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Attitudes Towards Alcohol: Views of Problem Drinkers, Alcohol Service Users and their Families and Friends

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Between February and June 2001, the Scottish Executive Health Department undertook a consultation exercise to inform the development of its Plan for Action on alcohol problems. As part of this exercise, various pieces of research were commissioned to explore issues around alcohol misuse in Scottish society. This paper presents the main findings of a study which obtained the views of problem drinkers, current and former alcohol service users and their families and friends.

Main findings

- Alcohol was identified as playing an important, and often positive, 'social' role in Scottish society. However, most participants were aware of some negative aspects, such as its potential to lead to aggression, actual violence and financial problems and the destructive impact it could have on personal relationships.
- The research found that terms such as 'alcohol misuse', 'alcohol problem' and 'alcoholism' were interpreted in many different ways. In general, however, the terms were generally defined by participants as follows:
 - 'Alcohol misuse' = inappropriate use of alcohol, such as binge-drinking. However, it was the least used and understood term.
 - 'Alcohol problem' = the point at which alcohol begins to impact on other aspects of the user's life.
 - 'Alcoholism' = the point at which alcohol *takes control* of a person's life, with a focus on dependency.
- Irrespective of the type of drinking behaviour engaged in, individuals were reluctant to attach the above definitions to themselves or those close to them.
- Awareness of services for alcohol misusers and their families and friends was low, however, participants generally felt confident that they would be able to find out about such services should they need them. The doctor's surgery was identified as the place most people would approach in the first instance.
- There was strong support for the provision of a range of services for alcohol-related problems and there were calls for such services to be better publicised. There were varied views on 'what works', though widespread agreement that services should be tailored to individual needs.
- A number of psychological and practical barriers were identified as preventing people from seeking help for an alcohol-related problem. The most important barrier was the reluctance of alcohol users (and sometimes their families and friends) to admit to the existence of the problem.
- There was some support for education, advertising and information to tackle alcohol misuse but mixed views about the potential success of such approaches.
- Primary school-based education was seen as crucial in tackling alcohol misuse among future generations.

Introduction

This research on the views of problem drinkers and their families and friends was commissioned to feed into a wider consultation on alcohol misuse in Scotland which took place between February and June 2001.

NFO System Three Social Research carried out a qualitative research study to explore:

- general views and experiences of alcohol and alcohol-related services
- perceptions of how far needs are being met by current services
- what other provision might be considered necessary and/or desirable

Nineteen in-depth interviews and twelve focus groups (involving 78 people in total) were carried out with people with alcohol problems, with their families and friends, and with people who drink alcohol regularly and might be at risk of developing alcohol-related problems (from hereon referred to as 'drinkers'). The fieldwork incorporated a mix of those who had been in contact with services, as well as those who had not. (See methodological notes on page 4)

General views and experiences of alcohol

The research highlighted the pivotal role that alcohol plays in Scottish society with many people identifying alcohol as the main focus of their social life. Drinking behaviour in Scotland was felt to differ greatly from other European cultures (where, for example, binge-drinking was not seen to be so common) but to be similar, if not identical, to the rest of the United Kingdom. Many participants felt media representations of Scottish people as 'big drinkers' were unfair – though, at the same time, many seemed to take pride in this stereotypical image.

On the surface, alcohol was seen in a positive light, primarily related to socialising. However, important negative aspects were also identified. For 'drinkers' the main drawbacks identified were 'hangovers' and argumentative behaviour. However, those people with an alcohol problem and their families and friends

tended to think about the negative aspects more broadly, with the impact on personal relationships seen as an important factor, along with aggression, violence, financial problems and ill-health.

There was much confusion surrounding terms such as 'alcohol misuse', 'alcohol problem' and 'alcoholism'. In general, the term 'alcohol misuse' was neither widely used nor well understood. When pressed, however, participants tended to define it in terms of inappropriate or binge drinking. A person was seen to have an 'alcohol problem' at the point when alcohol begins to have an impact on daily life. 'Alcoholism' was the most widely used term and was associated with the most 'extreme' forms of alcohol use, such as dependency, morning drinking and loss of control over significant aspects of daily life.

The research suggests that definitions and terminology should be carefully considered when planning and publicising services. Participants tended to associate current services with 'alcoholism' and therefore saw them as curative rather than preventative in nature.

The majority of participants were reluctant to label themselves as having an 'alcohol problem' or as being an 'alcoholic', even when they displayed the behaviour they themselves associated with these terms - for example, drinking in the morning and alcohol impinging on their day-to-day life. As a result, they did not see services as being relevant to their needs.

What leads to problem drinking?

Participants identified a range of factors that lead people into problem drinking including illness, addiction, allergy, genetic pre-disposition and socialisation. In most cases, the explanations focused on a combination of factors. For some service users, the transition from drinking to developing a problem with alcohol was clearly marked by traumatic life event. Others described a more gradual descent into alcoholism through prolonged and everyday use.

There was widespread consensus that alcohol problems can affect anyone, regardless of age, sex or social background. However, loneliness and boredom were seen as the most important risk factors,

particularly for groups such as the unemployed, divorced or widowed people and those living in rural areas. There was also concern that young people were particularly at risk of having alcohol problems in the future because of alcohol marketing strategies and the perception that drunkenness may be acceptable to young people.

Awareness of alcohol-related services

The research found low levels of awareness about services for people with alcohol-related problems, although unsurprisingly those who had had some contact with a service knew more than those who had not. Awareness of services for friends and families of those with an alcohol problem was generally even lower.

Most people were confident, however, that they would be able to find out about such services – primarily through their local GP. When asked about specific services, only Alcoholics Anonymous was mentioned with any frequency. Participants otherwise tended to refer to generic services such as counselling and psychologists.

There was widespread consensus that there should be more alcohol services and that these should be publicised more widely. Drug misuse services were seen as both more widely available and publicised.

Contact with services

Respondents identified a number of barriers to contacting alcohol-related services. The most fundamental of these was admission of the problem to oneself, and then to others. Even when a person recognises the need for help, however, other factors might prevent contact being made with a service. First, psychological barriers such as fear of shame, embarrassment and stigmatisation and, second, practical barriers- primarily related to caring responsibilities (for example, the lack of childcare facilities at the service).

In most cases, the decision to contact a service was viewed as the 'last resort' and was often prompted by a crisis of some kind, relating, for example, to

ill-health, custody battles or the collapse of personal relationships.

Health workers such as GPs were perceived to be important in gaining access to further sources of support. However, participants reported mixed experiences in relation to seeking assistance through GPs.

Perceptions of what works

Participants identified some important features as essential requirements of any kind of alcohol-related service provision. Confidentiality, for example, was considered fundamental because of the fear of stigmatisation.

Participants felt that services should be free, easy to get to, and available at the times when they were most needed (which is often during evenings and weekends). They also felt that services should provide childcare facilities.

There was widespread belief that a broadly based, positive and practical approach was required. Alcohol problems should not be addressed in isolation but alongside other aspects of people's lives. Moreover, it was felt that help should be provided to enable service users to fill the gap in their lives left by not drinking alcohol (or drinking less alcohol). Participants also felt that service provision should be on-going rather than time-limited and that follow-up support was crucial to prevent relapse.

Despite the above, there was little consensus about which types of alcohol services actually work. In particular, there was disagreement about whether alcohol services should adopt a 'no drinking' or a 'controlled drinking' model.

Although participants disagreed on the relative merits of different services, it was generally felt that the range of services should comprise detoxification programmes, medication, day or drop-in centres, group counselling, individual counselling, follow-up support and advice (practical and psychological) and support and advice for family and friends.

There was also a consensus that it is essential to provide a range of services – individuals with similar problems often require very different approaches. In addition, it was felt that some people often need different service approaches at different stages in their treatment.

Overall, there was a widespread view that alcohol services need to be tailored to the individual needs of the service users and be reviewed and revised during the process of service contact.

Tackling alcohol misuse: the way forward

Overall, participants clearly felt that alcohol misuse is a deep-rooted problem in Scottish society that needs tackling. There were, however, mixed opinions about how this could or should be done, and a significant degree of scepticism about the possibility of change. Calls were made for more information, education and advertising on both sensible drinking and the harmful effects of drinking. Participants also felt that health promotion activity currently prioritised smoking and illegal drug use at the expense of alcohol. It was widely agreed that prevailing cultural attitudes towards alcohol in Scotland present the main barrier to tackling alcohol misuse and that these need to be addressed before any change in alcohol-related behaviour will take place. Again, participants were sceptical about whether this could be achieved.

Conclusions

The key findings of the research have a number of implications for the Plan for Action on Alcohol Misuse, namely:

- there is a need to raise awareness and educate people - including young people - of the potential dangers of alcohol
- the acceptability of drunkenness and alcohol misuse should be challenged
- the belief that alcohol only becomes a problem once it has taken over somebody's life also needs to be challenged
- the provision of help for alcohol misusers and their families and friends should be increased
- a wide range of flexible services is required to deal with different types of problems and different types of people
- perceptions that services are for 'desperate people' need to be dispelled – services can be both preventative and curative
- attempts must be made to breakdown both the psychological and practical barriers to seeking help for alcohol problems
- the existence and purpose of alcohol-related services must be publicised more effectively

Methodological notes

The qualitative research consisted of in-depth, individual interviews and focus groups. The following groups were involved in the research:

- current and past users of alcohol-related services
- family and friends of people with alcohol problems, both service users and non-service users
- people who drink alcohol regularly and sometimes excessively but who do not see themselves as problem drinkers.

The research covered voluntary, statutory and private alcohol-related services.

The research took place in four areas – the Borders, Fife, Edinburgh and Glasgow.

A total of 78 people participated in the research.

This Research Finding was developed for the Plan for Action on alcohol problems (published December 2001) and published alongside the following Research Findings in the CRU Health and Community Care series:

No 10: Towards a Plan for Action on Alcohol Misuse: Responses to the Written Consultation, Reid Howie Associates, 2001

No 11: Towards a Plan for Action on Alcohol Misuse: Summary of Evidence, Reid Howie Associates, 2001

No 13: Attitudes Towards Alcohol Misuse: Views of the General Public, NFO System 3, 2001

No 14: Consultation with Children and Young People on the Scottish Executive's Plan for Action on Alcohol Misuse, Save the Children, 2001

No 15: International Alcohol Policies: A Review of Selected Literature, Kate Sewel, 2001

Further research reports published in association with the Plan for Action may be found at <http://www.scotland.gov.uk/health/alcoholproblems>

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