case.

It's wrong, isn't it, you should be able to drink what you want. My mate does it. He just goes, 'Sod it, I'm not drinking if I don't want to drink'. But he gets hammered for it. [NW06, 47]

More often, however, it seemed that participants were very happy to go along with the social norms; and that these norms operated not by creating conscious feelings of being pressured but by cueing non-intentional behaviour.

When you're in the pub and you're drinking with your mates, you just forget it, because everyone's doing it. You're in that kind of mentality of 'it's the herd', isn't it? So you never think. Whatever drinks are going, you have them. [NW06, 47]

It is strange that: why should you be led by other people? But I think, when it comes to drinking, to a certain degree – and I don't know what that degree is – we all do. You know, under different circumstances, you do drink differently. But as I said before, if I go out with a group of lads [...] I'll drink more because you're just standing up, having a drink. [WM08, 53]

Typically, it seems, it is not an intentional 'yes' that drives drinking in social contexts, but the absence of what would have to be an intentional 'no'.

Particularly striking in this respect is the repeated use of verb constructions which eliminate individual agency, such as passives and impersonals, in descriptions of situations where the norms of joining in, keeping up and being a man were cited as explanations of consumption.

It's socialising again, you know what I mean, when it becomes in the... in the mix sort of thing. You think: well shall I go? Oh, we're only going to be another half an hour, and you... another half an hour becomes another half an hour, and it's an hour. [WM07, 53]

You've heard that before many times, yeah: let's go and have a couple. We enjoyed ourselves we were sitting there and a couple led to I don't know how many, I lost count. [WM13, 49]

Was offered a bottle of lager, the weather was so nice and I'd had a busy shift I couldn't say no! One turned into two, and before I knew it, we were sorting beds out for a surprise sleepover!! [NW14, 45 – Pre-task comment]

Some of the most important cues for drinking in a social context are of course provided by the behaviour of others. After all, it is this behaviour with which one seeks to synchronise. But other people can also suggest drinking in the first place – and suggest continuing.

We've got, you know, several groups of friends that we just phone up, spur of the moment, or they may phone us. [WM08, 53]

If you go to the shop or something and you bump into your mate, you'll just say, 'Fancy going for a cheeky one? Let's go for a cheeky one.' [NW02, 49]

The intention on nearly every occasion is to get there for five o'clock, a couple of pints, and be home at seven. That's the intention. But usually at about... yes, usually about half past six, if there's a few of us out and we're having a good time, a couple of things could happen. One, well, one of our wives might join us, and usually if one joins us, the others will as well because they ring each other up and go, 'I'm just going to go down to the club. The sun's out and sit outside watching the cricket, and they will join us. And suddenly it will be a case of, 'Oh, well let's all go back to my house afterwards, I've got some snacks in the cupboard and we'll have a few more drinks'. [NW12, 55]

One powerful cue to drinking, of course, is to have a drink in front of one: and others also play an important role in ensuring this availability.

If you're going out for a meal, there might be wine on the table, someone might order two reds and two whites for the table, and there's a group of you. Because it's there, you think: that red does look nice, I'll just have a little red. [NW12, 55]

I know that I wasn't asking for spirits because I tend not to try and do that. [...] I was conscious I'd had them, you know, I wasn't blind drunk or something but I don't ever remember asking for them, you know, so I don't know if someone was just getting them per se for everyone or whatever, I don't know. [NW07, 57]

As I walked in [to a church barbecue] they said, 'Oh can you give us a hand with the bar? And I thought [they meant] just move it, but I ended up on the bar, okay, and what happened then was, because I was helping out, every fifteen to twenty minutes people were giving me a can of lager or a can of bitter, something like that. [...] Even though I wasn't intending to come out and have a few drinks [...] I ended up... well I had quite a few drinks. And that was going to be my rest night. You just walk into it. I could have said no, but... [WM03, 53]

The physical environment can also provide a cue to drink. This is clearest in the case of the pub: a number of participants argued that it would somehow feel wrong to drink anything other than an alcoholic drink in a pub.

People don't do that [drink water] in pubs, do they? Apart from posh ladies who want to show off, you know. [...] If there was... if the way, you know, as a society we've developed, and there had been... there were pubs where they were selling tea and coffee, I would quite happily go and have a tea or coffee. Just as much fun. [SW03, 53]

If you're really thirsty and you're in a pub, it's difficult to drink coke, and you might have one, but I try not to. [...] It's the environment, isn't it? You know, if you go... If you went into a coffee shop, or a tea room, like we did yesterday, in the Cotswolds, you wouldn't expect to drink a pint of beer in the middle of the day. But if you go into a pub, I wouldn't expect to sit down and drink a cup of tea. [WM08, 53]

It just seems to fit. You know, you go to a pub, you tend to drink beer. [NW08, 58]

Taken together, social and physical context can combine to create an 'atmosphere' in which drinking becomes almost automatic. Two phrases are of particular note in the following quotation: 'got the taste', a phrase more commonly used of non-intentional processes in individual drinking contexts (see §4.2); and 'you're really getting into it', a phrase reminiscent of the idea of 'getting into the swing of it' (see §2.3).

It [drinking more than usual] happens when you're having a good time really, but it's usually when you don't expect to have a good time. So you go out for a drink or a meal and you think: oh, I will just have a couple. And for some reason, you have a couple, and you've really got the taste, for some reason, it's a nice pint, the environment is nice, the conversation is nice, and you're really getting into it, and you're just getting involved with the whole atmosphere and you're happy with the atmosphere. [NW12, 55]

An especially penetrating analysis of the way in which the social and physical context cues non-intentional behaviour was offered by a participant who was himself recovering from a cocaine addiction. Early in the interview, he introduced the idea of the 'substance abuse triangle':

If any one of the three points of a triangle is taken away then there isn't a problem. So it's substance, set and setting. The substance for me being cocaine, the set being the [...] people you take cocaine with, and the setting is the place you take it in. If you take any one of those three out there isn't a problem. The triangle falls apart. [SW03, 53]

In the quotation that follows, he applies this model to alcohol – despite having earlier explained that he does not have an alcohol addiction. His response when the interviewer reminds him of this point is of particular interest:

The same thing happens in broad circumstances, coke [cocaine] and alcohol, it's definitely the same. If you think you can have one line of coke and have any control after that, you're sadly mistaken. It took me a long... many years to understand that. I either had to have none or accept that I'm going to have... if I think I'm going to have one line, I'll have as much as I can get that night. Interviewer: But as you said yourself, you're not... you don't have that sort of relationship with alcohol. I have that sort of relationship in a social situation in a pub, but that's the only exception really. [SW03, 53]

Remove the social situation – the set and setting – and ‘the triangle falls apart’. Put it back, and the substance is transformed. Indeed, not only did this participant believe he had a different, quasi-addictive relationship with alcoholic drinks in social situations; he argued that they actually *tasted* different in those contexts. The following is his response when asked if he ever drank on his own at home:

I've tried several times, because when you think: I'll get some beer, it's nice to have a drink when it's a hot summer's night you know. And it never is, never. [...] Say there's a group of people, somebody's having [Brand]: yes I'll have a [Brand], that'll be nice you know. And so I bought some [Brand] and I put it in the fridge. And every time I took one, it never tasted anything like it did when I'm with people. It's like a completely different drink. It's a strange thing, it's a psychological thing I think, it must be. [SW03, 53]

4.2 Getting the taste

The accounts offered by our participants suggest that social drinking contexts are replete with cues to drink. However, individual drinking can also be cued by context. In particular, a number of participants identified a pattern whereby one drink creates a context in which another is more likely. Once they started, they would tend to carry on drinking.

[Wife's job is] quite busy and stressful and there's a lot going on with her so she'll just come and have a couple of bottles of beer. But she's one that can just have one or two beers. But I start, I'll just keep drinking. [NW02, 49]

This is the problem I think, this is addictive personality. I've had one, so I'll just carry on going and it's almost like: oh, well, I've started now, I've ruined today so I can't be good... [SW14, 45]

Noticed that it is easier to have no drinks than one drink but not really a surprise. [SW07, 60 – Pre-task comment]

She'd [wife] gone to bed and then I wanted to write in my diary for the evening and I just thought... I was in... how can I put it? I think once you've had a couple of pints your mood changes, you know, and I just thought: I'm enjoying the feeling, I'll just have another glass of wine while I'm writing up the diary. [WM10, 52]

Once again, this non-intentional behaviour is often described in ways that eliminate individual agency.

It was a boiling hot day. I think I was on a late shift the day after. And I just came back in and I just... I'd not planned to do anything, nobody was doing anything, and I just came in, and I just fancied a can of cider, and one turned into two, into three, and I just sat, watching the telly, chilling out, having a few ciders. That was it. [NW14, 45]

You think: oh, I'm just having a few beers, it'll be fine, it'll be fine. And then a few beers goes to four or five beers, and then you just don't seem to realise how it sort of drags you in. [WM12, 45]

A number of participants described this process as 'getting the taste':

You get the taste for it. When you have a first sip, it's all right. But as you drink more you get the taste for it, sort of thing. After one you think: right, get them in, whose round is it? [NW05, 54]

I'll tell you what I found is, it's a taste thing, I could have one, leave it, just have one and then not have another one. If you have two, you've got the taste for it, so you have three or four. [NW10, 51]

Once you've had one drink, you tend to get a taste for it, it's like anything, isn't it? If you have one sweet, you probably need to go back into the box and have a few more. [SW07, 60]

There's the urge. You've had the taste. I'll just take another one. [WM03, 53]

For some participants, the likelihood of getting the taste was cited as a reason not to have a first drink when they could not afford to have more than one – for instance during the working week.

I'm thinking I daren't have a beer when I get in on my shift, if I'm back in work that night, because one beer might lead to two, two to three. [...] On those three nights I try to do without drink and then set my mind thinking: right, the final night, the final shift... thinking: right, once these four nights are out of the way, that's it, I'm going to have a few cans. [NW05, 54]

I have gone through a period of thinking, well, actually, what's the point of having one, because I know then I'll want more, of actually going through to have Diet Coke [instead]. [SW14, 45]

One participant also noted how, once you've got the taste, the domestic environment lacks some of the natural constraints that may exist if you're drinking out of home, such as closing time and measures.

Everybody goes to bed, and you've had one: well nobody's here now, I'll just watch something on tapes, and have another one. And that's why I find it easy in the comfort of your own home. I mean it used to be, in my day, you had to finish at 10.30, 11 o'clock, when you first started drinking. So when it gets to twenty past ten everybody would want to get a round of shorts. But you always had to do it at speed, and that put you off a little bit. But in the comfort of your own home you don't have to rush. And once everybody's gone to bed you can put that [gestures a few millimetres] in a glass, [or] you can put that [gestures a few centimetres] in a glass. [WM03, 53]

4.3 Habit

'Getting the taste' describes a process whereby one drink creates a context in which another is more likely: it can be avoided by not having the first drink.

However, participants' accounts of individual drinking were also full of non-intentional explanations of that first drink as a habitual action linked to a time of day or moment in the daily routine.

Generally, when I come through the front door, I'll grab myself a beer. [WM08, 53]

I usually watch [television] to about six, seven o'clock and then I have a couple of tins, and that's me done. I think it's more out of habit than... [WM07, 53]

So, every Saturday I normally drink about half past four. And even when football season's over, it still seems that I seem to open a beer on a Saturday about half past four – whether it's just a habit or whatever. [NW02, 49]

It seemed to be every night, at home, and it sort of suggested that there was a little alarm clock in your head going: oh, it's eight o'clock, nine o'clock, now shouldn't we be having a little tipple. Habit that, isn't it? [NW12, 55]

I'm quite set in my ways, really. I'm quite regular with the drinking days and the drinking patterns that I have. [WM11, 52]

It's habitual, and I think I'm a man of habit. [...] I normally always have a drink when I'm cooking. I usually have two drinks when I'm cooking and maybe... [SW09, 60]

My little demons probably kicked in about ten o'clock and said: you know, maybe you should be going to the fridge at this point, you know. [NW13, 56]

The strong link between the urge to drink and a moment in the daily routine is especially apparent in the next quotation, in which the participant describes the urge passing again if he is not able to satisfy it.

I do feel weird if I come home and if I've not had a drink fairly soon after I've come home I think... well, you know, it's almost like something's missing, you know. [...] I tell you what, if I come home and I know that I can't have a drink, probably the first hour, maybe two hours, it's like I'm really down, but then I kind of... it goes away, I just think: okay, it's fine, you know. [...] So, it's that initial... driving home from work you're thinking: I'll have a glass of wine tonight. [SW02, 51]

Resisting the habitual urge can be hard, however. One participant, for example, describes how habit can trump rational considerations such as cost or not actually wanting a drink.

If I had to pay £2, £3 per bottle you would still drink as much. It's just a habit you've got into really. [...] Sometimes I really don't even like drinking. As I say, it's become a habit. [NW02, 49]

In the absence of social norms, habit – alongside getting the taste – is an important element of participants' accounts of individual drinking. Clearly, however, the role of habit is not limited to these contexts. Habit was also cited in explanations of social drinking.

Yes, every Thursday up the pub, that's when... that's just more the lads' night out, so I just go up and have a few drinks. [WM04, 46]

Virtually every Saturday night, we try to go out with friends or family, yes. [WM08, 53]

We walked in, and the guy behind the bar said, 'Usual?' And then we realised: hang on. And now I go, I look at the menu now and I still go for the usual thing. I'm looking at it trying to find something else just to get rid of that usual. [NW07, 57]

I always, five o'clock... I'll be getting a text in a minute saying, are you meeting for another? I'll say, yes. That's just habit. [SW05, 55]

The last participant quoted above went on to express frustration that this habit sometimes prevented him doing other things he wanted to do.

Habit, this is one I'm trying to break a bit. [...] You seem like you've wasted time and money whereas you could have been doing something else because I like reading as well. I get cross when, you know, you've had a few beers, and you just want to go to sleep. And I really want to... actually I really want to read a book, I'm reading something I really want to read and you think: oh, you've missed out on that. And sometimes you've got a fuzzy head in the morning, that's not... that's, you know, that's not... that's a bit childish. [SW05, 55]

4.4 Availability

In §4.1 we discussed the ways in which others can cue drinking in a social context by ensuring that it is available – buying rounds, putting a drink in one's hand, and so forth. Availability was also identified by a number of participants as an important factor in individual drinking at home.

There's always wine in the fridge. So there's always wine and beer, that's like the staple, ready to go. [NW12, 55]

I just drank, you know, because it was there. I just [had the] beers, just had [Brand] and then I had another one and, you know, it just led to... It was about five, I think, four or five. [NW02, 49]

I know I shouldn't be having it. I've had enough. I didn't really need it. I'm just taking it because it's there. Because I only have to go to the cupboard in the corner and open it and take it. [WM03, 53]

Some identified not having alcohol in their homes as a possible strategy for cutting their consumption in that context – either one they had already tried, or one they would consider.

One of the things I've done actually, in the past, is stop buying booze so I haven't got as much out there. Because if it's not there, well, you can't drink it. [SW13, 46]

If I'm sat at home, I think... and I haven't gone out, then I can just go to the fridge, it's just there. So I would just... I think what I'm going to try and do is just not have anything in the fridge, and then cut out the evenings at home. [SW14, 45]

On the flipside, a number of factors can lead to increased availability of alcohol at home, including gifts from others and stockpiles left over from parties. Moreover, even if one does not have alcohol at home, it remains extremely easy to buy it.

Because I'm, you know, forty-five now, I'm conscious of the health aspect of it all. I try, like I say, I try not to have it in, but then there's the odd night, I've had a busy shift, and I just think, you know, I'm going to have a can, so I'll stop on the way home and pick some up. [NW14, 45]

A number of participants also argued that factors like bulk-buy offers and the positioning of alcohol in shops can cue one to buy more than one might otherwise have done.

It was on a special offer. It was on a deal, like, and you sort of see these things and I was like, 'Oh, I'll pick one of them up', and yes, chuck it in the fridge. [SW10, 48]

They know how to pick us off and to tempt us, yes, definitely. It's the same in the [supermarket], on the opposite side of the road, and it's all round the till and it's just the chilled section and a full-length one side of the aisle. It's just all alcohol and it's right where you have to walk by to go to the till. It's almost like the kids and the sweets at the till in [the supermarket] mentality. You know, it is hard to avoid it. [NW13, 56]

These factors in the contexts in which alcohol is purchased lead to increased availability at home; and this, one participant argued, leads in turn to increased consumption:

I got very sucked in by this [supermarket] deal a few years ago. I don't know if they're still maybe doing it. Where you get two cases for such an amount, or three cases for £20, that sort of thing. You know, and I'd go in and think: well, hang on a minute, I might as well get the three for £20 because it's only an extra couple of quid. £2 or £3, you know. But then you bring it home and you think: God, I don't need all this. But because you've got it, you drink it, don't you? So, yes, I definitely think that is a bit of a slippery slope, that one. [NW04, 50]

Part B

Cutting Back

Part B

Cutting Back

Why might members of the target audience cut back on their drinking? In this part of the report, we look at what participants had to say about cutting back: why some had already done it; why and how they might consider doing so; and what would stop them.

Almost without exception, participants who engaged in both individual and social drinking argued that, if they were seeking to reduce their consumption, it was the *individual* drinking that they would cut back, on the grounds that doing so would be easier and would entail less loss of benefits. In Chapter 5, we review this pattern.

In the remaining chapters, we review two broad classes of reason why members of the target audience might deliberately set out to cut back on their drinking:

- concerns about whether or not one is keeping one's drinking under control (Chapter 6)
- concerns about the possible health consequences of continuing to drink at the levels one drinks at (Chapter 7)

Strikingly, the first kind of concern – about whether or not one is keeping one's drinking under control – also arises almost exclusively in connection with individual drinking, and in particular routine home drinking.

5. Cutting back: individual vs social

In Part A, we reviewed different explanations of drinking found in participants' accounts of their own drinking.

Taken together, these explanations allow us to understand another pattern in the responses of participants. Almost without exception, participants who engaged in both individual and social drinking argued that, if they were seeking to reduce their consumption, it was the *individual* drinking that they would cut back, on the grounds that doing so:

- is easier
- entails less loss of benefits

5.1 Cutting back individual drinking is easier

After mapping his typical drinking occasions, each participant was asked to imagine that for some reason he wanted to cut back on his drinking, and to consider where he would find it easiest to do so. Almost without exception (we will discuss the exception in §6.3), participants who engaged in both individual and social drinking chose their individual drinking occasions – which invariably meant drinking at home during the week – as the best opportunities to cut back.

I think for my circumstances, it's cutting off at home. [...] I feel that I'd feel happier just to drink a lesser amount throughout the week and then still have off days where you don't drink. I think the pub is more than just... it's a social thing with me. If I could just immediately choose, which I can because I don't feel I'm a totally dependent drinker, I think it would be easier for me to just say: Monday to Thursday, no alcohol. It would be much easier, because it's an off switch and I can do that. [SW06, 50]

As the above quotation suggests, part of the reason for this choice was the fact that it is easier to cut back on individual drinking, where all one has to contend with is habit (see §4.3) and getting the taste (see §4.2). In social contexts, by contrast, one also has to resist social norms (see Chapter 3).

I think the easiest places for me [to cut back] would be at home, our little regular brandy. [...] I think it would be harder socially, definitely, because I think when you're out with friends, it's as if everyone has got an individual responsibility to try and make the effort for the group to have a good night. Whatever you're doing, you know, because no one wants a bit of a sourpuss in the group, 'I'm not drinking'. [...] So I think if it was to cut back it would be in the home. [NW12, 55]

Easier [to cut back] at home. Because you're not really socialising. That's something I'm just usually doing on my own, so therefore... You know, if you're out with friends, and say you get into rounds or you're all drinking at the same pace, you tend to just go with the flow, don't you? Whereas, at home, I don't need to... You know, I'm not trying to keep up with anyone, so it would be easier to drop back that way, I think. [WM08, 53]

Individual drinking – such as drinking at home during the week – may be comparatively easier to cut back than social drinking. But that does not mean it is easy in an objective sense. While a few participants argued that it would not be difficult to cut back on these weekday drinks, the strong emphasis on non-intentional processes such as habit and getting the taste suggests they might find it harder than they expected. Some participants commented on the effort required to resist contextual cues, break habits of drinking, or stop once they had started.

Generally Friday I'll have a drink when I finish work, which is what I'm trying to get out of, but just can't seem to do it. I've done it once in I don't know how many years that I've not had a drink on a Friday. Friday just... You think, you finish work and: oh [...] I'm not going to drink tonight. And then my last people I'll be taking to the pub or something like that, and they talk about having a good night. I'll go and have a beer tonight then. [NW02, 49]

I'd like to not drink at all during the week and just restrict my drinking to weekends. But something, generally, not necessarily happens but you just... sometimes it's absolutely fine just to go through the day and the night and not have a drink. I mean I never feel like having a drink during the day, but it's quite nice when you come home from work just to have a gin and tonic or a glass of wine. The trouble with opening a bottle of wine is that you generally finish it. [SW07, 60]

You know, I might have a couple, and then I go for another one and think, no, do you know what? I'll leave it, because I think... So I do try to make an effort. [...] And I'll feel as if I've achieved something then. [WM08, 53]

One participant described the difficulty he had experienced when he actually tried to break a habit of drinking every day as self-medication for stresses at work (see §6.3 for a description of how this habit developed).

Well, the challenge, really, was, because it had become so ingrained, was getting away from this feeling that you had to have a drink on any particular day. Because, you know, I used to think; I'm not an alcoholic, I don't consider myself to be an alcoholic. But it gets to nine o'clock and the fridge is empty and you're a little bit sort of... it's not a comfortable feeling. So, you know, getting over that psychological side of it. And, you know, you can probably sometimes not sleep because work is on your mind, or something that happened during the day is replaying, or something you've got to face tomorrow is going... But, you know, I got to the point where I sometimes wasn't sleeping because I felt I probably won't be able to sleep now because I've not had a drink, you know. And it was just breaking that... breaking that link, really, that: yes, fine, I cannot have a drink tonight, can probably not have a drink tomorrow, then I should be okay. [NW13, 56]

5.2 Cutting back individual drinking entails less loss

As well as being harder to cut, social drinking also has more benefits associated with it – meaning that cutting it entails a greater loss.

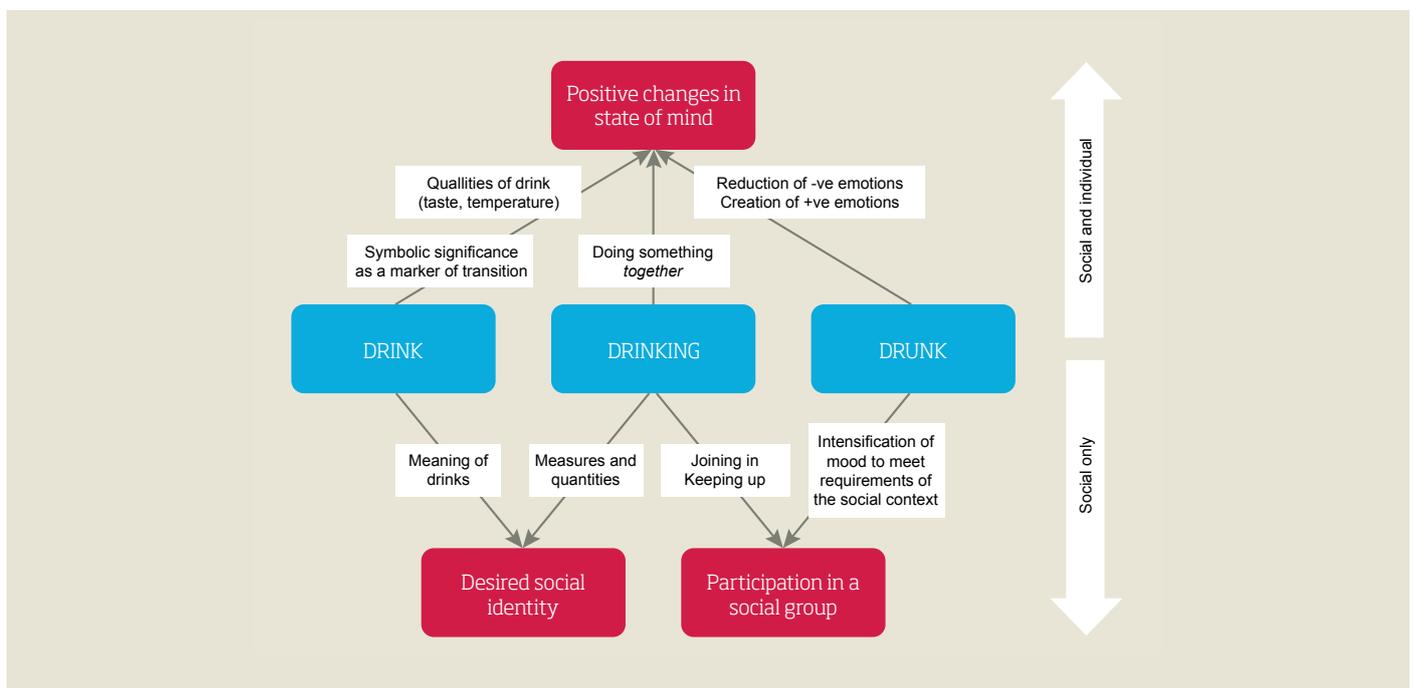
To understand why this is the case, it is useful to summarise the *benefits* associated with drinking. We present below a proposed model of these benefits, which summarises key themes from the preceding chapters. This model identifies three broad classes of benefit, two of which arise as a result of social norms and exist only in a social context:

- positive changes in one's state of mind (which may be '– to 0', '0 to +' or '+ to ++')
- participation in a social group
- desired (masculine) social identity

Underpinning these benefits, we can also distinguish three components of drinking which between them deliver these benefits:

- the symbolic significance of the **drink** itself
- the activity of **drinking** – including how fast and how much you drink
- the effects of being mildly intoxicated or **drunk**

The figure below shows diagrammatically how these components deliver the benefits. Different benefits are activated on different drinking occasions – with the full range of benefits being activated only in the context of social drinking.



It is worth stressing that the benefits shown here are not *reasons* to drink, in the narrow sense of factors which help to explain an *intentional* action. As we have seen, participants describe much of their own drinking in non-intentional terms: for instance, as a result of contextual cues or habit. But even habitual behaviour can bring benefits to the person who does it: and while these benefits may not be reasons for drinking in the sense above, the potential *loss* of these benefits can provide a very clear reason *not* to cut back.

This is exactly what we see in participants' responses to the question of where they would find it easiest to cut back. Social drinking occasions are ruled out as opportunities to cut back on account of the benefits they bring.

The one thing that I wouldn't want to give up is drinking Saturday and meeting friends because I still enjoy that. But it's the drinking at home, it's the relaxing after a rough day, or it's Friday to start the weekend, those are the kind of occasions that I need to focus on. [WM10, 52]

[Reviewing drinking occasions] There's lots of social events there so that's difficult to cut back on, because I am a social person. [WM12, 45]

Partially it's because I live by myself. [...] I'm not sure, given my lifestyle currently, I'm prepared to cut back on what I get from socialising in pubs. [...] You know, so I could come back here seven nights a week. The place will be tidier. I'm not sure I'll be any happier. [SW12, 60]

In line with this, participants who did all their drinking in social contexts (such as those who drank mostly or only at weekends – see §1.4) found it harder to identify opportunities to cut back.

By contrast, some of those who drank on their own during the week struggled to identify any significant loss associated with cutting this individual drinking.

I could certainly stop drinking during the week. I'd probably have a couple at the weekend. [...] It wouldn't hurt me really to stop drinking, just say I'm not going to drink in the week. [NW03, 59]

100% evenings at home. But they've got to go, unless there's an event on or entertaining. Those are the ones we've got to stop. And I ask myself, why am I doing it? You know, I don't need to. I'm not with friends, you know. [...] So I'd cut that one out first. [SW14, 45]

Among these participants, almost without exception (see §6.3 for discussion of the exception), there was a clear logic to cutting back this individual drinking and preserving social drinking.

[I would cut back] In the week. [...] I wouldn't have a drink after work. [...] I will save my weekend to enjoy myself. I'm working all week anyway – cut the booze in the week completely, get on the water, get the water down you, save myself, recharge if you like. [WM13, 49]

6. Control

In this chapter we review the first of two broad classes of reason why members of the target audience might deliberately set out to cut back on their drinking: concerns about whether or not one is keeping one's drinking under control.

Most participants were keen to construct themselves as in control of their own drinking. Unlike the construction of themselves as never drinking in a way that interfered with day-to-day responsibilities, however, some participants were willing at least to entertain questions about their self-control.

These questions arose specifically in respect of individual drinking – and not in respect of social drinking. Social contexts provide an excuse for losing control, an excuse which is lacking when one drinks on one's own. With regard to individual drinking, particular concerns arise in connection with:

- self-medication
- habits and getting the taste (non-intentional drinking)

The fact that so much individual drinking is habitual may also mean that it goes unnoticed. Becoming aware of how much and/or how often one is drinking on one's own can be enough to prompt questions about control and thoughts about cutting back.

However, a lack of language to describe this kind of routine individual drinking also creates a risk: that drawing attention to such drinking prompts, not constructive intentions to cut back, but concealment or denial, to avoid the risk of being seen as an alcoholic.

6.1 Drinking problems and control

In Chapter 1, we saw how drinking which interferes with one's day-to-day responsibilities was consistently presented as illegitimate; and how participants argued that only people with a drinking problem would allow alcohol to interfere with their lives in this way.

Drinking problems of this kind were explained by some in terms of an uncontrollable compulsion to drink. It was this irresistible *need* to drink, for example, that was thought to explain why people drink at inappropriate times.

[An alcoholic is] someone that can't resist a drink as they get up in the morning. [NW03, 59]

I don't drink because I crave it. I never wake up in the morning feeling as though I want a drink. I don't need to drink during the day at all. I only have a drink at night really. [SW07, 60]

This need to drink can express itself in other ways too. What these problematic behaviours have in common is that it is the need, not the drinker, which is in control.

You're going and you'll just say no, it's [i.e. an alcoholic is] the person who maybe says yes every time. [NW07, 57]

I know people that, they don't drink, they gulp. You know, it's like two swallows and it's down. [...] How it's enjoyment for them... it's not, it's a necessity. [WM03, 53]

Yes, where I think the difference between a heavy drinker and an alcoholic, say, is an alcoholic will just carry on and on and on until they fall over somewhere. They can't stop themselves. A heavy drinker can stop themselves. [NW12, 55]

Most of our participants were keen to construct themselves as in control of their own drinking. (The clearest exception was one participant who described himself as a 'functioning alcoholic'). For example, one participant contrasted his ability to control his drinking with what he described as his inability to live without coffee – note the implication, in the quotation that follows, that the latter is *not* a problem in the way that an inability to live without alcohol would be.

I know it's not really relevant to the alcohol, but I just felt I should put it in because it is an important part of my life. It sounds daft, but it is. I couldn't live without... I'll be perfectly honest. I couldn't live without my coffee. And that's... can be a bit of a worry really, because I think, God, if it was the other way and I couldn't live without a drink, I'd have a problem then, wouldn't I? [NW04, 50]

Even when people were not actively making a contrast between their own behaviour and that of an alcoholic – as they are in the two quotations below – it is striking how often phrases like ‘it’s not as if I need it’ were dropped into descriptions of drinking.

If I was an alcoholic I'd go back and look for some more, but I'm not an alcoholic so therefore, wait until the next day, start again. [WM07, 53]

I know alcoholics and it's a terrible, terrible shame, but I've never considered myself as someone that had to have a drink, I think that I can take it or leave it. [NW03, 59]

In some ways this construction of self as in control mirrors the construction of self as never drinking in a way that interferes with day-to-day responsibilities. There is, however, an important difference. As we saw in §1.1, participants consistently constructed their own drinking as not interfering with their day-to-day responsibilities. By contrast, some participants were willing at least to entertain questions about their self-control.

I like to think I'm in control of my drinking. [...] I like the taste and I like doing it, but I could go without it. But do alcoholics say that, as well? And I think, obviously, it's something that maybe gets into someone's head and they just don't know when to stop. I'd like to think that I do. [WM08, 53]

Moreover, these questions arose specifically in respect of individual drinking – and not at all in respect of social drinking. To understand why that is the case, we will first look at social drinking – returning to individual drinking in §6.3.

6.2 Social drinking and control

From one perspective, drinking in a social context can easily be represented as an absence of personal control, given the extent to which social norms and other contextual factors determine what one drinks, how much one drinks and how quickly one drinks it (see Chapter 3). As one participant put it, when asked if he ever set himself a limit in such contexts:

There's no such thing as a limit, is there, because one could turn into ten. [NW10, 51]

This participant, it is worth noting, had earlier in the interview insisted he ‘knew his limits’, another phrase which seemed to be used to indicate personal control over one’s drinking. In a social context, however, such control is illusory. The next quotation is from the participant who was earlier quoted analysing alcohol in a social context by analogy with cocaine (see §4.1).

I think it's either I allow myself to freely drink or I don't. If I want to have any control I just don't drink. I don't put myself in a position where I am, you know, expected to drink or would normally drink, you know. Set myself a drinking limit, e.g. just a glass or a bottle? Yes, but it doesn't work. It doesn't work. Because like I said, what happens to your mind when you're thinking about having a line of coke? You just want more coke. [SW03, 53]

There was general consensus that the operation of social norms means that one drinks more in social contexts than one would at home on one's own.

I think if you're in the pub, you do probably drink more, as I said before, than if you were at home. [WM08, 53]

You know you're going to end up drinking too much even though you don't necessarily want to, you just know it's going to happen because people are always, it's my round, and then it's somebody... suddenly you've got three or four drinks lined up so you drink them quickly, otherwise you're just going to end up with a table full of drinks that are yours. [NW07, 57]

If I'm just drinking at home, I tend to enjoy the first couple of glasses, maybe the first three, and if I have a fourth then I don't kind of enjoy the fourth as much as I enjoyed the first one. And then I think if I was to have any more, I would just be drinking for the sake of drinking and it just wouldn't be that enjoyable. [...] The only circumstance in which I would continue drinking like that is if it was a bit of a party atmosphere and there were groups of people all doing the same thing. [SW07, 60]

It's very unusual these days that I can kind of not control my drinking at home [...] Whereas in the pub, and I'm a bit sizzled, after two pints, on a hot day or whatever, I may... and I meet someone new and they're, 'Oh I'll buy you a pint', and then you buy them a pint, and then suddenly that's four pints. And you think, oh sod it. All in here. You're at the pub and that's what kind of pubs do. [SW06, 50]

This kind of loss of control in a social context, however, was not seen as problematic. In fact, it can actually be part of what appeals about a drinking session. Consider, for example, the following quotation. The participant has previously stated that cutting back on his drinking in social contexts would mean he could not go out so much, and the interviewer has asked why it would not be an option to go out as much as before but drink less on each occasion.

Because that would impact on the quality of the visit possibly. So if I want to reduce drinking at [Pub], I go to the pub less, not got to the pub and drink less. [...] Because I want that option, I want that option of maybe I go and have a... [...] I want that wildcard. I want the potential, you know. It's not: I've had my limit, I'm off. [SW12, 60]

Along the same lines, in the next quotation, a participant explains why he used not to go for a drink after work when he worked at an office from which he had to drive home

I know this sounds bad, but to me, I think, like, a couple of pints is not worth bothering with. I either want to have a proper drink or not bother.

Interviewer: What's a proper drink versus?

Four or five or – yes, four or five pints, whereas two, which is what I'd have had if I'd stopped at the pub at the bottom of the hill, where quite a lot of my colleagues worked, I'd think, like, it's not worth it. Because you'd get, like, two, that's great. You'd get into a conversation and everybody starts to relax and then you think, well, I can't drink any more now because I've got to drive home.

Interviewer: So why is four or five a proper drink? What is it about... what's the difference?

Because, well, because there's no rush to get home and you can stay basically as long as you like, and if you're in good company and you're enjoying yourself, then you can just carry on for as long as you like. [SW13, 46]

What is going on here? As we saw in §6.1, an inability to control one's own drinking is a sure sign of alcohol problems. Yet in a social context, a lack of control appears to be not just unproblematic but positively appealing.

We believe that the concept of 'controlled loss of control', originally developed to describe the heavy sessional drinking of young people,¹⁵ provides part of an answer to this question. Within the social context, it may be true that individuals are not, in the full sense of the term, controlling their own drinking. But, by their own accounts, individuals are only taking part in social drinking of this kind at times when it will not interfere with their day-to-day responsibilities. By controlling their participation in contexts where loss of control takes place, they seek to ensure that their loss of control is itself controlled.

Within those contexts, moreover, the forces that are taking over and driving increased consumption can readily be located *outside* the individual drinker. If one drinks too much, that behaviour can be explained in terms of other people, social norms, the pub context. One is being, as in the next quotation, 'dragged along':

We both go out together after the game and talk about the game, and probably have a little bit too much to drink. He likes his drink a little bit more than me, so I get dragged along a bit there. [NW03, 59]

Crucially, the existence of these forces *outside* the drinker means there is no felt need to postulate the existence of a force *inside* the drinker – an uncontrollable compulsion – to explain the loss of control. One can lose control without this in any way suggesting that one *needs* to drink. Or to put the point another way, social contexts provide an *excuse* for losing control.

15 See for example Hayward, K. (2002) 'The vilification and pleasures of youthful transgression', in Youth Justice: Critical Readings, ed. by J. Muncie, G. Hughes and E. McLaughlin (London: Sage); Measham, F. (2002), 'Doing gender' – 'doing drugs': conceptualising the gendering of drugs cultures', Contemporary Drug Problems, 29(2), 335–73.

Evidence for this claim can be found in some interesting discussions of the impact a non-drinker has in a social drinking context. For a few of our participants, this was even an issue when drinking at home alongside a non-drinking wife, as in the quotations below. What is striking in these quotations is how the presence of a non-drinking partner calls into question the participant's own drinking. Hence the participant in the first quotation has to admit that he *needs* a few beers, while the participant in the second avoids such an admission by going out.

You do feel like you're some bloody alky if you're drinking and the other one is not. And it's because she'll have, like, a race. So it could be a Saturday night where I'm thinking: sod her I need a few beers and read my book and wine. And [wife's] got a race on a Sunday, she just won't touch it. [NW06, 47]

If she [wife] doesn't have a drink at all, then I probably won't have a drink. We do sort of, or if I... or if I want to have a drink, I might, you know, I might go [out] and have a drink [...] I don't know, it's just nicer to... I think I actually drink alcohol as a social thing and it's nice to share things. I don't... it's definitely not something I need to do. It's not a craving or anything like that; it's just a nice thing to do. [SW07, 60]

In §3.2 we noted how the social norms of joining in mean it can be very uncomfortable to be in a social context and not drinking. However, it appears that this discomfort can also extend to the drinkers – unless the non-drinker has an accepted reason not to drink, such as driving. Non-drinking breaks the illusion that one has no choice but to go with the social flow: it undermines the excuse for not controlling one's own drinking.

For example, one participant described the experiences of a friend of his who does not drink at all.

There's a friend, a good friend of mine, we often go out, but he doesn't drink at all and whenever he... if he's in new company, if we're in new company, and he makes a comment – I don't drink, you know; it's time to buy a round of drinks: oh it's all right, I don't drink, I'll just have a Coke or whatever – people always, always say, 'Oh I don't drink either, I just have...' – they try and defend their position. [NW07, 57]

A little later in the interview, the participant offers his own analogy for what is going on in this situation.

It's a bit like, I suppose, I've only just thought about it, but I can be driving down the road, I'm doing the speed limit, nothing wrong with the vehicle whatsoever and then a police car starts driving behind me and I've gone from... [mimes relaxed driving] to... [mimes sitting up straight and driving attentively]. You know, you become conscious of it, don't you? [NW07, 57]

6.3 Individual drinking and control

In social contexts, the forces that drive increased consumption are clearly located *outside* the individual drinker. There is no felt need to postulate the existence of a force *inside* the drinker – an uncontrollable compulsion – to explain any loss of control. In individual contexts, by contrast, this excuse for losing control does not exist, and the question of whether one is drinking because one *needs* to can become a live one.

That is exactly what happened to some of our participants in the course of the research. The process of logging and therefore becoming more aware of their own drinking during the pre-task, and of sharing this with a researcher, prompted reflection on questions of need and control.

Logging my drinking has definitely made me think about it and ask the question – do I need a drink? [SW13, 46 – Pre-task comment]

I'm a bit surprised that I like a drink every day. And if you were to say to me, do I need a drink every day: no. [SW09, 60]

When you sort of look at the amount you are drinking, and it is just on a regular... and I just sort of think... well, you sit at home, you don't think about it, you just get a can of beer out the fridge and you just drink it and that's the end of it. It's no... but, when you actually see it written down on paper, you sort of think: oh, well, actually, yes, perhaps... and obviously talking to you as well about it, and you sort of mentioned things like when I was on the diet I wasn't drinking, so why am I now drinking. Why am I drinking? Is it social drinking, just habit? I don't need it. It's not like I'm dependent on it, I've got to have it, and it's like, well, why do I drink so much? I enjoy it. Maybe too much. Maybe I shouldn't. I don't know. Decisions. [SW10, 48]

This project has brought it home to me how close I am to that point where I am sort of thinking, I've got to have a drink, whereas I can kind of just at the moment take it or leave it. [WM12, 45]

I mean, what is an alcoholic? Am I an alcoholic because I have a drink every night? I don't know. What is an alcoholic? Is an alcoholic somebody that has one pint every night? Or is an alcoholic someone that has ten pints every night? Or is an alcoholic, whether he has one pint or ten, is an alcoholic somebody that has to have one pint, or that has to have ten? And I don't know the answer to that. [WM09, 60]

We return to the impact of the pre-task in §6.4, after first exploring features of individual drinking which can call self-control into question.

Self-medication and control

In Chapter 2, we presented a distinction between drinking as ‘self-medication’ and drinking as ‘giving oneself a treat’. In the context of questions about need and control, the construction of a drink as a treat is not just an explanation of why one is drinking, but also a form of *justification*. A treat is, by definition, positioned as something one does *not* need: if one needed it, it would not be a treat. By contrast, self-medication for stress looks suspiciously like *needing* a drink.

As a result this distinction between two explanations of drinking was often a morally charged one.

I'd like to think not, but I am sure that if I've had a bad day, for whatever reason, most of the time... most of the time when I have a drink it's because I just feel like it's a nice thing... nice thing to do. I don't actually start slugging down lots of spirit or alcohol as fast as I can because I'm stressed up, or I feel as if I've had a bad day. [SW07, 60]

Alcohol was... was a tool to... you know, I was very, very unhappy, and that at least cheered me up a bit. I know it's short term, it's very harmful. Now, I just find alcohol is a condiment. [...] To make things more... a little bit nicer, well, you know, just to improve something which is already wonderful. [SW05, 55]

Maybe I'm using it for the wrong reason because at the end of the day alcohol is a drug. [...] It's [the right reason is] to enhance something. To help you have a giggle, sociable thing. When it becomes necessary just to get through the night, that's a problem to me. [...] To me if I think I'm drinking because I have to have a drink now, that's a worry. If I came home and [son] said to me, 'Any chance of a lift into Bristol later?' and I was saying no, because I want to have a drink. I might say no because we're going out but it wouldn't be 'no', just to sit here and have a tinny. So that's where my grey areas blend. [SW08, 49]

The reference to ‘grey areas’ in the final quotation above is, however, worth stressing. The distinction between good and bad reasons to drink was by no means clear-cut. Self-medication can be perfectly acceptable, providing one is *choosing* to do it. Indeed, self-medication can even be turned into a kind of treat, as in the following quotation

The likes of myself, I know I've not got a drink problem. I drink because I enjoy it for relaxation. [NW06, 47]

One important way of rendering self-medication acceptable is by reference to the nature and scale of the stress from which the alcohol is providing a release. Most of those participants who drank at home in the week described this as a way to unwind from the normal stresses of a normal adult life. This pattern was seen as more acceptable than drinking in response to more significant problems in life.

For example, the participant in the next quotation is describing a time when, in his own words, “alcohol probably took a bit of my life years ago, more than I wanted”, as a result of stress at work that had ultimately led to a breakdown. He remains keen to distinguish this from full-blown dependence, however, and does so by pointing out that he did not have ‘private issues’:

It wasn't drinking to forget anything, or I've got nothing to... no other private issues. What I know people do drink with issues and things like that, that they can't get out of it. [WM02, 58]

Some participants were willing to acknowledge difficult times in their life when their drinking had been influenced by personal difficulties, such as getting divorced. Very few, however, explained their current drinking in such terms. The following is a rare exception.

Very brutally honest I think it's trying to get away from the fact that I'm on my own. [WM12, 45]

The participant quoted below was particularly unusual, in that he directly compared, rather than contrasted, the drinking he now does to relax after work or get over the defeat of his football team to the drinking he had done seventeen years previously when his wife left him.

A beer, a few sherbets in the morning to get over the defeat [at football]. I suppose it's like, how can I put it... My wife left me, she got a job at the airlines. [...] After ten years of marriage she left me. The only comfort I got was with the drink at night, which might sound silly but that was my comfort, going to bed at night thinking it's not that bad, but waking up the next morning thinking it was horrendous. [...] I think I nosedived to drink.

Interviewer: Do you ever have that now, apart from when the team loses, do you have other times when you turn to drink where things go wrong?
Sometimes when I'm under pressure at work, because I'm a duty manager at work, I get a lot of pressure, you know. I get a lot of shit – sorry about the language – you get a lot of pressure. [...] If I start my days off that morning, I start my four days off then I come in and think I've got to have a few beers, I need a few beers because that's been a horrendous four nights or four days. [NW05, 54]

This participant was also unusual in his willingness to describe his relationship to alcohol using words such as ‘rely’ and ‘need’:

I sort of rely on drink. [...] It makes me wind down, sort of, chill out and reflect on the last four nights, what's happened at work, reflect on it thinking, you know. It might seem stupid but I just think I need a few cans to wind down. [NW05, 54]

Perhaps because of this, he was also the only participant who took the view that he would find it easier to cut back by dropping social drinking occasions instead of cutting back at home (contrast the pattern described in Chapter 5).

I'd find it hard to do after, obviously, the pressure you get at work because that's sometimes where you think, I need a drink, depending on the shift, the four nights and four days. It would maybe have to be dropping one of the nights with the guys from work. [NW05, 54]

It is precisely the possibility that one is relying on (i.e. needs) a drink which was *avoided* by other participants when they contrasted drinking in response to significant problems (the kinds of problem they do not have) with unwinding from the normal stresses of a normal adult life.

Habits and control

Whether drinking starts out as self-medication or a treat, further questions about control are raised by its tendency to become a habit.

To me it's a slippery slope, because it's like smoking to me, if you get to that point, that catch-up point in the wall, that you need a drink each time, you know, and my job is stressful [...] And you could really come home and say, I deserve a drink today, and go over the top. [WM03, 53]

It's the mental thought process: 'Well, actually, I'm tired. I've been working really hard today. I actually, I actually deserve a treat. Well, what can I have? Oh, I'll have the things that really I shouldn't have' – which is the wine and the cheese, or the crackers, or the crisps, and stuff like that. It's the psychology of it, isn't it? And you think, well, actually, I don't... I don't bloody need it. And do I really want it? [NW08, 58]

And, so, when you use... and I'm not saying, like, compulsive in that respect, but you had a glass of wine and you... I've chilled out. That's good. You know, of course as long as you don't wake up with a hangover or feel ill the next day... so you've got to know when to stop, but, yes, it will... it does take over. [NW11, 50]

The widespread recognition by participants of the habitual nature of much of their drinking was an important source of ambiguity in their assertions of self-control. Even if one remains in principle *able* to control one's behaviour, the existence of a habit suggests that one is *failing* to do so.

Of course, social drinking can also become habitual, in the sense that one has regular nights when one goes out drinking. But habits which happen on a weekly cycle appeared to be far less problematic, from the perspective of control, than the habit of drinking every day, for the simple reason that participants could point at the days they did not drink as evidence of their *not needing* to drink.

I'm not at the situation where I need to have a drink every day. It can be, as I say, three, four days a week. So my perception of myself as a drinker, I would say probably middle of the road. [WM10, 52]

I'm not always that pisshead, because I don't drink a lot through the week, apart from maybe the last couple of weeks I've drunk more than I would normally drink. [NW02, 49]

But I don't think I'm a big drinker, although it looks as if I am. I mean some days I can not have a drink, go all week and then just go out on Saturday night and have a few. [WM04, 46]

Those who drank on a routine basis – a pattern which typically involved individual drinking at home – lacked this excuse. Participants with this everyday drinking pattern could instead seek to establish that they are in control by drawing attention to the fact that they did not drink too much on any one occasion.

I'm not a heavy drinker, I think I'm a regular drinker. I'm a regular, small drinker who occasionally gets a bit carried away. I think that's me... a regular... yes, I regularly have a drink, in moderation, but occasionally get carried away.
[NW12, 55]

It's a routine, I suppose, that I've got into over the years. I didn't always used to drink when I came home, but maybe the last ten, maybe fifteen years, I suppose, I do. It's just something I've got into doing. [...] I have done what you would call binge drinking in the past, when I was younger, drinking until silly o'clock in the morning. I don't do that any more, because I know it hurts now. I don't want to be feeling rough the next day. So I think that I'm fairly in control, or try to limit what I drink. [WM08, 53]

One participant described how, in the past, this kind of self-justification had led to him developing a drinking habit which he subsequently found very hard to break (see §5.1).

As I progressed through the, sort of, the management chain, as I was getting supervisory posts and whatever, I thought sometimes a drink as well would help me to relax in the evening. You know, if you'd had a tough day or there was something on your mind, or whatever. So I got into the habit of actually drinking every night. It was normal, it was natural. And to the point where I would actually go and seek drink if, say, I was out of my normal environment: we were away on holiday, you know, staying in an apartment or a flat or whatever it might be, or even a hotel, you know. I'd have to go and have at least one at the bar. And it came to a point where I was uncomfortable not having alcohol at some point during the day. I always thought to myself: it's completely under control because I don't crave it, I don't feel like I've got to go to the pub at lunchtime, I'm not a secret drinker. I'm doing none of those. But if it got to nine o'clock at night and I didn't have access to alcohol it would bother me a little bit.
[NW13, 56]

Individual drinking as a problem

Individual drinking can raise awkward questions about need and control, questions which do not arise in connection with social drinking. The social context provides an excuse for loss of control which is lacking in the individual context. As a result, individual drinking is inherently problematic in a way that social drinking is not.

In fact, for some participants who only drank socially, drinking on one's own – or even worse getting drunk on one's own – was seen as an indicator of problem drinking in its own right. For these participants, the social context provided a second boundary on legitimate drinking, over and above the universal requirement that drinking did not interfere with day-to-day responsibilities (see Chapter 1).

I would think more that I'd have a drink problem, I'm thinking now, if I had a drink in the home, partly because I'm on my own most of the time at home now. Because, like, when I go and drink it's because I'm with other people and socialising and everything. [NW07, 57]

That was my thing that defined to me the difference between drinking and having a drinks problem. If I would sit at home and drink alone, that was a problem. [SW08, 49]

This was by no means a universal point of view: a number of our participants did drink on their own. Even among them, however, there were signs of the greater acceptability of social drinking. For example, participants who drank a lot on their own would describe themselves as 'social drinkers' as a way of indicating that their drinking was not problematic. The following quotation is from a participant who had a dedicated beer fridge and drank at home most days, often on his own.

I would say [I am] a social drinker.

Interviewer: Tell me a bit more about what you mean by that?

I don't drink because I've got to. I just drink, because... especially like now this time of year if it's hot, it's... I'd just as soon have a can of beer as a bottle of water. So, and if there's like, well, as I say, the kids the other evening, then with the barbecue, [Friend] come round and it was like, 'Oh, you going to have a beer? Yes, let's have a beer.' [SW10, 48]

This use of the term 'social drinker' was widespread. In our whole sample, by contrast, there was only one example of a participant embracing the identity of a 'home drinker'. Interestingly, he did so because he had seen social drinking on a habitual, *everyday* basis interfering with the day-to-day responsibilities of domestic relationships – a clear example of the control in 'controlled loss of control' (see §6.2) breaking down.

[I'd describe myself as] A regular. Very regular, steady home drinker. I have had friends in the past who have just... they have... their core, almost their being is based around pub culture in [City] and they just... they've had relationships that have broken down because they're almost being a social life, everything is based around the pub. [SW06, 50]

For most of our participants, it was individual drinking that raised questions about need and control. This is not to say, however, that these participants were conscious of or thinking about these questions *before* taking part in our research. Awareness of one's own drinking plays a critical role in raising questions about need and control.

6.4 Awareness and control

The very fact that so much individual drinking is habitual may also mean that it goes unnoticed for much of the time.

I might just come in and, on Thursday, grab a bottle out of the beer fridge and drink it and not even think about it. And not even think, oh, I've had a drink tonight. You know, because you have. [NW04, 50]

I think you're in that cocoon that you don't realise what you've been drinking. If you sat down at the end of the week or the month and you think, have I really drunk that much? But it was just the way it was. [WM02, 58]

As a result of the pre-task, however, our participants were unusually *conscious* of what they had been drinking in the days prior to interview.

It [the pre-task] was a bit of a pain, really, because every time you sort of picked up a drink you were really conscious, you know. I was like, 'Oh, I didn't realise I'd have two or three of an evening', you know – even though I'd sat down and thought about before I said yes, I would do it. [SW01, 52]

It's like everything, you can say what you like, but once you actually write it down, it comes back to you a little bit. When we take statements from pupils that have done things in school, they don't want to write it down. Because once it's on a piece of paper and they've signed and they've put their name to it and they have to read it back, that's when it makes it more powerful. [WM03, 53]

Some participants were surprised when they found out how much and/or how often they were drinking. Drinking which would otherwise have gone unnoticed was brought to their attention by the tasks of capturing drinking moments and completing a daily log.

I think there was only one day that I did not have an alcoholic drink. This surprised me. [NW12, 55 – Pre-task comment]

I've been surprised a little how often I have a drink! [NW14, 45 – Pre-task comment]

This experience has made me realise how much I drink and how often I drink. It was an enjoyable task and maybe I should cut back a little. [SW11, 54 – Pre-task comment]

Some also noted that it was individual drinking in particular – such as drinking at home during the week – that would have gone unnoticed had they not done the pre-task.

I didn't realise how much drinking at home I was doing. [WM12, 45]

The invisibility of this kind of drinking was contrasted with the type of drinking one is more likely to remember – social sessions involving higher per session consumption. The second participant quoted below speculated that it was getting drunk that made the difference.

You know, where you've had quite a heavy night, or big night, you know, that you, sort of, remember more. [NW14, 45]

If you had asked me before this, I would say I just drink socially, but I drink every weekend. I've never really considered my drinking in the week, because it's not... I don't know why. [...] Because I don't get drunk or don't drink to get drunk. I just have a couple of beers and that's it. Even though I know I couldn't go out and drive, I'm not fully aware of that, that I would be over the limit so legally you are intoxicated. But I wouldn't feel as if I'm drunk, incapable or anything of that – that's where the association is missed out because I'm not drunk or I don't feel that I am. [WM14, 45]

Participants' surprise at how much and/or how often they were drinking was often mixed with concerns about a perceived *failure to control* how much and how often they were drinking.

I found it quite shocking. [...] I'm drinking too much. But you know, that was a bit of an eye-opener, I suppose, for me. [SW06, 50]

I was trying to remember what I was drinking each day, like, and when I got to the Wednesday, Thursday, I thought: shit I've been drinking a lot. [SW11, 54]

I have just realised that I think I have had a drink on every day of this log so far – bit worrying! [...] Maybe it is just habit and a readily available supply. [NW12, 55 – Pre-task comment]

[On pre-task] It looks like that I drink for any occasion at the moment: because I am breathing, let's have a beer. [...] That's the way I've been looking at what I've been drinking. I don't say: because my mates come over tonight. It's just: I will open a beer because I just fancy a beer basically, so what is the occasion – I'm breathing so I have a beer, perfect. I think it's opened my eyes and I'm, like I say, I'm quite disgusted with the amount I drink even [though], like I say, I wouldn't have put myself into it. If you had asked me before I would have said, like I said earlier, a social drinker and I have a drink because I just fancy one. I don't need it, I just fancy a beer because I do like drinking it. But no, it's got to stop. [WM14, 45]

These concerns may well have been amplified by the knowledge that pre-task entries were also going to be viewed by a researcher. For some participants, observation by a third party raised explicit questions about how their drinking would make them look to another person.

This project is making me look like a drunk. [SW08, 49 – Pre-task comment]

Feels a bit strange sharing my drinking habits with people I don't know, makes you wonder what they think of you, lol. [WM13, 49 – Pre-task comment]

It really made me aware of how much I was drinking, and I really thought that in a way I had to justify my drinking. And I thought that was a little intrusive, although I know the bigger picture, it's a market research, in effect. But it was as though somebody was sat there watching you, and I don't know, maybe they could use that in a different way to cut people's drinking. [NW03, 59]

When I did this diary, when I looked at myself and I'm talking to you about it, I'm thinking: I sound like a piss can. [NW05, 54]

When it came to discussing the pre-task with a researcher, participants used words like 'guilty' and 'ashamed' to describe their feelings (see §6.5 for further discussion). Not surprisingly, a number of participants expressed an intention of cutting back – on the strength of the pre-task alone.

It's true I have never consciously thought about how much I drink and doing this research has made me think that I should try and drink less. [WM11, 52 – Pre-task comment]

I am surprised by how much I do drink & will now look at cutting down. [WM12, 45 – Pre-task comment]

Indeed some participants believed that they had already started cutting back, simply by virtue of being more aware of behaviour they had not previously been aware of. They had, they claimed, started to control this behaviour in a way they had failed to previously.

The fact that I was having to record what I was drinking was making me think about what I was doing. So, you know, as I thought, 'Oh, I'll go get another one out of the beer fridge' – because I've a little beer fridge in the utility room – as I was about to go and get another bottle out, or can out, of the fridge, I was thinking: no, I've already had two, I shouldn't really. [NW04, 50]

It just makes you aware of what you are drinking. I think where before that, you'd just go and have a drink whenever, you know what I mean, and not think about it, now, if you feel like going for a drink or, you know, at lunchtime, and just... you know, I've cut it down like. [SW11, 54]

We are not in a position to validate these claims of having cut back; nor do we know, if people did indeed cut back, whether any reductions were sustained. Awareness alone may be insufficient to bring about reductions in consumption; and it is worth noting that the reactions reviewed above were by no means universal. For example, we also saw examples of participants who were not surprised by what they drank; or offered mitigating reasons for the quantities recorded; or noted how any initial surprise rapidly wanes.

Has made me more aware, however nothing unexpected has occurred. [WM02, 58 – Pre-task comment]

I realised that I drank a lot but that was because of celebrations and normally would not be so bad. [WM05, 59 – Pre-task comment]

It makes you think about what you're drinking, but then they go back to, like, I'm okay. I'm okay. [NW10, 51]

What these reflections on the pre-task do clearly demonstrate, however, is the extent to which drinking, and especially individual drinking, may be something the drinker is not aware of; and the way in which prompting awareness can in and of itself, without further intervention, raise questions about whether one is in fact controlling one's own drinking.

6.5 Language and stigma

As we have seen in the last section, a greater awareness of the extent of one's own individual drinking can raise strong emotions such as 'guilt' and 'shame'. We saw evidence of these emotions being prompted in other contexts (apart from the pre-task), which also prompted awareness, such as taking out the recycling.

Such emotions can lead to positive (if not necessarily effective) resolutions to cut back; but they can also lead to less constructive responses. One participant, for example, described how he occasionally threw bottles in the bin, "before my wife sees them. [...] I'll dispose of the evidence before she sees the next one". This is despite the fact that he then admits his wife would not say very much. Asked by the interviewer why he does this, he responds:

Because I'm drinking more than I should be. I think I get to a level where I know that I shouldn't be drinking any more. I'm not the sort of person who just carries on and carry on, carry on. Some people have ten pints. They come over and have five scotches or... I'm not that sort of person because I know when my level is reached. But sometimes I would go beyond that, for whatever reason I don't know. It's whenever the mood takes me at the time. [WM11, 52]

Note how in his response the participant is keen to stress that he is not 'the sort of person' who carries on; it is just that he carries on 'sometimes'. Even that 'sometimes', however, is a source of shame: and the response to that feeling of shame is not to cut back, but to conceal.

This kind of concealment may also be apparent in a widely acknowledged practice of lying to health professionals about how much one drinks. Some participants insisted they told the truth, but others acknowledged that they did not. The following participant offers a possible explanation for this behaviour – one that is again based on the shame associated with not maintaining control (see §7.7 for another way of explaining this kind of concealment).

It's [lying to the doctor] bizarre, isn't it? I don't know, maybe it's the sense of... like I got, that in a way it was the dependency, it was slightly out of control. [...] That sounds like quite extreme, but a little bit like you weren't really in control of it, you were sort of, reacting to these impulses to have alcohol. That's... it's almost like when people challenge smokers, isn't it? Why don't you give it up? Oh, I'm not giving it up. You can't tell me: I enjoy it; I do it because I enjoy it. And that is the biggest lie going. Because, to me anyway, as an ex-smoker – because ex-smokers are always the worst for preaching – because you get to the point where, I did anyway, where you're just lighting up because it's that time of the day and you're going to light it up again. [NW13, 56]

Behind these reactions are the significant social stigma associated with 'being an alcoholic', or 'being dependent', or 'having a drink problem'.

It's the stigma of being... it's the stigma of saying, 'I'm an alcoholic': because isn't an alcoholic the bloke who sits sipping out of a bag in the street? [SW02, 51]

There is for me [embarrassment associated with drinking heavily]. That's why I've sort of had a rethink about what I'm doing and what I'm drinking and that kind of thing.

Interviewer: But what is embarrassing about it?

That people will see that you have got a drink problem.

Interviewer: So it's the way other people look at you.

It's other people's perception. [WM12, 45]

The existence of this stigma can provide a powerful motivation to get individual drinking back under control, as we saw in §6.4: doing so proves one is not an alcoholic. On the other hand, however, it can provide an equally powerful motivation to *do nothing*: as by doing something one would implicitly admit that there was a question about one's self-control in the first place. In the following quotation, for instance, a participant argues that he does not count units precisely because he does not have a drink problem: only those with a problem need to count.

Yes, to be honest, with drink awareness over the years, I'm aware of units but it's a thing that [...] after a couple of weeks I thought, 'It's a waste of time', because that's fine for people where they've got a genuine problem and they're trying to cut down.

But the likes of myself, I know I've not got a drink problem. I drink because I enjoy it for relaxation so I just don't count the units that I drink. [NW06, 47]

Other participants considering steps to manage their drinking were also at pains to avoid the possible implication that, merely by dint of considering these steps, they were admitting to some kind of dependency.

I think if it [alcohol] was there [at home] all the time... And I'm trying to make myself not sound like an alcoholic or something here, but I think I'd be tempted, every... Because late shifts are busy, and you're getting home at a time of night, and there's nobody around, I've not got to be up for work the next morning, not got the kids. I think, if it was in the fridge all the time, it'd be very tempting, most nights, when I'm on lates, to have a couple of cans or something like that. [NW14, 45]

What I try to do is counteract that [the damage alcohol might do] by exercising regularly and obviously controlling it. Not that... I mean that sounds like I have to think about controlling it. I think that just comes naturally. [NW01, 46]

Part of the challenge here, we believe, is a lack of *language* to describe patterns of drinking which are not being controlled (such as habits), but which nevertheless do not represent a dependency.

By way of contrast, consider some of the language that exists in connection with eating. If one says that one is 'over-eating', or that one has got into 'bad eating habits', there is no implication that one has therefore got some kind of eating disorder: one just needs to go on a diet. In the case of drinking, however, this kind of language appears to be lacking: and any suggestion that one's drinking is not being adequately controlled can be seen to imply a drinking disorder.

In particular, language is lacking to describe the *kind* of ‘uncontrolled’ drinking that one does on one’s own. As we saw in §6.3, the term that is used to describe someone who is not an alcoholic, but who does drink quite a lot is ‘social drinker’. For example, consider the following quotation, from a participant who has described himself as a ‘social drinker’. The interviewer has just asked him what other kinds of drinker there are:

I don’t know, really. Occasional, I suppose you could say. Some people are occasional drinkers. They might have one at the weekend or whatever. And then obviously you’ve got the other end of the scale, that get up in the morning and they’ve got to have one. So, yes, I like to sort of think I’m sort of somewhere in the middle. [SW10, 48]

On a scale that runs, as this participant suggests, occasional – social – alcoholic, there is no obvious place for routine individual drinking. Hence the difficulties of the following participant:

Interviewer: How would you describe yourself as a drinker?

Sociable drinker, yes sociable.

Interviewer: Although that’s not 100% of the time because then you do... during the week you’re drinking by yourself, so that’s not sociable.

I can’t give you the category, I’m stuck for words, I’m... [WM07, 53]

This lack of language to describe routine individual drinking contributes to the risk that drawing attention to such drinking prompts not constructive intentions to cut back, as in §6.4, but concealment and denial, to avoid the risk of being seen as an alcoholic.

7. Health consequences

In this chapter we review the second of two broad classes of reason why members of the target audience might deliberately set out to cut back on their drinking: concerns about the possible health consequences of continuing to drink at the levels at which one drinks.

While participants could cite examples of serious alcohol-related health issues in people who drank significantly more than they did, they struggled to see a connection between these consequences and their own levels of drinking. To see such a connection, they needed either:

- direct experience of immediate effects
- a mental model of what alcohol was doing in their bodies, which allowed them to imagine harm that is not otherwise experienced

Such mental models exist to a limited extent, and account for the acknowledgement of certain kinds of harm, such as weight gain and damage to the liver. However, mental models are missing in key areas – such as the effects of alcohol on the cardiovascular system.

The guidelines fail to fill this gap: they *state that* consumption at a certain level creates risk, but they do not *show how* such consumption creates that risk. Moreover, in the absence of a mental model, the guidelines and other medical advice can feel more like arbitrary instructions to achieve absolute targets, rather than useful information that can be used to make incremental trade-offs between different kinds of harm, or between harm and pleasure. The value of such advice can be further diminished if vague terms such as ‘moderate drinking’ are used.

7.1 The health disconnect

Until now, we have not mentioned the health consequences of alcohol. This is no accident: unlike concerns about need and control, which are rooted in participants’ own explanatory frameworks, the risks of serious damage to health remain to a large extent disconnected from the ways in which participants understood and made sense of their own drinking.

A number of participants, for example, were able to cite examples of serious alcohol-related health issues in people who were also unable to control their drinking.

I know it's killed two of my very good friends. [...] Alcoholics, both drank themselves to death. [SW05, 55]

He was sat in the conservatory shaking and drinking and just drinking and just drinking, and you're like: well, yes. So, yes, I have seen what it does, and I do know, yes. It can get hold of you, yes. [SW10, 48]

I suppose the only thing I can judge it on is that your poor old alcoholic, or even heavy drinker, whose poor old liver is absolutely shot, because it can't process this huge amount of alcohol going through it all the time. You go yellow skinned and all the rest of it because your liver can't cope. [NW12, 55]

There were regulars who came into the shop who were drinking a bottle of spirits a day, maybe more, and those are the people I'll put in that category. [...] People who are basically on their way out. [...] The impact that that kind of drinking is having on your lifespan and general health, it's not a debate, it's just, you know, just a matter of time. [WM10, 52]

They struggled to see any connection, however, between consequences such as these and their own levels of drinking (with the partial exception of damage to the liver – see §7.3).

I also know people who are alcohol-dependent, alcohol-damaged, and I can see the difference. I would like to see the difference between them and me. I certainly do not want to go their way at all. [SW12, 60]

We've had lots of people who've died and whatsit, and then you think about it and you go, I'm all right, and that's it. [NW10, 51]

I've not thought too deeply about long-term effects because I think... I like to think that I'm... you may think differently. I like to think that I'm in control of it to a level that maybe it wouldn't give me any long-term effects. [WM11, 52]

My friends in the pub don't have big red noses, they're not... they don't have gout. I was just trying to think of what I would associate with issues with alcohol. [SW14, 45]

Because we all know [...] to the excessive point of it, to the slurred speech, to the redness in the face, to the leathery type looking of the skin. I don't know what the medical terms are, or why that is causing that, but it seems to go hand-in-hand with people who drink to an excess. [...] If I look in the mirror I don't particularly see a hardened drinker in me. [WM01, 45]

Government guidelines fail to establish a connection between the levels our participants are drinking at and the risk of health harm – and failed to do so even for those participants who knew that they were drinking more than the recommended amounts. The quotation below is from a participant who had noted in his pre-task that: “I think I probably drink more than I should but I still don't think this is to excess”. The interviewer had asked him to expand on this:

I think that's based on things that you do hear on TV. You know, Drinkaware campaigns and so on. Or you maybe watch some medical programme on alcohol, and they give you the amount of units you should take per week. They also recommend, I think, that you should have a day or two days off a week, don't they? Completely. [...] So I am aware of that, but, you know, we all bend the rules slightly, don't we? That's what... Unfortunately. And I don't feel that just two or three pints, maybe, each night is to excess. You know, I'm not going out drinking ten or twelve at the weekend, never have done. So, to me, it's just a social thing. I'm quite happy to go to the pub with my mates, have three pints, and come home, or four, maybe. And I don't think that is over the top. [WM08, 53]

This kind of disconnect between government guidelines and perceptions of what would actually be ‘over the top’ was widespread. For example, another participant stated at the very beginning of the interview, without prompting, that he looked at units on the sides of bottles, and that the recommended levels were ‘three to five [units] for a male’. He knew this, he revealed, because he had led patient groups for the NHS (he had diabetes, to which he had lost both feet). Despite this, the pre-task showed that he was drinking four to five cans consistently every day. Moreover, when, much later in the interview, the interviewer posed a question about quantities framed in terms of how much is *bad for you*, the answer that came back showed no connection to the recommended levels which had been mentioned at the beginning of the interview:

Interviewer: How much is bad for you? How would you measure what's bad for you?

I'd say if you're drinking about ten cans a day.

Interviewer: So twice as much as what you drink?

Yes, yes. [WM07, 53]

The failure of the guidelines to convince participants reflects in part a wider scepticism about health warnings.

But then they tell you all these things that are good for you, then they're bad for you, then six months later it's the opposite way around. So really, I mean, for years: don't have butter, have margarine. Now they start: there's all sorts of things in margarine. [SW08, 49]

But you couldn't do anything if you listened to everything they said, would you? [...] Everything's got a health warning. [NW10, 51]

Over and above this, the alcohol guidelines were specifically called into question on multiple grounds, including that:

- they are not based on real evidence
- they vary between countries
- they don't take individual differences such as body mass into account
- doctors themselves don't abide by them
- the government is probably erring on the side of caution anyway.

It is our view, however, that the *fundamental* reason why the government guidelines fail to establish a connection between the levels at which our participants were drinking and the risk of health harm is that they are *framed in the wrong way*.

Specifically, they *state that* consumption at a certain level creates risk, when what is needed is to *show how* such consumption creates a risk. To understand why we say this, it is necessary to take a step back and look at the limited amount that participants did understand about the harms caused by alcohol.

7.2 Immediate effects of drinking

One obvious difficulty with establishing a link between alcohol and health harm is the lack of immediate effects.

If I was waking up feeling rough every morning, absolutely, because that's when you've got a problem. And I think I'd know if what I was drinking was, you know having other impacts, as well as sometimes you don't know what's going on in here but you'll know enough as to whether it's having an impact because you'll feel sluggish, you'll feel slow, tired all the time. [NW01, 46]

It does make you more aware, I must admit, having now put it all on paper and talked amongst ourselves. It makes me more aware. I think I will look at the website, actually. But I still... I don't feel by my drinking... I don't feel it has any adverse effects on my body, you know. Therefore it would be difficult to change much, if I'm honest. [WM08, 53]

Drinking the volume that we drink, actually, what has that done? Of course we'll never know that until something happens. [NW11, 50]

Some participants drew a contrast between this situation and the very obvious immediate effects of smoking – and, for some, the obvious benefits when they had cut back on cigarettes.

You were conscious more with smoking that eventually your food tastes a lot better, you can taste your food, you're not going to stink of nicotine and stuff like that, and your clothes don't stink of nicotine, your fingers aren't yellow. Whereas drinking, there's nothing like that to say, you know, if you give up or you cut down on your alcohol consumption, this is going to happen, blah blah blah. But you're always aware with the smoking, you had nicotine fingers, you stunk of nicotine, kissing an ashtray Whereas drinking... [NW05, 54]

At the moment, I'm not suffering from any effects of it, so it's like... maybe it's silent, maybe it is cumulative. I mean, smoking, I stunk and I was wheezing so that was... there is a cause and an effect and so I was thinking: this isn't right. This is... I am doing harm and I could see and I could hear it and I could smell it. But with this, apart from having to lug out the recycling, there's... and the cost – I'm not seeing anything. And I'm getting the benefits. I'm getting... and I'm going out with my friends. You know, we are revolving around the pub, seeing each other. [SW14, 45]

I've done three months [giving up drinking], and I didn't save any money on it particularly, because when you're buying mineral water it's almost as expensive. [...] And I didn't feel any better because I don't get... If I was getting hangovers and things, I'm absolutely convinced that I would not drink as much as I do. [SW09, 60]

The last participant quoted above had high blood pressure, and had given up for a while in response to his doctor telling him that drinking would put his heart under pressure. When asked why drinking would do this, he responded: "I don't know. I didn't pursue it". He lacked, and had not sought, an understanding of what alcohol was actually doing inside his body. Unfortunately, the mere assertion *that* drinking put his heart under pressure had failed to make up for the lack of any obvious immediate benefits from giving up.

If establishing a connection between alcohol and health harms depended entirely on the existence of immediate effects, then there would be little prospect of success. Indeed, a focus on immediate effects is likely to lead to an erroneous focus on drinking too much on one occasion, as opposed to cumulative consumption over time – an error that was apparent in the views of some of our participants on what is meant by drinking 'more than is safe'.

Interviewer: What's your sense of what is 'supposed to be safe' then?
What's the cut off?

Interviewer: Yes, what do you think it is?
I see what you are saying, what you're asking me, I just... I suppose you know when you have had enough. [...] You tend to know: I've had enough now and things are starting to... You just know, I can't explain that. I just know when I have had enough, bearing in mind I have been drinking years. [WM13, 49]

I think only you will know, and you will know. If you're drinking too much so that it's making you ill, you will know. Without... You know, because you'll know that the one night when you don't go out, or don't have as much to drink as you normally do, when you wake up the following morning: blimey, I feel better today. And then you go out the following night and you're back to where... And then, the following day, you feel crap again. [WM09, 60]

7.3 Mental models of unseen harms

Fortunately there appears to be another way of establishing a connection between alcohol and health harms, one that does not depend on immediate effects.

A good illustration of this alternative route is again provided by smoking – and specifically an advertisement which was mentioned independently by a number of participants as an example of how to communicate health messages effectively:

The one that I thought was more poignant [...] was the recent one with all the fat coming out the veins, because that's what smoking does to your arteries.
[NW03, 59]

What seemed to be important about images such as this was *not* so much the fact that they are shocking as the fact that they provide what we shall refer to as a *mental model* of what is actually happening inside your body.

By 'mental model', we mean an informal way of explaining and making sense of how things work in the real world. A comparison with formal, theoretical models may be useful here. Formal, theoretical models strive to describe precisely (and often mathematically) the relationships between well-specified constructs, in ways that can be empirically tested. 'Mental models', by contrast, may consist of little more than a picture of or analogy for what is going on, and are primarily deployed in explaining or making sense of experienced phenomena, or imagining unexperienced phenomena. Mental models may be more or less accurate from a technical point of view.

Critically, 'mental models' provide a way of imagining – and therefore experiencing, albeit at one remove – harm that is not otherwise experienced. For example, if one has a mental model of fat clogging up the arteries, much as fat can clog up the outlet pipe of the kitchen sink, one has a powerful way of imagining harm being done by fatty foods to one's cardiovascular system.

Although not health-related, drink driving provides another example of the importance of mental models in making it possible to imagine harm that has not been directly experienced. One of the things that appeared to make the risk of losing one's licence so salient in decisions about drinking was the ease with which participants could imagine how this would happen – with some literally walking through the scenario:

The thing that sits in my mind an awful lot is – I mean I've been in this job now eighteen months – it's the fact that I might be getting in that car sort of five in the morning to get to an auction somewhere, I might still be drunk from the night before. It just keeps flying back in my mind now. [WM12, 45]

The importance of mental models like this, which allow one to imagine what one does not experience, is also apparent in what participants had to say about the possible health effects of alcohol.

As we shall see in the sections that follow, mental models linking alcohol to health harm do exist to a limited extent, and account for the acknowledgement of certain kinds of harm, such as weight gain and damage to the liver.

However, mental models are missing in key areas – such as the effects of alcohol on the cardiovascular system.

Alcohol as a poison

A common understanding of the damage caused by alcohol rests on the idea that alcohol can work as a poison or toxin. In some way, usually unspecified, alcohol is bad for the organs in one's body.

Oh, it harms most of your organs really. Liver, pancreas, it affects the brain, oh, in all sorts of ways. [SW05, 55]

Bad all round obviously. All your filters, all your vital organs take a battering don't they? Kidney function, liver function, your heart. Pretty much everything I would imagine. [NW01, 46]

Well, it's not good for your health, is it? I mean, they say if you drink moderately alcohol can be good for you, you know, in some respects. But drinking excessively isn't good for your health. It puts a strain on your heart, different things. [NW04, 50]

As the last quotation above makes clear, however, there is a problem here. Alcohol *can* work as a poison or toxin: but is only a problem if one drinks too much. What does that mean? Under what circumstances does drinking start to have negative consequences? It is in the answer to that question that we see the operation of mental models of what is going on inside one's body. In fact, two distinct models were apparent, each offering a different account of the way in which alcohol can become harmful.

The first of these models locates the problem in drinking excessive amounts in one go, and so having very high concentrations of alcohol in the body. This model is strengthened by the fact that it aligns with experience of the immediate effects of heavy drinking sessions (and also, perhaps, knowledge that it is high concentrations of alcohol which render one unfit to drive). It was used by some participants to argue for the dangers of 'binge drinking' in comparison to a more even pattern of consumption over the week.

Again you go back to the binge drinking. I think, personally, I think that does more damage than a couple of pints every other day, you're just taking all the alcohol in one hit. And to me that, it's got to be more effective and more damaging than a couple of pints or a glass of wine, you know? [WM02, 58]

I think I just drink fairly responsibly, fairly consistently throughout the year. [...] With the odd bender if you like, really, and then my worry is, does that odd bender come back to haunt me later along the line, and that's my concern really. I'm not bothered about how much I drink normally. [NW06, 47]

The second model, by contrast, locates the problem in never allowing time for alcohol to be completely cleared from one's system, and so always having some alcohol in the body. From the perspective of this model, the critical variable is not the concentration of alcohol in the body, but how long it remains there. The existence of this plausible mental model made the recommendation to take days off from drinking one part of the guidelines which did resonate with and make sense to some participants.

This is why they want you to have a couple of dry days, because obviously it's still sitting in your system, isn't it? [...] I'm just going on what I've been told by the advertisements.

Interviewer: And what's bad about it still sitting in your system?

Well, they say it can lead to liver disease, heart disease, and that sort of thing, don't they? [WM08, 53]

I still think a small one or two drinks a night every day is excess. I think that's excess, even though I've not had a huge amount, it's still excess, because my poor old body, you know, if you do that for a year, your body has never had a day of not having alcohol inside it. [NW12, 55]

We can see a version of the same model at work in the following quotation from the first of the two participants quoted above – which begins with another observation that the participant is not feeling any adverse effects, so struggles to believe that there are any. Recognising that unseen harms may nevertheless be happening, however, he goes on to back up his first experience-based argument by presenting a simple model of what is going on his body: the alcohol is 'flushed through' his system by physical activity. On the basis of this model, he speculates about the higher risks his more sedentary friend might be running:

I don't feel... That's the problem, isn't it? I don't feel any adverse effects by drinking every night. You know, I don't constantly feel worn out or... I don't know. So I don't feel as though it's having an effect on me, rightly or wrongly, because I'm not a doctor, so I don't know. But I also do quite a physical job, so, you know, I work hard during the day, so, presumably whatever's in your system gets flushed through quickly. Now, again, my friend [Name] sits around an office all day long. He's a lot fatter than I am, so therefore everything he eats and drinks goes to his stomach, and he doesn't have physical exercise, as such, so obviously that stays in his system, I would think, longer. [WM08, 53]

Unlike the idea that high concentrations of alcohol cause harm, the belief that it is the constant presence of alcohol in the body which causes harm lacks an obvious grounding in experience. People feel sick after drinking too much in one go; but they do not typically feel sick if they drink smaller amounts on a regular basis. In fact, as some participants noted, the effect of this is likely to be that they become used to drinking. For example, the participant quoted above commenting on "what I've been told by the advertisements" had, just before discussing the need to take days off, made what seems to be a contradictory statement:

I'm aware, as well, obviously, that if you drink all the time, as in, like I do, every... Most nights or virtually every night, I presume, then, that it has less effect on you. [...] Because you're more used to drinking it. [WM08, 53]

The other participant quoted above goes further, offering a simple model of the way in which the constant presence of alcohol causes harm which links it not to health problems but the development of dependency (and thus the themes of Chapter 6):

Your body would then, I would imagine – I don't know much about it – but your body would expect that and it would ask every day, because it's used to it, it needs it as if it's a vital component of your body, to have some alcohol in it at any one time. So I would say that, even though it's only a small amount, that probably is excess because it's every day. [NW12, 55]

In short, this second model lacks the clarity of the first model. Moreover, neither model aligns entirely with the idea of cumulative harm in a more technical sense. One could easily observe the requirements of both of these mental models (rarely if ever drinking until one felt sick; taking some nights off) and be well over the guidelines for safe drinking. Indeed, this is exactly what some of our participants were doing.

Liver and kidneys

As we have seen, participants named a number of organs that they thought would be harmed by alcohol. But foremost among these were the liver and kidneys.

With regard to the liver, this may in part be the result of high profile cases (for this generation) such as George Best. It was striking, however, that – unlike other types of harm associated with alcoholics – participants were at least willing to entertain that something might be happening to them as well. As one participant put it: “I guess it's sort of shrivelling my liver” [SW14, 45]. Nor do examples such as George Best explain an equal preoccupation with the *kidneys*.

The main reason for the focus on liver and kidneys instead appears to be the existence of a clear mental model linking alcohol consumption – even at the levels our participants were drinking at – to damage to these organs.

That model goes beyond a vague claim that alcohol is a poison or toxin, and offers a clear imaginative picture of what might be going on in one's body. At its heart is the idea that the body ‘flushes’ alcohol out – an idea with strong experiential resonance thanks to the everyday experience of urinating. For example, the participant quoted above, arguing that his physical job would flush things out of his system, also argued that, by drinking water, he was helping his body to achieve this:

It's such a natural thing to drink, water, it supposedly helps to flush your system out, doesn't it? So if you've got any toxins or alcohol left in your system, you drink water and keep going to the loo, it's going to flush you out, isn't it? [WM08, 53]

The liver is understood to play a key role in this flushing process, working as a kind of filter. Like any filter, however, it can be worn out. This can happen, moreover, whichever of the models of alcohol acting as poison is adopted: the liver can be worn out if it has too much to deal with in one go (high concentration) or if it can never switch off (constant presence).

I think with the liver obviously it's how the liver processes all the crap out of your blood, and if you give it too much the liver can't do it and it goes into meltdown. [SW02, 51]

It's not good for your liver, is it? [...] That's cirrhosis of the liver. It's a toxin... it's a toxic substance, so if your body... if your body is having to process too much of it, then it's going to have difficulty. I think it can sensibly, or easily, process a small amount of it. [SW07, 60]

Interviewer: What's your sense of why two days off is beneficial?
Oh, just... practical, gives your liver a rest, you see. [SW12, 60]

The key point here is that it is the body's filters that are being worn out. Note, for instance, the explicit reference to 'filters' in the following, which was quoted earlier:

Bad all round obviously. All your filters, all your vital organs take a battering don't they? Kidney function, liver function, your heart. Pretty much everything I would imagine. [NW01, 46]

It appears to be because kidneys are known also to have some kind of filtering function that they were so often included alongside the liver. Indeed, in some cases the kidneys were seen as the main source of problems. Note also how the first participant quoted below again extends the model of an 'overworked filter' to arrive at the conclusion that drinking a lot of water will help to minimise the damage:

Well it doesn't do your liver and your kidneys too much good does it, because obviously that weakens it, doesn't it, and I've seen people who've drunk and they've gone jaundicey colours and things like that. And so obviously... and I do drink a lot of water, so I think I can cleanse my body to a certain extent [WM02, 58]

Obviously it is doing damage to you: your kidneys, as you hear. [NW10, 51]

Interviewer: I know it's not good for your liver, but what does it actually do? Have you any idea what it does?
I get the impression that it slows down the kidney's functions because it's having to work harder. And as it's doing that it becomes less effective. That's always the way I've thought of it, and I know that, because my wife's a nurse, we watch medical programmes every now and again, and it discolours it. Now the only reason I would have thought it discolours it is because there's not enough blood going through it, which would restrict the amount of work it's got to do. It's like... I think it's a filtering system to make sure...

Interviewer: The liver?
Yes. [WM03, 53]

The idea of alcohol being processed or filtered out of the body – and potentially doing damage to the filters in the process – is an excellent example of a mental model that helps to create an imaginative connection between alcohol and health harms, one that does not depend upon immediate effects.

The cardiovascular system – a missing model

By way of contrast, no model could be identified linking alcohol to harm done to the cardiovascular system. The idea that alcohol in some way puts a strain on one's heart was mentioned a few times, but – as in the quotation that follows – there was no clear picture of how it did this.

For your stomach, I believe that it's kind of like it affects the lining of your stomach. Your heart gets in... because you're working your heart more because it's pumping harder when you're drinking because you're... because that's what alcohol does to you, you know. [SW02, 51]

One participant wondered if maybe alcohol caused arteries to stiffen. Others included increased blood pressure in the lists of harm that they thought alcohol was linked to. Stroke was rarely mentioned. In general, the cardiovascular system received nothing like the attention that was given to the liver and kidneys.

Given that a number of our participants told us they themselves suffered from high blood pressure or other cardiovascular issues, this pattern is striking.

Some participants had even received medical advice to cut back on their drinking – like the participant, quoted in §7.2, who had been told drinking would put his heart under pressure but, when asked why it would do this, responded: "I don't know. I didn't pursue it." In the excerpt that follows, another participant, lacking a mental model that allows him to imagine the unseen harm alcohol might be doing in his body, falls back on immediate effects as a measure of impact – and so ends up ignoring the advice.

I've got high blood pressure.

Interviewer: What does the doctor advise for that?

They advise watching the drinking. Drink less than I do.

Interviewer: So have you told them exactly what you drink?

Yes, and they said that's way too much.

Interviewer: And your response has been?

Well, my response has been, every now and then, I have three months and I don't have a drink at all, but I never feel any better. So I always revert back to having a couple of drinks when I'm cooking and carrying on. So my response is there's no response. I just continue as always. [SW09, 60]

The participant in the following quotation has not received direct advice about drinking – but also lacks a mental model of the relationship between alcohol and blood pressure.

I know I've got raised blood pressure now, which I didn't have two years ago. So that's a consequence of, you know, [Wife] knows about it: West Indian culture are more susceptible to high blood pressure. I'm Scottish, you know, so maybe that's an element. Salt in your diet. But alcohol? And I'm thinking: well, I'm fifty. I don't actually particularly want to start having major issues with my health or a stroke at fifty-five. So that would really focus it, if I knew... if I actually knew the implications, and the real implications. [...] You know, is my blood pressure related to alcohol? [SW06, 50]

The lack of a mental model allowing one to imagine harm being done to the cardiovascular system by alcohol is underlined by two further observations.

First, it was striking how rarely participants mentioned the idea that small amounts of alcohol can be *good* for the cardiovascular system. We had anticipated that the positive effects of small amounts of alcohol would be mentioned often, possibly as a way of justifying consumption: in fact, they were mentioned only occasionally. One plausible explanation of this is that our participants lacked a mental model of any positive effects of alcohol as well. In the absence of an imaginative picture of the way in which alcohol could be bad or good for the cardiovascular system, neither possible effect is salient in participants' accounts.

Secondly, in the few instances when participants did venture an explanation of the effects of alcohol on blood pressure, they did so by falling back on one of their other mental models of alcohol harm. The following participant, for example, attempted to link blood pressure back to the filter model.

It gives you high blood pressure, doesn't it? Wrecks your liver.

Interviewer: How does it give us high blood pressure?

Through your liver not being able to clean. [WM04, 46]

In other cases, blood pressure was explained through another model which we have not yet considered: the connection between drinking and weight.

It's your blood pressure, isn't it? Blood pressure, pressure on your heart, etc. [...]

The association is, more calories, fatter, more sedate, therefore pressure on your... on your system. [NW08, 58]

Weight

Alongside the impact of alcohol on the body's filters – liver and kidneys – the link between drinking and weight was the most widely acknowledged potential health consequence of alcohol.

In part this reflects the fact that this link is one that can be directly experienced. Participants had experience of gaining or losing weight depending on how much they were drinking.

You know when you put your clothes, on they'll feel a bit tight or whatever and you think: right, need to rein it in a bit. [NW01, 46]

However, this experience is also reinforced by a mental model with much wider application, which links weight to calories. Hence the link between drinking and weight may come down to a simple question of whether there are calories in alcoholic drinks, and how many.

My bigger health issue is my weight. [...] Was it 300, 400 a pint? Ten pints, you know, if I wished to reduce my food calories and keep drinking I don't think I could. If I took 5,000 and 6,000 calories out a week, you know, I'll be on rice cakes. [SW12, 60]

I've done Weight Watchers before and they sort of tell you how much kind of alcohol... how much calories there is in alcohol, and you know I've got to lose some of this so... [WM12, 45]

As a number of participants noted, the idea that there are calories in alcoholic drinks is not altogether obvious. The natural association is between food and calories, not drink; and even if one intellectually accepts that there are calories in drinks, it remains easy to overlook them.

In my head, drink is drink and food is food, and you expect far higher calories in food. [NW09, 56]

One participant described how his wife had had to overcome a number of imaginative challenges to help him understand the link between alcoholic drinks and weight – the first being to introduce him to the idea of calories:

[Wife], sort of, explained it to me the other day because I always used to go: well, there's no fat in beer, you know, it's not a problem. It's the curries and the chips and stuff like that. And I always thought that's where the danger was. And then, when she started doing this scanning app thing and she'd say, like: I'm going to have a Rich Tea biscuit but look how many bloody calories are in it. And I'd say to her: well, what do calories mean? I always thought it was fat. I always thought you've got to keep your fat down, got to keep your fat down. And she said: no. She's always been going on to me about it's the sugar in alcohol that's the, you know, killer, in terms of weight and that, and I'd always go: no, it's not. There's no sugar in beer, it's bitter, it doesn't taste sweet. And then she started explaining and I was, like: wow. So again, I have thought a little bit about that and I thought: well, perhaps I'll just get rat-arsed once a week and save it up rather than, you know, doing a three-quarters job three times a week. [SW13, 46]

In line with this, a few participants noted how direct comparisons between alcoholic drinks and more familiar ways of gaining or losing weight – such as food and exercise – could help to strengthen the mental model linking alcohol to weight.

You know a lot of the things that you do it'll tell you how many calories you've burned or whatever and you can roughly translate that into: crikey, you know I've really worked hard there and that's probably only represented three or four pints or whatever. [NW01, 46]

Here's an example for you: I've always loved chocolate and it's a thing I've tried to cut down over the years, that's my vice, really, chocolate and the beer. I've got some [Chocolate bar] in the fridge now, so yesterday I had a brew, had a [Chocolate bar] so I'm aware that it's like 200 and whatever calories. Now if I could associate the drink to chocolate and then say: well having that pint is just like having another [Chocolate bar] – and I'll be thinking it's like having four [Chocolate bars], that would play on my mind. [...] That would have an impact on me, definitely. But it's never been compared in that way. [NW06, 47]

7.4 Mental models and the health disconnect

The nature of the limited mental models that currently exist linking alcohol consumption to harm helps to explain why our participants struggled to see a connection between the health consequences of alcohol, as seen in alcoholics, and their own levels of drinking.

Some consequences were acknowledged. Thanks to the mental model of a filter, some participants also thought that their drinking might be having some kind of deleterious effect on their liver and/or kidneys. Where a connection with calories was established, participants accepted the impact of drinking on their weight.

Beyond this, however, the harms of alcohol are associated with either having too much in one's body on one occasion, or always having some in one's body; and, as already noted, a number of our participants were avoiding both of these situations – notwithstanding the fact that they were drinking well over the guidelines for safe drinking.

What is missing is a mental model linking consumption at the levels specified by the guidelines to wider harms. This is something that the guidelines alone fail to supply. They *state* that consumption at a certain level creates risk, but they do not *show how* such consumption creates that risk.

They tell you not to drink but they don't actually tell you what it does to you. They don't actually give you why, drinking that amount, what will happen to you. [WM01, 45]

Apart from thinking, maybe I need to be more liver-aware and just cut down on the drinking, I honestly don't think I could give you any other reason for not drinking, apart from it's probably not... we keep being told it's probably not a good idea. [NW13, 56]

What is needed here is a way of imagining what alcohol is actually doing inside one's body, at the levels at which one is drinking.

Showing you maybe the insides of your arteries, what they're doing to you and your kidneys and your lungs, and more graphic in that way, then that makes people think: oh that's what it's doing to me, you know. [NW02, 49]

I have modified and changed my drinking habits, but I'm well aware that it is a work in progress and I need to have some kind of strategy or approach for getting down to be fully compliant with that 21 units a week target. So for me, the big driver would be health impacts, more emerging evidence about the consequences of continuing to drink at the level that you do. And if there's any medical evidence to show that this is having a harmful effect on your body and your longevity and general health, that would be a really big thing for me. [WM10, 52]

I think they [Drinkaware] should give you some home truths and sort of say to you... I think there should be some kind of app that's available to everyone like this and you put in exactly how much you're drinking. [...] And then maybe sort of say to you after a week: okay, if you carried this on for the next six months, this is what's going to happen to your body. [...] Or these are the consequence behind your drinking. And build in that, put the caveat in there to say if you're going to be honest with us we'll be honest with you and we'll tell you exactly what you're going to do to your body. [WM12, 45]

7.5 Mental models and choice

Mental models allow one imaginatively to connect one's own drinking to possible health consequences. But this is not the only improvement that they offer over the government guidelines as currently framed. In the absence of a mental model, those guidelines – along with other medical advice framed in a similar way – can easily feel like *instructions*.

Well, yes, I suppose that is because we're informed by the government, if you like, so many units per week, and as I say, I've been aware recently, on TV, that you're supposed to have a couple of dry days. [WM08, 53]

Interviewer: Why should you not drink more? I mean, what's...

Well I get, I get two things [from doctors]. How much are you drinking and how much are you eating? Because of my size. And it's: you've got to cut back on this, and don't eat that, and don't eat that, and you've got to cut back on your drinking a bit, and that's it.

Interviewer: And do they tell you why?

No. They don't sort of give you any reasoning behind it. [WM12, 45]

Not surprisingly, the feeling that one is being told what to do can provoke negative reactions.

I've certainly got to that age where I don't like people telling me what to do. [...] And you're tired of it as well. You've spent quite a lot of your life being told what to do and where to be, or how to act, or whatever, by either people or circumstance, or you're in work so you have to behave in a particular way. I just get pissed off with it. So it's something that I sort of feel entitled to, and if I hear someone telling me that they're going to educate me about something now, it's... [SW01, 52]

In the following quotation, a participant who is diabetic contrasts his reaction to being 'bullied' in this way with a more positive reaction to a doctor who has taken a different approach, one that acknowledges his personal choice:

There's this one [GP] who just checks that I'm not drinking heavily and she accepts that, yes, I have drunk more than I should, and kind of leaves it, because she knows she's got me to a point where my bloods are well balanced and I'm kind of working for them, so she isn't fixing a bit of arm broken. And to be honest she's got a better reaction out of me than any of them. [...] Because she's not pushing me. I'm the one who always in school stood up to the bully. It didn't matter if I got pounded, I won't be bullied. So anybody, whenever I feel I'm being pushed, I will push back. It's annoying for her because she's the same character.

Interviewer: You were actually sometimes bullied [by health professionals]?
Some people, yes, just the way they try and tell you, 'This is where you must do it'. And actually suggest to me, explain to me why it might be a good idea, but don't tell me what I'm doing, I'll make my own mind up. [SW08, 49]

A key part of what the preferred doctor does here is 'explain to me why it might be a good idea but don't tell me what I'm doing'. A mental model can fulfil a very similar function, allowing one to make one's own mind up. Specifically, such a model allows one to:

- make trade-offs between different kinds of harm-causing activity
- weigh the potential benefits of relatively small reductions in consumption.

Making trade-offs

A number of participants stressed the need to recognise that drinking is only one unhealthy behaviour among many, and that choices about cutting back are made in the context of other lifestyle choices.

It's the combination, isn't it? You know, moderation within reason, but also, you know, fitting it into the other things that go on, which is... You know, you do need to exercise. You do need to watch the calories that go in, and part of that is your drink. So it's more positive as opposed to, you know: you shouldn't do that, you shouldn't do this. Because [if you say that], sod it, just watch me. [NW08, 58]

You can drink more than whoever they are on the TV says is good for you, and you'll be fine if you put the other blocks there. So if you eat, and you drink, and you exercise, within reason, put the three... I don't think you can take one on its own. [WM09, 60]

Those lifestyle choices include positive choices, such as the decision to exercise. A number of participants who did exercise believed that this must in some way counteract whatever harm alcohol was doing to their bodies.

I'm sure it [the level I drink at] does [have an effect on health] but I'd like to think with the other things that I do and I have a balance. [NW01, 46]

If I've gone out and run five miles in the day, I've worked and then I've had something healthy for tea, and I'm having a couple of glasses of wine, is that not a trade-off? [NW06, 47]

I like that balance. I enjoy a drink, but I also like exercise. I think it's so important that you get that balance. [...] I do know, okay, say you abuse your body a little bit by having over the sort of accepted amount of alcohol and sort of possibly more rich food than you should have. But I think you can get away with it as long as you do some exercise as well, and get the old blood flowing around the body. [NW12, 55]

In an imperfect world, people can also make trade-offs between vices. Cutting back on drinking may simply not be the top priority.

Let's put it in a different way, in the order where it is in my mind. Let's just imagine that I hadn't ever smoked, so I haven't got that on my to do list: stop smoking. I haven't ever experienced or taken cocaine, it's never been a problem in my life and never will. So then drink becomes the top of the list, and that's for me... then it would be a bigger deal for me. It's just not a big deal for me, at the moment. The most important for me is to continue my abstinence from coke. And next on the list [is smoking], I know that it's having a massive adverse effect on me, I wake up in the morning and it takes several minutes to stop coughing, so I need you know, I know I need to deal with that otherwise I'm going to die much sooner than I should. [SW03, 53]

This participant was in fact consciously using drinking as a way of managing what for him was the much higher priority: his cocaine addiction.

It was basically a conscious choice as a trade-off. I've never been a big drinker. I decided it wasn't going to be a big risk for me to go to replace that. You know, just block out things, just to feel happy for a little while, by having a drink. [...] I've used it as part of my recovery from cocaine. [SW03, 53]

Another participant described drinking as his 'last remaining excess', a reminder that the ultimate trade-off being made is perhaps the one between health and pleasure.

I'll never be a teetotaler. It's always a balanced risk, isn't it? It's a bit like anything you do: it's a balanced risk. And you want to stay healthy and it's one of the things... it's one of the excesses or one... my last remaining excess, I think. You know, I'm... all my other food is, you know, my foodisms, that I like stuff and that, they're always under control. You know, we don't... I don't eat trifle every day, whereas I could if I had my own way. And little things like that, you know. [NW13, 56]

A key strength of a mental model is that it leaves the individual free to make this kind of decision. By contrast, the guidelines appear to treat drinking in isolation, and ignore the reality of individuals making trade-offs.

Weighing the benefits of small reductions

A second strength of a mental model when it comes to making trade-offs of this kind is that it allows one to weigh the potential benefits of relatively small reductions in consumption. By contrast, the guidelines appear to set an absolute target, with no benefits associated with reductions above that target. Unlike a mental model, an absolute target risks implying an all-or-nothing choice between hitting the target or continuing as one is.

Is it 21 [units], or something like that, the level? They're now talking about maybe you should be thinking about twelve to fourteen; I heard that recently on the news. And I'm thinking: for me to get to twelve, fourteen, that's pretty radical, that's probably me not drinking for four nights a week, something like that, at all. [NW13, 56]

They told me to give up drinking totally, and I told them actually I'd rather sacrifice a few years at the end and enjoy the ones I've got now, because it was getting a bit boring. I don't mind, I could not drink for a couple of weeks, but when I fancy one I want to have one. And I'm the sort of person, the worst thing you can do is tell me 'Don't', because then I will just to prove you blimmin' wrong. [SW08, 49]

Absolute targets, moreover, fail to applaud the achievement of some of our participants who, while they were still drinking too much, had in fact already succeeded in cutting back from even higher levels.

About five years ago, it was after one Christmas, and I had a bit of a health scare, I had sort of palpitations and chest pains, and we ended up calling the paramedics, and they came out and checked me out and said that I'd got high blood pressure. So at that point I decided to... I went and had a chat with a doctor and they sort of asked me some basic health and lifestyle questions, so the whole sort of thing about levels of sort of sporting activity, watching what you eat and watching what you drink, all of that sort of came into focus. So I'm trying to do the best that I can to improve my levels of sporting activity, the kind of food that I ate and also what I drank as well. [...] I started to monitor it and it was actually about 40 units a week and so the first thing that I tried to do was I started to keep a diary and a log of what I was drinking. As a result of that I managed to, after the... this was about 2010, and I monitored my alcohol consumption ever since then and I managed to get it down to 28 and it's been the holy grail to get it down towards 21. And it was, I think I managed one successful year, and then last year I was just over 30, I was about 31, and then this year I've been just over 31 as well. [WM10, 52]

One participant described how he had gone through phases of better and worse behaviour without ever getting anywhere near the target laid down by the guidelines.

I never drank during the week at all and the weight fell off. Absolutely fell off, and I lost, like I say, seven and a half stone, I got off. But then when I got down where I wanted to be, it was like: yes, I'm all right now, I'm there. [...] So, then I would have a couple of cans of beer and instead of doing say just the Friday night out, I'd maybe do a Saturday night out, as well. And then maybe, you'd sort of think: well, on Saturday we're going to... well, there's one coming up in two weeks, three weeks' time, it's the [Town] Beer and Cider Festival. And you think: oh, well, we'll go in there till two, three, four o'clock and make a day of it. [...] I've sort of got a bit lax with it, and I have put back on about a stone, stone and a half, again which... hence, I'm back on the [bi]cycle and trying to be good again. [SW10, 48]

7.6 Moderate drinking and comparisons

Absolute targets may be unrealistic, risk implying an all-or-nothing choice, and fail to acknowledge the value of incremental improvements: but they are at least precise.

By contrast, the term ‘moderate drinking’ is open to whatever interpretation a person wishes to place on it.

Interviewer: What do you think alcohol does to your health?

Well, it... I don't know. It's not bad for you as long as it's done in moderation. I mean...

Interviewer: What is moderation though?

Well, not drinking excessively, I suppose.

Interviewer: But what is excessive?

Well, I don't know. What... that's the key thing, isn't it? I mean this is what this has highlighted with me, you know, this sort of thing. [NW04, 50]

A number of our participants, for example, saw their drinking as moderate, or some qualification thereof such as ‘on the heavy side of moderate’ or ‘moderately heavy’.

Part of the challenge here is that participants typically appeared to base their understanding of terms like ‘moderate’ on comparisons not with the recommended guidelines, but with what they saw around them: family, friends, colleagues, other people drinking in the places where they drank. Not surprisingly, given the way in which social norms operate (see Chapter 3), they typically found that their drinking was average in their immediate social circle.

I don't seem to drink any more than really most people that I know, and they all think they drink within the limits. [NW06, 47]

Going by the people that I know and drink with, I would say I'm average. [...] From what I know. From my experience of my friends that I go... you know, socialise with. We're all about the same, I would think. [WM08, 53]

I would gravitate towards people that are like me, I would say, and my good friend said never trust anybody that doesn't drink. Well, I'm not in that sort of league, but I sort of know what he means. It's not one of my terms but, yes, I think that's got a lot to do with it. You gravitate towards people that are likeminded. [SW09, 60]

Most could also point with ease to examples of people who drank more than they did.

I'm probably at least a moderate drinker to something moderate plus, maybe. I wouldn't call myself a heavy drinker because the heavy drinkers are what I see in my workplace. [SW07, 60]

I still had this mindset that I was a moderate drinker because of my background, my father was a heavy drinker. He used to go out every night to the pub. [NW13, 56]

I can drink a few if we're meeting up, we're going out for a real session, but like, by the time I've drunk my one pint, he'd be on his third sometimes. [...] I think I'm a light drinker compared with those like, you know, but otherwise I think I'm average or probably just above average. I don't know. [SW11, 54]

Widespread images in the media of heavy sessional drinking among younger people provided another point of comparison.

You see like Booze Britain, these type of programmes where people are falling over in the streets in Greece and all the rest of it, and I just think it's okay seeing all this but then you think, I won't get myself to that stage. [NW06, 47]

Sometimes points of comparison were taken from participants' own past, with a number describing having drunk more than they did now at some point previously, either before the onset of responsibilities (see §1.5) or when they were going through a difficult period.

Oh crikey, when I was twenty-five, I would have been embarrassed to write down there what I used to drink. We were out every night. [NW01, 46]

I used to drink an awful lot more. [...] I had a particularly... I had an unhappy marriage which went on and on and I did drink too much. [SW05, 55]

I'm much more responsible now than I used to be. [...] I've cut back. I used to be worse. [...] When I was... probably five years ago, I could find a reason to have a drink every night of the week, you know. [SW13, 46]

I think I'm drinking less now I'm older. The younger I was, the more I drank, so I think it's definitely getting less. [NW03, 59]

In light of this, it should not be surprising if advice which uses terms like 'moderate drinking' or 'excessive drinking' fails to register with people such as our participants. The consequences of this kind of confusion are readily apparent in the following excerpt:

Well you've got the daily... the recommendation, and it's about one-and-a-half pints if you convert the units. Right, so if I'm having three pints I'm double to what the recommended amount is, right? If one-and-a-half pints is the recommendation and you've doubled it, then obviously it's not good for you.

Interviewer: Okay, that seems like fairly sound maths to me. So that is what... so you actually have looked at the whole units thing. [...]

I look at it but I don't... I don't take note of it, you know?

Interviewer: I'm not sure many people do. So tell me, because you were saying that you probably drink a little more than is good for you but you don't seem overly concerned about that, and I'm not saying you should be but...

I should be because of my heart. I mean I've got a bad heart so I should...

Interviewer: Oh really?

Yes, so I should be a bit more...

Interviewer: I want to say for the recording you're telling me this with a big smile.

I should be a bit more careful. [...] But I'm not. So... but I think, can you be too careful? I don't know.

Interviewer: Well you tell me. [...] So you're kind of saying: well I'm drinking probably too much that's good for me, and I've got the heart problem and all of those things, and I really should be doing it so, but...

But... I mean, two weeks ago I had to have a cardioversion. That's where they stop your heart and re-start it. And one of the questions –, I mean I was only in there for a day case – but one of the questions you're asked, you know about twenty questions, and if it's okay to have a drink. If they'd have said 'No', I may have listened to them for a few days. But the answer was, you know, 'As long as it isn't excessive, it's fine.' So, you know they're giving you a bit of peace of mind.

So then you think: that's not too bad, because they've said I can have a drink.

Interviewer: And what's excessive? Because this is, so you said you drink probably a little bit too... more than is really good for me. What would excessive mean?

Excessive would be... mean to me... would be probably six or seven pints a night. [WM06, 56]

7.7 Denial

It would of course be naive to imagine that behaviours such as drinking are entirely the product of conscious lifestyle choices, made on the basis of trade-offs between different kinds of consequence.

For one thing, such conscious decisions must contend against factors such as habit and contextual cues. We have seen in Chapter 4 the central role assigned to non-intentional factors such as these in participants' accounts of their own drinking.

Even at a conscious level, however, responses to information about the health consequences of drinking may involve more than a simple calculation of costs and benefits. Another response is simply to stick one's fingers in one's ears and look the other way.

I know how much calories there are, but I don't count because that's depressing.

[...] This is one of the reasons I want to cut down on the beer because it's just the calories in the beer. Yes, which is a shame. And I know you should... I mean before when I lost weight, [...] I wouldn't cut the beer out, I would just cut the food out. And just use the beer as food. I know that's not good.

Interviewer: Do you know, Drinkaware, for instance, they've got an app where you can count your drinks and I think it'll give you things like the calorie levels and everything.

I don't want to know. I know what it is. I know what it is. It's just me not wanting to know. So it's like with everything. [...] Too much information. If something's bad, you get a reaction: oh, well, sod it. You know, I'll, you know: beer. [SW05, 55]

The one thing I do know is if I ever have a binge day, perhaps football on a Sunday, and probably have one too many – I've got a bit of heart trouble, I've got a pacemaker – I get some chest pains the day after. I do feel it's linked to alcohol but I don't know why because I only ever get it, you know, if I've been drinking.

Interviewer And what does the doctor say?

I wouldn't tell him.

Interviewer Why not?

He'd say stop drinking. [NW03, 59]

I mean, for me, at the moment, my weight is playing on my mind a bit. So I'm thinking, well, I've got to do something about that. It's not just... you know, it's the amount I eat and what I eat as well, because I have terrible eating habits.

Interview: How many calories are there in a pint of...?

I haven't got a clue, and I'm too frightened to look, to be honest. But... so that would certainly be a motivation for me. [SW01, 52]

Why, for example, do people lie to their doctors about how much they drink? In §6.5 we considered one explanation of this pattern, in terms of fears about being seen as an alcoholic. Other participants – including some who admitted lying themselves – argued that avoiding having to take action could also play a part.

It's because we prefer not to know, don't we? Otherwise you have to face it and deal with it, don't you? [SW03, 53]

I think some people have an issue with actually admitting what they drink. [...] Because they know it's wrong, I guess, and they know it's bad for them. [SW01, 5]

The following excerpt is from a participant who has “had a dodgy heart since I was born”, and who goes for regular check-ups with a heart surgeon. The interviewer has just asked if drinking is ever mentioned at these check-ups:

Drinking is not a problem, in moderation. They say it's good for your heart, which is something you don't hear very often. But my surgeon, now, he says, 'Don't cut down on your drinking, that's good for your heart.'

Interviewer: Really?

Bad for your liver, but good for your heart. [...]

Interviewer: What does drinking in moderation, I have heard that before, and what does he say that moderation means? I mean what's your sense of moderation?

Probably not as much as I drink, probably about five pints a week.

Interviewer: When your surgeon says don't cut down on your drinking, is that based on you having told your surgeon how much you typically drink in a week?

No, I lie.

Interviewer: You lie.

A very good liar.

Interviewer: Yes, but why do you lie?

I don't know. I don't drink excessively. I think that is moderate.

Interviewer: What would excessive be?

Probably getting banjoed every night. Or starting on a Thursday, all the way through, and then maybe knocking work off on the Monday like some people I know. [...]

Interviewer: So if this is moderate I come back to the question, why are you lying to your surgeon?

It's only five pints a week, what am I having? Probably about twenty, but only if there's a good party. So Saturdays take it out, so probably only two. He doesn't want to know what I drink. He says five and mine says probably about twenty, so that's why I lie. But he's probably as bad as me anyway.

Interviewer: So basically lying is just a way of getting him to shut up?

Yes, just falsifying the figures, cooking the books.

Interviewer: So why did you tell us the truth? Because I'm not a surgeon and I'm not going to tell you anything?

Yes. [WM04, 46]

While providing a mental model that allows one to imagine what alcohol is doing in one's body may be preferable to simply stating that drinking above some absolute level is bad for you, it would probably still not be enough to tackle denial of this kind. Unfortunately, such denial may be hard to tackle until it is too late.

Interviewer: Why did you cut the number that you told her [health professional]?

Well, because I know, I know, I know, I know that I drink too much and she knows that I was drinking too much and it's like all she's going to say is, 'You need to stop drinking quite so much'. And I say, 'Yes, I know I do'. And then it probably doesn't change a lot. Until you get a kick up the ass, you get a real proper wake-up call, then I don't know whether it will change. [SW10, 48]

7.8 Health and age

In §5.2, we summarised some of the key benefits associated with drinking. Against health benefits that are neither experienced nor (in the absence of a mental model) easy to imagine, the loss of these benefits can weigh decisively.

Oh well, I'd like to try and stay healthy-ish, you know what I mean, I... but I like to go out and enjoy myself as well, so maybe I should still go out and enjoy myself, but not quite, you know... make a pint last a bit longer. [SW11, 54]

It's not stopping me living, working, getting on. I'm having a pretty darned good time. So let's enjoy these years because, who knows, in a few years time I may not be able to. I've got a bit of osteoporosis, so I'm literally, if I fall down I could break something and yes, okay, so I could be a cripple. So let's enjoy it now. [...] I made this trade-off. In my mind I know I drink too much but I'm happy with what I drink. [SW08, 49]

However, such judgements may be influenced to some extent by age. A number of participants, for example, felt that they had reached a stage in their life when concerns about health were acquiring a higher salience.

I think most blokes my age, whether they admit it or not, will be thinking more about health. [NW01, 46]

If I can keep myself fit while I can, you know, in the long run, it'll be better for me. Maybe from a lifestyle point of view, as well. I think you get to a certain age... I hit forty, and I was overweight. I sort of: now, I need to do something now. I need to take a little bit more care of myself. [NW14, 45]

I'm at the age now, I'm nearly fifty – forty-eight, nearly fifty – and I think, oh, dear, I need to be honest and just say: look, perhaps I do drink a little bit too much. But I am quite active. You know, I am quite, you know, relatively fit. [SW04, 48]

I think, when you're younger, definitely up to thirty, or even, you know, pushing forty, you just get on with your life and don't think about it. But then, when you suddenly start hitting forty, and now I'm in my fifties, you start thinking about your health, your weight, your future. [WM08, 53]

Others thought of health as something they would need to worry about more in the future. One participant saw himself as living in a kind of sweetspot: his children had grown up and responsibilities reduced, allowing him to drink more (see §1.5), but he could still afford to put off concerns about health a little longer.

I am aware, as I am getting older, some... but I'm getting away with it, I suppose, you know what I mean? I'm getting away with it, I'm enjoying myself and I'm having a good time. So I'm continuing to do that until hopefully, touch wood... you know what I mean. [WM13, 49]

A few participants, by contrast, took the line that it was already too late for them to be worrying about health – although this may possibly represent another form of denial (see §7.7).

Too old now, aren't I, to be bothered. There's not a lot they're [Drinkaware] going to say. I would say to them: every day above ground's a bonus, so while you're above ground, get using it and enjoy your life. [NW10, 51]

There is no immortality. There is nobody who is immortal and as we get old things start to happen. I suppose as you start walking towards death you do think a little bit about it. I enjoyed my life. Why be miserable and not smoking? [WM01, 45]

Part C

Recommendations

Part C

Recommendations

In this part of the report, we set out our recommendations for the role Drinkaware could and should play in reducing consumption of alcohol among men aged 45-60 and drinking more than 21 units in a typical week (increasing and higher risk drinkers).

The scope of these recommendations is based on our understanding of Drinkaware's remit. This remit is to provide impartial, evidence-based information, advice and practical resources; to raise awareness of alcohol and its harms, and to work collaboratively with partners. Recommendations are made for activities in these areas.

Drinkaware does not take a stance on policy issues such as pricing or regulation. We therefore make no recommendations on these issues. Our focus on opportunities to change consumer behaviour, using the kinds of tool at Drinkaware's disposal, reflects Drinkaware's remit, and should not be read as implying the views of the authors on the potential value or impact of other kinds of intervention.

Our recommendations are based on the interview findings already presented in Parts A and B, along with additional findings from the subsequent round of workshops. These workshops allowed us further to explore ideas for ways in which Drinkaware might seek to promote reduced consumption in the target audience, developed on the basis of interview findings. Relevant findings are summarised in the following sections. A summary of findings from the workshops can also be found in Appendix 3.

R1. Focus on routine home drinking

Drinkaware should focus on promoting reductions in *routine home drinking*; and reductions in routine home drinking among the target audience should be the overarching outcome measure of success

This recommendation is based on key findings from our research, which suggest this focus will deliver the greatest reductions in consumption, given the tools at Drinkaware's disposal.

- Routine home drinking typically takes the form of individual drinking; and participants themselves highlighted individual drinking as the place where they would cut back, on the grounds that doing so would be easier and would entail less loss of benefits (see Chapter 5).
- Routine home drinking can also raise questions about control, which are not raised in a social context; indeed, simply becoming aware of how much and/or how often one is drinking on one's own can be enough to prompt thoughts about cutting back (see Chapter 6).

Other data suggests that routine home drinking also accounts for a significant proportion of both drinkers and consumption in the target audience.

- Across the population as a whole, alcohol is increasingly being consumed within the home. For example, HSCIC note that: 'In real terms, between 2009 and 2012 household spending on alcoholic drinks in the UK increased by 1.3%, whilst that bought for consumption outside the home fell by 9.8%'.¹
- Routine home drinkers account for a significant number of the target audience. 91% of higher risk male drinkers aged 45-65 drink at home on at least three days a week, with half (51%) drinking 'almost every day'. 60% of increasing risk male drinkers in this age range drink at home on at least 3 days a week.²

Note, however, that a focus on routine home drinking will mean some further targeting *within* the target audience. Specifically, such a focus will mean less attention is paid to those who drink large amounts at the weekend – most or all of it in social contexts – but little or nothing during the week.

As discussed in §1.4, it is our hypothesis that this pattern of consumption may also be linked to patterns of work (e.g. shift work, work which involves driving), and that these may in turn be associated to some extent with social class. As a result, the proposed focus on home drinking may *de facto* imply a bias towards certain social classes.

There is a balance to be struck between targeting audiences on the basis of need (e.g. on the basis of levels of health harm) and targeting audiences on the basis of likelihood of impact (given the tools at Drinkaware's disposal). There is little value in targeting high need audiences if one does not have at one's disposal the tools necessary to bring about change. R1 reflects our judgement of the most appropriate focus for Drinkaware's activities *given the tools that it has at its disposal*.

R2. Undertake three key strategic actions

Drinkaware should undertake three key strategic actions to promote reductions in routine home drinking, in line with its remit:

- prompt awareness in the target audience of their own drinking
- motivate the target audience to take action to reduce their routine home drinking
- equip the target audience to take *effective* action to reduce their routine home drinking

1 HSCIC, Statistics on Alcohol England, 2014.

2 Ipsos MORI (2013), Drinkaware KPI Measurement Study, 45-65 year olds data tables. Base: all respondents.

R2.1 Prompt awareness of own drinking

Drinkaware should seek to prompt awareness in the target audience of their own drinking

Much routine home drinking is habitual, and as such can go unnoticed for much of the time. A number of our participants were surprised to find out, through the pre-task, how much and/or how often they were drinking (see §6.4).

Awareness of how much and how often one is drinking can play an important role in cutting back. For example, even if one has a good understanding of the health consequences of drinking, one will underestimate these consequences in one's own case if one underestimates how much one is drinking.

In fact, given the questions which routine home drinking raises about whether one is controlling one's own drinking, awareness can by itself prompt a resolution to cut back (see §6.4).

Findings from our workshops suggest a way in which communications could more effectively be used to prompt this kind of self-awareness.

- Currently, communications equip consumers with information about the number of units in discrete drinks. Consumers are then expected to add these units up to arrive at a total. This requires conscious effort: participants in the research confirmed that the value of investing this effort is apparent only *after* one has already invested it.
- In workshops, participants were instead shown weekly drinking logs for invented characters, with the total weekly consumption for each character indicated in units. That is, *units were linked not to discrete drinks, but to a drinker*. Participants spontaneously compared their own drinking patterns to these drinkers, and estimated whether they drank more or less. While not mathematically accurate, these comparison-based estimates appeared (by participants' own reports) to serve the critical function of increasing awareness of participants' own drinking, and to do so in a way that was not conscious and effortful but automatic and effortless.

Further testing of this approach is required, but our hypothesis is that communications can more effectively prompt the target audience's awareness of their own drinking by moving:

- **from** an approach which requires the audience to add up the units associated with discrete drinks (accurate but effortful)
- **to** an approach which invites the audience to compare themselves to another drinker with an associated unit count (approximate but effortless).

R2.2 Motivate to take action

Drinkaware should seek to motivate the target audience to take action to reduce their routine home drinking, by creating/amplifying concerns about:

- whether or not they are keeping their drinking under control, and/or
- the possible health consequences of continuing to drink at the levels at which they are drinking

At first sight, this recommendation – and its focus on intentional action by the target audience – may appear at odds with the recognition by drinkers themselves of the non-intentional nature of much drinking (see for example Chapter 4). Changing such behaviour may call for approaches which seek to influence not intentional but automatic behaviour, and to do so by making changes in the context – what the authors of the Mindspace report, for example, call ‘changing behaviour without changing minds’.³

However, while approaches such as these can be very effective when one is able directly to influence the context in which behaviour occurs, this condition does not hold in the case of routine home drinking.

Drinkaware is not able to make direct interventions in the context – the homes of the target audience. Instead, Drinkaware must rely on the target audience themselves to make such interventions. That is, Drinkaware must motivate members of the target audience to (intentionally, consciously) take action to reduce their own home drinking (possibly by making changes to the home context in which that drinking occurs – see R2.3).

Two clear approaches to motivating the target audience emerge from our analysis, based on

- concerns about whether or not they are keeping their drinking under control (see Chapter 6)
- concerns about the possible health consequences of continuing to drink at the levels they are drinking at (see Chapter 7)

Further considerations for the development of these approaches to motivation are set out in §R3 and §R4.

Note that, while Drinkaware cannot itself make direct interventions in the context of the target behaviour, *industry partners* do have a measure of control over important contextual factors, such as:

- the packaging of the alcohol itself (i.e. the bottle, the label), which is part of the context of routine home drinking
- the layout of shops, promotions, etc., which provide the context for another associated behaviour: the *purchase* of alcohol for home consumption

Participants in our research highlighted the potential importance of the latter of these to their own behaviour (see §4.4).

3 Dolan, P., Hallsworth, M., Halpern, D., King, D. and Vlaev, I. (2013) Mindspace: influencing behaviour through public policy, Institute for Government.

R2.3 Equip to take effective action

Drinkaware should seek to equip the target audience to take *effective* action to reduce their routine home drinking.

Motivating the target audience to take action to reduce their routine home drinking is a positive step, but it will only contribute to the outcome if the action they then take is *effective*. Drinkaware can draw here on a growing evidence base regarding what it takes to change habitual and routine behaviour in general, and interventions to reduce drinking in particular.

Moreover, the strategic outcome must itself be placed in the context of Drinkaware's overall focus on harm reduction. It is essential that reductions in routine home drinking are not achieved by means which increase other kinds of harm – e.g. substituting sugary treats for alcoholic drinks. Any approach needs to recognise that drinking is only one unhealthy behaviour among many, and that choices about cutting back are made in the context of other lifestyle choices (see §7.5).

R3. Find language to describe target audience's drinking

Drinkaware should identify language which the target audience recognises as describing their own drinking, but which at the same time challenges that drinking.

Our findings have highlighted ways in which the language used to describe drinking by the target audience can cause problems:

- drawing attention to a failure to control routine home drinking can prompt not constructive intentions to cut back, but concealment and denial to avoid the risk of being seen as an alcoholic (see §6.5)
- terms such as 'moderate drinking' or 'excessive drinking' are open to interpretation – and the target audience may interpret them in light of what they see in their own social circles, not with reference to guidelines (see §7.6)

Workshops provided an opportunity to explore these problems further. The findings suggest a simple framework for thinking about the language used to describe drinking by the target audience.

- On the one hand, there are terms which members of the target audience might recognise as describing their own drinking – but which do not challenge that level of drinking. For example, the term 'social drinker' is used to describe someone who, while they may drink a lot, has no reason to question whether they can control their drinking (see §6.3).
- On the other hand, there are terms which clearly challenge a level of drinking – but which members of the target audience might not recognise as describing their own drinking. For example, while the term 'excessive' clearly indicates a need to cut back, our participants typically saw their drinking as 'moderate' (see §7.6).

- In between these two extremes, certain terms occupy a 'sweet spot', both recognised by participants as describing their own drinking and at the same time challenging that drinking. For example, findings from the workshops suggest the term 'routine drinking' could occupy this 'sweet spot', describing a kind of drinking that a number of our participants saw in themselves while at the same time drawing attention to the fact that, even if able, they are *failing* to control this aspect of their drinking.

The figure below illustrates this framework, using examples of terms from our own workshops. Further testing of language is needed here.



R4. Create compelling mental models of health harms

Drinkaware should develop compelling mental models of the harms caused by alcohol, which

- allow members of the target audience to picture what alcohol is doing inside their body, and imagine harm they do not experience
- enable members of the target audience to make choices and trade-offs, and weigh the potential benefits of relatively small reductions in consumption – with messages that are achievable, positive and holistic
- focus on harms that members of the target audience care about

R4.1 Allow target audience to imagine harm

Drinkaware should develop compelling mental models of the harms caused by alcohol, which allow members of the target audience to picture what alcohol is doing inside their body, and imagine harm they do not experience

A key reason why the guidelines fail to establish a connection between the levels at which the target audience is drinking and the risk of health harm is that they are framed in the wrong way. Specifically, they *state that* consumption at a certain level creates risk, when what is needed is to *show how* such consumption creates a risk (see Chapter 7).

Mental models are ways of understanding what is actually happening inside one's body, which allow one to imagine what one does not actually experience. Mental models linking alcohol to health harm do exist to a limited extent, and account for the acknowledgement of certain kinds of harm, such as weight gain and damage to the liver. However, mental models are missing in key areas – such as the effects of alcohol on the cardiovascular system (see §7.3).

R4.2 Enable target audience to make choices

Drinkaware should develop compelling mental models of the harms caused by alcohol, which enable members of the target audience to make choices and trade-offs, and weigh the potential benefits of relatively small reductions in consumption – with messages that are achievable, positive and holistic

As well as allowing one imaginatively to connect one's own drinking to possible health consequences, mental models also allow one to:

- make trade-offs between different kinds of harm-causing activity
- weigh the potential benefits of relatively small reductions in consumption (see §7.5).

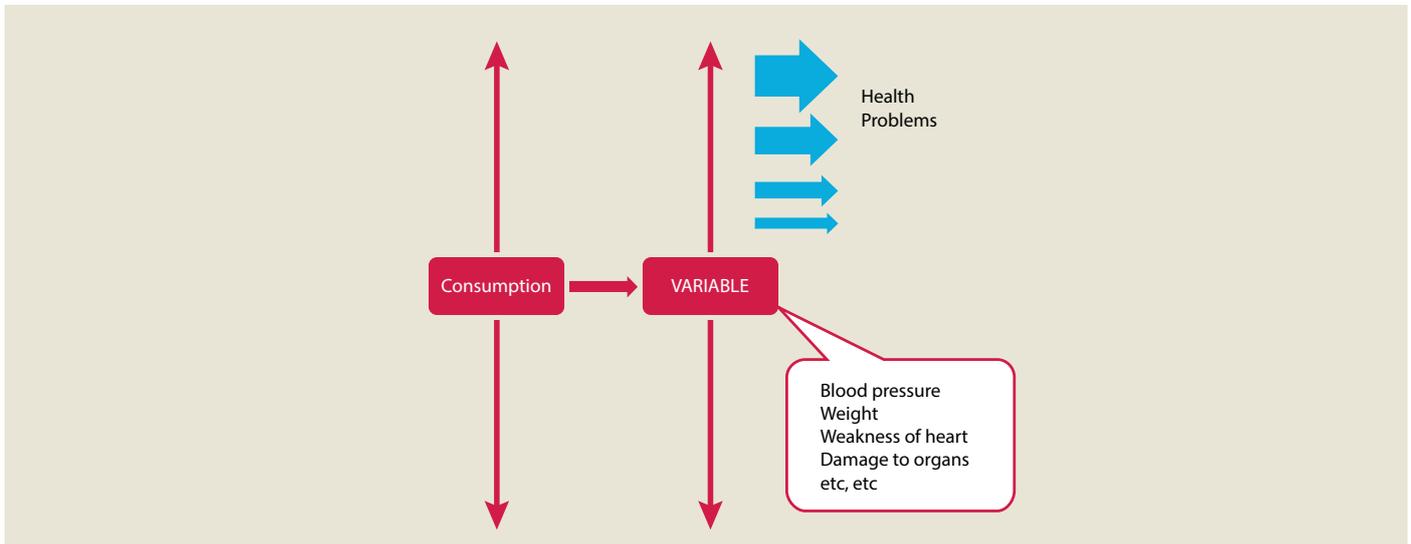
In workshops, we tested a number of potential 'stories' about the health effects of alcohol. Successful stories (and elements of stories) all offered a mental model with the same basic structure. This structure (illustrated graphically below) involved *two* links:

- first, *variable levels of consumption* directly influence a *variable relating to the body* (such as blood pressure or weight)
- then, this second variable then directly influences *variable levels of risk* of health problems

This structure has a simple implication: the more you drink, the higher the risks – but also, therefore: the *less* you drink, the *lower* the risks. In particular, there is value even in making small cuts. Participants found this perspective motivating and empowering – as apparent in the highly positive response to the following proposition, also tested in workshops:

A lot of us don't realise that every drink we drink over the guidelines is chipping away at our health. The good news: make even small reductions in the amount you drink and you can make a big difference.

It is worth stressing the guidelines are mentioned in this proposition *not* as a target, but only as a threshold above which effects will start to be felt. It is useful to contrast this to messages which imply that the government guidelines are a *target*. For a number of our participants, guideline levels represented what they saw as an *impossible* target – and therefore a demotivating and disempowering one (see §7.5).



Workshop responses reinforce the importance of messages based on the structure above being:

- achievable – e.g. ‘cut back a bit’ rather than ‘drink within the guidelines’
- positive – e.g. ‘cutting back is good for you’ rather than ‘alcohol is bad for you’
- holistic – e.g. ‘cutting back can be part of a healthy lifestyle, alongside other decisions’ rather than ‘you have to cut back’

R4.3 Focus on harms target audience care about

Drinkaware should develop compelling mental models of the harms caused by alcohol, which focus on harms that members of the target audience care about

An effective and engaging health story needs to explain the mechanism in a way that fits well with your existing understanding of your body, and also creates realistic ways of improving the situation. However, for you to be motivated to take action, you also have to care about the potential outcomes: the health consequences need to feel personally relevant.

A number of potential stories about the health effects of alcohol were tested in workshops. Themes that resonated were:

- conditions seen as especially relevant to men in this age group, e.g. cardiovascular, weight
- life-threatening disorders, e.g. heart attack, stroke, etc.
- conditions people were *already* experiencing, e.g. weight gain, high blood pressure, sleep disorders

In our workshops, the content themes that resonated most strongly were around:

- harm to the cardiovascular system (including blood pressure)
- the impact of drinking on weight
- the idea of pervasive damage by the toxic by-products of alcohol (acetaldehyde)

Over and above these themes focusing on *specific* effects of alcohol, workshop responses also suggested an appetite for information about the *full range* of health risks associated with drinking. In particular, some participants stressed the impact of hearing *all* of the stories together, over and above the impact of any single story.

The workshops did not include a 'holistic' story which highlighted the *range and variety* of effects alcohol has in the body (as opposed to highlighting specific effects). However, we would suggest that there is clear potential to tap into the aspirations of this target audience to maintain good health as they get older (see §7.8), and to develop an approach which promotes drinking as a component of a healthy lifestyle – alongside healthy eating, exercise and giving up smoking (see §7.5).

Appendix 1:

Participants

Appendix 1:

Participants

Code	Age	Social Grade	Lives with...
NW codes (North West)			
NW01	46	B	Partner
NW02	49	D	Partner, child of 15
NW03	59	D	Partner
NW04	50	C2	Partner, children of 15 and 17
NW05	54	B	-
NW06	47	C1	Partner, children of 8 and 10
NW07	57	D	-
NW08	58	C1	Partner
NW09	56	C1	Partner
NW10	51	D	Partner, child of 12
NW11	50	B	Partner, child of 16
NW12	55	C1	Partner
NW13	56	B	Partner
NW14	45	C2	-
SW codes (South West)			
SW01	52	C2	Partner, child of 22
SW02	51	B	Partner, child of 15
SW03	53	D	-
SW04	48	C2	Partner, children of 15, 18 and 21
SW05	55	B	Partner
SW06	50	C1	Partner, children of 18 and 22
SW07	60	B	Partner
SW08	49	C2	Partner, children of 15 and 20
SW09	60	D	Partner
SW10	48	C2	-
SW11	54	D	Partner, child of 18
SW12	60	B	-
SW13	46	C1	Partner, children of 12 and 14
SW14	45	B	Partner, children of 9, 9, 13 and 14

WM codes (West Midlands)			
WM01	45	B	Partner, children of 13, 16
WM02	58	B	-
WM03	53	C1	Partner, children of 18, 21
WM04	46	D	Partner, children of 10, 14
WM05	59	D	Partner
WM06	56	D	Partner
WM07	53	D	Partner
WM08	53	C2	Partner, children of 18, 20
WM09	60	C1	-
WM10	52	B	Partner, children of 15, 20
WM11	52	B	Partner, children of 20, 24
WM12	45	B	-
WM13	49	D	Partner
WM14	45	C1	Partner, children of 15, 16, 17

Appendix 2:

Workshop Stimulus

Appendix 2:

Workshop Stimulus

Health stories

1 Alcohol raises your blood pressure

You may feel alcohol is helping you unwind. Inside your body, something different is happening.

Alcohol makes the arteries stiffen and constrict, pushing up your blood pressure.

This in turn puts a strain on your heart, and increases the chances of you having a stroke or a heart attack.

2 Alcohol makes your blood less likely to clot

A little alcohol (say one drink a day) can be good for you if you're healthy. It means your blood is less likely to clot when you don't want it to. Clots can cause a heart attack or one kind of stroke.

But drink more and it 'thins' the blood too much. This means your blood won't clot when you need it to, which can lead to a stroke caused by blood bleeding into the brain.

3 Alcohol makes your heart sag and twitch

Alcohol directly affects the heart in at least two ways.

First, it weakens the heart muscle. Over time, the heart sags and stretches, making it less effective at pumping blood around the body.

Secondly, it disturbs the heart's internal pacemaker system, which can cause the heart to go into spasm.

4 'Tolerance' is a sign that alcohol is damaging your body

If you drink regularly, then your body builds up a 'tolerance' to alcohol.

That sounds like a good thing: but in fact it doesn't mean that you can drink more safely.

In fact it means that the alcohol is already changing your internal organs and brain. The more you drink, the more damage you'll do.

5 'Tolerance' is a kind of low-level dependence

If you drink regularly, then your body builds up a 'tolerance' to alcohol.

As part of this process, both your body and brain learn to expect the alcohol.

Both start to need a drink.

6 Your body breaks down alcohol into toxic waste

Your body turns alcohol into acetaldehyde. This is toxic if not quickly broken down into other safer chemicals.

When you drink only a little (say, a couple of pints once or twice a week) everything works well. But if you drink more (say, 3 pints of 5% beer 3 or 4 times a week) the acetaldehyde hangs around for longer, and damages your liver, pancreas, stomach and brain.

7 Alcohol ruins a good night's sleep

You may find alcohol helps you get to sleep. But it has a bad effect on the quality of your sleep. Alcohol disrupts a kind of sleep called REM sleep (REM stands for 'rapid eye movement').

REM sleep is the mentally restorative sleep you need. Disruptions in REM sleep cause day-time drowsiness and poor concentration.

8 Alcohol makes it harder to fight off infections, cold and flu

Alcohol suppresses your immune system.

Getting drunk can reduce your ability to fight off infections for twenty-four hours.

If you're already coming down with something, avoiding drinking reduces the pressure on your immune system.

9 Alcoholic drinks are seriously fattening

Alcoholic drinks are full of calories. Even drinks like beer, which aren't sweet and contain no fat.

Drinking four pints of lager is equivalent to eating a hot dog, followed by a burger, with a doughnut for dessert.

Alcohol also reduces the amount of fat your body burns off – because your body prioritises getting the toxic alcohol out of its system.

10 Alcohol affects the balance of sex hormones

Even men have oestrogens (female hormones). Normally the liver breaks them down.

When the liver is busy breaking down alcohol, oestrogens build up. Your body starts getting female characteristics, such as 'man boobs'

Alcohol also stops production of testosterone in the liver and testicles, reducing your sex drive and the quantity and quality of sperm.

11 You don't have to get drunk for alcohol to damage your body

If you don't get drunk, it's easy to think you're not harming yourself.

But alcohol also has subtle effects, which add up over time. If you drink more than your body can easily process (say a couple of pints in one session) these effects will start to add up.

Unlike being drunk or having a hangover, you may not know about these subtle changes until they're already making you sick.

12 Alcohol can be good for you, but only in small amounts

If you're otherwise healthy, drinking small quantities of alcohol (say, one drink a day) reduces your risk of heart problems and increases your levels of "good cholesterol".

As you drink more, the bad effects outweigh the good. For example, drinking more than 3 units a day (about a pint and half of beer) will increase your risk of heart disease.

Propositions

B

The only time many of us notice how much we're drinking at home is when we put out the recycling.

Home is also the easiest place to cut back, because much of it is not social drinking.

Could you drop a drink or two at home?

C

We all know that alcohol is powerful, but few of us really understand what happens when it gets into our system.

Don't you want to know what you're putting into your body, and what it's doing?

D

At lot of us think that once the hangover has worn off, there are no further consequences.

But alcohol also has more subtle long-term effects, which build up over time.

Don't let the negative effects of alcohol creep up on you. Keep track of how much you drink and stay within the guidelines.

G

Many of us say that drinking is one of our great pleasures.

What we don't realise is that, if we let it damage our health, we may need to cut it out completely.

Cut back a bit today, so you can carry on drinking when you're older.

J

A lot of us slip into routine drinking without even noticing it. And in the comfort of our homes, it's so easy to have a second, and a third...

Don't let a tippie grow into a habit.

L

Most of us drink for pleasure, and not because we need it.

Trimming back a bit isn't that difficult. Which drinks would you find it easiest to cut?

N

In social situations, a lot of us go with the flow and drink more than is good for us – sometimes without wanting to.

Make your own decisions on how much you drink.

O

A lot of us don't realise that every drink we drink over the guidelines is chipping away at our health.

The good news: make even small reductions in the amount you drink and you can make a big difference.

Q

No one likes to think that they're dependent.

In fact, what we call alcohol 'tolerance' is a kind of low-level dependence.

Feel better by taking control.

R

None of us likes to think that our drinking is impacting on anyone else.

Regular drinking doesn't just damage your health. It makes a dent in the family budget too.

Cutting back a bit will mean more time and money for the family.

S

Most of us think our drinking is pretty average. That's because we only compare ourselves to the people we drink with.

The average man aged 45-65 in fact drinks 21 units a week. If you're drinking 30 units a week, you're drinking more than three quarters of men of your age. Set your own limits.

Appendix 3:

Workshop Findings

Appendix 3:

Workshop Findings

Workshops involved the presentation and discussion of stimulus materials, designed to allow exploration of ways in which Drinkaware might seek to promote reduced consumption in the target audience. Two key sets of stimulus material were used in workshops:

- *health stories*: these set out to give participants a model of what alcohol was actually doing in their bodies at the levels they were drinking at. See Chapter 7 for relevant background.
- *propositions*: these set out simple campaign ideas, each of which comprised a simple insight and an associated call to action. See Part B for relevant background.

The final health stories and propositions used (after post-pilot revisions) are presented in Appendix 2.

The workshops yielded a range of different kinds of evidence in relation to each item of stimulus, including:

- individual written comments – participants were also invited to underline parts of the statement they liked and ~~cross-out~~ parts they disliked.
- results from ‘voting’ on the stories/propositions
- group discussion

On the basis of the ‘voting’ results, it is possible to argue that certain stories and/or propositions performed ‘better’ for these participants. While useful as a starting point for analysis, however, caution is needed about a result of this kind, for two reasons. First, the results for a qualitative sample of this kind cannot be extrapolated to the target audience as a whole. Secondly, these results mask crucial evidence about what was more or less effective *within* individual stories or statements. For this reason, we do not reproduce the ‘voting’ results as a finding in this report.

However, by combining all the evidence gathered, it is possible to offer a tentative ranking of the statements tested:

- among the health stories: 1, 3, 9 were the strongest statements; while 2, 5, 8, 10, 11 and 12 were the weakest.
- among the propositions: B, J and O were the strongest performing; while C, L and R were the weakest.

The sections that follow provide more detailed commentary on the responses to each statement, starting with the strongest and ending with the weakest.

Prompting awareness - an additional finding

Before reviewing the evidence regarding health stories and propositions, it is worth highlighting an additional hypothesis that emerged from the workshops.

In workshops, participants were shown weekly drinking logs for invented characters, with the total weekly consumption for each character indicated in units. The aim of this was *not* to trial an alternative way of representing guidance levels, but simply as a pragmatic response to the challenge of defining the target audience without falling foul of the language issues highlighted in §6.4. The invented characters allowed us to say ‘people who drink like this’ (which participants universally recognized as ‘people who drink like *me*’), without using potentially evaluative language or focusing unduly on a unit total.

What we noticed in workshops was that participants spontaneously compared their own drinking patterns to these drinkers, and estimated whether they drank more or less. This act of comparison, in and of itself, seemed to prompt for some a greater awareness of how much they were drinking, and the recognition that this was more than they would have thought if they had not made this comparison.

Contrast the approach to units currently used in communications. Consumers are equipped with information about the number of units in discrete drinks, and expected to add these units up to arrive at a total. This requires conscious effort: and participants in this research confirmed that the value of investing this effort is apparent only *after* one has already invested it.

By contrast, while not mathematically accurate, the comparison-based estimates prompted in workshops appeared (by participants’ own reports) to serve the critical function of *increasing awareness* of participants’ own drinking, and to do so in a way that was not conscious and effortful but automatic and effortless.

Further testing of this approach is clearly required, but our hypothesis is that communications can more effectively prompt the target audience’s awareness of their own drinking by moving:

- **from** an approach which requires the audience to *add up* the units associated with discrete drinks (accurate but effortful)
- **to** an approach which invites the audience to *compare themselves* to another drinker with an associated unit count (approximate but effortless).

Health stories

Overarching comments

- Identifying a robust evidence base for information that actually resonates with this audience may prove difficult. Our experience is that much of what is known about the harms caused by alcohol is based on analysis of population statistics. As we saw in Chapter 7, however, what is needed is a clear model of what alcohol is actually doing in the body. There may be a significant gap between the kind of evidence needed to establish that alcohol is a public health issue, and the kinds of evidence needed then to communicate that health issue to the public.
- Responses to the health stories are presented below story by story, but the cumulative effect of the stories should not be overlooked. Some participants commented that *all* of the stories were important: what was striking to them was that alcohol had so *many* effects. We did not include a story along these lines (e.g. 'alcohol goes everywhere in your body'), but would recommend that its potential be explored in further research.

Strongest statements

1 Alcohol raises your blood pressure

You may feel alcohol is helping you unwind. Inside your body, something different is happening.

Alcohol makes the arteries stiffen and constrict, pushing up your blood pressure.

This in turn puts a strain on your heart, and increases the chances of you having a stroke or a heart attack.

This story was almost universally well received. For example, there were very few crossings out.

The most frequently underlined parts of the statement were:

- 'alcohol raises your blood pressure'
- 'arteries stiffen and constrict pushing up your blood pressure'
- 'increases the chances of you having a stroke or a heart attack'

Hypotheses

- The story provides an effective mental model of the connections between alcohol and harm (see Chapter 7): it does not just *state that* harm is being caused, but *shows how* it is being caused.
- The story links alcohol to an issue that is already familiar and a source of concern for men of this age (doctors routinely check blood pressure).
- Blood pressure is known to be something that is *hidden* – you don't know if you've got hypertension unless someone tells you – so it makes sense that you may not actually be experiencing any effects.
- Blood pressure is something that goes down as well as up. There's a clear sense that you can improve it again – it's not too late to make a positive change (see §7.5).
- People already know alcohol goes into blood, so the story fits with people's existing mental models of alcohol in the body.

Some participants commented that the story would be strengthened even further if it were possible to give some sort of correlation between alcohol going in and blood pressure going up: how much do you have to drink to cause a problem, and what is the consequence?

Participants also underlined the need to approach this issue *holistically*. People know that alcohol is not the sole cause of high blood pressure, and make choices over a range of lifestyle factors (see §7.5). Effective messages could explore the role played by alcohol alongside other factors.

3 Alcohol makes your heart sag and twitch

Alcohol directly affects the heart in at least two ways.

First, it weakens the heart muscle. Over time, the heart sags and stretches, making it less effective at pumping blood around the body.

Secondly, it disturbs the heart's internal pacemaker system, which can cause the heart to go into spasm.

Participants found this statement worrying: it was very high on the 'fear factor'. It was explicitly linked to the risk of dying, with one participant writing the comment: 'This is how I'm going to die'. It was also a point mentioned frequently in a round at the end of the workshop of 'One thing I'll remember from tonight'.

Very few parts of the statement were crossed out. The most underlined parts were:

- 'weakens the heart muscle'
- 'disturbs the heart's internal pacemaker system' – though this got less attention

Hypotheses

- The story links alcohol directly to something men of this age are really concerned about: the heart.
- The story is striking and memorable, and provides 'new news'.

The challenge posed by this statement would be to identify the robust evidence base which allowed one to flesh out the statement and answer the questions that follow when participants have digested the statement. How much damage is being done at different levels of drinking? Is the damage permanent? What difference does it make if one drinks smaller amounts regularly or a lot in one go?

9 Alcoholic drinks are seriously fattening

Alcoholic drinks are full of calories. Even drinks like beer, which aren't sweet and contain no fat.

Drinking four pints of lager is equivalent to eating a hot dog, followed by a burger, with a doughnut for dessert.

Alcohol also reduces the amount of fat your body burns off – because your body prioritises getting the toxic alcohol out of its system.

This statement was largely well received. The most underlined parts were:

- 'alcoholic drinks are seriously fattening'
- 'the comparison between drink and food – participants found this approach compelling'
- the final section on the body prioritising getting toxic alcohol out of system – participants noted that this was 'new news', and provocative

Hypotheses

- The connection between alcohol and weight is one for which a mental model already exists (see §7.3).
- The issue is a concern for many men of this age (although not for those who dismiss it as cosmetic issue – see below).

A small number of participants (5) rejected this statement entirely, on the grounds that they did not care about their weight. It was also noted that the statement as written lacks a link from weight to health problems, which may help to explain this 'not caring'.

Our hypothesis is that the issue of weight can in some cases be dismissed as a purely cosmetic issue; and that a statement of this kind would benefit from a clear statement of the connection from weight to health problems. (See also §R4.2: the story as framed connects consumption to a bodily variable, but *fails* explicitly to connect this bodily variable to variable levels of risk.) For example, the links between increased weight and blood pressure could be spelt out.

Note that, like blood pressure, a focus on weight requires a *holistic* approach which recognises that alcohol is not the sole cause of being overweight, and that people make choices over a range of lifestyle factors (see §7.5). Effective messages could explore the role played by alcohol alongside other factors. Note that this approach could fit well with efforts to shift the language used to describe drinking at this level (see §6.4, §R3): e.g. positioning those who drink at these levels as ‘overdrinking’, directly analogous to ‘overeating’.

Middle-ranking statements

4 ‘Tolerance’ is a sign that alcohol is damaging your body

If you drink regularly, then your body builds up a ‘tolerance’ to alcohol.

That sounds like a good thing: but in fact it doesn’t mean that you can drink more safely. In fact it means that the alcohol is already changing your internal organs and brain. The more you drink, the more damage you’ll do.

This statement received a mixed response. While the earlier part was often crossed out, a number of participants also felt it challenged current beliefs to some extent. The statement prompted some critical discussion of the belief that, if one did not get drunk, one was not doing oneself any harm (see §7.3).

The most underlined part was:

- ‘in fact it means that the alcohol is already changing your internal organs and brain. The more you drink, the more damage you’ll do’ – and especially the second sentence of this.

Hypotheses

- The sentence ‘the more you drink, the more damage you’ll do’ is doing crucial work that Health Story #11 was intended to do but failed to do.
- The concept of ‘damage to organs’ is potentially strong. See also Health Story #6, where this resonated.
- The simple ‘more – more’ formulation is also establishing a link that resonates – and has the important implication: ‘if I drink less, I’ll do less damage’ (see §7.5, §R4.2).

6 Your body breaks down alcohol into toxic waste

Your body turns alcohol into acetaldehyde. This is toxic if not quickly broken down into other safer chemicals.

When you drink only a little (say, a couple of pints once or twice a week) everything works well. But if you drink more (say, 3 pints of 5% beer 3 or 4 times a week) the acetaldehyde hangs around for longer, and damages your liver, pancreas, stomach and brain.

This statement was quite polarising. Seven participants crossed it out entirely, and some commented that the statement was too technical. The reference to numbers of days in particular was confusing, with one participant asking what would happen if they drank a bit more twice a week. On the other hand, there were comments about it being interesting, informative, and thought provoking.

The most underlined parts were:

- ‘toxic’
- ‘acetaldehyde’
- ‘hangs around for longer, and damages your liver, pancreas, stomach and brain’

Hypotheses

- The statement may have tapped into a ‘take apart the engine and see how it works’ mindset; this was a strength for many people, but for some came across as too technical.
- The specific mentions of organs and the damage done to them were very important – completing the link through from the mechanism to the impact on health (see §7.4).
- The new chemical (acetaldehyde) provides the ‘new news’.
- The statement could have been strengthened if the nature of the damage were spelt out in more detail. The main statement could also have been expressed in a way that made the link to health harms more strongly than the single word ‘toxic’, e.g. ‘the toxic waste from alcohol damages your liver, pancreas, stomach and brain’.

7 Alcohol ruins a good night’s sleep

You may find alcohol helps you get to sleep. But it has a bad effect on the quality of your sleep.

Alcohol disrupts a kind of sleep called REM sleep (REM stands for ‘rapid eye movement’). REM sleep is the mentally restorative sleep you need. Disruptions in REM sleep cause day-time drowsiness and poor concentration.

This statement was polarising. Some participants crossed it out and declared that it was rubbish. Others felt it connected with their own experiences on a day-to-day basis.

The most underlined parts were:

- ‘REM sleep’
- ‘day-time drowsiness’

The consequences of the statement overall were seen as linking to day-to-day issues of *performance at work*, not to health. The statement therefore linked to issues of responsibility for some participants.

Hypotheses

- The polarity of responses was very much a matter of how well the statement reflected personal experiences. Put crudely, those who experienced daytime drowsiness responded, 'ah, that's what's going on'; those who did not responded, 'this is rubbish'.
- Whether or not people drank on 'school nights' may also have had a bearing on whether this resonated for people or not. We hypothesise, but on extremely limited evidence, that the statement may also be more resonant for people with office jobs.

Rather than being seen as a component of a health-based approach, this statement could potentially form part of an approach which sought to highlight that 'unwinding at home' is not in fact 'unwinding' at all.

Weakest statements

2 Alcohol makes your blood less likely to clot

A little alcohol (say one drink a day) can be good for you if you're healthy. It means your blood is less likely to clot when you don't want it to. Clots can cause a heart attack or one kind of stroke.

But drink more and it 'thins' the blood too much. This means your blood won't clot when you need it to, which can lead to a stroke caused by blood bleeding into the brain.

Reactions to this statement were not particularly negative (only five participants totally crossed the statement out, in line with some middle-ranking statements). However, the statement did not make people's top preferences either.

This could be because there were other statements related to the blood/heart which resonated much more strongly (Health Stories #1, #3); or because the statement presents a mixed message; or because, unlike other statements, it began with a positive.

While the statement in this form was not strong, some of the information may have a place into a health-based approach. In particular, the most underlined part was: 'stroke caused by blood bleeding into the brain'.

5 'Tolerance' is a kind of low-level dependence

If you drink regularly, then your body builds up a 'tolerance' to alcohol.

As part of this process, both your body and brain learn to expect the alcohol.

Both start to need a drink.

This statement was very unpopular. The reference to 'dependence' seems to have been the primary reason for this. See §6.4 on language and stigma.

8 Alcohol makes it harder to fight off infections, cold and flu

Alcohol suppresses your immune system.

Getting drunk can reduce your ability to fight off infections for twenty-four hours.

If you're already coming down with something, avoiding drinking reduces the pressure on your immune system.

This statement was crossed out by twelve participants, and was not especially popular with others. The main topic of interest was the challenge the statement posed to popular myths: for example, participants described how they had been given brandy in hot water for a cold when younger.

It is also worth noting that workshops were being run in the summertime. There could be some potential mileage in a seasonal message, e.g. in January. In that respect, the message might also be linked to Health Story #7 in an approach that highlighted the impact of alcohol not on health but on performance at work.

10 Alcohol affects the balance of sex hormones

Even men have oestrogens (female hormones). Normally the liver breaks them down. When the liver is busy breaking down alcohol, oestrogens build up. Your body starts getting female characteristics, such as 'man boobs'
Alcohol also stops production of testosterone in the liver and testicles, reducing your sex drive and the quantity and quality of sperm.

This statement was crossed out by ten participants, and received dismissive comments from others. The most underlined part was the reference to 'man boobs': though this was also felt by some participants to be a bit trivial. There was some interest in the issue of 'reduction of sex drive', but also comment that this was an issue for a younger audience.

It is worth stressing that discussion in a group setting (with, in some cases, a female facilitator) may have shaped responses to this statement. For example, participants may be uncomfortable discussing issues such as impotence in such a setting. There may be value in exploring responses to these points using alternative methods which avoid these problems (e.g. quantitative message testing).

11 You don't have to get drunk for alcohol to damage your body

If you don't get drunk, it's easy to think you're not harming yourself.
But alcohol also has subtle effects, which add up over time. If you drink more than your body can easily process (say a couple of pints in one session) these effects will start to add up.
Unlike being drunk or having a hangover, you may not know about these subtle changes until they're already making you sick.

This statement was unpopular, and crossed out entirely by fourteen participants. The main problem seems to have been in the drafting, with participants complaining that it was wordy, vague and uninteresting. For example, the statement talks about 'subtle effects', but does not tell you what those effects are.

Our hypothesis is that the statement is making a rather abstract point but failing to supply a model of what alcohol is actually doing in one's body. A more successful approach would supply such a model and then note, as an implication of that model, that one doesn't have to get drunk for alcohol to cause damage. See also responses to Health Story #4.

12 Alcohol can be good for you, but only in small amounts

If you're otherwise healthy, drinking small quantities of alcohol (say, one drink a day) reduces your risk of heart problems and increases your levels of "good cholesterol".
As you drink more, the bad effects outweigh the good. For example, drinking more than 3 units a day (about a pint and half of beer) will increase your risk of heart disease.

This statement received very little response. The most underlined part of the statement was that alcohol 'increases your risk of heart disease'. There was also positive comment on the fact that an amount is given for this.

It is worth noting that this statement was included in part because the researchers had anticipated hearing more about the claimed *positive* effects of alcohol in small amounts – for instance, as a kind of ‘counter-argument’ to other health statements. It remains possible that, if statement no. 12 had not been included, more such comments would have been made about other statements. However, it is worth noting that these positive effects were also little mentioned in interviews (see §7.3).

Propositions

Strongest propositions

B

The only time many of us notice how much we’re drinking at home is when we put out the recycling.

Home is also the easiest place to cut back, because much of it is not social drinking.

Could you drop a drink or two at home?

All three parts of this were very successful with those who themselves drank at home.

- The insight prompted laughter, and appeared to describe a very familiar moment for many participants (but see below).
- There was general agreement with the second line – although it was noted that drinking at home can sometimes be social.
- Participants liked the achievability of the final line, and commented positively on the fact that it suggests dropping a drink or two, not giving up entirely.

On the other hand, there were four crossings out of the whole statement by those who did not drink at home at all; and others noted that the statement was not relevant to them for these reasons without crossing the statement out.

J

A lot of us slip into routine drinking without even noticing it. And in the comfort of our homes, it’s so easy to have a second, and a third...

Don’t let a tippie grow into a habit.

This proposition was again very popular with those who drank at home. Like proposition B, there were some crossings out of the whole statement (5) by those who did not drink at home at all, on the grounds that it was not relevant to them.

The insight (the first part) of this proposition was what made it so strong. The expression ‘routine drinking’ resonated very strongly with people, and was seen as a good description of their own drinking, capturing the sense that you are failing to control your drinking even though you are not actually an alcoholic (see §6.4).

The description of having ‘a second, and a third...’ also resonated, capturing the idea of getting the taste (see §4.2).

What seems to have made this insight effective is that it did not just describe something that participants recognised, but also something they were not entirely comfortable with. The insight raised anxieties about control (see Chapter 6) but in a way that left participants thinking ‘yes, that’s me’, and not ‘that’s someone else’.

In comparison to the insight, the call to action (the second part) was much less effective. The word ‘tipple’ was not popular, and reactions to the word ‘habit’ were mixed: some people found it bold and challenging, others found it off-putting thanks to its association with drug habits. The insight could, however, easily be used with a different call to action.

O

A lot of us don’t realise that every drink we drink over the guidelines is chipping away at our health.

The good news: make even small reductions in the amount you drink and you can make a big difference.

All elements of this proposition were successful. Unlike B and J there was no evidence that it was less effective with those who did not drink at home. The most underlined parts of the proposition were ‘chipping away at our health’, ‘small reductions’ and ‘benefits’. People particularly liked the positive framing, and the idea of making incremental improvements – what one participant called ‘baby steps’.

There were only two crossings out of the whole statement, plus a couple of other comments that the proposition was weak.

However, it is worth stressing that propositions were presented in the workshop *after* discussion of the health stories; and that the success of this proposition may have built to some extent on the material previously discussed, which provided the factual detail behind the insight. Note that this proposition would work with many of the health stories, and that in essence it captures the formal structure of a compelling mental model (see §4.2).

Middle-ranking propositions

D

At lot of us think that once the hangover has worn off, there are no further consequences. But alcohol also has more subtle long-term effects, which build up over time.

Don’t let the negative effects of alcohol creep up on you. Keep track of how much you drink and stay within the guidelines.

There were few crossings-out of phrases – the reference to ‘the guidelines’ was unpopular – and a good number of positive underlinings. The most underlined phrases were:

- ‘subtle long-term effects build up over time’
- ‘creep up on you’
- ‘keep track of how much you drink’

Despite this, response to the proposition overall was lukewarm. The successful elements did not come together to create a compelling and engaging proposition.

There may be opportunities to keep successful elements of this proposition, but combine them with other, more successful approaches. For example:

- the idea of keeping track of how much you drink could be part of the kind of approach exemplified by propositions B and J. (A control approach – see Chapter 6.)
- the ideas of long-term effects which ‘creep up’ on you could be linked to the kind of approach exemplified by proposition O. (A health approach – see Chapter 7.)

G

Many of us say that drinking is one of our great pleasures.

What we don't realise is that, if we let it damage our health, we may need to cut it out completely.

Cut back a bit today, so you can carry on drinking when you're older.

This proposition was quite polarising. On the one hand, it was crossed out completely by nine participants. Negative comments on the proposition included the views that it was patronising and scare-mongering. On the other hand, some reacted more positively. Positive reactions were to the following features of the proposition:

- the presentation of a positive message, with ‘hope for the future’
- the recognition that drinking is a pleasure
- the clear assertion that one can do something to improve
- the overall message of cutting back a bit, rather than giving up completely

N

In social situations, a lot of us go with the flow and drink more than is good for us – sometimes without wanting to.

Make your own decisions on how much you drink.

This proposition was again polarising. It was especially unpopular among those who might in principle have thought it most relevant, i.e. those who did more of their drinking in social contexts.

The implication of peer pressure was rejected by most as irrelevant at their age, with only two participants acknowledging that they did feel pressurised into drinking (and therefore liking the proposition).

In general, those who positively rated the proposition did so because they liked the tone of taking control. In this respect, however, proposition J was much more successful. This probably reflects the fact that failure to control is seen as problematic in individual drinking, whereas social context provide an excuse for this failure (see §6.2 and §6.3).

Q

No one likes to think that they're dependent.
In fact, what we call alcohol 'tolerance' is a kind of low-level dependence.
Feel better by taking control.

This proposition was again polarising. Eleven people crossed it out entirely – with a particular complaint being the implication of the call to action – 'feel better by taking control' – that they were *not* currently in control of their drinking (see also §6.4).

There was also some crossing out of the 'low-level dependence', which provoked a similar response to the word 'habit' in J: some people found it bold and challenging, others found it off-putting thanks to its association with drug habits. The interesting exception was in workshops in London, where this phrase was strikingly popular.

Interestingly, the bit of the statement that worked well was again the last line: 'feel better by taking control'. However, it seems that those who reacted positively to this line interpreted positively as an affirmation that they *could* take control, even if they had failed to do so in the past. So: detractors understood this line as implying they had a drink problem, while proponents understood it as confirming that they did not. This is a good example of the linguistic challenges discussed in §6.4.

S

Most of us think our drinking is pretty average. That's because we only compare ourselves to the people we drink with.
The average man aged 45-65 in fact drinks 21 units a week. If you're drinking 30 units a week, you're drinking more than three quarters of men of your age.
Set your own limits.

NOTE: This proposition was added after the pilot workshops in London, in response to discussion at those workshops.

This proposition was again polarising. Reactions focused almost entirely on the central statement. A critical point about this statement is that it talks about 'average' drinkers, not 'moderate' drinkers, and thereby provokes comparison with a different comparison set (the entire population) from the usual one ('people I know and drink with' – see §7.6).

Reactions ran a wide gamut, leading some participants to reflect critically on their own drinking, others to question the statement. One common defensive response was to question the research, and in particular whether participants in that research had told the truth.

This is undoubtedly the biggest challenge regarding this proposition. The central claim is incredibly powerful – but also, because of the emotions provoked, dangerous. A very robust evidence base would be needed to support that claim.

Weakest propositions

C

We all know that alcohol is powerful, but few of us really understand what happens when it gets into our system.

Don't you want to know what you're putting into your body, and what it's doing?

Response to this proposition was very lukewarm. There were few reactions.

This probably reflects the nature of the call to action, which is framed around seeking information. This was included deliberately as a contrast to the other calls to action framed around cutting back.

L

Most of us drink for pleasure, and not because we need it.

Trimming back a bit isn't that difficult. Which drinks would you find it easiest to cut?

There was little reaction to this proposition, which failed to engage participants. The one point which was noted was the reference to what was 'easiest': participants liked the focus on what was achievable.

R

None of us like to think that our drinking is impacting on anyone else.

Regular drinking doesn't just damage your health. It makes a dent in the family budget too.

Cutting back a bit will mean more time and money for the family.

This proposition was extremely unpopular, with eighteen people crossing it out entirely. It was variously viewed as irrelevant and/or patronising. One response, which summarises general reactions, was: 'if you cannot afford it, you shouldn't be drinking it'.

