

Alcohol Conversation 2022 Community Focus Group & Survey Findings

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Executive summary

From February to August 2022, GMCVO worked with partners across Greater Manchester to conduct eleven focus groups with members of different communities in order to ascertain whether the findings of the Big Alcohol Conversation held in 2019 by the Greater Manchester Health and Social Care Partnership still resonated with participants in the changed climate after the COVID-19 Pandemic. We wanted to know people's thoughts on alcohol-related issues for individuals and communities and how the situation might have changed in the past two years.

Those we consulted with did echo some of the findings of previous conversations, such as a concern about anti-social behavior, the opinion that drinking serves as a coping mechanism when experiencing hardship, the belief that those affected by homelessness and mental health problems are particularly vulnerable to alcohol and that much of this was underpinned by the 'British Drinking Culture'. They saw a need for further conversations around alcohol underpinned by high-quality accessible support services and cross-sector partnership working.

Our participants disagreed with or qualified some earlier findings. They did not concur with the 2019 finding that young people are particularly affected by alcohol problems. Discussants also focused on the fact that existing laws and levers were not strict enough or not sufficiently enforced, rather than embracing new measures, highlighting the important role of the family, parents and school for shaping children's emerging attitudes to alcohol consumption.

The discussions that took place at the 2022 focus groups suggest that although complaints about anti-social behavior were a common way of framing the impact of alcohol use on communities, and crime was considered to sometimes be precipitated by alcohol use, most participants saw these manifestations of the problem as less significant than the less visible impacts of heavy drinking, e.g. domestic violence, social fragmentation, mental and physical health problems. Arguably, participants pointed out that these had increased, considering that drinking since the Pandemic has increasingly taken place at home.

Participants were adamant about the fact that alcohol use is masking other serious but overlooked and under-addressed issues, such as financial worries, unemployment, and lack of opportunities. They often had specific examples of how alcohol served as a coping mechanism in times of hardship and how public policy, the dearth of public services and the delays in receiving them were implicated in causing that very hardship. This became particularly apparent in the discussions about attitudes to individuals who drink. Here, although participants surmised that individuals with a drinking problem may be less disciplined and have less self-constraint than others, who do not have such a problem, they were unwilling to see alcohol misuse as an individual problem that is caused by individual traits. Instead, conversations repeatedly arrived at the conclusion that it is a society-wide problem which is propelled by structural and cultural factors.

Focus group participants discussed the cultural norms and assumptions that individuals' drinking decisions are embedded in; pointing out that alcohol was so intertwined with various aspects of life, from after-work drinks to family events to socialising with friends, that people who did not want to drink found themselves having to justify their decision in front of others. This leads to an upside down world where heavy drinking is normalised and conversations about irresponsible drinking are discouraged.

Participants observed that the Pandemic had prompted people in their social networks to drink more, due to a combination of boredom, lack of routine, and hardship caused by COVID-19

coupled with a retrenchment of certain public services. As such, participants implied that the Pandemic had altered (e.g. drinking at home, drinking throughout the day, rather than at night) and intensified (e.g. availability of cheap alcohol from supermarkets, alcohol as a coping mechanism) drinking patterns and that these new patterns had been carried over into post-Pandemic life.

Making further laws was seen as relatively futile, but participants did think that existing laws, especially with regard to age restrictions, should be better enforced. There was also some support for incentivising restraint with regard to consuming alcohol and perhaps using labelling in more user-friendly ways and to convey more helpful information. Indeed, the role of the state was seen as problematic, not only because of its role in rationing access to public services, but also in terms of the tax revenue that drinking generates for the public purse.

Overall, participants thought that any solution to address excessive alcohol use should be holistic and accessible in order to reflect the pervasive and systemic nature of the problem. Their discussions implied that the state alone might not be able to come up with such solutions, but might have to draw on the expertise – including lived experience – and social connections in communities. This requires working in partnership with all stakeholders, including businesses in the night-time economy. These businesses, in particular, along with supermarkets were blamed by many for benefiting from encouraging people to drink more than they should. However, there was also the view that venues where alcohol is sold and consumed can often play a positive role in looking after their customers, e.g. by monitoring how much they drink and ensuring they stay safe. By and large, it appeared that participants viewed drinking in the pub as slightly better than drinking at home, precisely because it can be supervised better. Nevertheless, there was a worry that with increasing inflation and economic uncertainty drinking at home was here to stay.

Families were seen as a key influence, with the potential to instill healthy attitudes towards alcohol in their children. Most participants agreed that adults drinking responsibly in front of children could serve an important function as role models, but also pointed out the importance of providing children and young people with activities that could serve as alternatives to drinking as a leisure activity. Because this can be costly, participants thought that reasonable youth provision in neighbourhoods was essential to ensure that going to the pub is not the only option for young people to spend their free time. Participants also argued in favour of preventative approaches that involve schools – both by educating children about the harms of alcohol and by serving as a forum where open conversations about alcohol can be conducted between children and trusted adults – in case such conversations do not take place in family settings.

Further, when discussing alcohol support services, they often emphasised the need for these services to be more accessible and more embedded in everyday spaces. In addition, participants who had some experience with supporting people who wanted to tackle their alcohol addiction reported that support services were often such low-quality that they discouraged patients after having taken the difficult step of coming forward to seek help. Similarly, the way some services are sequenced appears to mean that patients are asked to delay resolving underlying issues until they have tackled their alcohol problem – something that participants dismissed as unfit for purpose, given that alcohol is often a result of these underlying issues.

Introduction

In February 2022, the Drug and Alcohol Transformation Board agreed a proposal for GMCVO to conduct a consultation that would build on work with the VCSE sector undertaken in 2018/19. The aim was to see how the findings of the Big Alcohol Conversation resonate with marginalised communities in post-Pandemic 2022. GMCVO undertook this work in May and June 2022 by conducting a survey and commissioning nine partner organisations to conduct focus groups with audiences that these organisations were already engaged with. In many cases, the partner organisations had been part of the first Big Alcohol Conversation. By building on existing relationships, it was possible to undertake this work in a tight timeframe.

Partner organisations had the choice of hosting a focus group that would be facilitated by GMCVO staff, or they could choose to host and conduct the focus group themselves. Only one organisation asked GMCVO to conduct the focus group. GMCVO designed a set of tools for partners to use. This was to ensure that all focus groups covered the same questions and followed similar protocol. We did, however, allow partners to tailor the materials to their target audience, if necessary.

The design of the focus group and survey questions took the findings of the first Big Alcohol Conversation as a starting point, reflecting the main aim of the exercise, i.e. to test the findings both with particular groups of people and to confirm their continued salience in the post-Pandemic environment. Focus groups and surveys were designed to solicit participants' experiences of how alcohol affects community life, rather than reflections about their own alcohol use. Their reactions to the proposed solutions from the Big Alcohol Conversation 2019 were also gauged.

The original brief identified the following target groups: young people; people aged 45-74; families; those experiencing homelessness; those with mental ill-health; anxiety, depression; and people who live in deprived communities or are experiencing hardships or lack of opportunities. In recruiting partner organisations, we ensured not only that these target groups were included, but also that there was a reasonable geographic spread across Greater Manchester. Three of the focus groups further involved BAME populations, including South Asian, Caribbean and African populations. An overview of the focus groups is available in Appendix 4.2. Unfortunately, a focus group with people who work in the night-time economy was not possible given the many pressures currently faced by businesses in this sector. However, the other focus groups happened to include some participants who had direct experience with working in pubs and bars, so that some views representing that branch of the economy could still be included. In addition, we obtained a statement from the Night Time Economy Team at the Greater Manchester Combined Authority, which is included as Appendix 4.3. Alongside the focus groups, we conducted the survey, which was directed at organisations that work in and with communities and was disseminated through GMCVO's own networks and those of our partners.

Before delving into the findings of the 2022 consultation, it is worth noting how these related to the findings of the original Big Alcohol Conversation. There is much overlap between the findings of the first Big Alcohol Conversation and this exercise, however there are also important differences. In this context, it is important to acknowledge the vastly smaller scale of the 2022 consultation and the impact this may have had on the findings. It should also be noted that the 2022 follow-up conversation that this report covers did not investigate people's personal drinking behaviours directly and therefore did not produce a finding that can be directly compared with that of the first Big Alcohol Conversation in this regard. In addition, please keep in mind while reading this report, that it primarily presents the focus group findings: participant's opinions, perceptions and experiences and hence their version of reality rather than reality itself. As far as possible, it has been distinguished throughout the report

whether participants' statements were perceptions or based on personal experience. Although the report also includes survey findings, with just 57 responses they do not necessarily make the findings more generalizable than looking at focus group findings in isolation. Nevertheless, the two methods complemented each other well. Survey findings enabled us to set focus group findings into a wider context while focus groups gave us a deeper insight into the motivations behind people's attitudes, which are not easily gauged by questionnaire. It is also noteworthy that survey findings largely second those that emerged from focus groups.

Those we consulted with in 2022 did echo some of the findings of previous conversations, such as a concern about anti-social behavior, the opinion that drinking serves as a coping mechanism when experiencing hardship, and the belief that those affected by homelessness and mental health problems are particularly vulnerable to alcohol. Our focus groups also showed that there is considerable concern with what some people like to refer to as the 'British Drinking Culture'. It was in this context that our participants embraced the finding of the first Conversation about continuing conversations around alcohol, because they thought that this might begin to problematise and question the underlying assumptions of such an approach to drinking. Similar to pre-Pandemic participants, they thought that this needed to be underpinned by high-quality accessible support services. In line with the findings from the first Conversation, our participants saw cross-sector partnership working as necessary for addressing alcohol-related issues.

Our research also disagreed with or qualified some of the findings of the first Big Alcohol Conversation. For example, discussions at the focus groups diverged significantly from the overwhelming finding of the Big Alcohol Conversation that saw young people as particularly affected. At the first Conversation, there was strong support for tougher measures against drinking in public places, restrictions on alcohol advertisements, alcohol labelling containing information about health effects, and including health considerations in licensing decisions. Our discussants instead focused on the fact that existing laws and levers were not strict enough or not sufficiently enforced, rather than embracing new measures. They also strongly endorsed the role of the family and parents, alongside school, in shaping children's emerging attitudes to alcohol consumption, something participants in 2018/2019 did not do. When discussing alcohol as a coping mechanism in times of hardship, our participants specifically and frequently commented on the dearth of public services and the delays in receiving them as causing that very hardship. Further, when discussing alcohol support services, they often emphasised the need for these services to be more accessible and more embedded in everyday spaces.

The following will report the findings by first outlining the scope of the problem as viewed by focus group participants and whether it has changed by the Pandemic. Afterwards, it will turn to possible solutions, followed by a conclusion and recommendations. Survey findings will be noted and discussed throughout in the relevant section.

1. The scope of the problem

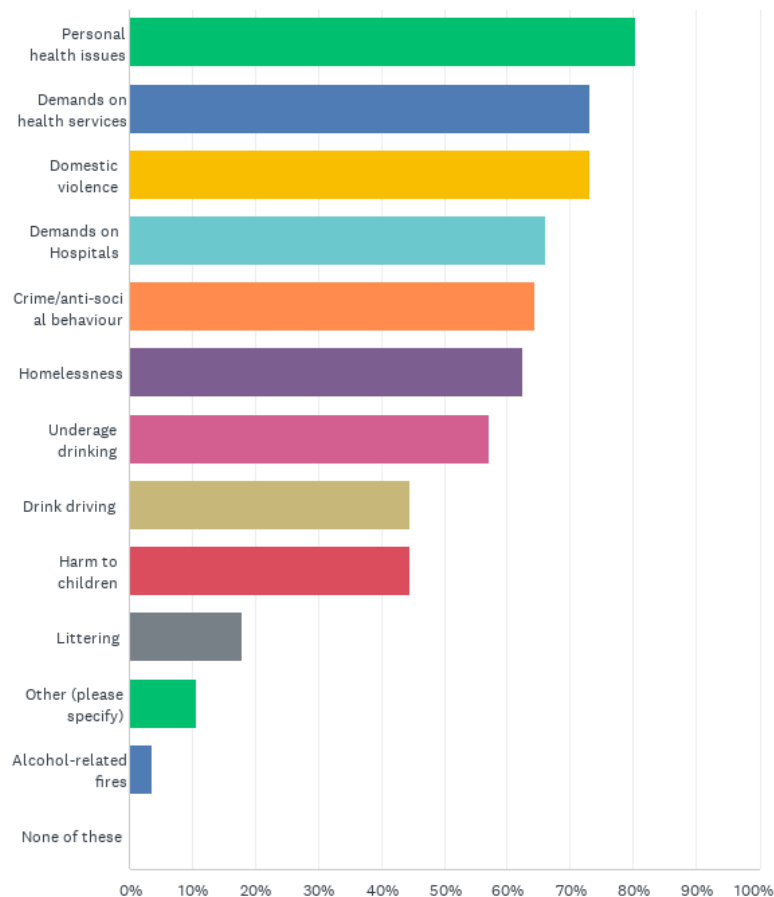
Focus group participants were first invited to discuss the scope of the problem caused by alcohol by presenting them with three statements and two questions that were modelled on the findings of the 2019 Big Alcohol Conversation.

1.1. Impact of alcohol on communities

The impact of alcohol on communities was gauged by inviting reactions to the statements "Alcohol is having serious impacts on people and the community where I live" and "Crime and anti-social behavior is the main problem caused by alcohol consumption in my area". The former statement was presented at the beginning of the focus group, whereas the latter was

presented as the third statement. The survey asked respondents to react to the first statement and then presented them with a list of problems from which they could choose as many as applied. The overwhelming majority of respondents agreed with the statement that alcohol has serious impacts in their community, with most of them agreeing strongly. Only four respondents said they neither agree nor disagree. When prompted about specific problems that are caused by alcohol, the following picture emerged.

Q11 Are any of these a specific problem with alcohol in the community your organisation serves? Choose all that apply.



This shows the complexity of the impact that alcohol is seen to have on communities. There is no single impact that stands out as particularly important, as most of the answer choices were picked by more than half of the respondents. Nevertheless, health-related issues and domestic violence was chosen by two thirds of those who filled in the survey, making these impacts the top priority. Anti-social behaviour, which had emerged as a big problem from the first Big Alcohol Conversation, was considered a problem by survey participants, but clearly not necessarily as the most pressing one. Similar attitudes emerged from the focus groups, where participants often noted the less visible impacts of alcohol.

1.1.1. Anti-social behaviour

Anti-social behavior (ASB) was seen as a problem connected to alcohol use. This often came up unsolicited in reaction to the first statement. It was seen as including physical or verbal misbehavior and littering, impacting on others’ ability to enjoy public spaces and move around freely at a time of their own choosing. Participants at one focus group opined that “drinking cider at the park” is a relatively new phenomenon that they did not recall as a problem in the 1980s and that they attributed to the ready availability of cheap alcohol from supermarkets. ASB was perceived as emanating from people of all ages, rather than just young people.

Participants saw alcohol and ASB causally related, commenting that alcohol influences behavior patterns, e.g. removing inhibitions and making people unable to control their anger and hence more aggressive.

Participants were affected by seeing others drinking or drunk, regardless of whether there was a real and imminent threat. This was worse for people affected by physical impairments or mobility issues and could even result in people changing their routines and behaviour in order to avoid seeing drunk people, e.g. by avoiding public spaces or travelling at certain times. At a focus group composed of young people, participants reported feeling intimidated by groups of other young people drinking in public spaces.

People do not have to leave the house in order to be affected by ASB, as neighbours may be drinking and getting into fights as a result, impacting on one's own home life. In fact, quite a few participants commented on the fact that drinking had become more secretive, taking place behind closed doors, rather than in public, as a result of the Pandemic.

Although ASB was a common way of framing the problems that alcohol causes in communities, when participants were asked to confirm that ASB was, in fact, the main problem caused by alcohol – which was one of the main findings of the first Big Alcohol Conversation – they qualified the importance of ASB, arguing that while ASB was a problem, this was not the only problem and was also not necessarily caused by alcohol.

1.1.2. Crime

It was acknowledged that excessive alcohol consumption could lead to crime. One participant voiced the opinion that a shooting following the Caribbean Carnival in Manchester prior to the Pandemic had been caused by excessive drinking. Participants at this focus group noted that perpetrators of crime in their community were often intoxicated. Members of a second focus group knew about a recent incident of sexual assault in their town, in which both victim and perpetrators had been intoxicated by alcohol and drugs. In other focus groups, benefit fraud and theft were mentioned as crimes that might be exacerbated by alcohol addiction, as individuals are struggling to feed their habit in the context of limited financial resources at their disposal. However, in some cases, the lack of control associated with drunk behavior can sometimes inadvertently lead to a criminal act or misdemeanor through reckless behavior, in which drunk individuals become a danger to themselves and others. One participant told an anecdote to illustrate this. Other participants reported that alcohol consumption is often combined with drug use. One of these said: "You can't go into a pub toilet without a few lads being in a cubicle taking drugs... cocaine usually." The same participant noted that the pubs in their area had a reputation of being a meeting point for individuals who are intent on causing trouble elsewhere in the neighbourhood. Two young people were speaking from personal experience when they referred to alcohol as a "gateway" towards drugs. At another focus group, participants mentioned that young people might opt for drugs rather than alcohol due to affordability.

1.1.3. Hidden impacts and root causes

Other problems caused by alcohol consumption were mentioned, e.g. homelessness, family breakup, as well as impacts on mental and physical health. Participants of one focus group held that the hidden impacts of alcohol, such as health impacts and domestic violence, are greater than the very visible problem of crime and ASB. One focus group disagreed completely about alcohol causing crime and ASB. Participants at another found it difficult to decide whether to agree or disagree with the statement, because of the wide-ranging impacts of alcohol.

More importantly, many participants across focus groups pointed out that there were other factors at play in causing anti-social behavior and crime, not just alcohol. One participant articulated the interconnection between underlying problems and alcohol-induced ASB: “A lot of people are stressed out about money. People are unemployed, no opportunities, you know, lack of education. And that then breeds anger and that comes out a lot when you do have a drink, you know.” Participants noted the importance of looking at the root causes such as the lack of opportunities for young people, as well as familial and cultural influences.

They pointed out that drinking at unhealthy levels is promoted by a culture that has normalised heavy drinking – almost to an extent where consumption of alcohol is subject to a “keeping up with the Joneses” sense of competition. This culture is promoted by popular shows on TV and an acceptance of heavy drinking in certain situations, e.g. on an all-inclusive holiday. One participant recalled being bewildered as a university student when they realised that heavy drinking appeared to be encouraged by the university. It was also highlighted that there are generational influences at play, where children are socialised in an environment that is characterised by heavy drinking. Staff and volunteers at a mental health charity remarked that using alcohol as a way of escaping from other problems was a key characteristic of the drinking culture and this was seconded by other focus groups.

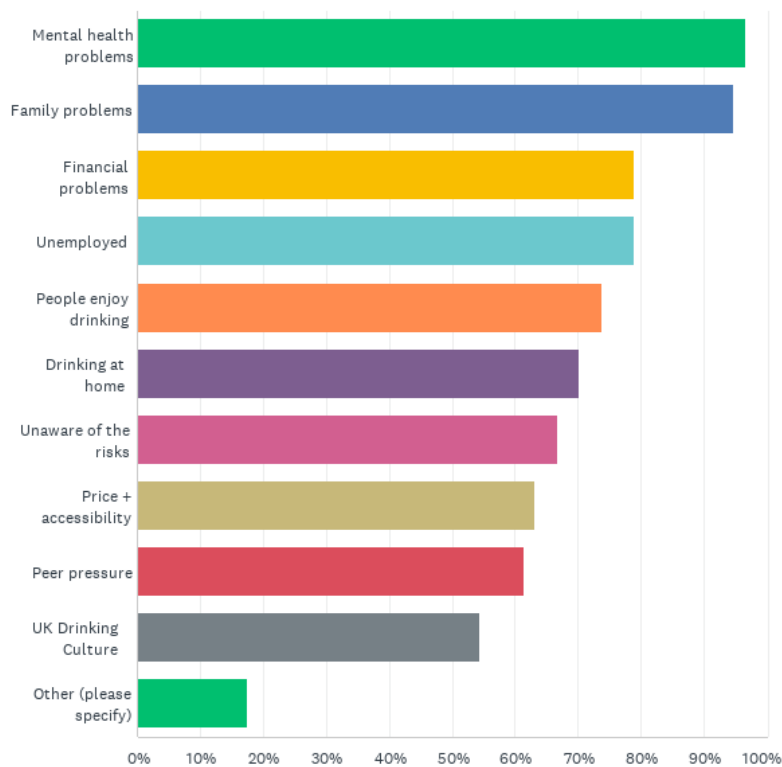
1.2. Attitudes to individuals who drink excessively

The second statement at each discussion group focused on soliciting people’s views of the potential causes of alcohol misuse, as well as understanding which population groups they saw as particularly affected by this. The statement participants were invited to react to is: “There are people for whom drinking is a particular problem”. Later in the focus group, attendees were asked: “What do you think of people who drink too much?” to gauge their attitudes to others who have a problem with drinking, the reasons why they may be doing this and potential thoughts about solutions.

Survey respondents were asked “In the community you serve, are particular types of people particularly vulnerable to having a problem with alcohol?” A few demographics stood out, because they were identified by just under ten respondents each: homeless people, those with mental health problems, and young people. Additional characteristics, such as low-income individuals, rich people, older people, disabled people, those with a family history, were mentioned by fewer than five respondents and sometimes by a single person. The largest category of responses to this question was people who said – similar to many focus group participants – that the problem universally affects individuals across the population (10 respondents), rather than a specific group. It is therefore difficult to make a strong case for any of these demographic groups being particularly affected, lending more credence to the view that alcohol is an issue that cuts across society.

The picture is illuminated further by respondents’ responses to the question “In the community you serve, what is happening in people’s lives that leads to drinking too much?” As shown in the graph below, this is again a very mixed picture, with only few categories in the decisive lead. Nevertheless, what is notable is the emphasis on the underlying problems faced by individuals. These answer choices received more responses than those describing external factors. The importance of underlying problems in people’s lives also emerged from the focus groups. The survey findings differ from those in focus groups by allocating lesser importance to peer pressure and what focus group participants called the ‘British Drinking Culture’, but even those lesser-rated categories still received more than half the responses.

Q13 In the community you serve, what is happening in people's lives that leads to drinking too much?



1.2.1. Who is particularly affected?

Participants of the last Big Alcohol Conversation had highlighted young people as a demographic that is particularly affected by alcohol misuse. The data from this year's conversations suggests that participants either rejected this finding or at least did not single out young people as being a group that is disproportionately affected. They generally found it more difficult to pinpoint which types of people were particularly affected by alcohol misuse, because it is "endemic across society", although the discussion at one focus group seemed to imply that unemployed people and other people who lack structure and routine in their lives might be at greater risk to resort to alcohol. Yet, participants at another focus group were adamant that it is necessary to move away from an approach that sees the individual who drinks as a problem, rather than seeing alcohol itself as the problem. Participants often pointed out that alcohol affects different people in different ways, for example drinking in young people may lead to a heightened propensity for criminal or antisocial behavior, whereas in older people health issues may be more prominent.

Participants surmised that the flawed perception of young people having a particular problem might be due to the fact that they are more visible in their alcohol consumption or because they have a lower tolerance for alcohol. In fact, according to some participants, certain groups of young people are less accepting of alcohol than in previous generations. Young carers, particularly, are more responsible and less likely to drink excessively. However, at one focus group, participants held the view that for young people binge drinking was normal and not seen as an issue, whereas older people saw binge drinking as problematic. At one focus group participants noted a tendency for young people to be more likely to drink high-percentage alcohol, such as cocktails, spirits, shots, rather than the "harmless pint", which may be explained by their general naivety about the level of alcohol contained in such drinks.

Nevertheless, the opinions and experiences young focus group participants articulated dispelled the myth that young people are necessarily irresponsible with regard to alcohol use. At two focus groups participants opined that young people would be more affected by drugs than by alcohol and that alcoholism was something that affected older people from middle-age onwards. Nevertheless, seeing young people drink excessively was particularly worrying for participants, because of the negative implications for young people's future prospects. In this sense, young people can be considered particularly vulnerable according to participants, especially because of their susceptibility to the negative role models they may be exposed to in their own families, in their friendship circles, and in the media. In one participant's words, "young people are indoctrinated from a young age" with the belief that drinking is normal.

At one focus group, where participants generally embraced the idea that alcohol is a problem that affects groups across society, rather than a specific type of person, the discussion nevertheless implied that people with mental health issues, older people, and members of the LGBT community might be particularly vulnerable with regard to alcohol. One of the participants reported an observation about older people being enticed to drink, because pubs offer cheaper alcohol during the day. Someone who is involved in the LGBT community commented on the high levels of drug and alcohol use among his peers.

1.2.2. Context is important

Few participants dismissed drinking alcohol outright as something that is necessarily detrimental. Even a focus group that was nearly entirely composed of Muslim participants conceded that drinking a little is not a problem, while acknowledging that this requires a lot of self-control and might not be possible for people who have "addictive personalities". Another group argued that drinking in moderation while socialising is a positive thing: "Going out for a drink with your friends that's positive, that's a nice thing to do" and one participant at another focus group pointed out that there are health benefits associated with alcohol that are not often talked about.

Others agreed that drinking is not problematic for everybody and questioned the term 'too much', wondering whether it is related to whether it causes problems. Whether heavy drinking is perceived problematic depends on the situation, circumstances and setting – what may be acceptable for teenagers on their first night out might not be so for adults. If someone drinks too much, but does not have parental commitments and is able to go to work regardless, this is not comparable to someone who drinks too much and cannot perform their parental commitments. Some cultures are more accepting of drinking than others, including when children are around, which some saw as problematic. The focus group held at an African organisation unanimously considered alcohol a "western problem".

1.2.3. Why people drink

Drinking heavily was widely seen as a bad personal choice that leads to a plethora of problems, including health problems and unemployment. People were seen as drinking regardless of the knowledge of the types of problem alcohol causes and, similar to survey participants, focus group members saw this as a result of such people having unresolved and serious problems in their life, e.g. family breakup and depression. As two participants from two different focus groups phrased it: "There is always a story behind it" but this is not often acknowledged in the public discourse. Another young person reported that they began drinking because he was not getting the mental health support he needed; this experience was echoed by an older participant at another focus group who was recovering from alcohol addiction. Alluding to the complex problem alcohol misuse is, another participant commented: "They drink a lot, and I don't condone it, as it affects innocent people, but it's their way of coping with issues."

One participant, on the other hand, perceived alcoholics as people who do not know their limits or are unable to make the right choices with regard to drinking. While it was acknowledged that alcohol might be used as a way of “self-medicating”, participants also noted that drinking too much would exacerbate the very problems that prompted people to self-medicate in the first place, while potentially adding social isolation to them. This strategy of using alcohol to mask underlying problems was seen as a learned behavior acquired through seeing bad parental role models, as well as something that is promoted by the wider culture.

1.2.4. Drinking as a social problem

The notion that drinking as a social problem came up in eight focus groups, where participants noted peer pressure and cultural expectations as influences that could push individuals who wanted to fit in towards drinking more than they really want. As we have seen, this finding also came out of the survey with 60% of respondents noting peer pressure as a cause of drinking more than one should. This could be peer pressure from friends and family, but also from work colleagues in settings where there is a tradition to get a drink together after work. Participants criticised the fact that socialising had become itself so intertwined with drinking that socialising without alcohol had almost become unthinkable, resulting in a situation where those who decide not to consume alcohol are put in a position of having to justify themselves for it. Several young people who do not drink told us that they often have to defend this stance in front of friends and family. One of these highlighted that people often assume that a refusal to drink indicates that one is a recovering alcoholic, “because it is the norm to drink”. Another young person referred to her boyfriend as an “enabler” when it came to getting into alcohol and subsequently drugs. A participant who identified themselves as a recovering alcoholic pointed out that it had become impossible to see friends due to the peer pressure of drinking alcohol. A focus group member who organises a regular community get together commented on how difficult it is for him to manage situations that arise from excessive alcohol consumption by attendees. According to this person, intervening in these situations involving drunk members of the group, sparks the reaction “Why are you ruining our fun? What’s the point of coming if we cannot enjoy ourselves?” and as a result some have stopped attending the group.

Contrary to a popular perception that drinking is only a problem for the working classes, participants pointed out that there is a problem with alcohol across society affecting all social classes. One participant of a focus group of charity staff and volunteers highlighted the double standard at the heart of the welfare system that stigmatises certain drinkers more than others: “If you’re in a wine bar and you’ve got a glass of claret, that’s ok. But if you’re in a pub with a glass of beer, how very dare you, you should know better, you should be a proper working person. And we are just getting the whole ‘undeserving poor’ attitude from certain sections of the welfare state who are supposed to be service providers, not moral arbiters”.

Drinking more has become the norm and is now part of British culture, leading to a spiral of cheaper, stronger and more available alcohol over the years. Drinking more has also been exacerbated by social media, which is perceived to “glorify” drinking (Groundwork). At a focus group composed of people of African heritage, participants explained that drinking alcohol had even become popular with women in their community, because there are “less bitter” better-tasting types of alcoholic beverages on sale now, enticing those who may not drink otherwise into alcohol use.

For some people drinking is a way to socialize, but others drink in their own house more than at the pub, which appears to be perceived as problematic. Some pointed out that drinking in the pub was more appropriate than drinking at home or on the street, implying that it was more possible to monitor alcohol consumption there, as well as being able to restrict it to an appropriate venue, where alcohol consumption was to be expected. One participant, who used to run a pub, pointed out the duty of care that pub workers have to limit how much alcohol is sold to one person.

1.3. The influence of the Pandemic

A separate question was dedicated to gauging the effects of the Pandemic on the issue and this is where most effects of COVID-19 were discussed. Nevertheless, COVID-19 was also touched upon in the earlier discussion, showing that participants did not only talk about these impacts when they were specifically asked about them. There was only one focus group, where the majority of participants did not think that the Pandemic had changed anything. In all the others, COVID-19 was seen both as a trigger and as a development that has exacerbated existing problems in people's lives and alcohol consumption. Survey respondents largely concurred with this: Only eleven participants thought that nothing had changed, with the rest noting either the deterioration of existing problems with alcohol (30%) or an increase in the number of people who now have a problem with alcohol (50%). In addition, as was noted at two focus groups, "mental health services are at a standstill now" and hence no help available for the underlying problems that may lead people towards alcohol consumption. Participants at one focus group, which contained people who were working or volunteering in public health settings, including mental health, commented that mental health services in their area had used COVID-19 as a reason for restricting their services and justifying poorer quality, concluding: "In the meantime people are suffering and not getting the help they should get."

1.3.1. Alcohol use during the Pandemic

The problems caused by COVID-19 to people's lives and livelihoods were generally seen as having both increased the incidence of people drinking alcohol, as well as increased the amount of alcohol consumed. Interestingly, one participant had the theory that some may have cut alcohol consumption during the Pandemic, because they could no longer afford it. Participants at a focus group composed people of African heritage also pointed out lack of money as a potential reason that prevented people in their community from drinking alcohol. Nevertheless, other participants pointed out that cost considerations and the fact that the pub is more expensive may only have led to an increase in drinking at home, rather than a reduction in alcohol consumption as such. One focus group participant reported that their neighbour had built an outdoor pub in their back garden during the Pandemic.

The lack of structure and daily routine during the Pandemic appeared to be seen as driving people towards trying to institute new rituals, including drinking alcohol: while drinking had been associated with particular occasions it now became part of everyday life and took place at home. As one focus group participant put it: "The odd glass of wine after work turned into the odd bottle of wine after work." It became easier to drink more because many people did not have to get up in the morning to go to work or do the school run. Drinking out of boredom may have been particularly prevalent among older people during the Pandemic. Members of one focus group pointed out that these tendencies were further fueled by cheap deals on alcohol from supermarkets. They theorized that these offers tempted those on tighter budgets in particular into buying more alcohol than they usually would, but who were then incapable of making the amount of alcohol they had bought last as long as it would normally have lasted. Because of this move of problematic drinking indoors, it may be that the impact of alcohol on communities is becoming more hidden, e.g. by causing domestic violence rather than anti-social behavior in public. It is therefore becoming harder to gauge the real extent of drinking. A young person told us that a member of their household had taken to drinking two bottles of red wine a day since the Pandemic, causing tensions and aggression.

1.3.2. Alcohol use after the Pandemic

However, at a focus group of staff and volunteers from a mental health charity, participants held the view that pubs had become very busy and had become associated with socialising by a wider group of people than before. They noted that financial pressures, not only associated

with the Pandemic, but also with the wider cost of living crisis, meant that socialising with friends and family at the pub had taken the place of alternative, but perhaps more expensive, pastimes. Nevertheless, these participants echoed the view of participants at other focus groups that there may be a trend of moving drinking to the domestic sphere as a result of the Pandemic. One person pointed out that they had become unaccustomed to crowds as a result of the Pandemic, hence avoiding the pub. Fellow participants concluded that this was probably not an isolated case and surmised that during the Pandemic many people may have realised that buying alcohol from the supermarket was much cheaper, providing an incentive for continuing to drink at home. At another focus group, participants pointed out that people were continuing with the same alcohol consumption habits that developed during the Pandemic, in addition to reverting to old patterns, and that this elevated drinking levels overall. They added that drinking at home would likely become even more prevalent as a result of the cost of living crisis, because it is more affordable.

Members of a young people focus group discussed the effect of the Pandemic in creating a pent-up demand for drinking socially. A participant who worked in a bar told us that there was a palpable sense of people yearning for drink again and for the experience of doing this at a venue, rather than home. Another person working in the industry seconded this by noting that alcohol sales had surged compared to food sales.

2. Solutions

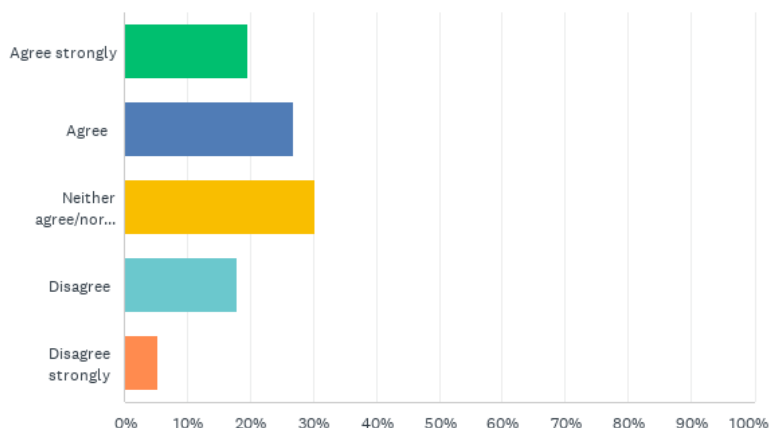
After having discussed the scope of the problem, participants were presented with three statements about potential solutions that had been identified by discussions during the first Big Alcohol Conversation. The following three sections will present what was discussed in reaction to each of these statements.

2.1. Laws and Regulations

Focus group attendees disagreed about the role that laws and regulations could play in addressing the individual and communal problems they saw associated with alcohol misuse. However, there was broad recognition that laws alone were not enough if the root causes of alcohol use were not also addressed. There was a split among our focus groups with regard to using laws to solve alcohol-related problems. Three focus groups unanimously supported laws as a way to regulate and limit alcohol consumption, whereas the other six did not necessarily see new laws as an effective solution, arguing that criminalising problematic behaviours with regard to purchasing and consuming alcohol might cause more problems; enforcement of such laws might be lacking, given the lack of police on the ground; and the fact that those determined to drink would find ways around them.

Survey findings indicate similarly ambivalent feelings, as the graph below shows. More people leaned away from endorsing laws and regulations as a solution. Those who agreed comprised just under half the respondents. The neutral group comprised 30 percent and just under a quarter disagreed, with most of them agreeing, rather than “strongly” agreeing.

Q16 Laws should be made that restrict where alcohol can be bought or consumed and that help people drink responsibly. Please indicate your level of agreement with this statement below.



The following narrative from the focus groups may illuminate some of the thought processes behind such opinions.

2.1.1. Who should regulations be targeted at?

Charity staff at one focus group pointed out that increasing the price of alcohol would simply lead to poor people spending more of their income on alcohol, rather than convincing them not to drink. One participant of the same focus group argued that increasing the tax on alcohol could generate funding support and preventative measures, but could not contribute to fixing the root causes of drinking. At another focus group, although there was agreement with the idea of using laws to restrict alcohol misuse, participants argued that these should be targeted primarily at producers of alcohol, rather than at consumers. For example, alcohol advertisements should be improved to reflect the harmful aspects of alcohol consumption, there should be fewer of them and they should be less appealing. However, these participants also suggested tougher restrictions on when individuals can buy alcohol as well as on the amount they can buy.

2.1.2. Enforcing age restrictions

Participants argued that existing laws were not robust enough with regard to enforcement and punishment and that laws alone would not be the solution, as people would always find ways to get around these laws. One example given was the facilitation of underage drinking by lax enforcement of age limits on the sale of alcohol. One participant told us about an experiment conducted by Greater Manchester Police, where 16-year olds were sent into twenty shops and supermarkets to see whether they could obtain alcohol. All but one shop ended up selling alcohol to them. Nevertheless, it was pointed out by this person that the subsequent chats with the staff in question had yielded improvements, because when the experiment was repeated only two young people were successful in obtaining alcohol. Another participant pointed out that alcohol-induced anti-social behavior in her area had been “nipped in the bud” by a targeted policing effort in order to enforce age restrictions on alcohol sales.

Some participants argued that those selling alcohol to people below the age limit or those buying alcohol on behalf of younger people do not face strict enough penalties. Further, as one group of participants noted, sellers are often afraid to challenge those trying to circumvent the rules, because they fear that they may be armed. People blamed this situation for young people’s ability to circumvent the rules. Several participants told us that they are frequently

approached by younger people to help them buy alcohol. Another young person said that they see a large number of fake IDs at the pub where he works.

Participants at one focus group pointed out that restricting the sale of alcohol to supermarkets may help, because supermarket personnel were more likely to require proof of age when selling alcohol. Those at another focus group, however, recommended restricting alcohol sales to specialist shops only. Finally, another focus group discussed making the laws easier to understand for those who are tasked with their enforcement, e.g. the sellers of alcohol. They also pointed out that there should be one set of laws that cover all settings that sell alcohol, rather than what they perceived to be different rules for each type of setting. Finally, they argued that the existing laws are no longer fit for purpose in light of the fact that more drinking is taking place at home than before.

2.1.3. Other laws and incentives

At one focus group in particular, participants had very clear views on potential laws that could be used to curb alcohol use, e.g. fining people who are drunk or are drinking on the street, limiting the amount of alcohol that can be purchased, as well as increasing the price of alcohol. Limiting the amount of alcohol that can be purchased was also endorsed at another focus group, as well as limiting the places where alcohol can be sold and making it harder to obtain a license. At one group, participants discussed the importance of drinking behaviours being managed, mentioning a system in Southeast Asian countries by which drinkers at a bar have to nominate a 'guardian' whose responsibility it is to ensure that drinkers in their party do not cause harm to themselves and others. One participant related an example that helped her to make more responsible choices around alcohol, pointing out that Uber Eats gives a discount of 25% on orders that do not contain alcohol. She argued that this appealed to her desire to save money and discouraged her from including alcohol in the order. Young focus group participants argued for the need of a "drinking license" instead of just allowing alcohol once you turn 18.

2.1.4. Labeling and public health advice

The use of labelling and public health advice was seen as relatively futile, because those determined to drink will not change their behaviour as a result – although at one focus group participants pointed out that people drinking at unhealthy levels might have "limited health literacy" and thus suggested better labelling and advertisement. Other participants argued that the adverse effects of drinking did not typically enter into someone's decision to start drinking, especially if the motivation is underlying problems. Members of one focus group argued that when people are already looking at the packaging of alcohol it is too late and that interventions should focus on prevention. One participant observed that those drinking alcohol normally do not check the labels in the first place and reported her own surprise at getting "a bit woozy after the third pint and then I realised it's 11%!" This person suggested that it might be a good idea to put an alcohol helpline number on packaging, rather than health information. Participants of another focus group argued that labelling was currently inconsistent, not visible enough and too ambiguous to change anybody's behaviour, pointing out that slogans like "Drink responsibly" could mean something different to everybody. Ultimately, people have selective vision, seeing that which reinforces their own beliefs, making information campaigns largely ineffective. Nevertheless, it was acknowledged that providing better information about the harms of alcohol could prevent those from drinking excessively who are only doing so in response to peer pressure.

2.1.5. General observations about the role of the state

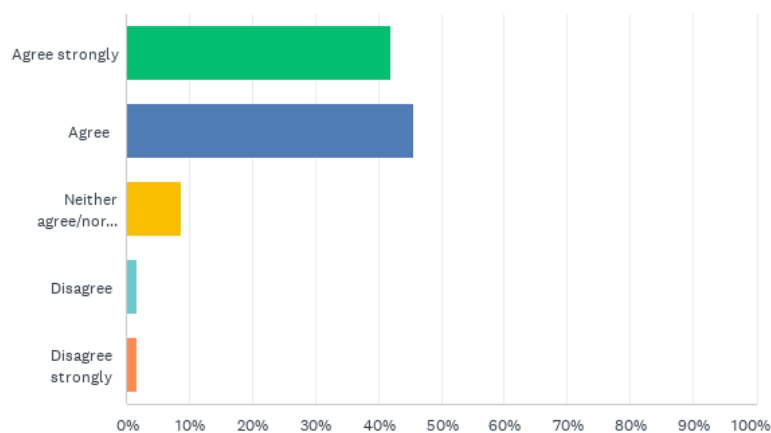
When it came to role models, mention was made at one focus group that politicians, too, must be aware of their status as role models, particularly when it comes to following laws and rules

that others are expected to follow. At a focus group of young people, participants were skeptical about the role of the state in light of the fact that alcohol sales generate so much revenue that it might seem impractical to curb them. As one participant pointed out, where they live there are more pubs than grocery stores. Another participant echoed this, commenting that bars are ubiquitous in the city.

2.2. Partnership working

A partnership approach to addressing alcohol-related harm to communities and individuals was generally seen as beneficial by participants across the focus groups, especially in light of the need for holistic solutions that address the root causes of alcohol misuse. Survey participants likewise strongly endorsed the need for partnership working.

Q17 The City region should work with businesses, communities and partners to promote a different drinking culture. Please indicate your level of agreement with this statement below.



Participants of two discussion groups thought that creating a single access point for a variety of different support services would make finding solutions more effective and user-friendly. In this context, participants of one focus group mentioned that such partnership approaches could take into account each community's issues and hence lead to a more tailored approach that is informed by local knowledge and lived experience, as well as the ability to draw on allies in the community, such as family, friends and neighbours. In their opinion, such partnership approaches could unlock the benefits of a wrap-around support. The importance of family and friends was also picked up on in two other focus group. In one of these, predominantly South Asian participants saw family and friends as the most important source of support for those struggling with alcohol addiction. The role of friends was pointed out as key in another focus group, too, where a recovering alcoholic suggested that one of the barriers that prevent alcoholics from addressing their problem is the realisation that they may lose their friends in the process, if these friendships are structured around alcohol use.

2.2.1. Role of businesses

Participants at one focus group pointed out the need for businesses to act responsibly. Participants discussed that businesses trying to recoup the losses caused by the Pandemic were introducing offers on alcohol that are only serving to encourage excessive drinking in the interest of profit. They also noted that offers like happy hours were enticing people to go drinking after work rather than going home. While some people may manage to restrict themselves to one drink, for others who are lacking self-control this may mean spending the whole night drinking. As a young person who works at a pub reported, customers may come in

with the intention of having one or two drinks, but then struggle to go home. Participants felt that “a whole industry dedicated to promoting alcohol” hampered any efforts to change the culture and solve problems around alcohol. This was further exacerbated by the changing ownership model of many pubs, which are now owned by multinational companies and forced to meet certain sales targets, according to one attendee. One focus group participant expressed his skepticism about businesses’ willingness to be part of the solution, observing that at the moment they did “precious little” to manage alcohol excesses on their premises – something that he did not find surprising, considering that they have bills to pay.

Attendees of two focus groups thought that private businesses profiting from alcohol sales should donate part of the proceeds to fund alcohol support provision. A participant who used to operate a pub pointed out the tension between the profit motive and the duty of care when preventing someone to drink more than they should: “Not many people would think like that, as my till’s ringing. But I wouldn’t do that because how is that person getting home? It’s hard but you have to”. A young person who works at a pub echoed this, adding that this has occasionally made him a target of abuse and threats. Participants in two focus groups were surprised that the same laws that exist to regulate smoking had not been made for alcohol, but one of their fellow participants pointed out that the sale of alcohol is lucrative for the state because of the tax revenue generated. The limited leverage of the state to change deeply engrained behaviours was also explored in another focus group, where attendees talked about the extension of pub opening hours that was introduced as a measure to eliminate binge drinking. They agreed that turning the consumption of alcohol into a “café culture” had not worked, because “this isn’t the way that people consume alcohol in this culture”. Another group of participants argued that there was a need to rethink the reliance of the night-time economy on alcohol altogether, commenting that despite the important income this branch of the economy generated, this should not come at the expense of people’s health.

Businesses that serve alcohol can be part of the solution. For example, one focus group discussed “Pub Watch”, a partnership model that participants were aware of where local businesses meet up with community officers to discuss alcohol-related issues in the local area and to identify certain individuals who are vulnerable to alcohol misuse. According to participants, this puts businesses that serve alcohol in a position where they can “keep an eye on that person”.

2.2.2. Promoting a different drinking culture

Many participants distinguished between the British drinking culture, where alcohol is consumed excessively, and other, in their eyes more beneficial drinking cultures, where alcohol is consumed gradually with food. As one participant pointed out, the “British model” appears to be to “drink as much as possible as quickly as possible”, creating a culture where drinking excessively is encouraged by peer pressure. Whereas the first is the realm of stag and hen dos, the latter is compatible with family settings and may lead to children being socialised into a more responsible relationship with alcohol. One participant pointed out that there appeared to be fewer community pubs than there used to and that their place had been taken by more rowdy settings that entice people to drink more than just a few beers.

Promoting non-alcoholic drinks was seen as a way of raising awareness about alternatives to drinking and potentially creating a culture shift, where socialising is possible without the involvement of alcohol. Not surprisingly, this was popular in the focus group largely composed of Muslims, where participants said they would not attend settings where alcohol was served. However, this was also mentioned at other focus groups. One of these pointed out that non-alcoholic drinks tasting events could be used to open up conversations about the harms of alcohol and the benefits of exploring alternatives. Drawing comparisons between alcohol and cigarettes, participants at one focus group discussed the need to establish whether it would be possible to create an alternative to alcohol that was similar to vaping.

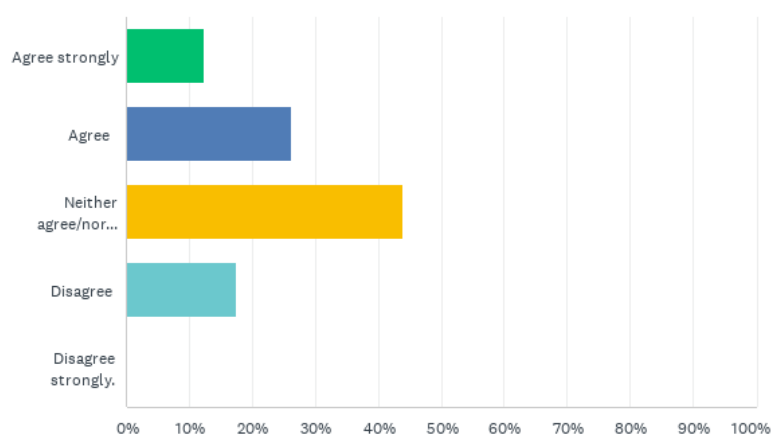
At one focus group, participants pointed out the need for de-coupling socialising and having fun from drinking. This necessitates raising awareness about alternative activities that exist in local communities. According to these participants, going out and socialising should be shifted away from drinking and towards alternatives, such as going out for a meal or a cultural activity. However, especially with cost pressures rising, this might not be affordable for people, which is why there should be more awareness-raising about community-based activities, many of which may be cheap or free. One participant at this focus group pointed out that people used to be much better informed about what is going on in her locality, through printed newsletters, but that this was no longer the case because this information had moved online and was no longer as universally accessible as before. Another participant suggested that the existence of ‘warm spaces’ in localities throughout the winter may be an opportunity to reconnect visitors to these types of offers.

2.2.3. Role of parents

Focus group participants saw parents as a crucial influence in shaping the attitudes of their children to alcohol, as well as monitoring their children’s behaviour with regard to drinking. Parents are important role models and set an example for children, while also setting the boundaries for responsible alcohol consumption. Participants at one focus group espoused the view that giving small amounts of alcohol to adolescent children while supervised by their parents could be part of a strategy of demystifying alcohol and therefore preventing unsupervised experimentation with it. Attendees typically saw no problem with adults drinking in front of children in moderation, with the exception of the Muslim group, whose participants found this unacceptable. Another group of participants disagreed with parents drinking in the presence of children whilst at home.

Survey participants did not see parental abstinence from alcohol around children as a particularly important aspect of promoting a healthy attitude to alcohol.

Q18 People should stop drinking around children to promote a healthy attitude to alcohol.
Please indicate your level of agreement with this statement below.



Our focus group participants were concerned about children who are caught up in a family with alcohol-related problems and noted that such children should be supported adequately. As participants of one focus group pointed out, parents are also instrumental for showing children other things to do with their time, e.g. hobbies and activities that do not involve alcohol and do not take place at settings where alcohol is served. However, they also stressed the fact that

parents in more difficult economic circumstances might struggle to support their children in their search for alternative pastimes. Another set of participants concurred with this, pointing out the need for youth provision such as youth clubs, sports and educational activities, in order to get young people to engage with alternatives to alcohol consumption.

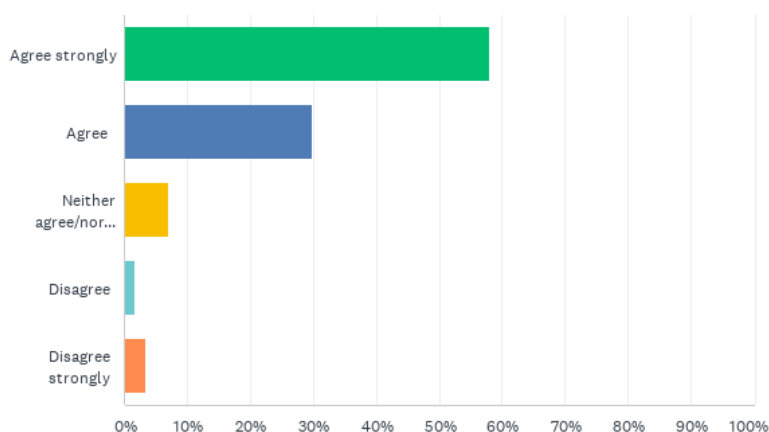
The young people focus group gave many examples from participants' lived experience of the detrimental impact of parental alcohol use on children. This was powerfully illustrated by one person's story, who said she used to binge on food, which was usually in short supply because her parents prioritised buying alcohol. Notably, however, the stories of these young people suggest that problematic parental attitudes to alcohol can sometimes instill a sense of heightened caution in children with regard to alcohol. Many either stayed completely away from alcohol or deliberately reduced their consumption for fear of being seen in the same light as their parents.

2.3. Prevention and support

People empathised with those affected either directly or indirectly by alcohol misuse and there was an overwhelming consensus that the availability, affordability and accessibility of support needs to be improved. As one participant noted "harmful drinking is an addiction and individuals need support to overcome it". Another participant pointed out that society tends to dismiss those with alcohol problems as irresponsible, but that a more accurate view would be that they are people in need of support with a plethora of problems. Others concurred with this, arguing that a non-judgmental approach was needed to convince those with an alcohol problem to access support.

Almost all survey respondents concurred with the statement "More needs to be done to prevent harmful drinking and support those most vulnerable".

Q19 More needs to be done to prevent harmful drinking and support those most vulnerable. Please indicate your level of agreement with this statement below.



2.3.1. Prevention

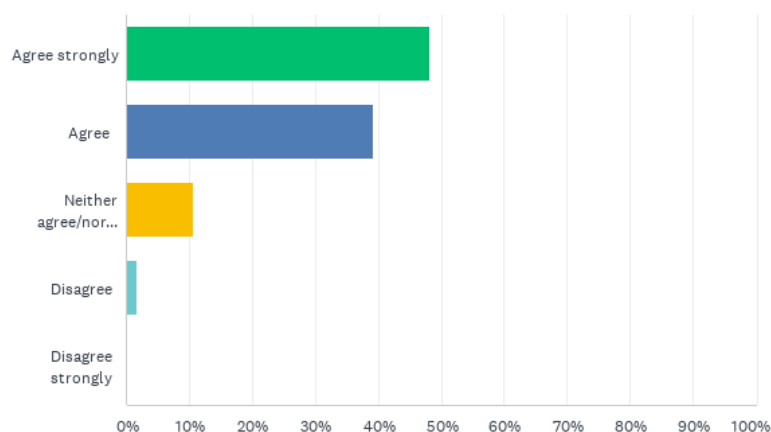
Many focus group participants pointed out the need for preventative initiatives that aim at raising awareness of alcohol early on, e.g. early intervention in schools, promotion of positive role models and using popular media content to open up conversations about alcohol use, e.g. in storylines of soap operas. Six focus groups suggested that alcohol education should be part of the school curriculum, with participants at a seventh one pointing out the need for government and statutory agencies to champion educational initiatives for society-at-large.

Young people noted that current educational initiatives were focused on “using buzzwords”, but otherwise bereft of engaging educational content and thought that the educational content should be “rewritten” and children should be taught about alcohol at a young age through cartoons and comics. Other participants argued that such educational initiatives were needed to counteract the prevailing image that alcohol is about having fun and needed to be much clearer about what constitutes harmful drinking.

Attendees of a ninth focus group discussed the importance of funding schools to provide a safe space where youngsters could openly discuss alcohol. They saw this as a strategy to ensure that children do have discussions about the topic, which might not always take place in families, but also foster trust between students and educators, providing the prerequisite for early intervention. It was implied that children take many things about alcohol for granted, e.g. the need to get a pint when you go to the pub to play pool, and that such conversations may be able to dispel such myths in addition to raising awareness of the social, health and financial consequences of alcohol misuse.

Our survey findings also indicate that creating spaces for conversations around alcohol was seen as beneficial for prevention.

Q20 Creating spaces where people can discuss alcohol would be useful to raise awareness about the harms of alcohol consumption. Please indicate your level of agreement with this statement below.



Prevention, as focus group participants defined it, also includes dealing with the underlying problems that may lead individuals to drink at harmful levels, providing them with alternative strategies, rather than using alcohol as a way of self-medicating. Focus group participants were aware of how complex it can be to address alcohol addiction, precisely because of these underlying problems, but also because alcohol is so readily available close to people’s homes. Participants at one focus group, composed of charity staff, were adamant at pointing out that it would amount to a “sticking plaster” to try to tackle alcohol misuse without addressing the problems that drove people towards alcohol as a coping strategy in the first place – which according to them remained unresolved due to a lack of public services in the areas of health and mental health. In one participant’s words: “You know people can’t access services when they’ve got physical disabilities or mental health problems. [Alcohol] is a short-term fix, which can lead to bigger problems. You know, I’m on the waiting list for three months. What am I going to do while I’m waiting? Drink. Three months down the line they are becoming dependent on it, because it’s a coping mechanism.”

2.3.2. Support

Excessive drinking was seen as both an individual and a community problem, with associated problems causing a ripple effect, and it was perceived that better support services to help individuals would ultimately benefit the community-at-large. Some participants felt that their area had become a dumping ground for people with alcohol and other addiction problems, who were housed in the area without adequate support.

When it came to the type of support needed, participants pointed out the need to target resources at prevention and early intervention. In order to facilitate early detection and treatment, it needs to be made clear what levels of alcohol consumption constitute a problem. The participants of one focus group commented that the lines between harmful and social drinking can be blurred, making it difficult to pinpoint when to intervene to maximise the chances that escalation and the associated individual and collective harm will be prevented. As pointed out by one of the discussion groups, some alcoholics are “highly functional” and thus difficult to spot, especially because they are themselves in denial and often hide that they have a problem. Participants thought that more awareness raising and education in the community might help with spotting individuals that may need help and hence enhance the ability to find early solutions, as well as helping affected individuals acknowledge that they may have an addiction problem.

Providing support was largely seen as the preserve of voluntary and statutory services, but participants also saw friends and family playing an important part. A group of charity staff and volunteers suggested that more open discussions about alcohol among peers are needed. They recalled having conversations with friends about the negative effects of drugs, whereas alcohol consumption seemed to be taken for granted: “You don’t sit there and go ‘So why are you ordering your third pint? How are you?’ You don’t ... it’s assumed that it’s a social thing.” In one of the focus groups, participants saw the role of the family as central for both prevention and support. They argued that parents who drink in front of their children lose all their legitimacy for asking children to practice restraint with regard to alcohol when they get older. They also saw family support as a rather effective means to support individual family members. Nevertheless, they pointed out the toll that this could take on families, who might have to provide 24/7 support to a struggling relative, often repeatedly over long periods of time as a result of relapse.

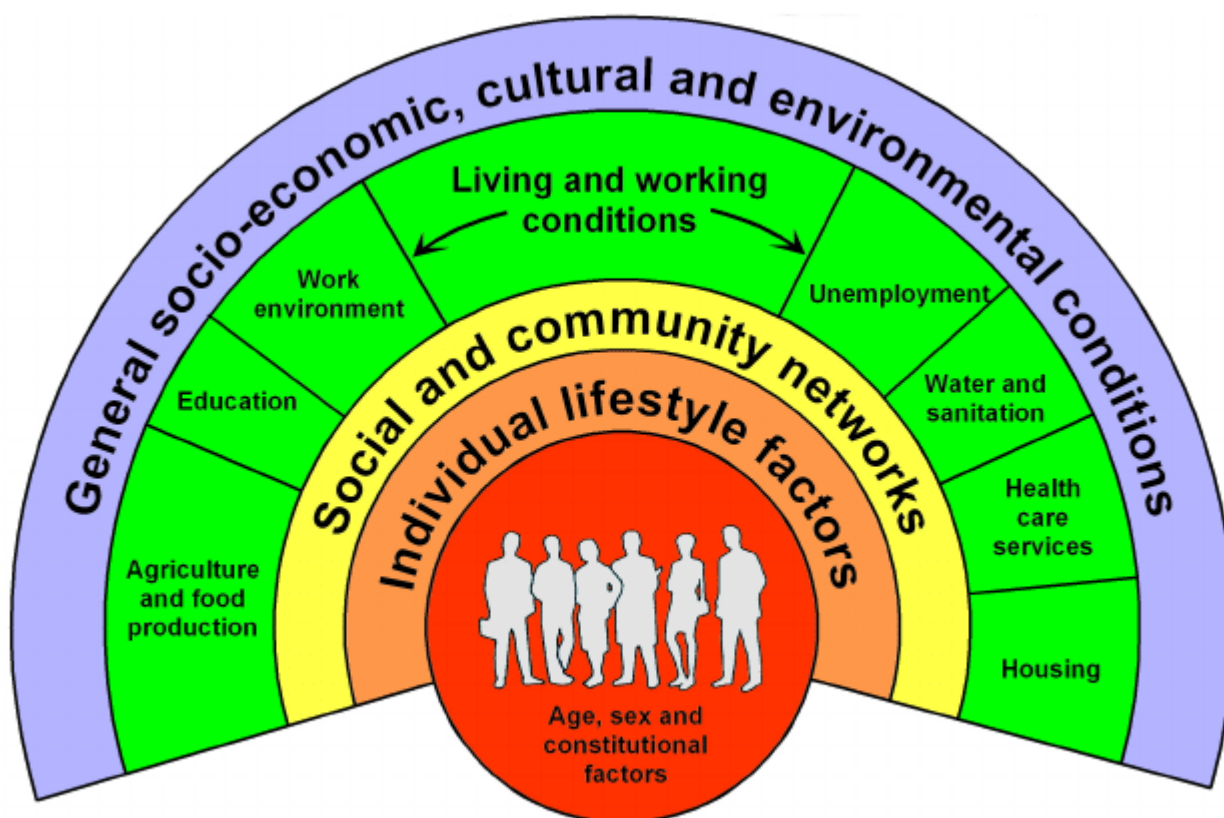
Accessibility of support was seen as a problem. Some attendees pointed out that they would not know where to turn for support if someone they knew needed help with alcohol-related problems. Accessing support was seen as contingent on an overly complicated and drawn-out referral process, something that was perceived as putting people off coming forward with their problem in the first place or wearing down their resolve to seek help. One participant related an anecdote about trying to help someone with accessing alcohol support. It had taken this person several years to accept that he needed help, but when they were at the point of wanting to access services, the unreliability of these services completely discouraged this person from persevering. His appointments were changed twice without notification and this was repeated when he tried to access services at a different agency. His advocate lodged a complaint with the agencies in question and has still not received a response, concluding: “If that’s the response they’re getting, they are not going back.”

A further problem with regard to accessing support concerns how the sequencing of support affects its effectiveness. Focus group participants reported that most mental health services they know require that patients first address their alcohol addiction. However, participants argued that experience had shown that clients could not tackle their addiction as long as their mental health concerns remained unaddressed. Therefore, they want to see more flexibility on the part of support services with regard to operating in tandem.

The stigma around alcoholism, which sees the affected person as a problem, rather than acknowledging that society has a problem with alcohol, makes it difficult to step forward and ask for support. People may admit that they are heavy drinkers, but may not want to associate themselves with the label 'alcoholic'. As one participant said, "People don't want to admit their weaknesses to a stranger". Participants therefore argued in favour of providing access points to support in everyday settings, such as schools or workplaces, thus enabling people to self-refer. This might overcome some of the stigma around seeking alcohol-related support and would normalise accessing such support. Members of one focus group added that accessing support should be voluntary, rather than mandatory, arguing that "some people don't want to be helped" and they should just be supported to drink in a safe and managed environment.

3. Conclusion

There was hence an overwhelming sense that alcohol misuse is a problem for communities and has many direct and indirect negative effects. The opinions, perceptions and experiences covered in this report reveal the complexity of alcohol consumption as a problem that is affected by all five determinants of health that are comprised in Dahlgren and Whitehead's 1991 model and therefore requires solutions at individual, community and society level.



Source: Dahlgren and Whitehead, 1991

In our focus groups, although individuals were not absolved of all responsibility when it came to making responsible choices about alcohol, participants still tended to have empathy for people who were struggling to make such choices. Indeed, it became clear that participants thought that there was a plethora of systemic reasons that made it harder for individuals to use alcohol responsibly and also to address their alcohol-related problems once they had realised them as such. Therefore, focus group participants underscored the importance for any solutions to draw on community knowledge and capacity, whether this was the need for families to set a good example for their children, help spot emerging problems and aid in supporting their relatives and friend with alcohol-related problems, or whether it was the need for specialist agencies to work with community stakeholders in order to make support more

accessible and appropriate. There was also a feeling that current legislation may not be effective enough, either because punishment of alcohol-related offenses is too lenient or because there is a lack of capacity to enforce the rules that do exist. However, it was also clearly acknowledged that law enforcement is only part of the answer, mainly addressing the symptoms of alcohol misuse, rather than the root causes. Therefore, truly addressing the problems that alcohol causes for communities and individuals alike would involve finding solutions to the conditions that lead people to drink in the first place, with an important emphasis being placed on the insufficiencies of the benefits system and public services.

This report will conclude by formulating some key considerations for action that emerged from the focus groups.

3.1. Key considerations for action

The first Big Alcohol Conversation had generated five priorities for action going forward. The following key points will be presented under the same headings. Please note that these key points arose from the discussions and hence reflect the views of our participants. They will hopefully provide useful starting points for future actions.

3.1.1. Laws and levers

- Participants pointed out the need to acknowledge the underlying systemic factors that perpetuate the types of hardship that can foster alcoholism, rather than blaming individuals. Therefore, it appears that addressing the shortfall in other public services is essential for creating conditions that can facilitate the prevention of alcohol misuse.
- The data that emerged suggests that it might be helpful to differentiate between different levels of the problem: firstly, the health impact of alcohol in general; secondly, alcohol addiction that only impacts the individual; and thirdly, alcohol addiction that causes wider social problems beyond the individual. The public differentiates between these and people might not recognise themselves in any blanket campaigns targeted at alcohol addiction.
- Participants want policymakers to acknowledge that alcohol is a problem across society, not just among the working class, and to avoid stigmatising certain classes when designing communications around alcohol.
- Focus group attendees were concerned about anti-social behavior. Hence, although the link between alcohol and ASB may not be clear-cut, framing alcohol initiatives with this in mind may produce more public support.
- Findings suggest that current slogans, such as “Drink responsibly”, are perceived as ambiguous and can mean different things to different people. Therefore, health-related messaging on alcohol packaging and in alcohol advertisements should be visible, specific, consistent and easy-to-understand.
- Attendees thought it might be beneficial to shift the price incentive away from drinking at home (consuming cheap and often stronger alcohol from the supermarket) towards drinking in designated spaces, e.g. the pub, where drinking can happen in a more supervised way.
- Participants opposed any measures that result in penalising or even criminalising alcohol consumption.
- They were in favour of targeting measures at producers, rather than consumers of alcohol.
- Findings indicate that existing measures might not be fit-for-purpose for a situation where more drinking is taking place at home and is hence more unregulated.
- Participants thought that enforcement of existing laws around age-restrictions needs to be improved.
- Participants also thought that existing laws might not be fully understood by those who should enforce them and pointed to the need to better understand the issues confronted by enforcers and what additional support may be required.

3.1.2. Doing drinking differently

- Focus groups discussed the need to acknowledge that heavy drinking is embedded in the wider culture and has become so normal that immense peer pressure is exerted on those who might want to develop a different relationship with alcohol. Based on this, it might be useful to find ways of empowering those who might be willing to drink less, but feel that this is culturally unacceptable, and to amplify their voices.
- Findings pointed to the fact that action is needed to make it easier to drink less or to shift to non-alcoholic drinks. Right now, the easiest thing to do is to drink, when a better situation might be created, where not drinking is the default and drinking the exception.
- Our findings suggest that messages that communicate responsible and beneficial use of alcohol in the context of socialising might be better received than those stigmatising alcohol consumption, especially if they are embedded in TV shows and entertainment.
- Focus groups commented on how it makes business sense for pubs and other night-time economy venues to promote excessive alcohol consumption, but wondered whether certain ownership models may lead to different outcomes with regard to promoting spaces that do not exclusively rely on excessive alcohol consumption to survive. Attendees also pointed out the useful role such venues can sometimes play in promoting responsible alcohol consumption, suggesting that there may be a role to work with the industry in that regard.

3.1.3. Protecting our children

- Participants supported the inclusion of alcohol education in the school curriculum.
- Attendees discussed how drinking is sometimes the only recreational activity children have been exposed to in their families. This raises the question whether schools should be supported to introduce children to a variety of different ways of spending their free time, e.g. hobbies. This could support children who grow up in families who face barriers to offering rewarding pursuits to them.
- Putting sufficient youth leisure provision in place might further work towards de-coupling leisure from alcohol use.
- Participants wanted schools to be funded to create safe spaces where alcohol can be openly discussed and trust between educators and pupils can be created. This could support young people with families where alcohol misuse is a problem.

3.1.4. Support for all

- Participants suggested that tax revenue from alcohol sales be ring-fenced for addressing alcohol-related issues.
- Focus groups proposed developing alcohol support service models that enable stigma-free self-referral, e.g. accessible in everyday settings.
- Participants pointed out flaws in how services are currently delivered with regard to reliability, accessibility and sequencing. The fact that alcohol use is often intertwined with other problems means that problems should be addressed in a holistic way and, where appropriate, simultaneously.
- Findings implied that it is desirable to ensure that affordable alternatives to drinking exist in neighbourhoods, e.g. activities that do not involve alcohol, venues for socialising where non-alcoholic drinks are served, affordable leisure offer.

3.1.5. Continuing the conversation

- Young participants' comments about existing alcohol awareness raising campaigns imply that it would be useful to co-produce alcohol education campaigns with young people, to ensure that they are fit for purpose, resonate with young people, and contain the information that young people need to make responsible decisions.

- Participants saw the need of raising awareness of the types of support that are available to those who want alcohol-related support.
- Discussions at focus groups pointed to the need to foster conversations that can question cultural assumptions about alcohol. It may be fruitful to explore what can be learned from cultures represented in Britain that do not embrace alcohol use.
- Some focus group participants pointed out that the provision of ‘warm spaces’ throughout the winter may present opportunities for sharing information and engaging people.

4. Appendices

4.1. Focus group questions

Focus group participants were asked to respond to and discuss six statements and two questions during the session, in the following order. Where the discussion was not flowing well and in order to test additional findings from the previous Big Alcohol Conversation, each statement or question was followed up with additional prompts, which are included in parentheses below:

“Alcohol is having serious impacts on people and the community where I live.” (In the last conversation, people were more concerned about the social harms than the individual health risks associated with alcohol.)

“There are people for whom drinking alcohol is a particular problem.” (In the last conversation people said that young people drinking is a particular problem and that homeless people and those with mental health problems, depression or anxiety are particularly affected by drinking too much.)

“Crime and anti-social behaviour is the main problem caused by alcohol consumption in my area.” (Last time people listed this as the number one concern, followed by underage drinking, demands on A&E, homelessness, drink driving, domestic violence, littering, alcohol-related fires, deprivation, poverty, unemployment and lack of opportunities.)

What do you think of people who drink too much? (Why do you think they drink too much? Ask for examples of people who drink too much.)

Has any of what we just discussed changed significantly over the past two years?

“Laws should be made that restrict where alcohol can be bought or consumed and that help people drink responsibly.” (Last time, people wanted to see tougher restrictions on drinking in streets, parks and playgrounds and supported a ban on alcohol advertising in outdoor and public spaces. They also thought that alcohol licensing decisions should take into account levels of public health in an area. Alcohol bottles should contain information about its effects on health.)

“The City region should work with businesses, communities and partners to promote a different drinking culture.” (At the last conversation, people thought that there was a British Drinking Culture that was problematic and promoted binge drinking. People during the last conversation had mixed opinions about drinking around children. What do you think about drinking in front of children? Last time people thought that having more discussions like this could raise awareness about the harmful impacts of alcohol in our communities, especially among people who drink to a harmful extent.)

“More needs to be done to prevent harmful drinking and support those most vulnerable.” (Last time people thought that alcohol is so linked to other problems people might have that alcohol services must work in collaboration with others to succeed. They also thought that it is difficult for individuals to know about and access the available services.)

4.2. Focus group host organisations

The following table shows the host organisations, which types of communities they represent and how many participants they recruited into focus groups.

Organisation	Remit	Geographical remit	Number of participants
CAHN	Caribbean and African population	Greater Manchester	9
Communities in Charge of Alcohol	Alcohol Health Champions	Bolton	3
Early Break	Children and families	Bury	8
Groundwork	Young people	Stockport	8
KYP	Kashmiri population in Deelish	Rochdale	9
Mustard Tree	People affected by homelessness	Manchester	19 (two focus groups)
Signpost Stockport	Carers	Stockport	9
Tameside, Oldham and Glossop Mind	Mental health	Tameside, Oldham	8
Trafford Domestic Abuse Service	Domestic abuse survivors	Trafford	10
Warm Hut	BAME migrants	Salford	10
			Total: 93

4.3. Statement from the perspective of the night time economy

As mentioned in the introduction, we were not able to organise a focus group with members of the night time economy in Greater Manchester. In the absence of this, we received the following statement from the Greater Manchester Combined Authority Night Time Economy Team.

Businesses within the hospitality sector have faced great pressures over recent years, this only continues to grow in terms of scale and complexity. The sector was one of the hardest hit throughout the Pandemic, facing long term closures and regular changes in guidance. It is estimated that the recovery of the sector to pre-Pandemic levels will take three to -five years. This was before the current cost of living crisis took hold.

Continuing inflation has meant that over half of businesses in the sector are seeing a 30% increase in costs compared to before the Pandemic, with 44% of business owners ‘unsure’ whether their business will survive the next month, according to data from the Night Time Industries Association, businesses in the sector are carrying, on average, £133,957 worth of supplier and bank/loan debt. It is important for the experience of the sector to be represented when understanding the full context behind alcohol consumption in the UK and measures that can be taken to reduce alcohol misuse.

Despite the immense challenges the sector is facing, they are a key stakeholder in affecting wider health and wellbeing outcomes. The impact pubs and other hospitality venues can have

on reducing social isolation, for example, is significant¹. Organisations, such as the Campaign for Real Ale and the Campaign to End Loneliness, have launched campaigns to promote the role hospitality plays in supporting the general public's social interactions, but also in reducing social isolation in those most vulnerable.

Solutions to the levels of alcohol harm we are seeing in society, not least the trends identified in this report to excessive drinking in the home, must include the hospitality sector as well as recognise the positive impact businesses and hospitality settings can have. It is the local pub that can be a crucial partner in vital early intervention, engaging at the initial point of harm, where services can't.

¹ For further reading about the importance of social infrastructure see:
<https://www.gmcvo.org.uk/publications/social-infrastructure-how-shared-spaces-make-communities-work>