

**Drinking in Scotland:
Qualitative Insights into Influences,
Attitudes and Behaviours**
May 2008

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Published by NHS Health Scotland,
Woodburn House, Canaan Lane, Edinburgh, EH10 4SG
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Acknowledgements

We would like to thank all those who gave their time and shared their experiences as respondents and to bar staff who helped to support the recruitment process.

The study was commissioned by NHS Health Scotland. The views expressed here are those of the authors and should not be attributed to the funding body.

We appreciate the support from Sally Haw, Kerry McKenzie and Fiona Moore from NHS Health Scotland, and from the Research Advisory Group: Alex Crawford, Alasdair Forsyth, Jack Law and Iain MacAllister. In addition, Jan Gill and colleagues gave valuable methodological advice on recording poured drinks, and Alasdair Forsyth advised on drinking diary methods. Internal support was provided by Aileen Paton and Kathryn Angus.

Executive Summary

A steady increase in alcohol consumption in Scotland over the past two decades has been associated with a growing number of health and social problems. However, drinking is recognised as having an important role in Scottish culture. This qualitative study was designed to improve our understanding of drinking behaviours and different drinking cultures in Scotland. It is intended that the findings will contribute to the further development of a Scottish strategy to reduce alcohol-related harm.

Four study areas with mixed characteristics were identified (urban affluent, urban deprived, rural affluent and rural deprived) enabling triangulation of local responses and across the sample. Respondents were recruited as drinkers in home settings and/or were 'regulars' in selected local pubs (two per area) or were employed in pubs (and were typically also regular drinkers). Among those recruited as the home sample, half were recruited as 'moderate' drinkers, i.e. having drunk between half and the total of current recommended weekly drinking limits in the week preceding recruitment, with the other half recruited as 'heavy' drinkers, i.e. drinking above recommended weekly limits. There were no limits on consumption experience among the bar sample (customers and staff). Data was collected using a combination of focus groups and in-depth one-to-one and paired interviews (overall 172 respondents).

1. Findings

1.1 *How do people drink? Styles and settings*

- Individuals had more than one drinking style, and drinking behaviour varied according to settings and social contexts. Drinking typologies were therefore difficult to establish. Home and pub drinking styles differed in terms of amounts and types of drinks consumed.
- Home drinking was common across most age and social groups, either for a social get-together or a quiet drink alone. Drinking wine routinely with the evening meal was a common pattern among affluent middle-aged respondents, but rare in deprived areas.
- Drinking in pubs was also common in most groups, but especially in deprived areas, where male drinking predominated. The profile of customers and the prevailing atmosphere changed over the course of the day, especially in the urban affluent area.
- Social drinking in domestic situations was particularly common among women in all communities, especially in middle-age, and mirrored male social drinking in pub settings.
- Pub drinking tended to be focused on a few days in the week. A minority of respondents drank daily, usually middle-aged and older men from more deprived areas, for whom the pub fulfilled an important social function.
- Pub based activities included watching football, pub games, quiz nights and music, as well as pub meals, and were often given as reasons to go to the pub. Pubs were often classified according to these activities as well as by customer age groups.
- Drinking in more than one location in one session was particularly common among younger drinkers on their main night out. A typical night out involved

'preloading' in domestic settings, followed by sessions in pubs and clubs, then after parties at home. Older respondents might also 'migrate' during a session but with less variation in drinking locations.

1.2 *How much do people say they are drinking?*

- The sample was recruited as 'drinkers' rather than problem drinkers. Nevertheless, among the sub-sample of 70 respondents who completed drinking diaries for the previous week, drinking patterns were characterised by overall mean alcohol consumption that was considerably higher than the recommended weekly and daily drinking limits¹ (weekly mean 40 units and heaviest drinking day mean 16 units).
- Nearly half the sample (47%) drank twice or more than the recommended weekly drinking limits and nearly three-quarters (74%) reported at least one episode of binge drinking (twice or more than the recommended daily drinking limits) in the previous week.
- The study revealed heavy episodic drinking focused on a few days among respondents from disadvantaged areas and younger people.
- There were also examples of high weekly alcohol consumption among affluent drinkers, particularly 40-55 year olds. However, consumption was more evenly spread across the week.
- There was considerable variation in the volume of home-poured measures of wine and spirits. On average home-poured vodka measures were twice normal pub measures (59mls) and the overall mean drink size for wine was 156mls. Increasing home consumption is likely to contribute to higher consumption levels in the general population. It will also limit the accuracy of survey-derived estimates of alcohol consumption.
- Difficulties in recall of alcohol consumption were common. This will also affect survey-derived estimates and indicates a need for contextual prompts to facilitate recall. Indications of initial under-reporting were apparent in affluent as well as deprived samples.

1.3 *What are people's attitudes towards drinking?*

- Most drinkers held both positive and negative attitudes towards alcohol consumption.
- Drinking was seen to have many positive aspects such as being a relaxant, a reward, a social lubricant and a means of creating a shared experience and common bond.
- Drunkenness was a widely accepted behaviour among both younger drinkers and drinkers from deprived communities. In contrast, middle-aged drinkers, particularly in affluent communities, tended to focus on youth binge drinking as a concern, enabling distancing from the possible negative effects of their own drinking styles.
- 'Problem' drinking was understood in broader terms than just drunkenness. It was conceptualised in terms of behavioural cues and impacts rather than objective

¹ (Summary Footnote 1): Current recommended drinking limits: drink no more than 21 units per week (men) and 14 units a week (women) and men to drink no more than 3-4 units in one day and women to drink no more than 2-3 units in one day. In addition, at least two alcohol free days in a week are recommended.

consumption levels. It tended to be characterised as either 'youth binge drinking' linked to public disorder or 'addiction' with associated negative stereotypes. Both these drinking patterns were regarded by many respondents as quite distinct from their own experiences, in spite of reported heavy drinking.

- Absenteeism from work as a consequence of heavy drinking was more acceptable amongst drinkers from deprived communities than those from affluent communities.
- Control of the amount of alcohol consumed in a session was largely influenced by perceptions of the body's response and by experience - 'knowing your own limits'. Monitoring intake, for example by counting drinks, as a means of controlling consumption was uncommon. Motivation to moderate drinking varied among individuals and by context.
- Most were familiar with the *idea* of using alcohol units to measure consumption but this did not feature as a mechanism for control. Awareness of recommended weekly or daily drinking limits was low, especially daily limits, and many drinkers were also uncertain how to estimate their own consumption as they were unfamiliar with the unit content of different drinks.
- Most heavy drinkers drank well in excess of the recommended weekly and daily drinking limits, which were regarded as unrealistic and impractical. In the interview setting, however, a few respondents used them to reflect on their drinking.
- Publicans and bar workers saw their primary responsibility as maintaining a peaceful bar and ensuring customers were not a risk to others or themselves, focusing on intoxication and welfare issues such as eating and getting home. Whilst many recognised long-term 'problem' drinkers, they tended not to intervene to control consumption with these individuals.

1.4 *What factors influence drinking?*

- It was widely recognised that the real cost of alcohol in Scotland had fallen substantially in recent years and this was regarded as a major reason for the increase in alcohol consumption.
- Alcohol was seen to be widely and easily available. Cheaper and accessible off-sales were seen to contribute to increased home drinking, which was seen as less controlled and more risky than in pubs.
- Promotional offers were thought to be widespread and were regarded as a cause for concern, particularly because of their perceived contribution to underage drinking.
- There was widespread acceptance that drinking in general, and heavy drinking and drunkenness in particular, were integral parts of Scottish culture.
- Work and unemployment were regarded as both drivers and regulators of alcohol consumption.
- Life stage also had a strong influence on drinking behaviours with the onset of parenthood and childcare responsibilities contributing to a reduction in consumption and later freedom from childcare contributing to increased consumption.
- It was widely recognised that the portrayal of drinking was pervasive in the media through TV soaps and dramas and informational coverage via news, documentaries and health promotion. This created conflicting messages with the

normality of frequent drinking contrasting sharply with specific and sometimes exaggerated harms.

- Smoke-free legislation made home drinking more likely for some from disadvantaged areas, but also made pubs more attractive for other drinkers and for some activities.
- Knowledge of potential health damage of heavy drinking was not regarded as personally relevant and rarely affected levels of consumption. Perceived health benefits of alcohol were readily cited.
- Drugs were widely available in all areas and parallels were drawn between drinking and drug cultures.

1.5 *What are responses to potential interventions?*

- There was some pessimism about the likelihood of resolving Scotland's alcohol problems.
- There was some support for increasing prices in off-sales alcohol outlets. Support was lower for increasing on-sale prices, which were already thought to be expensive.
- There was also some support for reducing outlet density.
- There was strong support for reducing access to alcohol for underage drinkers by stricter enforcement of existing regulations. Some were also in favour of increasing the minimum purchase age.
- There was some support for the tighter regulation of product marketing activities, particularly sports sponsorship and product development where these were thought to be targeted at young people and children.
- It was widely believed that school-based alcohol education and mass media communications could be improved.
- Product health warnings and labelling schemes were regarded as having only limited impact on consumption. In particular, unit guides were seen as irrelevant.
- Many were content with current drink driving regulations. However, some favoured a zero tolerance approach or the use of Autolock devices.
- Knowledge of support and treatment services was limited. Individual anecdotes suggested poor access and service quality issues.
- There was recognition of the need for cultural change as a foundation for changing drinking behaviour and reducing alcohol consumption.

2. **Conclusions**

This study has provided many insights into drinking in Scotland. It has provided the basis for a much better understanding of different drinking styles and locations, levels and patterns of consumption, and attitudes to 'problem' drinking and 'sensible' drinking, as well as perceived influences on drinking behaviour. The main conclusions from our study are:

- Drinking alcohol is an integral part of Scottish culture, but there is considerable variation in individual consumption styles and drinking behaviours. An image of a single Scottish drinking culture is an oversimplification.
- High levels of alcohol consumption were common across all socioeconomic groups. Consumption patterns showed more focused drinking among more deprived groups and younger people.

- High levels of consumption were not regarded as problematic by individual drinkers.
- Many positive aspects of drinking were identified.
- Negative associations with drinking tended to focus on drunkenness and public disorder, typically associated with young people's drinking, and on longer term 'problem drinking' and 'addiction'.
- Individuals distanced their own drinking from perceptions of 'problem drinking'.
- External influences relating to price, availability and other marketing activities, including sponsorship, were widely recognised and seen to influence consumption.
- Socioeconomic factors and changing life stages were seen to influence consumption patterns.
- Approaches to controlling personal consumption and perceptions of 'sensible' drinking were apparent but were not related to recommended weekly or daily drinking limits or to health concerns.
- Recommended weekly and daily drinking limits were seen as irrelevant and understanding of how to calculate unit consumption was extremely low.
- Publicans and bar workers were able to identify problem drinkers but generally only intervened to deal with disruptive behaviour.
- There were indications of receptiveness to cultural changes.
- Areas identified for further research included high consumption levels amongst some middle-aged 'empty nesters' across all social groups and the development of mechanisms for better recording of drinking behaviours.

3. Implications and recommendations

This study identified a large group of adult drinkers who regularly drink above recommended weekly and daily drinking limits, but who neither experience immediate adverse effects nor anticipate experiencing any future harm. Many feel distant from those regarded as 'the problem', namely young binge drinkers and older problem drinkers showing signs of dependency. This sizeable group receives little attention because of the focus on more visible problems such as public drunkenness and alcohol-related public disorder.

There is a need to reframe representations of drinking behaviours in order to encourage people in Scotland to reflect on their own drinking. This is necessary to encourage habitual and excessive drinkers to establish clear links between their own drinking and associated health harms and wider harms to family, the community and national productivity. This requires a move away from usual dysfunctional images of 'the alcoholic' or 'the young binge drinker' to someone much closer to home and leading a 'normal' life. Redefining the harms associated with alcohol as current and widely relevant is also needed to encourage a personal connection and responsibility for drinking and ultimately to encourage *'everyone to drink less and to drink less often'*.

Changing drinking cultures in Scotland will take time and requires a holistic, multi-faceted strategy utilising a range of policies and interventions implemented both at a national and local level. Based on our research we have developed ten

recommendations for action. The recommendations fall into two categories; supporting change at a population level and at an individual level.

Population level policies and interventions to support change

- Implement policies that increase the price and reduce the availability of alcohol.
- Challenge the advertising, sponsorship and broader marketing strategies of the alcohol beverage industry and retailers.
- Develop the role of publicans and the licensed trade in controlling levels of alcohol consumption.
- Work with the press and media to reframe the issue of drinking.
- Develop upstream socioeconomic approaches to enhance positive options.

Promote safer individual drinking behaviours

- Challenge cultural drinking norms, using mass media for example, in order to develop a social environment that is supportive of sensible drinking.
- Challenge current definitions of 'problem drinking' and encourage consideration of personal drinking styles.
- Develop messages that build on existing personal strategies for sensible drinking.
- Develop simpler ways for individuals to monitor their alcohol consumption.
- Maximise interpersonal opportunities to trigger consideration of drinking behaviours.

1. Introduction

Alcohol consumption is associated with a broad range of social and health problems in Scotland, at both personal and societal levels (World Health Organization, 2002; Klingemann and Gmel, 2001), notwithstanding its beneficial effects, social functions and recognising the integral part that alcohol plays in our culture (Osterberg and Karlsson, 2002). It is thus estimated that alcohol consumption incurs costs of over £1,125 million per annum in Scotland in lost productivity, criminal justice and healthcare costs (Scottish Executive, 2005). Moreover, Scotland has seen a steady increase in consumption levels over the past decade (Scottish Executive, 2002), with rates highest amongst lower socioeconomic groups, especially binge drinking (Erens and Moody, 2005), and a recent study suggesting that liver cirrhosis mortality in Scottish men increased by more than 100% in the 1990s, at a time when liver cirrhosis deaths rates had been falling throughout much of Europe (Leon and McCambridge, 2006). Indeed Scotland has the highest rates for liver cirrhosis in the whole of Europe. The total number of people in Scotland diagnosed with liver disease has doubled over the last decade. Within the UK, Scotland has the highest alcohol-related death rate in the country (Scottish Parliament, 2007).

Whilst problem drinkers exhibit a disproportionate share of personal health and social problems associated with alcohol consumption, it appears that 'normal' drinkers account for the bulk of social, economic and health problems associated with alcohol in society as a whole. This preventive paradox (Kreitman, 1986) highlights the importance of developing alcohol harm limitation strategies that facilitate responsible social drinking cultures and norms in the population as a whole (Peele and Brodsky, 1996).

This was recognised by the Scottish Plan for Action on Alcohol Problems (Scottish Executive, 2002) which outlined a holistic framework for promoting a cultural shift towards alcohol consumption patterns that are compatible with a healthier lifestyle. The Plan acknowledged variations in drinking patterns (e.g. between age groups, genders, ethnic and religious groups, and urban and rural areas). The Scottish Government will be publishing a discussion paper in June 2008 that sets out their strategic approach to tackling alcohol misuse.

Given the Scottish Government's aim to reduce alcohol-related harm through the development of appropriate initiatives, and given the culturally entrenched nature of Scottish drinking behaviours, there is a need for a better understanding of the role of alcohol in different social and cultural contexts throughout Scotland to underpin work designed to influence Scottish alcohol cultures. With this in mind, a Study of Drinking Cultures was undertaken in two parts. For the first part, a rapid review of existing research was undertaken, which aimed to summarise the literature on different drinking patterns in countries in Europe and elsewhere, with a focus on recent changes in drinking cultures and any correlates of these changes (Gordon, Heim, MacAskill *et al.*, 2008).

The second, and major part of the study, the primary research, is reported here. This examined drinking behaviours, attitudes towards drinking and drunkenness and influencing factors in different socioeconomic, age and social groups in Scotland. A

separate technical report outlines the findings from a supplementary analysis of drinking diaries undertaken as part of the primary research which are also summarised in Section 4 of this main report (MacAskill, Heim, Eadie *et al.*, 2007).

This report outlines the findings from the primary research. The research aimed to:

1. investigate drinking behaviours, drinking cultures and attitudes towards drinking, binge drinking and drunkenness in different socioeconomic, age and generational stages, gender and social groups in Scotland
2. examine the practical and symbolic role of alcohol (exploring both positive and negative aspects) within and across these differing groups
3. examine the role of alcohol in the context of other substance use
4. inform the development of prevention interventions and communication initiatives in Scotland.

The objectives of the research were to:

1. compare the views of different socioeconomic, age and social groups of drinkers about the role and meaning of drinking in their daily lives
2. describe different drinking patterns and cultures and to explore the relationship between these different groups and perceived potential costs and benefits of alcohol consumption
3. describe the anticipated costs and benefits of (i) continuing to drink and (ii) reducing alcohol consumption, in groups who are drinking above the current sensible drinking limits
4. determine levels of motivation to change drinking behaviours and how these relate to (2) and (3) above
5. identify potential explanations for the discrepancy between reported levels of drinking and observed alcohol-related harm in drinkers from lower socioeconomic groups
6. describe different views about the need for, and appropriateness of, different approaches to reducing alcohol consumption such as taxation, regulation and drink driving limits
7. assess knowledge and understanding of and attitudes towards current recommended weekly and/or daily drinking limits.

2. Methods

The research aims and objectives necessitated a broad understanding of drinking and its meaning across differing groups in Scotland, together with a more detailed focus on specific groups of interest, such as groups from relatively lower socioeconomic backgrounds. The methodology reflected these aims and objectives.

2.1 Methodology

A mix of primarily qualitative research methods was employed, combining focus groups and in-depth (one-to-one/paired) interviews with members of the public (home and pub drinkers) and with licensed trade workers, together with interviews with local agency informants. The research was undertaken in four study areas: urban affluent; urban deprived; rural affluent and rural deprived (Figure 2.1 below). Thus the methodology enabled triangulation of data across the sample and cross-referencing within areas. Familiarisation with the core study areas was carried out at the start of the fieldwork. This involved a short review of relevant local information such as indicators of relative health and socioeconomic disadvantage, together with visits to the study areas and observation of licensed premises and alcohol outlet points.

2.1.1 *Qualitative interviews with bar customers, staff and general public respondents*

Interview formats comprised both focus group and in-depth interviewing techniques. Focus groups allowed a wider exploration of issues in a resource-effective manner and insights into group norms, values and dynamics. One-to-one and paired interviews allowed for more in-depth discussions of personally relevant issues and a more detailed examination of individual drinking histories and experiences.

The interviews were open-ended, flexible and respondent driven. Care was taken to avoid placing the discussion within a health or 'problematized' frame, exploring both 'good' and 'bad' aspects of alcohol without judgement. Whilst in the spirit of ethnographic research, interviews were minimally cued conversations, key topics to be covered were identified and topic guides were designed in conjunction with the Research Advisory Group (Appendix 1). All participants were fully briefed concerning the aims of the study and were given ample opportunity to ask questions about the study before giving their informed consent to take part. All participants, excluding professional informants responding in relation to their work, were reimbursed with £25.00 in recognition of their time and expenses incurred by the study. With respondents' permission, all interviews were digitally recorded and audio-files were fully transcribed for thematic analysis (Section 2.3).

2.1.2 *Quantitative elements*

Whilst the research was primarily qualitative in nature, a questionnaire-based component was included, which also contributed to meeting Objective 5 which concerns identification of potential explanations for the discrepancy between reported levels of drinking and observed alcohol-related harm.

Recruitment Questionnaires: The recruitment process for general public respondents (home sample) incorporated a short screening questionnaire which included standard questions on drinking behaviour. Completion of the same drinking diary form as in the interview (below) enabled comparison with reports of consumption at the interview stage, although the main purpose was to allow the sample to be stratified in terms of socioeconomic status, consumption levels and gender.

Drinking diaries: Respondents participating in one-to-one or paired interviews were asked about their previous week's drinking, using a seven day retrospective drinking diary. This recorded what alcohol they had consumed (amount, type, brand etc), if any, allowing calculation of standard units consumed over the week and units consumed on the heaviest drinking day. The diary process was normally led by the interviewer rather than self completion, and typically conducted near the end of the qualitative interview. Diary completion generated additional discussion about drinking behaviours and contexts which was recorded as part of the overall qualitative interview process, adding to the richness of the data.

Self-poured drinks: Home sample respondents who reported consumption of self-measured drinks were asked to pour a typical drink. The researcher provided a spirit or wine bottle as appropriate, containing water, and the respondent poured a drink in the way they would normally, frequently using their own glass. This was then measured by the researcher utilising calibrated measuring jars with a choice of capacities. This method drew on the work of Gill and O'May (2007) and Kerr, Greenfield, Tujague *et al.*, (2005).

2.2 Sample and recruitment

2.2.1 Overall sample and recruitment approach

The study intended to focus on respondents who were 'normal' drinkers, rather than never or problematic drinkers and who largely drank in local neighbourhood settings, including their home, rather than city centre bars and clubs. The rationale reflects the need to prioritise understanding of behaviours and attitudes among this type of 'normal' drinker, as appropriate targets to encourage shifts in behaviour, rather than very light or occasional drinkers.

The study focused on two pairs of areas: urban (affluent and deprived) and semi-rural (affluent and deprived) within the Central Belt of Scotland. The different samples and interview approaches were 'meshed' together within each area, allowing for greater cross-referencing and integration of the information gathered. Figure 2.1 gives details of the study areas and the recruitment process is outlined below.

Figure 2.1 Study areas

'**Affluent**' and '**Deprived**' areas have respectively higher proportions of socioeconomic groups AB and E residents than the Scottish average. They are also respectively low and high on indicators such as proportion of adults unable to work through disability and low or high on numbers admitted to hospital for alcohol-related disorders in comparison to the Scottish average (ScotPHO 2008). '**Rural**' areas are small towns distant from major towns, with populations of 7,000 and 8,500.

Urban Affluent: located in the West End of a major Scottish city, this is a mixed commercial and residential area, including a large university. There are a wide range of boutiques and delicatessens as well as other small shops and many pubs and restaurants that attract both local residents and people from other parts of the city. One study bar is located on a busy arterial road among other bars and shops whilst the other is in a more secluded residential area.

Urban Deprived: situated in the North of the same city, this is characterised by traditional tenement corporation housing and more recent housing association estates. Whilst the population characteristics incorporated a range of socioeconomic and health indicators of disadvantage, the choice reflects the decision to avoid areas exhibiting extreme aspects of urban decline, including heavy drug taking. Both study bars are located on the main road through the area, which has many small local shops including off-licences and bookmakers and other pubs.

Rural Affluent: a market town surrounded by satellite villages, 20 miles from the nearest major conurbation. It has a busy town centre and vibrant social life with numerous shops and a well developed hospitality sector of bars, hotels and historical visitor attractions which serve a seasonal tourist trade. Both bars are located in the town centre, one a recently renovated bistro style bar and the other part of a traditional family hotel.

Rural Deprived: a former mining village made up of two large local authority housing schemes built around a rundown 1950s shopping centre, with some recent peripheral private housing. Despite its size there are relatively few facilities, and residents are relatively isolated from other urban areas. The two study bars, both within 100m of the shopping centre, are the only bars in town, with the only two other licensed outlets being private clubs.

Within each of the four areas, two bars in local public houses (pubs) were identified, eight in total. The following sample was then recruited (summarised in Tables 2.1 and 2.2):

Bar Sample:

- **Bar Staff**, i.e. trade informants (bar **Proprietors/licensees/managers** and bar **Workers**) from each bar (recruited by ISM staff).
- **Bar Customers** from each bar were identified as 'regulars' with support by bar staff (in some cases facilitated by an experienced market research recruiter). Characteristics of bar customers reflected the regular bar clientele and typical drinking behaviours such as group drinking or drinking alone or in pairs. There were no additional criteria and age was not recorded at the time (age estimates are given in Table 2.2). It should be noted that bar customers and bar staff were recruited in relation to the bars in the areas and not specifically as residents of the area, although the majority of both categories were local.

Home Sample

- Individuals living broadly within the bar catchment areas and who had drunk at home in the last week were recruited door-to-door by an experienced market research recruiter. Use of a recruitment questionnaire ensured socioeconomic characteristics reflected the area characteristics, e.g. all respondents in 'affluent' areas were ABC1. A broad spread of gender, age group (18-30, 40-55 and 65+ years) and drinking behaviours (moderate versus heavy²) were also obtained.

In addition, five local informants were interviewed across the study areas, incorporating police representatives, a Licensing Enforcement Officer, a Community Liaison Officer, and a Licensing Board official.

Table 2.1 Achieved overall sample and interview methods

	TOTAL n=172	Urban Affluent		Urban Deprived		Rural Affluent		Rural Deprived	
		Pub 1	Pub 2	Pub 1	Pub 2	Pub 1	Pub 2	Pub 1	Pub 2
Bar Sample									
Bar Staff									
Proprietor/ manager	n=8	1x1-1	1x1-1	1x1-1	1x1-1	1x1-1	1x1-1	1x1-1	1x1-1
Bar worker	n=16	2x1-1	2x1-1	1x1-1	2x1-1	3x1-1	2x1-1	2x1-1	2x1-1
Bar Customers									
1-1	n=6	2x1-1	2x1-1				1x1-1		1x1-1
Paired	n=13			1xPair	1xPair	1xPair	1xPair	1x3	1xPair
Companion groups	n=44	1 group (n=5)	1 group (n=6)	1 group (n=6)	1 group (n=6)	1 group (n=5)	1 group (n=5)	1 group (n=4)	1 group (n=7)
Home Sample									
1-1	n=12	3x1-1		3x1-1		3x1-1		3x1-1	
Paired	n=24	3xPair		3xPair		3xPair		3xPair	
Focus groups	n=49	2 groups (n=7,6)		2 groups (n=7,7)		2 groups (n=5,6)		2 groups (n=6,5)	

² Moderate: 18-55: women 7-14 units per week, men 9-21 units per week; 65+: women 2-7 units per week, men 2-9 units per week

Heavy: 18-55: women +14 units per week, men +22 units per week; 65+: women +7 units per week, men +9 units per week

Table 2.2 Demographic characteristics of overall sample

	Total <i>n</i> =172	Male <i>n</i> =79	Female <i>n</i> =63	Mixed groups <i>n</i> =30
Community Type				
Urban Affluent	25% (43)	23% (18)	22% (14)	37% (11)
Urban Deprived	26% (44)	19% (15)	27% (17)	40% (12)
Rural Affluent	24% (42)	28% (22)	32% (20)	-
Rural Deprived	25% (43)	30% (24)	19% (12)	23% (7)
Sample Type				
Home Sample	49% (85)	53% (42)	68% (43)	-
Bar Sample				
- Bar Customers	37% (63)	30% (24)	14% (9)	100% (30)
- Bar Staff (P&W)	14% (24)	16% (13)	17% (11)	-
Age of Home Sample	n=85	n=42	n=43	-
18-30 years	41% (35)	43% (18)	27% (17)	-
40-55 years	45% (38)	45% (19)	44% (19)	-
65+ years	14% (12)	12% (5)	16% (7)	-
Age of Bar Customers (est)	n=63	n=24	n=9	n=30
18-30 years	21% (13)	8% (2)	0% (0)	37% (11)
31-59 years	75% (47)	83% (20)	89% (8)	63% (19)
60+ years	5% (3)	8% (2)	11% (1)	0% (0)
Age of Bar Staff (est)	n=24	n=13	n=11	-
18-30 years	17% (4)	23% (3)	9% (1)	-
31-59 years	79% (19)	69% (9)	91% (10)	-
60+ years	4% (1)	8% (1)	0% (0)	-

Thus all respondents were 'drinkers' or linked to drinking through their work. The home sample had drunk at home at least moderately³ in the week before recruitment, bar customers were regular drinkers in local study bars (although recruitment criteria did not include drinking levels) and bar proprietors/licensees/managers and bar workers were strongly linked to drinking through their work and, as revealed in the interviews, the majority drank regularly themselves. It should also be recognised that these are rarely exclusive behaviours; for example, the home sample may also drink in bars and proprietors and bar workers may also be customers or drink at home.

There was no upper limit imposed in terms of drinking levels, apart from 'moderate drinker' members of the home sample. To an extent this reflects the general population in Scotland, in that very light or non-drinkers are in the minority (13% of women and 8% of men said they did not drink at all, and 19% of women and 8% of men reported drinking less than one unit per week: Erens and Moody, 2005). The recruitment approach resulted in incorporating some respondents who consumed very large quantities of alcohol and mean consumption levels were considerably higher than the recommended weekly and daily drinking limits. Additional quantitative insight into the amounts consumed and consumption patterns among respondents is provided in Section 4, based on analysis of the drinking diaries.

2.2.2 Sub-sample: drinking diaries completion

In the course of the in-depth paired and one-to-one interviews, a total of 70 drinking diaries were completed. The characteristics of those completing the diaries broadly

³ Moderate: 18-55 years: women 7-14 units per week, men 9-21 units per week; 65 years+: women 2-7 units per week, men 2-9 units per week

reflect the main sample. As shown in Table 2.3, all the study areas were well represented and nearly half were recruited within the home sample with the remainder linked to bars as customers or 'staff' (workers or proprietors/licensees/managers). A very small number of respondents (three) who could have potentially completed diaries reported not having consumed any alcohol in the week prior to being interviewed. They are not included in the findings reported here.

Table 2.3 Characteristics of sub-sample who completed drinking diaries

	Total <i>n=70</i>	Male <i>n=38</i>	Female <i>n=32</i>
Community Type			
Urban Affluent	26%	29%	22%
Urban Deprived	21%	16%	28%
Rural Affluent	29%	26%	31%
Rural Deprived	24%	29%	19%
Sample Type*			
Home sample	47%	42%	53%
Bar sample			
- Bar customers	23%	32%	13%
- Bar staff (P&W)	30%	26%	34%
Age of Home Sample**	n=33	n=17	n=16
18-30 years	36%	29%	43%
40-55 years	36%	35%	38%
65+ years	27%	35%	19%

* See 2.2.1 for characteristics of sample types. NB drinking behaviours are rarely exclusive; e.g. the home sample may also drink in bars and bar workers may also be customers or drink at home.

** Age of bar-related respondents was not recorded reflecting more flexible recruitment .

2.3 Analysis

With participants' consent, interviews were audio-recorded and audio-files were transcribed and imported into QSR NVivo software (Richards, 1999a, b). The software enabled codes to be assigned to different aspects of drinking cultures. These were then studied for themes and compared across demographic areas and drinking locations. An initial coding framework was designed in line with interview schedules and the general aims of the research. This was refined on examination of early transcripts. Three coders from the research team coded different groups of interviews using the software with ongoing discussion as to the appropriateness of categories being employed. The three sets of coded transcripts were then merged into a final project file. Codes thus generated were examined for reliability and the consistency of discourses coded by each coder. Some refinement of the coding took place after further discussion on issues covered to ensure commonality in aspects assigned to each code (see Appendix 2 for a coding example). Content analysis of textual aspects across all interviews and codes was used as a further check that discourses had been processed in broadly similar ways by each coder.

Quantitative data on alcohol consumption gathered from recruitment questionnaires and interview drinking diaries were collated and analysed, supported by SPSS software as appropriate.

2.4 Report structure

The report initially sets the scene by identifying styles and settings for typical drinking behaviours (Section 3) and providing a quantitative overview of consumption, generally and individually, together with insights into self-poured drinks and factors contributing to reporting discrepancies in surveys (Section 4). An examination of positive and negative attitudes to drinking then follows, together with what is understood by 'sensible' drinking and recommended weekly and daily drinking limits (Section 5). Finally, an overview of factors perceived to influence drinking is provided (Section 6) followed by response to potential interventions (Section 7).

The findings are illustrated by respondent quotes. These are labelled using the following criteria:

- interview method: 1-1 (one-to-one), Pair, Group
- sample: Home, Customer (bar customer), Staff (P&W) (bar staff; Proprietors/licensees/managers and Workers)
- gender: Male, Female, Mix
- age band: 18-30, 40-55, 65+ (bar customers and staff: est 18-30, est 31-59, est 60+)
- study area: Urban affluent, Urban deprived, Rural affluent and Rural deprived.

3. How do people drink? Styles and settings

Summary

- Individuals had more than one drinking style which varied according to settings and social contexts. Drinking typologies were therefore difficult to establish. Home and pub drinking styles differed in terms of amounts and types of drinks consumed.
- Home drinking was common across most age and social groups, either for a social get-together or a quiet drink alone. Drinking wine routinely with the evening meal was a common pattern among affluent middle-aged respondents, but rare in deprived areas.
- Drinking in pubs was also common in most groups, but especially in deprived areas, where male drinking predominated. The profile of customers and the prevailing atmosphere changed over the course of the day, especially in the urban affluent area.
- Social drinking in domestic situations was particularly common among women in all communities, especially in middle-age, and mirrored male social drinking in pub settings.
- Pub drinking tended to be focused on a few days in the week. A minority of respondents drank daily, usually middle-aged and older men from more deprived areas, for whom the pub fulfilled an important social function.
- Pub based activities included watching football, pub games, quiz nights and music, as well as pub meals, and were often given as reasons to go to the pub. Pubs were often classified according to these activities as well as by customer age groups.
- Drinking in more than one location in one session was particularly common among younger drinkers on their main night out. A typical night out involved 'preloading' in domestic settings, followed by sessions in pubs and clubs, then after parties at home. Older respondents might also 'migrate' during a session but with less variation in drinking locations.

This section outlines broad typologies of alcohol consumption in Scotland. It examines the drinking patterns and behaviours of participants with the aim of providing an overview of typical drinking styles. Drinking in the home and drinking in the local pub were key elements of the recruitment strategy and are the main behaviours explored here.

Consumption styles and cultures tend to be heterogeneous rather than fixed to one setting or one behavioural pattern. Respondents reported engaging in various drinking styles both across the week and in different settings, encompassing the home and pub and social or solitary drinking behaviours, or combinations thereof. In addition, drinking behaviours were not static and were influenced by life stage changes such as changing family and work commitments (further explored in Section 6).

Drinking typologies are therefore hard to establish. Nevertheless it is possible to draw broad distinctions between consumption styles although these should be interpreted with caution. An initial overview of key consumption styles explored in

this section is provided in Table 3.1. These are expanded on in the following sub-sections. Examples of individual respondents who exhibit the drinking styles identified are also given in Section 4.2 in the context of their daily drinking, and quantitative insights into overall consumption levels are given in Section 4.1.

Table 3.1 Drinking styles and key characteristics

NB. Individuals often report more than one drinking style

Drinking Style	Times	Age Band	Gender	Community
HOME				
Home: Social / parties	Weekend, one-off	Middle / older	Mixed	All
			Pairs or small groups of females	All
Home: Social drinking (unstructured)	Most evenings	Younger	Male	Deprived, unemployed
Home: With meals	Daily evening routine	Middle / older	Usually couple	Affluent
	Weekend	Younger	Usually couple	Affluent
Home: Quiet (solitary) drink	Evening - after work	Across ages	Male and female	All
	Routine drink at end of day	Middle / older	Female and some males (also single parents)	All Live alone (or with young children)
PUB				
Pub: Routine / concentrated	'Weekends', days depending on work demands	All ages	More male (gender more balanced in urban and affluent pubs)	All
Pub: Daily drinker	Nearly all week (may be more than once in day)	Middle / older	Male	Deprived mainly
MIGRATIONS				
Main night out: <ul style="list-style-type: none"> • home (preloading) • pub • club • home (after party) 	Weekend Some may use 'student clubs' midweek	Younger	Single sex or mixed groups	All
Local night out: <ul style="list-style-type: none"> • home • pub 	Weekend mainly	Middle / older	Mostly males	All
'Roamers'	Bars/clubs; no strong allegiance	Younger	Mostly male	Affluent, mostly urban

This section starts with an examination of alcohol consumption in home settings (Section 3.1), before moving on to pub settings (Section 3.2) and a discussion of behaviours that cross these settings (Section 3.3 and 3.4).

3.1 Key home drinking styles

3.1.1 *Socialising in the home*

Differences as a function of socioeconomic background were evident in the extent to which respondents reported engaging in activities such as social get-togethers in conjunction with drinking in company. Pursuits such as dinner parties or 'drinks parties' as part of their socialising routine were much more evident among respondents recruited in the relatively affluent study areas. In contrast, younger respondents and those from more deprived areas were likely to have visitors with whom they consumed alcohol in a more spontaneous manner.

Regardless of study area, a number of older respondents stressed the importance of preparedness with regards to having alcohol in the house for the eventuality that someone might pay a visit:

"You always have a drink in the house for in case somebody comes up. If there's any deals going, if you're needing stuff, you get it, know, if there's a deal" (Group, Customer, Mix, est 31-59, Urban deprived)

There were, however, differences as a function of socioeconomic status with regards to 'stockpiling alcohol' for occasions. Respondents from more deprived areas were less likely to engage in buying in advance or in bulk, and were more likely to purchase alcohol for specific occasions such as an evening of drinking, as were younger people.

There was also broad agreement between respondents that the number of social occasions during which alcohol is consumed in the home increased with age. While, as outlined below, younger respondents often reported combining drinking in the home with a night out, older respondents reported how their lifestyles had shifted towards socialising at home, especially in more affluent areas:

"It's changed now because when we were students and living in Edinburgh we were at the pub most weekends. Whereas now we've got a nice place to have people over, it's a place you want to be, a place you want to spend time in, so that makes a difference."

"Yes."

"And it's cheaper than to go out."

"And if you have a few glasses of wine you can just put your head back and fall asleep without people staring at you" (Pair, Home, Mix, 18-30, Rural affluent)

A respondent from the oldest age group also commented on how 'rules of entertaining' with alcohol had shifted away from consuming spirits to wine:

"I remember my grandparents' generation, Christmas and New Year, it was whisky, sherry, port and ginger wine which my grandmother made - I don't know if my family have ever tasted ginger wine. That was what they had, they didn't have wine and then my generation started to be a bit more wine drinking and then the younger ones with wine bars and

they're all drinking wine more" (1-1, Home, Female, 65+, Rural affluent)

Notable gender differences in home drinking styles were identified. Women often reported informal drinking arrangements whereby they would consume alcohol in pairs or small groups in each others' homes, often with reciprocal hospitality on a semi-routine basis. This appeared relatively more common in deprived areas, where women would typically report sharing a bottle of vodka with their female friends. In more affluent areas, by contrast, it was common for women to bring bottles of wine along to these informal get-togethers, although all of these would not necessarily be consumed on that occasion. This appeared to mirror functions of male drinking in pubs, although a limited level of pre-planning was required rather than just meeting spontaneously. Women chose to consume alcohol in home settings for a range of reasons in addition to cost, including childcare and other domestic responsibilities, safety considerations, and in some cases a reluctance to mix with men or to be in public places.

"Last night my pal was in and we had, we sat in, a bottle of vodka between us, ken. But that was, like, during the course of, from teatime."

Int: A long time?

"Aye. So that lasted us up to half eleven, eh, and that's quite sufficient" (1-1, Home, Female, 40-55, Rural deprived)

A final example of unstructured drinking with friends in domestic situations was described by young men in the rural deprived community. The choice of home setting largely reflected access to cheap alcohol, but also a need to avoid trouble and to be with friends in a territorialised community. Again there was informal rotation from house to house on different nights, with pooling of drinks obtained. The 'host' would be one who could afford alcohol that night, which appeared to vary as a function on which days benefit payments were received (the 'giro'). The reciprocal nature of such arrangements is illustrated by a young male remarking that: "...you'll feel that it's nice to do the same back the next night so everybody sort of is doing it for each other." (Group, Home, Males, 18-30, Rural deprived).

3.1.2 *Drinking in the home with meals*

Alcohol consumption in the home accompanying evening mealtimes appears an integral part of drinking cultures in the affluent urban and rural study areas. Respondents from these areas frequently reported that consuming wine was part of their evening meal routine, often as a couple, drinking alcohol when preparing food and eating. It should be noted that such patterns could result in a high weekly consumption level, without drinking to intoxication. To a lesser extent, older respondents recruited in affluent areas also reported having spirits with mixers (e.g. gin and tonics) before their evening meals.

"We have a glass of wine with our dinner every evening. We don't drink at lunch and we don't drink until the evening and so we have a very sociable glass of something when dinner is being prepared and that is

nice because we chat about what has been happening during the day. It is a very nice time” (Pair, Home, Mix, 65+, Rural affluent)

“I think I cook most nights and I invariably start drinking when I’m cooking” (Group, Home, Males, 40-55, Rural affluent)

By contrast among respondents recruited from more deprived areas, alcohol consumption during structured mealtimes was rare. These differences in consumption patterns may help explain why respondents from affluent areas consumed alcohol on more days of the week preceding the interview than did their counterparts recruited from more deprived areas (Section 4.1). To some extent, wine consumed in this way might not even be considered as ‘drinking’.

“It wouldn’t be fair to say daily but I would almost inevitably have a glass or two with my evening meal ... I would have a glass of wine with my dinner but I very rarely drink at home” (1-1, Home, Male, 40-55, Rural affluent)

3.1.3 *Quiet drink in the home*

Respondents from all socioeconomic backgrounds reported occasions on which they would consume alcohol on their own, in particular in the evening or, to a lesser extent during the day at weekends. A number of respondents regarded this consumption style as an end-of-the-day reward, or as a ‘nightcap’. This was particularly common for respondents who lived alone such as older males and females and single parents. It was also apparent that older people were more likely than younger people to make attributions about *why* they were drinking in this way. Some older respondents, however, especially in deprived areas, tended to see home drinking alone as a sign of problem drinking (Section 5.1.2).

“Yes, every night have my gin and tonic and I have a lot of tonic and I have that every night” (1-1, Home, Female, 65+, Rural affluent)

“I only have one drink and that’s in the evening, before I go to bed and it helps me to sleep ... I’ve had all the painkillers and that and they don’t help, so my doctor’s [said] it’s all right for me to take one ... I sit and watch television and have a wee drink. ... That’s every night ... Whisky” (1-1, Home, Female, 65+, Urban affluent)

3.2 **Drinking in pubs**

A significant proportion of Scottish drinking cultures revolve around consuming alcohol in pub settings, and ‘going to the pub’ emerged as a key pastime for respondents from all backgrounds. While younger respondents were more likely to frequent pubs, a significant proportion of older interviewees continued to engage in this pastime, and respondents who were primarily drunk at home frequently reported consuming alcohol in pubs when they were younger. Influenced by life stage factors, the pub emerged as a key facet of everyday Scottish social life.

3.2.1 *Pub drinking: a social experience*

In all study areas, and in the deprived areas in particular, pubs were conceptualised in terms of their social function as community meeting places that could help individuals living on their own maintain social links. The pub was regarded as the main venue for communal drinking. Indeed, for some bar workers and single retired or unemployed men it was the central focus of their social lives. For them the pub was seen to provide a safe place to drink and to offer the guarantee of social contact and 'a friendly face'. Among the few respondents who recognised signs of alcohol dependency in their behaviour, going to the pub gave a veneer of normal drinking (Section 5.1.2).

However, ties with the local pub could vary across the study communities. For example, pub customers in the more disadvantaged rural area had a tribal drinking ethic, and demonstrated strong allegiances to their 'local' often treating new customers, or 'strangers' with suspicion. In less affluent areas in general, however, loyalty to one pub was common, reflecting the importance of social groups and personal relationships with fellow drinkers and staff. One male 'daily' drinker, for example, had been drinking in the same pub for 45-50 years and said, "This is the only one I go into. I stick to one pub" (Pair, Customer, Mix, est 31-59, Urban deprived). In contrast, drinkers in more affluent communities, whilst also expressing preferences, showed greater fluidity in pub choice, engaging in circuit drinking, or 'roaming', in order to 'hook up' with friends and to introduce variety into their social life.

Drinking in pubs was also described as helping newcomers to an area to integrate into the community, with those moving to the area, or undertaking temporary work locally, using the pub as a place to establish new friendship networks.

"I think because when I moved up here the only person I knew was James ... So when I came up here the only friends I knew were people that kind of drunk in here. So that's the only way I made friends, they came in the pub" (1-1, Staff (P&W), Male, est 31-59, Rural deprived)

The familiarity and security of the public bar also provided a convenient venue for dating, where drinking was seen to help break down social inhibitions and were construed as a less formal means of getting to know someone new than, for example, going out for dinner.

"I always like it when you're meeting somebody new, like when you're boyfriend or girlfriend, you're not even at that stage yet, you find you meet up, and if you're going for a date it's usually, would you like to meet up for a drink sometime, and again I think it's ..."

"Yes, it's like the icebreaker way too ..."

"First they get you drunk then they'll actually know you and decide if they like you or not."

"Also you can stay for one drink, if you go for a meal you're stuck"
(Group, Home, Females, 18-30, Rural affluent)

Drinking in pub settings also had an important role to play in providing a place of escape for those seeking relief from the constraints of family life and the home.

“There are also ones that maybe if they go from the house to the pub and leave a partner at home, if they’re sitting drinking in the house, the partner can see how much they’re drinking, whereas if they come home from the pub they can say, I’ve only had two or three pints, where in fact they’ve had six or seven and a couple of vodkas” (1-1, Staff (P&W), Male, est 18-30, Rural affluent)

3.2.2 *Demographics and pub culture*

Pub clientele, atmosphere and cultures were often seen to reflect socioeconomic factors such as customers’ age or employment status. However, such influences are not static within many establishments, especially in urban and more affluent areas. Here, ‘pub culture’ is often modular and variable around times of day (e.g. after work hours), week (e.g. weekends versus weekdays) and year (e.g. student term time versus holidays). Generally speaking, pubs in the affluent areas were characterised by a more even gender split and a younger age demographic than in deprived areas where men tended to be in the majority.

“They all have their own customs and what have you. I think the [bar name 1] is kind of like the heart of the community bar, where everybody knows everyone. And then here it’s a little bit more special and no matter who drinks where, they’ll still come in here and congregate here at some point in the night. The [bar name 2] is very, very much a working man’s pub. A lot of the electricians, carpenters ... are all drinking there. And then [bar name 3] is a foodie bar, but it’s got its regulars that don’t deviate” (1-1, Staff (P&W), Female, est 31-59, Rural affluent)

“So you do see a lot of single females coming in, having a drink and having something to eat. So no, it’s totally 50-50, I’d say. But that saying, everybody knows everybody, so I’d say that a single woman can come in and probably bump into somebody she knows, so they feel quite comfortable doing that” (1-1, Staff (P&W), Female, est 31-59, Urban affluent)

Age of drinker was often described as variable, as determined by the time of day and day of the week in all venues, with a younger clientele becoming more predominant later in the evenings and at weekends with activities provided likely to change accordingly. Age was also reflected in cues such as music choice and volume.

“At night I would say it was more the younger crowd, especially late on at night. Early evening, like, it’s usually mostly the older crowd that’s just finished work and they’re coming in, a quick pint before they go home, sort of thing, or even something to eat before they go home” (1-1, Staff (P&W), Male, est 31-59, Urban affluent)

“... The music kind of suggests sort of older people, though. It's not, like, loud or anything. It's quite toned down” (1-1, Customer, Male, est 18-30, Urban affluent)

The ‘multi-cultural’ nature of many pubs is further illustrated by changes in the atmosphere and activities from morning through afternoon to the evening, and then to later at night. This was particularly evident in urban areas. There were quite specific times (e.g. after opening or after daytime working hours) when customer profiles in many pubs were highly predictable and groups are relatively homogeneous. However, in less affluent areas, the clientele was more static. This meant that people who did not ‘fit’ with the pub demographic were therefore relatively easy to spot for regulars and bar workers alike:

“See if you seen two boys coming walking in and going in there with trackies on, [manager] just goes over and goes, ‘How many people do you see in here with tracksuits on?’ and just moves them on. And the boys respect him for it ‘cause hauf of their fathers'll drink in here and they won't take any nonsense” (Pair, Customer, Males, est 31-59, Urban deprived)

Furthermore, in one less affluent community the nature of the pub enabled distinguishing a social/demographic divide evident between lounge and public bars in the same establishment:

“It is a socially deprived area that we stay in ... the ‘lounge lizards’, the ‘bar dwellers’ and that is what they call each other. The bar [customers] are predominantly unemployed or retired miners or on incapacity benefits that kind of stuff. In here [lounge] it's your workers, your white collar workers that come in and everybody holds decent jobs. There is definite divide between the two, although there are people who will mingle between the two” (1-1, Staff (P&W), Male, est 31-59, Rural deprived)

3.2.3 *Key drinking styles in pubs*

As with home drinking styles, there was considerable variation in behaviours in pub settings. Key styles and linked behaviours are identified here.

Drinking on a few days in the week: Pub drinking tended to be a regular but intermittent pastime. Most respondents focused their drinking on two to three days a week. Typically this was around weekends, although as discussed below (Section 6.3) those with irregular work patterns (for example bar staff, and other shift workers) tended to have different times of focused drinking but with the same principle of having drinking sessions during periods of freedom from work or study responsibilities. This pattern of regular, repeated drinking and non-drinking periods could be described as fairly robust and resistant to sudden change.

“I'm mostly, like, I like to drink at the weekend. I'm no' an everyday drinker like [Jim] but I can drink a lot when I drink” (Pair, Home, Mix, 18-30, Urban deprived)

“Yeah, the weekend I can do what I like because it's my free time... .”
 “I work shifts, so my weekend was midweek, and in fact I am off tonight, so this is my weekend again, this feels like my Saturday night, because I have been working” (Group, Customer, Mix, est 18-40, Urban affluent)

Whilst drinking on a few days during the week was a common pattern, individual consumption could vary considerably. Respondents described behaviours ranging from “*a couple of pints*” up to between ten and twenty pints, the latter more notable in deprived areas.

Daily drinking: A recognisable minority described drinking in pubs on a daily basis. Often these respondents were middle-aged to older men, living on their own, who derived additional benefits from the pub environment. Sometimes they would visit public houses more than once in a day, and identified combating loneliness and boredom as a reason for this.

“Aye what can you do [at home]? Sit and watch the square box? It's someone to talk to” (1-1, Customer, Male, est 60+, Urban affluent)

Drinking on most days could be structured around working arrangements. However, daily and increased consumption was often associated with not working, either through unemployment or retirement (Section 6.3).

Eating and drinking in pubs: A difference between eating when already at the pub and going out specifically for something to eat in pub settings could be identified. Going out to eat in pubs was a pastime largely associated with partners/couples as well as certain times of the day (e.g. lunch and dinner times).

“The only time my wife comes in [is] if we're out having a bar meal or something like that and that's not very often” (Group, Customer, Males, est 31-59, Rural deprived)

“The people I mainly see are people who are passing through and decide to come and have lunch, or locals that come and have lunch and a couple of glasses of wine” (1-1, Staff (P&W), Female, est 31-59, Rural affluent)

Pub drinking with other activities: A range of pub activities associated with drinking were mentioned in the interviews. These included football (Section 3.3), pool, darts, quiz nights, music (including live bands, jukebox and karaoke) and dominoes, as well as other televised sports such as rugby or horse-racing. Bar workers associated activities with different groups of people and with different times of day or days of the week.

“Well, on the Friday night they have domino competitions, there is football on the Saturday afternoon ... on the satellite systems we've got. Saturday night we've got the karaoke and then Sunday afternoon's busy with the football whether it be the Scottish Premier League or an

English game that's on ... Some of the pubs round about have maybe karaoke every night and I'm afraid karaoke once a week is more than enough for us" (1-1, Staff (P&W), Male, est 31-59, Urban deprived)

Some core activities (e.g. pool, dominoes) appeared to be viewed as events one would partake in more spontaneously when visiting a pub, whereas football and activities such as quiz nights were often mentioned as a specific reason for going there, with the visit not necessarily occurring without that motivating factor.

"We just don't go in for, as I say, we just don't go in for the sake of going in. Well I do, when it's a Saturday I'll go up there, if there's a football match or something and I'll go for that" (Pair, Home, Mix, 40-55, Rural deprived)

3.3 Drinking and watching football

The above illustrates how pub and home settings differ with regards to alcohol consumption patterns. This section is concerned with football, an activity commonly associated with alcohol in Scotland which, by contrast, cannot be readily pigeonholed into public or private settings. Watching football, therefore, provides an example of an activity which was highlighted fairly equally between home and pub settings as well as a major experience linked to drinking alcohol. However, this was more of a focus for males than females.

Watching football in the home was evident across the social spectrum, and beer tended to be the beverage of choice to accompany matches. One respondent summed this up by saying "Football and beer go hand in hand" (Pair, Home, Males, 18-30, Urban affluent). Participants also commented on the proliferation of televised football, which enables individuals who subscribe to pay television to watch football on most days of the week in the home.

Alcohol tended to be bought in bulk for such occasions and consumed whether watching alone or with friends, but often watching football was turned into a social occasion, in some ways mirroring watching games in the pub or at the ground. Providing some evidence of gender differences, many respondents organised their home life in such a way so as not to let their football watching interfere with their partner.

"Everyone comes to mine for a curry and watches football" (1-1, Home, Male, 40-55, Rural affluent)

"I buy a dozen cans and that'll, you know, whatever, if there's fitba' on through the week they can sit in the fridge until the Wednesday. Might have four or five left for, like, the Wednesday, you know, but I'll have a couple on the Friday, the Saturday and then waiting on the football" (Group, Home, Males, 40-55, Urban deprived)

"[Iain] sits through here and I've got the television through there. He can sit and watch the football and I can be sitting through there and I'll

have a couple of cans, quite often” (Pair, Home, Mix, 65+, Rural deprived)

A number of interviewees indicated that they preferred the pub as a setting to watch football, however, even when live matches were being televised on terrestrial television. This appeared to encompass some positive aspects of attending live games, such as comradeship, but with greater safety and less effort. Televised football was one of the characteristics used to differentiate pubs, with some pubs being described in these terms: “a football kind of pub” (1-1, Staff (P&W), Female, est 31-59, Urban affluent). This refers to facilities for screening live games which are well publicised locally so that a crowd is expected when matches take place.

“I'd rather come for a pint and watch the fitba' in the [pub] doon here, than have a can of beer in the hoose and watch the fitba'. It's no' the same atmosphere” (Group, Customer, Mix, est 31-59, Urban deprived)

There was some evidence to suggest that the recent smoking prohibition legislation (Section 6.6) may have had the effect of shifting the balance away from pub-related activities which can be displaced to home settings, of which watching televised football is the prime example:

“I mean my man, I mean we've got Sky in the house, but I mean as often as not he would go like that, 'No, I'm going to go up and watch it in the club, there's more atmosphere.' With the football and that. But now because of the smoking ban, he's more liable to just still want to just sit in the house with a couple of cans because he can smoke in the house” (Group, Home, Females, 40-55, Rural deprived)

3.4 'Migrations' in one session

Building on distinctions drawn above between drinking in pubs and home, this section highlights key consumption styles that involve combinations of, or 'migrations' between, differing private and public locations within one drinking session.

3.4.1 Main night out: 'preloading' and 'after party' at home combined with pubs and clubs

'Preloading', or drinking alcohol prior to going for a night out in pubs and clubs, was a frequently recognised form of migrating between home and public places, often followed by drinking on returning home, 'after party'. This was often referred to as 'student drinking' by older respondents, but was not exclusive to student respondents, nor did all students regularly drink in this way. This pattern was common in respondents from both affluent and deprived study areas, although the pubs and clubs visited on a main night out might be outside the study area. For younger respondents, who cited cost-effectiveness as the principal reason for this 'preloading' and 'after party' behaviour, alcohol consumption in home settings was very much a part of the going out ritual.

“Well, we always have a drink and that before you go out, because, like, if you go out too early and that, then you end up just spending a small fortune, so we always get thegither at somebody's hoose and then we have, like, drink and that, and usually we leave half of it until we come back, so whoever's had, like, drinks at their hoose at the start of the night, that's where we always end up at the end of the night to finish, like the carry oot and that, as well, eh, ‘cause some of the pubs you go intae, the drink's, like, £3.50 a drink” (Group, Home, Females, 18-30, Rural affluent)

“And if you know you're going to be going back to, like, for an after party after the dancing or whatever, then you'll always buy extra, extra stuff to tide you over till eight o'clock on Saturday morning” (Group, Home, Females, 18-30, Urban deprived)

Respondents also highlighted other advantages of drinking in home settings prior to going out, in addition to cost, such as a more relaxing and less crowded environment, avoidance of trouble and preferred choice of music:

“It works, kind of, like, I think if you sit and have a drink in the hoose and that before you go oot, it puts you in the mood mair, you know, and then you can sit and get ready and the lassies are going to be sitting up the stairs applying make-up” (Pair, Home, Mix, 18-30, Rural deprived)

“Sometimes it's, if we knew we were going out but we knew we were going to a club that didn't open until eleven then, we would probably have a bunch of people round, have a few drinks and then leave to avoid, especially if it's a Friday or a Saturday, just to avoid the rush in pubs. You are going to get into some horrible, heaving, sweaty bar then you won't be able to get a seat, you'll never be able to stand anywhere comfortably and it's going to be a mess. It would cost you more to have less of a good time. You can put some music on at a fairly reasonable volume, have a bunch of people round, sit and chat, enjoy a bottle of wine and then go out rather than trying to get into bars and such” (1-1, Home, Male, 18-30, Urban affluent)

3.4.2 *Local night out: home and pub*

Middle-aged and older people as well as those in smaller and less affluent communities were also likely to mix drinking at home with going out to the pub, again often citing cost benefits. Some would mirror the younger people's preloading or after party behaviour in that they would drink in the home before or after going to the pub, but usually for a more low key evening's drinking. In affluent areas, drinks before going out had more aesthetic attributes, rather than low cost inebriation.

“Well sometimes if we're going out for a meal and we're going out to a restaurant we'll have friends round for drinks beforehand. We'll have drinks in the house” (Pair, Home, Males, 40-55, Urban affluent)

3.4.3 *Roamers*

During pub sessions, people in larger towns or more affluent areas tended to routinely move between establishments. Sometimes different establishments and different drinks were linked, further reflected in music choices.

“Well, we go to the pub with the guys, have a couple of pints, move on to somewhere a bit louder, a bit bigger then start doing a couple of shots. Then we go on to the ... pubs like that and you get to drinking vodka and coke” (1-1, Customer, Male, est 18-30, Urban affluent)

Moving between establishments could also be motivated by drinking company:

“Yes, if we are with friends and the company wanted to move on somewhere else we’d go along” (Pair, Home, Mix, 65+, Urban affluent)

3.5 Comparisons of drinking in home and pub settings

The previous sections identified key differences between home and pub consumption styles and associated behaviours, in addition to illustrating some overlap with regards to alcohol being consumed socially and alone in both settings and across settings. This final section briefly considers differences between alcohol consumption in these settings.

There was general agreement among respondents from all backgrounds that home consumption styles differed from consuming alcohol in public houses in a number of ways. Notably, respondents commented that home measures tended to be more generous concerning the volume of alcohol, in particular with regards to the consumption of spirits and wine (confirmed in measured examples, Section 4.3). In addition, drinking in the home was often seen as less controlled than in the pub resulting in consuming more alcohol overall.

“You drink in the house and you've got a bottle of vodka in the house, you're not measuring, you're just pouring ... it creates mair problems I would say. But here's it's, or any pub ... you know exactly what you're taking. In a house it's a free flow” (1-1, Staff (P&W), Female, est 31-59, Urban deprived)

Broad variations were also apparent in types of drink. Amongst affluent respondents wine tended to be consumed more frequently than beer in home settings, while spirits, particularly vodka, were more likely to be drunk in more deprived areas in the home. In all study areas beer was most popular in pubs, where it is available on draught, and although canned and bottled beer was also drunk in the home this tended to be relatively more commonly in deprived areas. Respondents also noted that the type of drink consumed was dependent on the venue and occasion:

“You are going out to the pub to have pints of beer. I don't come out to drink glasses of wine. I don't normally drink wine unless I'm eating. Obviously at home there is far more wine and I don't really drink that much beer at home, the odd whisky. Just if you've got people visiting,

like if you've got the barbecue on in the summer and I like a beer right enough" (Pair, Customer, Mix, est 31-59, Rural affluent)

"My wife disnae come to the pub any mair. She prefers to sit in the hoose, go tae Asda, buy a case of lager and a bottle of vodka and that does her for a few nights" (Group, Customer, Mix, est 31-59, Urban deprived)

A small number of respondents also mentioned that they felt that effects of alcohol were not the same in home settings, when compared to those resulting from consumption in public houses, perhaps reflecting differences in atmosphere.

"I feel as though when you drink in the hoose it disnae affect you as much. See when you go oot to the pub and you have a couple of pints in the pub, you can really feel the effect, but see if you're sitting in the hoose, you can sit and have six cans, seven cans, and you don't really feel it" (Group, Home, Males, 40-55, Urban deprived)

4. How much do people say they are drinking?

Summary

- The sample was recruited as 'drinkers' rather than problem drinkers. Nevertheless, among the sub-sample of 70 respondents who completed drinking diaries for the previous week, drinking patterns were characterised by overall mean alcohol consumption that was considerably higher than the recommended weekly and daily limits (weekly mean 40 units and heaviest drinking day mean 16 units).
- Nearly half the sample (47%) drank twice or more than the recommended weekly drinking limits and nearly three-quarters (74%) reported at least one episode of binge drinking (twice or more than the recommended daily limits) in the previous week.
- The study revealed heavy episodic drinking focused on a few days among respondents from disadvantaged areas and younger people.
- There were also examples of high weekly alcohol consumption among affluent drinkers, particularly 40-55 year olds. However, consumption was more evenly spread across the week.
- There was considerable variation in the volume of home-poured measures of wine and spirits. On average home-poured vodka measures were twice normal pub measures (59mls) and the overall mean drink size for wine was 156mls. Increasing home consumption is likely to contribute to higher consumption levels in the general population. It will also limit the accuracy of survey-derived estimates of alcohol consumption.
- Difficulties in recall of alcohol consumption were common. This will also affect survey-derived estimates and indicates a need for contextual prompts to facilitate recall. Indications of initial under-reporting were apparent in affluent as well as deprived samples.

Alcohol consumption was measured by means of a seven day retrospective drinking diary relating to the period immediately preceding the interview day (Section 2.1.2). Seventy respondents completed drinking diaries (Section 2.2.2), incorporating a home sample (47%), and a bar sample comprising bar customers (23%) and 'staff P&W' (30%), including workers and proprietors/licensees/managers (17% and 13% respectively). More detailed results are given in a separate technical report (MacAskill, Heim, Eadie *et al.*, 2007). It should be noted that recruitment criteria did not represent exclusive behaviours, e.g. the home sample might also drink in pubs.

This section provides summaries of overall consumption levels (Section 4.1), individual consumption levels (Section 4.2) and an examination of self-poured drinks and diary discrepancies (Section 4.3). Comparisons are made with current recommended drinking limits, namely: to drink no more than 21 units per week (men) and 14 units a week (women) and for men to drink no more than 3-4 units a day and for women to drink no more than 2-3 units in one day (Alcohol Focus Scotland, 2007). In addition, at least two alcohol free days in a week are recommended.

4.1 Summaries of overall consumption levels

Overall consumption is examined here in terms of mean consumption levels and in relation to recommended weekly and daily drinking limits.

4.1.1 Mean consumption levels

Measures of mean weekly consumption, heaviest day consumption and days of drinking were obtained for the week immediately preceding the interview day. These are summarised in Table 4.1 as a function of study area and gender. Tables showing additional analyses by sample group and age are given in Appendix 3.

Mean weekly consumption: The overall sample profile was characterised by relatively high weekly alcohol consumption, with mean consumption levels of 40 units, considerably above the recommended weekly drinking limits. Female respondents drank significantly less than male respondents (mean weekly consumption 29 units compared with 49 units). Further analysis showed that respondents recruited as bar customers reported drinking more (55 units) than the home sample (33 units) and bar staff (39 units). Respondents in the rural deprived community reported higher overall consumption levels (49 units) than did both the urban study communities (affluent, 39 and deprived, 41 units) whilst those from the rural affluent area showed lower consumption levels (33 units).

Mean heaviest drinking day consumption in the previous week: The mean heaviest drinking day's consumption of 16 units for the overall sample was again considerably higher than the recommended daily drinking limits (around four times as much). Consumption levels were consistently higher among males than females, with the greatest gender differences apparent in the rural deprived area. As with mean weekly consumption levels, the mean heaviest reported intake in one day was highest among the rural deprived sample (24 units) and lowest in the rural affluent area (10 units).

Mean days of drinking: Across the overall sample, drinking was reported as over a mean of 4.46 days. However, drinking in the deprived study areas appeared to be more focused than in the affluent areas, irrespective of urban or rural locations (means of less than four days in the week compared with just over five days). Overall, males tended to drink on more days than females, most markedly in the urban deprived area. The home sample (4.73 days) tended to consume alcohol on more days than bar customers (4.44 days) and staff (4.05 days). This trend was most apparent among respondents from the urban affluent community.

Table 4.1 Mean weekly alcohol consumption, heaviest drinking day consumption and days on which alcohol was consumed as a function of study area and gender (Standard Deviations in brackets)

Study community	Gender	Mean weekly units (SD)	Mean heaviest drinking day consumption in units (SD)	Mean days of alcohol consumption (SD)
Urban Affluent	Male (n=11)	38.83 (15.11)	16.86 (8.76)	4.73 (1.74)
	Female (n=7)	39.38 (26.54)	14.16 (12.31)	5.71 (1.11)
	Total (n=18)	39.04 (19.57)	15.81 (10.02)	5.11 (1.57)
Urban Deprived	Male (n=6)	61.32 (50.96)	15.50 (10.65)	5.00 (2.76)
	Female (n=9)	26.84 (25.15)	14.51 (14.10)	2.67 (1.12)
	Total (n=15)	40.63 (39.93)	14.91 (12.42)	3.60 (2.20)
Rural Affluent	Male (n=10)	41.08 (23.93)	10.98 (5.27)	5.40 (1.58)
	Female (n=10)	24.01 (15.41)	9.31 (8.87)	4.80 (2.04)
	Total (n=20)	32.54 (21.46)	10.14 (7.15)	5.10 (1.80)
Rural Deprived	Male (n=11)	59.97 (33.05)	27.88 (16.91)	3.91 (1.81)
	Female (n=6)	28.66 (15.16)	16.78 (14.28)	3.50 (2.35)
	Total (n=17)	48.92 (31.51)	23.96 (16.50)	3.76 (1.95)
TOTAL	Male (n=38)	49.09 (30.91)	18.29 (12.80)	4.71 (1.92)
	Female (n=32)	29.04 (20.96)	13.23 (12.02)	4.16 (2.02)
	Total (n=70)	39.92 (28.48)	15.98 (12.61)	4.46 (1.97)

Analysis of the home sample (n=33) enabled comparison by age group. Mean consumption was highest among the youngest cohort (44 units, 18-30 years) with the oldest group reporting lowest consumption levels (19 units, 65+ years) (see Appendix 3). In affluent areas, however, 40-55 year olds reported drinking more over the week than their younger and older counterparts and in rural affluent areas also drinking more on their heaviest day. However, they showed less concentrated drinking patterns: for example, urban affluent 40-55 year olds' mean weekly and heaviest day consumption was 46 units and 11 units respectively but consumed over a mean of 7 days. In terms of days of drinking, the younger respondents reported more focused drinking (3.25 days) whilst the middle and older age groups reported drinking means of over five days.

4.1.2 Examination in relation to recommended drinking limits

The range of drinking levels and days drunk were examined in the context of current recommended weekly and daily drinking limits.

Total amount drunk in the previous week: Less than one quarter of respondents reported drinking within the recommended weekly limits for their gender (Table 4.2). Nearly half of the overall sample reported drinking twice or more than the recommended weekly limits for their gender. Although females were more likely than males to drink within recommended weekly limits, only one third did so compared with only one in eight men. Among the home sample recruited from affluent areas, two thirds of 40-55 year old age group reported drinking double or more than the recommended weekly drinking limits. However, no-one from the 18-30 year old age group reported drinking at that level. In contrast in the deprived areas the majority of 18-30 year olds reported drinking at least double the recommended weekly drinking limits.

Table 4.2 Proportion drinking within and above the recommended weekly drinking limits¹ for their gender as a function of study area and gender (%)

Study Community	Gender	Within recommended limits ¹	Above recommended limits (<x2) ²	Double limits or above ($\geq x 2$) ³
Urban Affluent	Male (n=11)	9	55	36
	Female (n=7)	29	14	57
	Total (n=18)	17	39	44
Urban Deprived	Male (n=6)	17	33	50
	Female (n=9)	44	22	33
	Total (n=15)	33	27	40
Rural Affluent	Male (n=10)	30	30	40
	Female (n=10)	30	30	40
	Total (n=20)	30	30	40
Rural Deprived	Male (n=11)	0	36	64
	Female (n=6)	33	0	67
	Total (n=17)	12	24	65
TOTAL	Male (n=38)	13	40	47
	Female (n=32)	34	19	47
	Total (n=70)	23	30	47

¹ Men to drink no more than 21 units, women to drink no more than 14 units a week

² Males: 21-41.9 units, females: 14-27.9 units

³ Males: 42+ units, females: 28+ units

Reported heaviest day drinking in relation to recommended daily limits: Very few respondents (4%) reported drinking within the recommended daily drinking limits for their gender on their heaviest drinking day in the previous week (Appendix 3). Nearly three-quarters of the sample reported at least one episode of 'binge drinking' in the previous week, i.e. double the recommended limits or over, especially apparent in the urban affluent area and the rural deprived area. More males than females (84% versus 63%) reported having experienced 'binge drinking' episodes and this trend was consistently observed across all areas. Among the home sample, nearly all 18-30 year olds (92%) reported a 'binge drinking' episode, together with around two thirds of those aged 40-55 years.

The proportion of days when alcohol was consumed: Overall, the most common drinking experience ranged between three and five days (nearly half respondents) although about one-third reported drinking on six or seven days (Appendix 3), contrary to recommendations for at least two days 'rest' from drinking. A considerable minority of respondents in affluent areas reported drinking on six or seven days (at least two-fifths) whilst only around one quarter reported this more extended pattern of drinking in deprived areas. More male than female respondents reported drinking on six or seven days (42% of males and 25% of females). Among the home sample, around two thirds of the 65+ years age group reported drinking on six or seven days, together with around half of 40-55 year olds, most notably in affluent areas.

4.2 Individual consumption levels

This section provides examples of individual consumption levels and patterns over a week, providing insight to the summary data presented in Section 4.1. Cases were selected to illustrate drinking patterns identified in Section 3 and summarised in Table 3.1. Examples of primarily home drinking are given first (Figure 4.1), followed

by those drinking primarily in public settings such as pubs or in mixed locations ('migrations') (Figure 4.2).

For each style of drinking, Figures 4.1 and 4.2 highlight more detailed personal consumption patterns. For each individual, the drinks consumed in one of the days typical of the drinking style are given in the left-hand column (also in the highlighted cell to the right). The remaining columns summarise the week's total units and daily intake for the identified individual to provide the context for that behaviour. The location is also indicated, for example whether it is in their own house or someone else's or in a pub, club or restaurant.

Examining these example cases highlights a number of insights. Firstly, whilst individuals were chosen to illustrate a specific drinking style, patterns and locations over the week are quite heterogeneous. For example, some reported drinking daily, while others drank on only a few days in the week. Some examples of high unit consumption are provided, whilst others drink nearer the recommended weekly and daily drinking limits for their gender.

Among those illustrating home drinking styles (Figure 4.1), a pattern of mixed locations is apparent within domestic settings, with drinking also reported at other homes such as those of parents or friends. It is also apparent that the home sample may drink in pubs and restaurants in the course of the week, but this was less likely among women. Home drinking has emerged as a pattern more widely experienced by women, and this is reflected in the examples here, although numbers recruited as the home sample were distributed equally. Men also drank at home, but were more likely to straddle home and pub locations than women, especially in less affluent areas where pub goers were more likely to be men (Section 3).

It was apparent that some examples of daily drinking in the home could be regarded as moderate consumption on most days, for example a routine single gin and vermouth or a glass of wine. However, weekly total alcohol consumption might easily be taken over the recommended weekly drinking limits if this was accompanied by additional drinks on a few days of the week, for example meeting friends.

Figure 4.1 Home drinking: examples of individual behaviours and styles and locations¹ (alcohol units)

Drinking style Example day consumption ² (respondent attributes)	Week total	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Home: Social / parties (mixed, family and friends) Sat: 24.8 units (2 bottles Big Beastie and half bottle vodka) <i>(1-1, Home, Female, 40-55, Rural deprived)</i>	49.5	3 (H)	0	3 (H)	18.75 (H)	0	24.75 (H)	0
Home: Social (pairs or small groups of females) Fri: 37.5 units (bottle vodka) <i>(1-1, Home, Female, 18-30, Urban deprived)</i>	60.25	0	18.75 (H)	4 (D)	0	37.5 (D)	0	0
Home: Daily evening routine with meals (middle-age) Thurs: 6.3 units (3 glasses wine with evening meal) <i>(Pair, Home, Males, 40-55, Urban affluent)</i>	42.2	1.1 (H)	2.4 (H)	8.4 (P)	6.3 (H)	8.4 (P)	4.5 (H)	11.1 (R+H)
Home: Weekend with meals (younger) Sat: 1.7 (1 glass wine with meal) <i>(Pair, Home, Mix, 18-30, Rural affluent)</i>	14.9	3.4 (D)	0	0	2.1 (D)	1.7 (H)	1.7 (H)	6 (D+H)
Home: Routine drink at end of day (older) Mon: 1.7 units (1 glass gin & vermouth) <i>(1-1, Home, Female, 65+, Rural affluent)</i>	17.8	1.7 (H)	4.7 (R+H)	1.7 (H)	1.7 (H)	1.7 (H)	1.7 (H)	4.6 (D+H)
Home: Routine drink at end of day (middle-age) Wed: 7 units (2 glasses Baileys) <i>(1-1, Home, Female, 40-55, Urban affluent)</i>	55.9	7 (H)	7 (H)	7 (H)	7 (H)	9 (H)	8.4 (D)	10.5 (H)
Home: Unstructured home drinking (young men) Mon: 20.6 units (2 glasses vodka and 8 cans beer) <i>(1-1, Home, Male, 18-30, Rural deprived)</i>	46.8	20.6 (D+H)	0	0	0	15.2 (P)	4.4 (D)	6.6 (H)

¹Locations: 'H' Own home; 'D' Other domestic locations, e.g. friend's or parents' home; 'P' Pub; 'R' Restaurant.

²For each respondent, the shaded cells indicate the key example behaviour which is also detailed in the left hand column

Among examples of drinking primarily in public settings (Figure 4.2), it is also apparent that a range of drinking locations was experienced, both in the combination of locations in one session ('migrations') and 'mixed' through the week. The examples identified here are largely male, although again, females may exhibit similar patterns. Examples tend to include heavy drinking levels, as being more typical of pub drinking especially on a daily basis, although only one of these example respondents admitted to having a problem with drink and had sought out help.

Figure 4.2 Public settings: examples of individual pub, migration and mixed drinking behaviours and styles and locations¹ (alcohol units)

Drinking style Example day consumption ² (respondent attributes)	Week total	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Pub: routine / concentrated drinking Sun: 56 units (20 pints cider) (1-1, Customer, Male, est 31-59, Rural deprived)	123.2	0	0	33.6 (P)	33.6 (P)	0	0	56 (P)
Pub: Daily drinker Sat: 10.8 units (whisky and pint lager) (Pair, Customer, Mix, est 31-59, Urban deprived)	83.6	10.8 (P)	18.8 (P)	10.8 (P)	10.8 (P)	10.8 (P)	10.8 (P)	10.8 (P)
Migrations: 'Main night out' - preloading, pub, club, after party Sat: 41 units (vodka, shots, apple sours) (Pair, Home, Mix, 18-30, Rural deprived)	40.75	0	0	0	0	0	40.75 (H+P +C+H)	0
Migrations: Preloading before the pub Sat: 31 units (cans of lager, pints of lager, Jack Daniel's, Tequila shots) (1-1, Staff (P&W), Male, 18-30, Urban affluent)	57.8	5.6 (P)	0	3.8 (P)	0	17.2 (H+P)	31.2 (H+P)	0
Migrations: Heavy dependent drinker Sun: 26 units (pints of lager, bottles lager) (Pair, Home, Mix, 18-30, Urban deprived)	129.3	14.2 (H)	14.2 (H)	14.2 (H)	15.3 (D)	21.4 (P+H)	24.2 (P+H)	25.8 (P+H)
Mixed: Pub for football, home mostly Wed: 8 units (Guinness, whisky) (1-1, Home, Male, 40-55, Rural affluent)	31.9	5.9 (H)	4.6 (H)	7.6 (P)	0	4.6 (H)	4.6 (H)	4.6 (H)

¹Locations: 'H' Own home; 'D' Other domestic locations, e.g. friend's or parents' home; 'P' Pub; 'R' Restaurant; 'C' Club

²For each respondent, the shaded cells indicate the key example behaviour which is also detailed in the left hand column

4.3 Self-poured drinks and diary discrepancies

4.3.1 Self-poured drinks

Respondents in the home sample who reported drinking self-poured drinks rather than pre-measured drinks in cans or bottles, were asked to pour a typical drink (from wine or spirit bottles containing water). Twenty-one examples were obtained. Those who reported poured vodka drinks were exclusively from the rural deprived community and wine drinkers exclusively from affluent areas. There was considerable variation in poured drink size (Table 4.3). All examples indicated a single poured drink would be over one standard unit and some were up to 4 units. Poured vodka drinks (n=9) ranged from 30mls to 100mls (overall mean drink size 57mls representing 2.3 units). Poured wine drinks (n=8) ranged from 100mls to 270mls (overall mean drink size 156mls representing 1.9 units). Additional examples of spirits and liqueurs (n=4) showed drinks varying from 1.7 to 3.5 units.

Table 4.3 Measured glasses: levels of self-poured drinks

Type	Examples	Amount (mls)	Units
Vodka	9	30 - 100	1.2 - 4
Wine	8	100 - 270	1.2 - 3.2
Whisky	2	43 - 50	1.72 - 2
Gin & vermouth	1	30 & 30	1.7
Whisky cream liqueur (Baileys)	1	196	3.5

4.3.2 *Insights into apparent reporting discrepancies*

Finally, the diaries and their completion process provided useful insights ‘to contribute to potential explanations of the discrepancy between reported levels of drinking and observed alcohol-related harm in drinkers from lower socioeconomic groups’ (Objective 5). The Scottish Health Survey recognises the tendency for surveys to underestimate adults’ levels of alcohol consumption, citing “*problems of memory, social desirability, and the difficulties involved in assigning an average estimate to an activity that varies from day to day*” (Evens and Moody, 2005: 4). Comparison of data sources indicate that in surveys adults are reporting drinking less than half the amount of alcohol that is cleared for sale in the UK (SHAAP, 2007). The analysis reported by Scottish Health Action on Alcohol Problems (SHAAP) draws on HM Revenue and Customs 2005 data on duty paid on alcohol cleared for sale in the UK which suggests that the average adult purchased the equivalent of 11.3 litres of pure alcohol over the year. By contrast, self-reported data in the General Household Survey suggests that the average adult consumed the equivalent of 5.6 litres of pure alcohol during the whole of 2005 (both cited in SHAAP, 2007).

Insights from diary completion process: Drawing on researchers’ impressions of the interviews, respondents appeared relatively open about reporting their drinking behaviours during diary completion. The overall interview process may have allowed the development of a trusting and relaxed interaction although this may be more difficult to establish in the context of a more detailed questionnaire-based interview. Importantly, recalling behaviour was not straightforward. This was especially so if drinking did not follow a set routine, which was often the situation. In addition, drinking causes inebriation and drinkers may not have kept track of amounts consumed during a session and in any case may have difficulty in remembering events. As one respondent commented:

“I think the biggest problem is ... The woman [recruiter] was asking me the other day ... And she says to me, ‘How many drinks did you have on Sunday?’ And I went, ‘Well, that’s a problem, because I can’t remember getting home so I can’t remember how many drinks I had!’”
(Group, Home, Females, 40-55, Rural deprived)

The interviewer-led diary completion process itself may have supported higher quality information, by focusing on one day at a time and using suitable prompts to enhance contextualisation. Completion could be quite time-consuming, and a more leisurely approach might be harder to replicate in a questionnaire-based interview.

Insights from comparison between diaries compiled in recruitment and interview contexts: Interview-based drinking diaries were compared with the drinking diaries completed at recruitment for 30 individuals. Apart from any intentional under-reporting, there were a number of aspects of the process which may also have contributed to variance in reporting, for example: a different seven day period is covered and individual drinking behaviours are likely to vary; the recruitment diary was completed after a few introductory questions, typically on the doorstep, rather

than at the end of a longer more relaxed interview; and there is likely to have been better rapport in the interview context.

Bearing in mind these contextual issues, of the 30 comparison cases nearly two thirds reported higher unit intake in the interview diaries. Of these, seven recorded double or more units than at recruitment, and for four respondents this represented more than the recommended weekly drinking limits rather than their original classification of moderate levels. Examination of those showing the greatest differences illustrates a number of reasons for variable reporting of unit intake. Firstly, the variations in unit measure of 'a glass' were noted as already described. For example, one respondent self-poured drink of a glass of Baileys liqueur measured 196mls (3.5 units) rather than the more typical 50mls (0.9 units). Secondly, variable drinking patterns were not uncommon, for example two students had cut down on their drinking at the recruitment stage while working on a project but were drinking more heavily by the time of the interview. Thirdly, the variety of products could mean the recruiter 'on the spot' may have underestimated the unit content.

It is extremely difficult to identify examples where respondents knowingly under-reported at recruitment, but the most likely were among those who described normally drinking on a daily basis at interview but reported lower frequency to the recruiter. In addition, variations largely related to respondents from affluent rather than deprived areas. Thus while Objective 5 suggests a focus on discrepancies in reporting among drinkers from lower socioeconomic groups, from this very small sample it would appear probable that discrepancies can occur across all groups. The findings give weight to the importance of taking time during the interview process and prompting recall day by day, as well as ensuring sufficient details of drink type are obtained, ideally including measuring self-poured drinks.

5. What are people's attitudes towards drinking?

Summary

- Most drinkers held both positive and negative attitudes towards alcohol consumption.
- Drinking was seen to have many positive aspects such as being a relaxant, a reward, a social lubricant and a means of creating a shared experience and common bond.
- Drunkenness was a widely accepted behaviour among both younger drinkers and drinkers from deprived communities. In contrast, middle-aged drinkers, particularly in affluent communities, tended to focus on youth binge drinking as a concern, enabling distancing from the possible negative effects of their own drinking styles.
- 'Problem' drinking was understood in broader terms than just drunkenness. It was conceptualised in terms of behavioural cues and impacts rather than objective consumption levels. It tended to be characterised as either 'youth binge drinking' linked to public disorder or 'addiction' with associated negative stereotypes. Both these drinking patterns were regarded by many respondents as quite distinct from their own experiences, in spite of reported heavy drinking.
- Absenteeism from work as a consequence of heavy drinking was more acceptable amongst drinkers from deprived communities than those from affluent communities.
- Control of the amount of alcohol consumed in a session was largely influenced by perceptions of the body's response and by experience - 'knowing your own limits'. Monitoring intake, for example by counting drinks, as a means of controlling consumption was uncommon. Motivation to moderate drinking varied among individuals and by context.
- Most were familiar with the *idea* of using alcohol units to measure consumption but this did not feature as a mechanism for control. Awareness of recommended weekly or daily drinking limits was low, especially daily limits, and many drinkers were also uncertain how to estimate their own consumption as they were unfamiliar with the unit content of different drinks.
- Most heavy drinkers drank well in excess of the recommended weekly and daily drinking limits, which were regarded as unrealistic and impractical. In the interview setting, however, a few respondents used them to reflect on their drinking.
- Publicans and bar workers saw their primary responsibility as maintaining a peaceful bar and ensuring customers were not a risk to others or themselves, focusing on intoxication and welfare issues such as eating and getting home. Whilst many recognised long-term 'problem' drinkers, they tended not to intervene to control consumption with these individuals.

This section examines respondents' perceptions of drinking and is divided into three main areas, negative aspects of drinking (Section 5.1), positive aspects of drinking (Section 5.2) and understanding of sensible drinking (Section 5.3). It should be noted that respondents' attitudes were rarely exclusively positive or negative.

5.1 Negative aspects of drinking

Two related aspects of drinking were discussed in predominantly negative terms, drinking to excess or drunkenness, and problem drinking.

5.1.1 Drunkenness

Drunkenness was normally equated with the amount consumed during a single drinking episode, with people's ability to 'take' drink, or remain sober varying according to the individual's experience and physiology. The values attached to drunkenness and the way in which drunken behaviour was conceptualised varied both in terms of life stage and community. Whilst more extreme aspects of drunkenness were widely regarded as unacceptable (for example neglect of children), younger respondents and respondents living in the deprived communities often regarded drinking and getting drunk as an important part of the social experience. In contrast, in the affluent communities middle-aged drinkers were more inclined to describe drunkenness in exclusively negative terms, often differentiating their own drinking behaviour from what they saw as a growing trend in excessive youth drinking, or what was sometimes referred to as 'binge drinking'. Even younger drinkers from the more affluent communities, who may have drunk large quantities on occasion, indicated negative attitudes to drunkenness and showed a marked reluctance to disclose their drinking levels or were keen to show that they had moderated their alcohol consumption.

"We have a totally different idea towards drinking to what youngsters do."

"Yeah."

"They have totally different views to us."

Int: How would you say you are different?

"We come out to socialise. Some of the young lads come out just to get pissed. If they don't get hammered it's a wasted night as far as they're concerned" (Group, Customer, Males, est 31-59, Rural affluent)

"I don't get pleasure actually out of being that drunk. I love being drunk and I would go out drinking to get drunk but I've done that now and it's not for me any more. I was a student and that's what you do. You go out and drink pints and I would never dream of drinking pints any more. But that was a phase in my life" (Pair, Home, Mix, 18-30, Rural affluent)

A key theme underlying these group differences was the idea of control. Loss of control was a particularly sensitive issue for middle-aged, affluent drinkers, many of whom associated drunken behaviour with an earlier life stage, or 'phase', and getting drunk as acceptable only on special occasions. For many in this group consumption patterns changed, with drinking becoming less episodic and more closely integrated with meals and dining out. As a consequence its social significance and 'visibility' also appeared to change as it became part of a broader food and drink culture.

5.1.2 *Problem drinking*

Problem drinking was a broader concept than drunkenness and was often seen to encompass the more extreme aspects of drunken behaviour, such as loss of mobility, inability to recount actions and personality change, or 'Jekyll and Hyde' behaviour.

"When people drink, and they just keep going and going and going, and before they know it, they wake up the next morning and their friend tells them that they've put a guy in hospital, or they're in hospital and all that. I think that's problem drinking" (Pair, Home, Males, 18-30, Urban affluent)

A central theme of 'problem drinking' was the idea of alcohol addiction or 'alcoholism' where alcohol was seen to have a controlling influence over the drinker's life. Awareness and understanding of problem drinking was in some instances informed by direct experience. Many respondents knew of someone in their social circle or immediate family who had a drink problem, or who they considered to be 'in the early stages' of developing a problem. Such experiences could have a profound influence on shaping individual attitudes towards drinking and alcohol. A few respondents also raised concerns about their own drinking behaviour, or gave accounts of periods in their lives when drink had been a concern, and in some instances had resulted in them abstaining for a relatively substantial period.

Consequently most were able to conceptualise problem drinking in behavioural terms. Common descriptions of the classic problem drinker were of someone who: 'can't go a day without', 'first thing he does when he gets up', and 'doesn't know when to stop'. These characteristics were often associated with the stereotype of a socially isolated drinker existing on the margins of society.

Others were also able to describe more subtle behavioural cues indicative of someone who was regarded as at risk of developing a drink problem. These included someone who is finding it difficult to keep within other people's, or 'normal' drinking levels, who drinks faster than those around them and who is showing signs of neglecting social responsibilities, such as missing work or failing to meet family and childcare commitments. In many instances these accounts were based on personal observations of those around them.

"I have a friend and she does kind of always want you to keep up with her and I think she likes to keep in the same party, on the same level, I think it makes her feel better the fact that she drinks more and if you're drinking along the same as her" (Pair, Home, Males, 40-55, Urban affluent)

"There are times I see her and she goes to pick up her kids, but there are times she'll phone me and say, 'I'm in the pub and I can't pick the kids up, will you go and pick them up for me?'" (1-1, Home, Male, 40-55, Urban deprived)

Problem drinking was also associated with individuals who used drink to gain relief from emotional problems, or to alter 'how they feel'. This was regarded by some as an indication of psychological frailty. However, others were able to provide personal testimonies of how significant life events, such as the loss of a partner, can encourage dependency and expose inadequacies in social support structures.

"I went through a bad patch when my wife died. I was never out of here. I was actually sleeping in here, I was that drunk, but that's aside, but I've got through that" (Pair, Customer, Males, est 31-59, Urban deprived)

In contrast, other life events and circumstances such as starting a family, or moving away from an oppressive social or work environment where heavy drinking was the norm provided some with the opportunity to reduce their reliance on alcohol (Sections 6.3 and 6.4). In many instances these events were unplanned or fortuitous.

"When I moved to [name of town] I started cutting down, getting my head together. I got sent here through an agency that I was working with, because I'm a chef by trade. I was sent here with the agency and never moved back. If I'd have gone back to [name of city], I would be just as bad..." (1-1, Customer, Male, est 31-59, Rural affluent)

Bar workers and licensees were uniquely positioned to observe the drinking behaviour of their customers, and were often sensitive to differences in customer drinking patterns. Some noted that contrary to popular belief problem drinkers were rarely chaotic drinkers, but instead often exercised a large degree of control over their drinking in order to maintain their status and acceptance within the bar community.

"The ones that actually to me it seems that it could be more of an actual drinking problem are the ones that you see every day coming in drinking almost the same amount every day and you can set your watch by them just about ... They are never any bother to you these people ... don't become a problem in the pub because you need somewhere else then to go and drink" (1-1, Staff (P&W), Male, est 31-59, Rural affluent)

Those who were living with someone who had a drink problem were able to give more vivid accounts of problem behaviours, some of which challenged the popular stereotypes of the problem drinker. For example the following quotation provides a detailed description of how dependency can manifest itself as a form of extended binge drinking, which challenges the widely held belief that problem drinkers 'can't go a day without a drink'.

"He's really a house drinker, eh. Sometimes he'll wake up to a can of beer or, like, he's, like, he goes through a phase, where he, like, stops drinking completely and he gets back into things and he does this, and then, like, he'll have one drink and then he's straight back on the wagon, eh. And it's, like, I've seen days where he's had, like, 24 cans of beer, like, in a day and he's actually mangled, eh, and he'll go for a

sleep and he'll wake up to another one. Totally shocking" (Pair, Home, Mix, 18-30, Rural deprived)

Perceptions of problem drinking also varied between the affluent and disadvantaged communities, in accordance with drinking norms and what was considered acceptable behaviour. Two particular issues differentiated the groups: attitudes towards missing work as a consequence of drinking, and attitudes towards drinking in the home (see also Sections 6.3 and 3.1 respectively). In the affluent communities missing work as a consequence of heavy drinking was frowned upon and often responsible for arousing feelings of guilt and anxiety.

"I think it would only be an issue for me if it really started affecting my life, if I felt I woke up the next day and couldn't go to my work, then I'd consider why I had got myself in that state, because I couldn't do it every weekend if I'm working" (Group, Home, Females, 18-30, Rural affluent)

In the disadvantaged areas where there were higher levels of unemployment and sickness, and where jobs were more temporary, missing work but making it back to the bar for opening time the following day for the 'hair of the dog' was widely accepted and indeed celebrated with some taking pride in becoming recognised members of 'the Monday Club' (a term for an unofficial group who regularly collected in the bar after a weekend of heavy drinking).

Attitudes towards drinking alone, particularly at home, also differed by socioeconomic status. In the more affluent communities drinking was often more home-centred, with allegiances to the local community bar relatively weak, and in some cases non-existent. In contrast, in the disadvantaged communities the local bar was often the main social focus of the community and the accepted venue for heavy drinking. Consequently in these areas where one chose to drink was a key indicator of problem drinking. In particular, getting drunk alone was widely regarded as a sign of dependency, and mature male drinkers in particular would stress that they did not drink "in the house".

"I don't need to go to a pub every day or every night for the sake of drink. If I want to come in, come in and see somebody, or come in, you know, just talk to somebody, you always meet somebody. There's always somebody there to talk to, you know, talk to them, you know, couple of drinks. But I don't go into the hoose and drink hauf bottles of whisky every day, or a bottle every night. That's a problem" (Group, Customer, Mix, est 31-59, Urban deprived)

Heavy drinkers from these areas who showed signs of dependency attempted to balance their drinking between the pub and the home: using the pub to maintain social links and to present an appearance of normality and the home to meet their drinking needs, seeking to conceal their dependency.

**Int: Is it more a kind of social thing, then, to catch up with people?
Do you catch up with your friends on a Friday night [at the pub]?**

"I think it's trying to kid on ..."

“We’re normal.”

“We’re just like everybody else, you know, then if they seen what went on behind closed doors they would ...” (Pair, Home, Mix, 18-30, Urban deprived)

Finally, the links between problem drinking and work or absence of work were recurring themes (Section 6.3).

5.2 Positive aspects of drinking

The research also explored respondents’ attitudes and beliefs relating to positive aspects of drinking. One sub-group difference emerged in this analysis with heavy drinkers who demonstrated signs of dependency showing a reluctance to identify with positive aspects of drinking. The reasons for this relate to the negative consequences of their alcohol dependency and was illustrated by the following quote from a heavy drinker reflecting on the benefits from alcohol during a period in his life when he was able to exercise greater control over his drinking:

Int: What do you see as the positive aspects about drinking?

“Nothing ... It used to be able to make me unwind, but at that time I could take just a couple of beers and go home.” (Pair, Home, Mix, 18-30, Urban deprived)

5.2.1 *Drinking as a social lubricant*

The most widely reported use of alcohol was as a ‘social lubricant’, where it was used to lower inhibitions or to help ‘let go’. For many drinking was a key part of the social ritual, including special occasions. It was of particular value to those who lacked confidence in meeting people, although others interpreted this use of alcohol as a sign of inadequacy. In this way it was particularly closely linked with the following aspects of relaxation and a shared experience.

“It relaxes you more if you’re in company, doesn’t it? If you’re sitting with your pals in the hoose and all that you can sit and just talk quiet and all that, but once you get a couple of drinks down you, you tend to talk a lot mair, have mair a laugh and a bit of banter and that, but, if you’re sober you’re kind of all quiet, you know” (Group, Home, Males, 40-55, Urban deprived)

5.2.2 *Drinking as a means of relaxation*

Alcohol was widely described as a relaxant. It was used to reduce feelings of tension after a prolonged period of exertion, and to gain temporary relief from particular work-related or relationship stresses or specific anxieties such as fear of flying.

“It’s a bit of a de-stressor sometimes, if you’ve had a bad day at work you think, ‘Oh, melt into a chair with a bottle of wine’. Forget about all your problems” (Group, Home, Females, 18-30, Rural affluent)

“The last few times I was really drunk, I was out with my friend and my ex boyfriend came back up and me and him had had an argument, I was like, ‘Fuck this; I’m going for a drink’. I went and got myself a bottle of wine” (Group, Customer, Females, est 18-30, Rural affluent)

Some drinkers used it as a reward at the end of the day and as an aid to sleep. Using alcohol in this way also helped to overcome concerns about drinking alone and its associations with problem drinking, and sometimes formed part of a more elaborate reward scenario, such as a luxurious bath (Section 3.1).

“I think it’s nice, as I say, when I work hard doing this, that and the other. And then I’ll have a bath and sit down, and I enjoy that. And it’s just a can of beer or maybe a glass of wine, I just feel that little bit mellow, and it’s quite a nice feeling as you’re getting tired anyway. And just toddle off to bed” (Pair, Home, Mix, 40-55, Rural affluent)

5.2.3 *Drinking as a shared experience*

Closely allied to the use of alcohol as a social lubricant and relaxant, was its importance to creating a shared experience and common bond. For example, for some younger drinkers getting drunk together with friends was a central feature of ‘a good night out’, while for older drinkers alcohol and certain alcohol products were key to defining particular events and occasions, and to expressing and sharing repressed feelings and anxieties.

“I think you forget you are a [mum] and you have got no responsibility and you are with the girls having a good laugh and we’ve all got the same problems no matter who you are and circumstances but you have all got the same problems so it is good to laugh about it and then someone always comes up with something funny probably you think it is a traumatic thing and then somebody says, ‘Oh I’ve got one better than you’” (1-1, Home, Female, 40-55, Urban affluent)

These benefits were reinforced by ‘round buying’ behaviour or by pooling resources to buy drink together. It was also apparent that the decision by one participant not to drink could undermine the group cohesion, and it was not unusual for non-drinkers to be excluded or marginalised as a consequence.

“It gives you well-being, if you’re with friends it’s excellent to have a drink together, smashing. Nothing better, you compare that with people who don’t drink, I have a problem sometimes with people who don’t drink at all” (Pair, Home, Mix, 65+, Urban affluent)

For many the benefits of drinking as a shared experience were focused on the pub or ‘local’, and for some bar workers and single men it was the central focus of their social lives (Section 3.2). Drinking was also often part of low-key social get-togethers in the home setting (Section 3.1) as well as celebrations.

5.2.4 *Drinking as an aesthetic experience*

Another theme to emerge were the aesthetic benefits of drinking, the most prominent of which was taste. This theme tended to be more prominent among drinkers living in the affluent study communities, and was linked with specific types of alcoholic drink, such as wines, whiskies and specialist beers.

Wine often formed part of a broader aesthetic experience such as buying a “nice wine” to compliment a meal, or opening a bottle to enjoy in good company. Lighter drinkers sometimes regarded a bottle or glass of wine as a special treat. However, an individual could attach different values to the same drink type, depending on the drinking occasion and how it is consumed. For example, one individual may buy a special wine to compliment a meal and a cheap bottle of ‘plonk’ to initiate an evening of heavy drinking.

“If I was having wine at dinner I would chose a wine that I thought was nice, that I’d like the taste of, whereas sometimes if you’re going out it’s sometimes the first wine we saw or the wine that cost three pound or something ...” (Group, Home, Females, 18-30, Rural affluent)

Some male drinkers in the affluent areas derived specific pleasures from savouring the properties and engaging in the rituals associated with drinking a rare whisky, while others sought to differentiate their beer of choice from more mainstream beers.

“I absolutely love whisky, it’s wonderful stuff. The way you can open a bottle, have a glass out of it and experience it and every glass is different because your palette just bends to it, each individual flavour” (1-1, Home, Male, 18-30, Urban affluent)

It was apparent that taste preferences and investing in premium products was used by some affluent drinkers to legitimise their drinking patterns. For the same reasons there was also a tendency to associate their drinking style with what were regarded as more sensible and attractive continental drinking patterns and to differentiate them from what was regarded as a general decline in drinking standards, epitomised by the growth in youth binge drinking.

“I think we are getting more like that now, I think it is getting more sociable that children understand. I think when I was brought up, people went out and drank. I think it is more children are part of it now and see it is a sociable thing ... a lot of my friends drink wine with their children and water it down like we have seen in France” (1-1, Home, Female, 40-55, Urban affluent)

5.3 **Understanding of sensible drinking**

This section examines three research themes which were important to establishing sensible drinking patterns: assessing personal limits and exercising control; understanding of recommended weekly and daily drinking limits; and the role of bar staff.

5.3.1 *Assessing personal limits and exercising control*

Variable alcohol tolerance was a familiar concept. Personal assessment or 'knowing your limits' was based on experience of the body's reaction to differing quantities, types of alcoholic drink and drinking speeds, and was normally assessed in relation to the negative effects of intoxication, typically in response to feelings of illness, vomiting and the immediate after effects or 'hangovers'. Some younger drinkers also talked about negative social consequences and fear of embarrassment having a moderating effect.

"I always think I dinnae want to make an arse of myself and dae something that later on I'll regret 'cause I've seen too many people dae that as well. So I'm always the one that always remembers everybody else, what they done" (Pair, Home, Mix, 18-30, Rural deprived)

Most drinkers, particularly those who drank more moderate amounts were able to quantify the typical number of drinks they were able to take before experiencing negative effects. Limitations were also considered to be highly subjective and sometimes unpredictable, with speed of response to alcohol believed to vary depending on psychological factors such as mood and feelings of fatigue.

"I don't go to pubs anymore and if I did I'd probably maybe manage four, four beers or something like that and then know it was time to go home anyway" (1-1, Home, Male, 40-55, Urban deprived)

"If I just had a couple and you feel it affects you and another time you have four or five. I think it just depends how tired you are, what mood you are in. Sometimes it can be the company you are in as well" (Group, Home, Females, 40-55, Urban affluent)

Control or 'knowing when to stop' was largely an experiential concept with drinkers responding to how they felt and their body's reactions. Counting drinks was rare, and was normally the consequence of circumstantial factors, such as being on medication or having driving responsibilities.

Whilst most drinkers claimed they were able to monitor how alcohol was affecting them, some appeared more able to respond than others. The ability to anticipate and set down a marker for when to stop emerged as an important characteristic of those exercising greater control. In this respect, those who drank to excess appeared less able (or motivated) to learn from their experiences and to establish a clear set of intentions.

"I know when I've had enough because I stop, in fact I just have three and that's that" (Pair, Home, Mix, 40-55, Rural deprived)

"It's when you get to a certain point you think, I shouldnae have, I should have stopped at that, 'cause you take one and then you're on a downer. Where you can get jolly for the first four drinks and then the

fifth one would have hit you different” (Pair, Home, Mix, 18-30, Rural deprived)

It was also apparent that some drinkers or drinkers on some occasions were less inclined to consider imposing limits on their drinking, for example at weekends or when celebrating a special occasion. Instead they were more likely to adopt strategies to extend their drinking and to ameliorate the negative effects of alcohol by, for example, diluting or pacing their drinking with non-alcoholic drinks, and drinking water to avoid dehydration.

“I’ll maybe, like, stop in the nightclub and I know, maybe, me and [name]’ll half a bottle or something like that ... and then we just move on to, like, water or a fizzy drink or whatever and then come back to it” (Pair, Home, Mix, 18-30, Rural deprived)

Some drinkers, particularly younger less experienced drinkers, also referred to the importance of ‘lining the stomach’ with milk or fatty foods to reduce the chances of sickness and vomiting, while older drinkers reported switching from pints to shorts to avoid the effects of bloating, or becoming ‘bagged up’, and to enable them to continue to drink.

Taking a break from drinking was also highlighted as a means of controlling drinking patterns and was more often observed amongst drinkers living in the affluent communities where there was greater social and economic opportunity and drinking was less entrenched. Temporary abstinence was normally triggered by specific events and negative consequences of alcohol such as suffering after a particularly heavy drinking session or falling behind at work or college, and could range from a few days to a number of weeks of abstinence.

“It is when you wake up the next day and you know you are quite serious, because your kidneys are killing you. You feel like someone is taking something inside you” (Group, Customer, Females, est 18-30, Rural affluent)

“Maybe it comes up when suddenly you’ve got a busy period at work, and you think ... there’s maybe going to be a morning on the one day when I’m not as sharp as I want to be, so let’s just miss it out for a month and let’s get through this busy period” (Pair, Customer, Mix, est 31-59, Rural affluent)

“When we had a dissertation to hand in, that sort of thing. We had a pact that we wouldn’t drink for three weeks. So we didn’t touch a drink for three weeks” (Pair, Home, Males, 18-30, Urban affluent)

Some younger drinkers also described periods in their lives where they simply grew bored with getting drunk and sought new social opportunities and experiences. In some cases this involved a shift in emphasis away from getting drunk or ‘hammered’ to more moderate social drinking.

“There’s a lot of us that go off, ‘This week I’m not drinking any more’, ‘I’m not drinking, I’m on the wagon for a month’, and that kind of stuff, so I think we all kind of dip in and out, and a lot of us will go on the wagon for a bit” (Group, Customer, Mix, est 18-40, Urban affluent)

In some instances temporary abstinence from drinking was externally imposed as a result of illness or work and safety requirements, for example working off-shore or at sea on ‘dry ships’.

5.3.2 *Understanding and application of recommended drinking limits*

The research also examined drinkers’ awareness, knowledge and attitudes towards the recommended weekly and daily drinking limits and use of alcohol units as a means of controlling consumption. In general there was very little evidence of drinkers using units to control their drinking levels.

Though familiar with the idea of using units to establish safe drinking limits, there was a lack of awareness of both the detail of recommended drinking limits and how to apply them. Whilst many were aware that there were recommendations for weekly consumption and that these varied for men and women, few were aware at what level these were set or of specific single day recommendations. Similarly, uncertainty as to the unit values relating to different alcoholic drinks and measures meant few were able to calculate their weekly consumption. Drinkers who varied what they drank and drank to excess found it particularly difficult to assess their intake using units. Some commented on further difficulties because of varying strengths within drink types, reflecting the trend for increased product strength such as premium beers and stronger wines.

“I cannae understand it, how many units. If they says to me, if you say to me, if you’re drinking Beastie you can have three glasses, that would be fair enough, but all these units, I cannae understand it” (1-1, Home, Female, 40-55, Rural deprived)

“Those recommendations were set out when wine was not as strong as it is now” (Pair, Home, Mix, 40-55, Rural affluent).

There was also some awareness of the need to avoid focused or binge drinking (i.e. not to drink the recommended weekly limit in one or two drinking sessions), but to pace drinking across the week and to include some alcohol-free days. Whilst there was broad support for the idea of giving the body a rest from heavy drinking sessions, some drinkers found it difficult accepting the idea of alcohol-free days.

As previously indicated, experience or how one felt was the primary means by which drinkers controlled their consumption. There was little mention of using units as a method of control. The main exception was in relation to drink-driving, where some equated units with the amounts of alcohol one can consume before exceeding the legal driving limit.

“You’re not thinking of your limits when you’re drinking. You’re just drinking to drink and have a laugh but no, I don’t think of it and I don’t

think other people realise. I think maybe people that drive know their limits more than anybody else” (1-1, Home, Female, 18-30, Urban deprived)

Significantly, in spite of being unfamiliar with the detail of recommended drinking limits, many drinkers were aware, or at least assumed, that they regularly exceeded these limits. Whilst the reasons for this apparent inconsistency were not always clear, there was some suggestion that health practitioners have an important role in raising awareness and shaping peoples’ attitudes towards the use of limits to regulate drinking. In many cases drinkers’ actual consumption exceeded the recommended weekly limits by such an extent (sometimes by as much as a factor of three or four: Section 4) that they simply dismissed the levels set as unreasonable and unworkable.

“They [GPs] always mention it to you.”

“And they always know you’re lying ...”

“They are out of touch because it’s the ... they are talking about is just a nonsense.”

“They recommend that I can now take twenty units a week, which is...”

“How many pints is that? Ten pints a week? A week? I spill more than that!” (Group, Customer, Males, est 31-59, Rural affluent)

“So technically speaking they’re saying that probably the majority of us, men, women in that age bracket have got a problem...”

“Drinking too much every night.”

“... if they’re saying ... We’re drinking to excess.”

“Yes, that’s it, excess of drinking because it’s unhealthy for you, isn’t it?”

Int: How do you feel about that?

“It’s quite shocking, me [laughing] ... because I was led to believe that a pint of lager was two units and a half was one” (Group, Home, Males, 18-30, Rural deprived)

Others challenged the recommended drinking limits on their failure to take account of physiological diversity, often in an attempt to reconcile the advice with what they regularly consumed.

“You cannae advise how many units you can drink. Everybody’s body’s designed differently” (Group, Home, Males, 40-55, Urban deprived)

A similar pattern of response was also observed with drinkers who were *unaware* that their consumption exceeded the recommended drinking limits. When presented with the evidence from their drinking diaries which calculated the aggregated number of units consumed in the previous seven days (Section 4) most initially expressed surprise and in some instances shock, and a small minority indicating they would review their drinking. However, on closer consideration the majority tended to question the reliability of the results, dismissing them as inaccurate or unrepresentative of their ‘normal’ consumption.

“Oh, that’s quite scary when you put it like that” (1-1, Home, Female, 40-55, Rural deprived)

“It’s, when you put it, look at it in the cold light of that, yes, it’s fairly surprising ...”

“Uh huh. And we feel all right and we eat, we eat properly. I think I would say that’s not a typical week” (Pair, Customer, Mix, est 60+, Rural affluent)

Given the practical and psychological barriers to employing recommended drinking limits as a means of controlling intake, drinkers generally favoured the more nebulous concept of ‘moderation’ or ‘not overdoing it’. This more subjective means of assessment gave drinkers greater scope to define drinking limits in their own terms and to accommodate their preferred drinking style.

“I think a little bit of everything is a good thing as long as it’s not abused” (Pair, Home, Mix, 65+, Urban affluent)

It was noticeable that for some drinkers, particularly younger binge drinkers, following recommended daily drinking limits would be inconsistent with their intentions of getting drunk and having a good time. In these situations certain practical constraints such as running out of money or having to stop due to closing time were more likely to govern consumption, or as one young drinker said when asked about safe drinking limits: “My personal limit’s when the pub shuts!” (1-1, Staff (P&W), Male, est 18-30, Rural deprived)

These findings taken together with the earlier findings describing how drinkers assess and monitor their behaviour, would suggest that recommended drinking limits do provide drinkers with a means of gauging how their consumption relates to the idea of healthy drinking levels. However, they are less useful as a tool for controlling intake as part of an individual drinking session where drinking behaviour is governed by the body’s response and how the drinker feels. As they currently stand, the recommended drinking limits can act as a trigger for some to take stock and potentially modify drinking intentions, as indicated in the interview experience. However, for many heavy drinkers the recommended weekly and daily limits were seen to be set at much too low a level. Drinking within these limits was regarded as unattainable and as a consequence they were widely rejected.

5.3.3 *The role of publicans and bar workers*

This section examines the role played by publicans and bar workers in promoting sensible drinking in local neighbourhood pubs.

Broadly speaking, two roles were observed in relation to the management of heavy or problem drinkers, a policing role and welfare role. Where a customer or group of customers became disruptive as a consequence of drinking, bar staff generally acted to protect individual customers from the risk of injury and abuse and to maintain the social equilibrium of the bar by ejecting the ‘troublemakers’ from the premises, and in some instances denying them future access, or ‘barring’ them. Among heavy or problem drinkers whose behaviour did not present a threat to the bar and its

customers, bar staff often assumed a welfare role. This might involve refusing to sell them further drink if they feared they were at risk of injuring themselves or might be unable to make their way home.

“You’ve got a rapport with the people so it’s just, ‘Know what, Andrew, you’re not getting any more, it’s time to get up the road’” (1-1, Staff (P&W), Female, est 31-59, Urban deprived)

In some instances bar staff established close relations with regular customers who used the community bar as their main meeting place and means of socialising. This relationship was more often observed in the disadvantaged communities with older male drinkers, or retired customers living on their own. Such drinkers were sometimes afforded a special status in the bar with bar staff assuming a paternalistic role, arranging taxis to get them home at the end of the evening, making sure they were properly fed, passing on messages and in some instances calling them if they had not been seen in the bar for a few days.

“We do pies and beans, or I go over and I buy them a pizza, because some of them are just heavy drinkers. Some of them don’t feed themselves and that worries me because I’m selling them drink and I know they’re going up that road without anything to eat” (1-1, Staff (P&W), Female, est 31-59, Urban deprived)

Some bars relied on these customers for business survival, and many offered them special rates such as five pence off a pint and a whisky. Interestingly, while the general welfare of these customers was a priority for bar staff, few considered the long-term impact of their drinking behaviour on health. When asked, responses to this issue were mixed. Some expressed feelings of guilt recognising that their livelihoods depended on such customers, while others took the position that these issues were not their responsibility or area of expertise, arguing that customers were safer in their local bar where they could be looked after than at home drinking on their own, or that they would simply take their custom elsewhere.

Only one incident of bar staff actively intervening to deny a customer access to alcohol on the grounds of problem drinking was reported. This took place in one of the bars in the rural affluent community, where family members of the individual concerned made a direct plea to the staff not to serve him. Whilst staff were uncomfortable with the idea of singling out the customer and challenging him on the basis of having a drink problem (rather than being overtly intoxicated) they did comply.

Some of the publicans and bar workers in the more affluent communities discouraged what they regarded as problem drinkers, or the type of drinker who was likely to pester customers or to fall asleep in the premises. However, other publicans might themselves be heavy drinkers who often drank with regulars in the bar. In this situation advising publicans to consider the health implications for their customers could directly affect their social status and friendship networks. This highlights the difficulties this group might have in identifying problem drinkers and taking action.

6. What factors influence drinking?

Summary

- It was widely recognised that the real cost of alcohol in Scotland had fallen substantially in recent years and this was regarded as a major reason for the increase in alcohol consumption.
- Alcohol was seen to be widely and easily available. Cheaper and accessible off-sales were seen to contribute to increased home drinking, which was seen as less controlled and more risky than in pubs.
- Promotional offers were thought to be widespread and were regarded as a cause for concern, particularly because of their perceived contribution to underage drinking.
- There was widespread acceptance that drinking in general, and heavy drinking and drunkenness in particular, were integral parts of Scottish culture.
- Work and unemployment were regarded as both drivers and regulators of alcohol consumption.
- Life stage also had a strong influence on drinking behaviours with the onset of parenthood and childcare responsibilities contributing to a reduction in consumption and later freedom from childcare contributing to increased consumption.
- It was widely recognised that the portrayal of drinking was pervasive in the media through TV soaps and dramas and informational coverage via news, documentaries and health promotion. This created conflicting messages with the normality of frequent drinking contrasting sharply with specific and sometimes exaggerated harms.
- Smoke-free legislation made home drinking more likely for some from disadvantaged areas, but also made pubs more attractive for other drinkers and for some activities.
- Knowledge of potential health damage of heavy drinking was not regarded as personally relevant and rarely affected levels of consumption. Perceived health benefits of alcohol were readily cited.
- Drugs were widely available in all areas and parallels were drawn between drinking and drug cultures.

This section examines a range of influences on drinking behaviours, encompassing: cost, availability and promotion; cultural, social, work and life stage influences; media coverage; and health and related drug use issues.

6.1 Accessibility: cost, availability and promotion

Cost, availability, product choice and promotion were clearly seen to influence consumption levels and drinking locations.

6.1.1 Cost

The real price of alcohol in Scotland was widely recognised as having decreased substantially in recent years, and this was regarded as a major influence on increased consumption and drinking locations. In parallel, there was also a feeling

that people, particularly young people, have more disposable income with which to purchase alcohol. Awareness of the increased affordability of alcohol was evident across all socioeconomic groups and ages, not just those who were less well off. For example affluent respondents commented on the importance of sourcing wine at bargain prices. Many respondents seemed to have a pre-determined budget in mind and would buy to that limit, irrespective of amount.

“Well, think about it. Beer is cheaper noo than it was in 1970 'cause see the wage rises that have went up ... Aye, if you compare it. You've got mair money, so actual beer is cheaper. Actual drink is cheaper”
(Pair, Customer, Males, est 31-59, Urban deprived)

A marked price differential between on- and off-sales was also observed, with widespread recognition of off-sales promotions, particularly in supermarkets, for example 'buy one get one free' or 'three bottles of wine for £10' offers. These were seen as incentives to purchase larger amounts of alcohol. Many respondents said that they would be more likely to buy brands of alcohol that were being promoted in this way.

The discrepancy between off-trade and on-trade prices also appeared to have an important influence on *where* people drank, and was a major influence on drinking at home rather than the pub. Drinking cheaper products at home in a less controlled environment may in turn lead to an increase in overall consumption (Section 3.5). Cost factors were also recognised when differentiating between pubs characteristics, especially relevant for students and in urban areas where choice was greater.

“Again, it's doon tae having money. Aye. If it's the end of the month and it's pay day for everybody then everybody's oot, but you get to the last week before everybody's paid and everybody's sitting, like, just sitting in the house getting a drink 'cause it's the cheapest option”
(Group, Home, Females, 18-30, Urban deprived)

The cost of home drinking was further reduced by informal but well embedded structures for sharing costs between friends. This was most notable in disadvantaged areas where alcohol purchase for a session would be shared or rotated depending on who had funds. In more affluent areas, 'bringing a bottle' had a similar function.

“Like everybody gets their giros on different days so if you bought the cans that night, your friend [gets them another night]” (Group, Home, Males, 18-30, Rural deprived)

In pubs overt promotions were limited, although there was some selective lowering of prices in response to increased competition from other local outlets, especially in city centres and some pub chains. Some respondents in the bar trade felt that this approach to alcohol pricing was irresponsible, and likely to lead to more chaotic drinking. While promotional deals were limited in pubs, some respondents commented on other approaches that encouraged increased alcohol intake, for example larger wine glasses, selling wine by the bottle and generally increased strength of beers and wine.

“I think there’s so many pubs in the city centre and stuff that are fighting to survive that their prices are so low. Pubs in town you can have 50 pence a vodka and stuff like that. I just think that kind of thing is a bit ridiculous ... You’re only going to get people coming in wanting to really get out of their heads on it” (1-1, Staff (P&W), Male, 18-30, Urban affluent)

“I think the pubs encourage you to do that, because often I have gone to get say a glass of wine, and the waitress will say, ‘It is cheaper by the bottle’, so I will say, ‘OK, get a bottle’” (Group, Home, Females, 40-55, Urban affluent)

Some proprietors and bar staff expressed concerns about the cost of alcohol in off-sales and felt this was affecting on-trade sales and profits through increased home drinking. Concerns were also expressed about the knock-on negative effect on perceptions of drinking, given the perceived increase in problem behaviour fuelled by cheap alcohol.

“Tesco’s are selling beer at a price we just can’t. There is no doubt that has an effect ... People will just stay in the house and spend a tenner on a case of beer and stay in for a couple of nights and get themselves pissed, rather than coming out and spending a tenner buying them and their mate a few pints” (1-1, Staff (P&W), Male, 31-59, Rural affluent)

6.1.2 *Availability and choice*

In addition to falling price, the common perception among consumers and bar staff was that alcohol was more widely and easily available in both on- and off-trade, with many feeling saturation had been reached especially in city centres. It was also felt that there are a growing number of product types, including stronger beers and wines and products likely to appeal to young people.

“There’s mair pubs aboot noo than when I was attending, there’s more off-licences aboot noo, ‘cause nooadays any corner shop can sell alcohol if they get a license where before they couldnae. You either had to have a proper off licence or be a part of a pub. You couldnae go into a corner shop and get half a dozen cans and a bottle of whisky, but you can dae that anywhere now” (1-1, Staff (P&W), Male, est 31-59, Urban affluent)

Local corner shops were seen to be offering cheap deals and other incentives as well as supermarkets. These were of particularly relevance to less affluent respondents, who were less inclined to bulk buy in advance of a drinking session and were more limited in ability to get to supermarkets.

“It’s too readily available. I mean, you’ve got supermarkets, you’ve got corner shops, you’ve got ...” (Pair, Customer, Males, est 31-59, Urban deprived)

Contraband alcohol also increased availability for a few respondents in the urban deprived community. Whilst not markedly cheaper, alcohol was available at all hours.

6.1.3 *Promotion: advertising and sponsorship*

Alcohol promotion in the form of advertising and sponsorship, particularly on television, emerged as a prominent theme. Some believed that advertising glamorised drinking and made it look cool, and a few raised concerns about promotion to young people.

“Yes, the adverts make it like it’s cool to drink. I mean some of the best adverts on the telly are drink adverts” (Group, Home, Females, 40-55, Rural deprived)

Sponsorship by alcohol brands was also mentioned, particularly in relation to football, but respondents held differing views on the potential effect of sponsorship on drinking choices and consumption levels. Some respondents voiced concerns about children wearing sponsors’ strips (Section 7.3).

6.2 **National and societal influences**

There was a widespread acceptance that drinking in all its forms was an integral part of the Scottish culture and this appeared to be a strong underlying influence on attitudes and approaches to drinking. The ‘folk’ view was that Scottish drinking cultures were characterised by a norm of ‘heavy drinking’ and drunkenness, in spite of the broad range of drinking behaviours and settings identified. Both positives and negatives were perceived, with the social benefits of drinking being set against the perceived tendency for associated violence, aggression or anti-social behaviour:

“I think the drinking culture in Scotland is one of the best. They’re incredibly sociable in Britain generally. I think compared to a lot of places, generally in Europe, incredibly open, very sociable, meet brand new people, whatever. But it brings out the worst in people a lot of the time because you walk down ... [name] Street at three o’clock in the morning it’s just one of the worst places ever ... It’s disgusting, the whole street, it’s really obnoxious” (Group, Customer, Mix, est 18-40, Urban affluent)

Respondents from all socioeconomic backgrounds frequently made reference to the notion that meeting up with friends involved alcohol consumption.

“[Friend] actually said to me yesterday, ‘We need to catch up’, and said, ‘knowing us it will involve a drink’. That is so true, because if you are going to catch up with a friend you will be at a pub” (Group, Customer, Females, est 18-30, Rural affluent)

Interestingly, respondents often spontaneously contrasted the heavy drinking culture in Scotland (where drinking to get drunk was perceived to be the norm) with a more relaxed ‘café culture’ in Europe where drinking was seen to be more integrated into daily life. This was largely drawn from personal experiences of travelling abroad.

“I do believe there’s a real mentality difference here. You just look across the board; the Italians, French and Spanish, wine’s such a big part of their culture, and you never see them really as having a drinking problem ... If you go to a club in Spain, and you go there at two o’clock in the morning, you’re staying up all night, and people aren’t getting smashed; they’re sitting round drinking wine” (Pair, Home, Males, 18-30, Urban affluent)

“Like in France they drink wine ... When they’re 10 year old they drink wine at the table with their mum and dad because you’re not told it’s a bad thing then. You’re brought up knowing that there’s a time and a place for drinking” (Group, Home, Males, 18-30, Rural deprived)

In addition to broader societal norms, Scottish drinking was seen to be moderated by family and peers. Parental influence and experiences whilst growing up were thought to influence drinking behaviours. Many respondents felt that the way they were socialised into drinking by their parents helped them form a healthy attitude towards alcohol, more notably in affluent areas. Older respondents in particular also described the impact of parental discipline on their drinking behaviours, making them more likely to behave ‘correctly’ when they were young. This was often contrasted unfavourably with perceptions of current poor parental discipline.

“I think I had a better view on drinking from being given a small glass of wine a young age, rather than suddenly going to parties and having six glasses of Super” (Group, Customer, Mix, est 18-40, Urban affluent)

The impact of having grown up in a household where there were drinking problems was recognised although opinions varied on the outcome. Some felt that such children would be more likely to go on to develop problematic attitudes towards alcohol and be problem drinkers. Others felt that it would result in abstinence or drinking very occasionally⁴.

“If the kid comes from an environment where the father and that gets drunk two or three times a week, obviously that’s going to rub off on the youngsters” (Pair, Home, Mix, 40-55, Rural deprived)

“Her [partner’s] dad was an alcoholic. It sounds terrible but it’s not as bad as it sounds ... Very much so, against alcohol. And her older brother Alan is probably in the early stage of being like his dad and the younger brother Jim is the same as [partner]” (1-1, Home, Male, 40-55, Urban deprived)

Social interaction and behaviours among peers were also identified as having a strong influence on consumption norms. Whilst many described this in shorthand as ‘peer pressure’ especially when commenting on young people starting to drink, it was also recognised that this was part of a ‘pull’ of wishing to join in and be part of a

⁴ By definition all respondents were drinkers thus not abstainers’ although family members may have been abstainers.

group as much as a 'push' to drink. Peer influences may be stronger in deprived and rural areas where there were felt to be fewer alternative ways to spend their time or circumstances limited the options. The influence of peers could, however, also provide positive alternatives to drinking. For instance young adults interested in sports or other activities such as cars or computer games might not spend as much time drinking.

"So they've actually nowhere to go. There's nothing to do except go to the boozery or go to a licensed grocer to get drink" (Pair, Customer, Males, est 31-59, Urban deprived)

"Don't get me wrong, I enjoy a good drink myself, but it's good to have other interests and things that you enjoy doing, but it depends on who you hung about with at school and if you end up interested in sport at that age ... If you don't get interested in something else then you have the potential to be a drinker" (1-1, Staff (P&W), Female, est 31-59, Urban affluent)

6.3 Work and unemployment

Work and unemployment emerged as key regulators of alcohol consumption. Work was both a barrier and a driver for alcohol consumption. Respondents in employment tended to structure their consumption levels in relation to work responsibilities, drinking less during the week and more as the weekend neared and during the weekend. Bar staff and other workers who worked irregular patterns (weekend work, shift work, or contract work with periods of time off) tended to have different times of focused drinking, with 'weekend' as a term for leisure time, not necessarily defined by the day of the week.

"Just a glass or two per evening but at the weekends we'd maybe have a bottle or so, but during the week when we've got work, it's just a couple of glasses" (Group, Home, Females, 18-30, Rural affluent)

"I work Thursday right through to Sunday and this is my weekend off, just the way it works in and I'll come in here about eleven o'clock if I'm lucky" (Pair, Customer, Males, est 31-59, Urban deprived)

Alcohol was widely seen as providing temporary relief from the pressures and stresses of work and for some drinking after work was routine and in some ways a reward. However, there was recognition that this drinking behaviour, in the pub at least, was mediated by a number of factors that also reflected life stage developments (Section 6.4). The distinction between work and drinking was less clear in some contexts, most notably in pub environments, where staff and sometimes proprietors would drink in their place of work. It was also apparent that in some work settings, drinking was expected as part of interaction with colleagues and clients, or might be associated with being away from home and staying in hotels in relation to work.

"That's maybe a drink culture, it's become a format that you've finished work on a Friday and you've earned your couple of pints, and I don't

see anything wrong with that either” (1-1, Staff (P&W), Male, est 31-59, Rural affluent)

“You have got to watch yourself as well in a pub environment. If you have a couple of drinks after work, before you know it you think, bloody hell ... if I was in different job I wouldn't be doing that. It just creeps up on you at times” (1-1, Staff (P&W), Female, est 31-59, Urban affluent)

“That was part of the [company] culture, drink all night if you want but be up for 8 o'clock in the morning. It was a Dutch company and that was the kind of ethos play hard but work hard and as I say I used to play hard” (1-1, Home, Male, 40-55, Rural affluent)

In contrast, lack of employment meant an absence of overt barriers and constraints. Whilst income was reduced, cheap alcohol meant cost was not a barrier. In addition, lack of employment or secure employment often had a negative impact on psychological wellbeing, and contributed to boredom and often reduction in social contacts to which drinking and going to the pub could provide an antidote. Those in less rewarding work were less inclined to be concerned about missing work because of heavy drinking than those living in more affluent communities (Section 5.1.2).

“They've got mair time to dae it. So during the day they've got nothing tae dae with theirsself and all that, so they're out during the day drinking all the time ... It's a temptation because you're unemployed; it's there in front of you then because of that, nothing to do. Same with drugs” (Group, Home, Males, 40-55, Urban deprived)

6.4 Life stages

Respondents of all ages remarked on ways their drinking had changed over the years reflecting differing life stages and changes in aspects of their lives. Factors identified included: moving from education to work, increasing work responsibilities and retirement; changes in family-related responsibilities such as caring for young children, coping with teenagers and family leaving home; related changes in financial responsibilities; and increased physical effects from drinking with age. This was recognised even among the youngest respondents who saw themselves as having 'moved on' from initial, often more chaotic, drinking patterns in their teens.

“See like I did most of it when I was younger, when I was 15, 16, it was when you were still at school ... Get a three litre bottle of cider and it was down the [name] park, drinking, getting absolutely legless, but I'm not really into that now. Sometimes it is just a social drink apart from Friday night” (Group, Home, Females, 18-30, Rural affluent)

A common perception was that when people grew older they tended to drink less and drink for enjoyment rather than to get drunk, especially moving from more hedonistic 'youth drinking' to more structured patterns. However, respondents in the 40-55 year old age group often described drinking patterns and styles which resulted in high overall consumption levels, although less likely to be linked to overt drunkenness (Sections 3 and 4). Drinking more at this stage was felt to reflect a

number of factors, such as relaxation of childcare responsibilities, adoption of daily drinking with meals, increased disposable income and reduced costs of alcohol. In particular, female respondents from both affluent and deprived areas identified freedom from childcare and to some extent from early marriages as an opportunity to have 'fun' in general, including drinking more.

"I should have my wild years now."

"Absolutely. Before you had your family and that, responsibilities, you could not go out drinking, because you would be up during the night. But our families are all grown up now, so you do not have to" (Group, Home, Females, 40-55, Urban affluent)

"I think because maybe money wise and the opportunity is there now, and well, there's nobody to tell you you've not to do it. But I think that's got a lot to do with it, the easy access and especially kind of like round about our ages, because we tend to have had our bairns younger and then all our bairns are up now, and then you're only 40 and, God, we can go out and have a life now!" (Group, Home, Females, 40-55, Rural deprived)

Some retired respondents also felt they were drinking more now that they had fewer family and work responsibilities, although some of those in the oldest age band still felt a need to control their drinking, seeing these temptations as "a slippery slope". It was also recognised that growing older could result in a reduced ability to handle heavier drinking with some less willing to risk hangovers and other ill-effects the next day.

"Well, since I retired, possibly I'm drinking more. Before I had work to contend with and I had something to do" (1-1, Home, Female, 65+, Urban deprived)

Variations in drinking companions and settings were also associated with life stages. Often people would drink with crowds of friends when they were younger but as they grew older they reported being more likely to report drinking with their partner or a few close friends. Similarly many were more likely to drink at home than in pubs (Section 3.1).

"Probably one of the things as well, you don't play for a football team anymore so you don't see the same people anymore, you see them now and again. As you grow up you can see you become an old fuddy duddy" (1-1, Home, Male, 40-55, Urban deprived)

Clearly life stage changes differ for individuals and people do not follow parallel patterns. For example, having a baby when peers continue to be childfree can mean marked differences in behaviour.

"I drink more at home with friends, because most of the people that I know that I used to drink with they've not got kids so they're still out doing the same thing and that's too hard for me to do that financially and because of my son" (1-1, Home, Female, 18-30, Urban deprived)

Some middle-aged and older respondents contrasted images of binge drinking and related anti-social behaviours among today's young people with their own youth drinking, which was seen to have been more sensible. Perceived influences included greater responsibilities such as work, but also the more limited range of products. Older females also commented that when they started drinking it was unacceptable for a woman to get drunk.

"When I was 18, 19 and we went out, but we all had jobs where you had to get up the next day ... Yes you went out and had a good laugh but you didn't need to be paralytic to do it. There wasn't alcopops and stuff like that then and even shorts, there wasn't really that much then. I'd go out and I would drink half ciders. Half shandies, half ciders" (1-1, Staff (P&W), Female, est 31-59, Rural affluent)

6.5 Coverage in the media

Portrayal of alcohol and drinking in many TV dramas, in particular in 'soaps', was recognised across all sample groups. Some were critical of what was seen as a pervasive portrayal of frequent and excessive drinking, with particular concerns about children's exposure to these programmes and challenges for parental supervision.

"There'll always be some reference to drink if you watch a film or something or you watch a programme, Coronation Street pub which is the Rovers, and I've come in and it's been on and they're always sitting in a pub. I don't think that should be on the television" (Pair, Home, Mix, 65+, Rural deprived)

"They've got their TV to listen to [children] and what are they showing on the TV all the time? They are showing sex, doing drugs, they're showing alcohol and they're showing smoking; they are showing it all ... The child's got a TV in their room ... They watch all kinds of shows and there is no kind of possible recourse to know to what your child is being exposed" (1-1, Home, Male, 18-30, Urban affluent)

There was also widespread awareness of news and documentary media coverage of aspects such as the dangers of excessive drinking both in terms of crime and disorder and health harms. However, there was a tendency for mixed messages to be identified from this range of media routes with the normality of drinking in TV dramas compared with concerns raised in more factual reporting. Furthermore apparently conflicting evidence or what were interpreted as exaggerations of risks seemed to cause confusion or to simply lead some to ignore or distance themselves from the advice provided.

"But you read contradictory reports saying alcohol is good for you, one drink a day and then you shouldn't use it at all so you just ignore it all" (Pair, Home, Mix, 65+, Urban affluent)

6.6 Legislation prohibiting smoking in public places

Recent legislation prohibiting smoking in public places was recognised to have had a considerable impact on drinking behaviours in pubs. Amongst non-smokers, many felt more willing to visit pubs now that there was a clearer atmosphere. In addition there was a perception that it had helped many to quit smoking.

“The smoking ban has made a big difference. It is fantastic. I had completely stopped going to pubs because I hate it. Fantastic. It is brilliant” (Group, Home, Females, 40-55, Urban affluent)

However, there were also a number of respondents who were less supportive of the smoking ban. In particular, it was felt to have disrupted the social life of pubs and clubs, with smokers now having to smoke outside.

“But personally I prefer a pub when there was smoking, maybe other friends are smoking. It sometimes breaks it up, they have to go outside and you change the conversation, it changes” (Group, Home, Females, 40-55, Urban affluent)

The legislation was also felt to have further encouraged drinking in the home, a pattern of drinking already supported through availability of cheaper alcohol through the off-trade (Section 3.2).

“If you’re a smoker and you go to the pub, you’re standing outside in the cold smoking and you don’t enjoy it. Mmm, so what’s the point of being there? You’re better sitting in the house” (Group, Home, Females, 40-55, Rural deprived)

Many of the proprietors, managers and bar workers had strong opinions on the influence of the smoking ban on people’s drinking. In the urban affluent areas, particularly in pubs that served food, many were fairly positive about the smoking ban. However, there tended to be less support of the legislation in deprived areas where it was blamed for fewer customers and a drop-off in sales.

“Since the smoking ban’s come in, in the winter it’s affected the pub heavily, drinking wise, because as I say they go into the supermarkets ... everybody’s trolley’s stacked with cases of beer. You know, they said obviously they’re going to have drinks in the house before they go out ... I think that’s the most important issue just now, is the smoking ban coming in” (1-1, Staff (P&W), Male, est 31-59, Rural deprived)

6.7 Health aspects

Concerns about the physical health consequences of heavy drinking were rarely raised in the context of ‘drinking problems’, nationally or personally. Whilst potential long-term health harms from drinking were recognised, at least in general terms, especially liver damage, they appeared to be distant from ‘the problem’. Instead, study participants focused on wider social impacts such as drunkenness, disorder

and violence and the effects on work and immediate family or children. At a personal level as well, potential future health harms tended not to be related to and did not appear to influence consumption. Where health concerns were mentioned, these typically related to immediate and short-term effects such as coping with a hangover or being sick which were not considered to be serious.

Some respondents had personal experience of medical conditions that may have been affected by drinking or were potentially a result of drinking. However, they also tended to distance themselves from making a connection. Perhaps this was unsurprising since they were continuing to drink or had resumed drinking, after a 'warning' episode, as illustrated by the following respondent who reported drinking around 40 units in the previous week spread across every day in spite of having had a recent heart attack.

"I had a small heart attack about a month ago. I've been told not to binge drink but I do find that I haven't been binge drinking in the past"
(Pair, Home, Males, 40-55, Urban affluent)

Respondents who were most likely to have altered their drinking seemed to be people who had experienced or witnessed health harms among others.

"Two people I have worked with have died from alcohol-related illness. They were probably both late forties, one was in her fifties. They died; you knew when you looked at them that they were ill. So I think it is a very sobering thought. They were, alcohol was their life, so it was every day" (Group, Home, Females, 40-55, Urban affluent)

Those working in bars also seemed to be aware of the health harms associated with alcohol, but tended not to consider this in relation to their regular customers (Section 5.3.3).

In contrast, respondents were inclined to identify more readily with health *benefits* from drinking, a notion to which many were sympathetic and receptive, albeit associated with particular types of drink. It is worth noting that individuals often made such claims in a defensive manner when challenged to consider the potential negative impact of drinking on personal health. The most frequently made connection was that drinking wine could be beneficial, in particular the commonly recalled claim reported in the media that red wine taken in moderation could be good for the heart. This was reported across all ages although reports suggest benefits for those in middle years and over. The other main health connection was that drinking Guinness or Irish Stout was 'good for you'. Unlike wine, the links with health appeared to reflect family mythologies with accounts of elderly relatives who had consumed the product for medicinal reasons.

"They reckon the odd glass of wine a day is good for you, that's what they reckon. Yes, in moderation" (Group, Home, Males, 18-30, Rural deprived)

"Now you see Dr X of whom we are very fond, who is a man that writes in The Times, says a glass of red wine every day is good for your heart" (Pair, Home, Mix, 65+, Rural affluent)

6.8 Drug cultures

Finally, the issue of drugs emerged as an underlying theme, although it was not explored in all interviews. There was a general feeling that drugs were “*everywhere*” and “*more available than it’s ever been*”. Taking drugs was associated mainly with youth and young people. Some respondents reported intermittently using drugs, or had done so in the past when younger. Such individuals were more likely to draw distinctions between different types of drugs; drugs that allowed you to ‘chill out’ or relax, such as cannabis, were distinguished from ‘heavy’ and addictive drugs such as heroin, with the latter more negatively perceived. It was evident that drugs could be part of a ‘good night out’ in conjunction with drinking, for example having a joint (cannabis) at the end of a night to aid sleep. Alternative experiences of mixing alcohol with drugs concurrently were more likely to be associated with wilder behaviour, including violence and aggression and a small minority acknowledged chaotic intake in this way. Drugs could also be seen as an alternative leisure choice to alcohol having similar benefits of relaxation and sociability and the costs were seen to be similar or lower than alcohol. A few respondents in the rural deprived area (young men and a parent) suggested this made some drugs a preferable choice to alcohol which might be more likely to generate aggression.

“Yes, you wouldn’t feel right going out for a drink without taking drugs so it’s, they come part and parcel these days”

“...because you’ve gone for things, you’re not thinking straight so you’ve more chance of trying it [substances] when you’re drunk, you know what I mean?” (Group, Home, Males, 18-30, Rural deprived)

“I think it’s the drugs mix that’s the problem ... I think they go to the pub to get drunk and then they discover drugs and then they go for a drink to buy the drugs, I think that’s the way it works” (1-1, Customer, Male, est 31-59, Urban affluent)

“Cause cannabis has a calming effect, eh. Buckfast makes them hyperactive and loud. Whereas if they smoked a joint, they’re chilled out. They dinnae want to go and fight ... I’d love it if baith mine [sons] smoked that than drank Buckfast” (1-1, Home, Female, 40-55, Rural deprived)

Drugs issues were identified in relation to pub management across all areas. Managers and staff reported taking a firm stance against using drugs on the premises, with constant vigilance and use of deterrent measures, such as covering toilet cisterns with oil. Whilst it was felt users could be identified by appearance, drugs taken before or in between pub visits remained a problem.

“We wouldn’t serve anybody that we thought was under the influence or anything like that or had taken anything like that but it’s quite common in any pub ... you know at the back of toilet cisterns and stuff like that, on the top of them, they’re all kind of a bit powdery” (1-1, Staff (P&W), Male, 18-30, Urban affluent)

7. What are responses to potential interventions?

Summary

- There was some pessimism about the likelihood of resolving Scotland's alcohol problems.
- There was some support for increasing prices in off-sales alcohol outlets. Support was lower or rarer for increasing on-sale prices, which were already thought to be expensive.
- There was also some support for reducing outlet density.
- There was strong support for reducing access to alcohol for underage drinkers by stricter enforcement of existing regulations. Some also backed increasing the minimum purchase age.
- There was some support for the tighter regulation of product marketing activities, particularly sports sponsorship and product development where these were thought to be targeted at young people and children.
- It was widely believed that school-based alcohol education and mass media communications could be improved.
- Product health warnings and labelling schemes were regarded as having only limited impact on consumption. In particular, unit guides were seen as irrelevant.
- Many were content with current drink driving regulations. However, some favoured a zero tolerance approach or the use of Autolock devices.
- Knowledge of support and treatment services was limited. Individual anecdotes suggested poor access and service quality issues.
- There was recognition of the need for cultural change as a foundation for changing drinking behaviour and reducing alcohol consumption.

This final section explores people's attitudes towards different approaches to reducing alcohol consumption, and their value and relevance. Several intervention areas have been proposed to reduce alcohol-related harm, as highlighted in the rapid review of drinking cultures accompanying the primary research (Gordon, Heim, MacAskill *et al.*, 2008) and by Babor and colleagues (2003). Those addressed here include: increasing the price of alcohol, reducing availability, regulation of alcohol marketing, alcohol education and mass media, health warnings and product information, drink driving restrictions, external support and treatment, and cultural change. Responses complement areas addressed in the previous section identifying influences on drinking.

It should be noted, however, that the opinions outlined in this section were largely a result of interviewer prompting. The topic of potential interventions was raised near the end of an extensive qualitative interview that mainly focused on behaviours and attitudes towards drinking *per se*. It was also apparent that many respondents had a fatalistic opinion that alcohol problems were inevitable in the Scottish culture. However, respondents did spontaneously offer their thoughts on some areas for potential intervention, and particularly strong feelings were expressed in relation to young people and discipline.

7.1 Increasing price

Increases in consumption and irresponsible drinking were largely attributed to the marked fall in alcohol prices, especially in the off-trade (Section 6.1.1). Thus there was support in principle for increasing prices, particularly in the off-trade. However, some respondents doubted its effectiveness as a deterrent, especially in relation to heavy drinkers, with many feeling they would find a way to absorb the costs (as with smokers who continue after tax rises). Taxation was seen as the main approach to raising prices, but many also commented on the irresponsibility of supermarkets and some pub chains in offering cheap alcohol, and by implication felt that these outlets should have an active part to play in reducing the trend, suggesting additional support for minimum pricing.

“You’d need to make it drastically more expensive to change, to make any changes. I think if they made it a bit more expensive people will still drink the same amount. I don’t think it would have that much of an influence on those people” (1-1, Customer, Male, est 18-30, Urban affluent)

However, there was lack of support for increasing prices in pub and club, where prices were already thought to be high. Increasing costs of alcohol in pubs without addressing price differentials in the off-trade at the same time was thought likely to cause even more people to drink at home, in turn often linked to less controlled drinking behaviour (Section 3.1). However, on-trade promotions such as ‘happy hours’ were thought to trigger more irresponsible drinking and consequently there was relatively greater receptivity to these being phased out.

“Much as it would break my heart [to change] but the worst thing is probably this happy hours” (Pair, Home, Females, 40-55, Urban deprived)

7.2 Modifying access

There was a general acceptance that alcohol was now too widely available in many communities, and that this was contributing to alcohol problems (Section 6.1.2). In particular, supermarkets selling alcohol were seen to make it easy to purchase alcohol as part of the household shopping, but local licensed shops were also mentioned in this context, especially in more deprived areas. There was therefore a relatively favourable response to reducing the number of outlets.

“I would cut back the number of off-licences. No’ everywhere should be allowed, no’ every corner shop should be allowed to sell alcohol ... Even the big supermarkets shouldnae be allowed to sell ‘cause when you go round, that’s just bulk buying, basically, ‘cause you only go in for a couple of things and come oot with a basket ... So you don’t saturate it, sort of thing” (1-1, Staff (P&W), Male, est 31-59, Urban affluent)

There was widespread support for further measures to control the availability of alcohol including tougher penalties for sales to minors and to adults purchasing

alcohol on their behalf. Such sales were felt to be commonplace and responses reflected identification of youth drinking as a major element of 'problem drinking'. There was also some support for an increase in the legal drinking age to 21 years, as perceived to be the case in North America, although some questioned its effectiveness.

"If they catch a shopkeeper selling drink to under age, take their licence away from them and never ever give them a licence again"
(Pair, Home, Mix, 40-55, Rural deprived)

"I don't know if that would work because most 16 and 17 year olds, I know they drink anyway. They manage to get their hands on it, so I don't know how raising it to 21 would have a real influence on that" (1-1, Customer, Male, est 18-30, Urban affluent)

Bans on happy hours and other short-term promotions were supported as these were seen to help reduce excessive drinking in the on-trade, although some raised concerns about possible knock-on effects on home drinking.

"Yes, they couldn't do promotions anymore, so the drinks came to a more average price, if you know what I mean? They're still cheaper than normal pubs, but they couldn't have these ridiculous cheap drinks. So binge drinking has gone down, but then people just get more lathered at home, I think" (Pair, Home, Males, 18-30, Urban affluent)

Many respondents were aware of current debates around opening hours, in particular 24 hour licensing introduced in a restricted form in England. There was a consensus across the sample that current opening hours in Scotland were appropriate, especially as there are options for specific extensions. Older respondents recognised improvements since the earlier days of ten o'clock closing. A minority felt that moving further to modified 24 hour opening would bring benefits from more staggered closing times. However, overall, it was thought that additional extensions of opening hours would increase consumption, send the wrong message and lead to increased health harms.

"I think the way the licensing laws are, are fine. I don't see the need to be honest with you, the pubs need to be open 24 hours a day, I think that is asking for trouble I think ... Folk can apply for extended licences for anything they needed, for functions and anything like that" (1-1, Staff (P&W), Male, est 31-59, Rural affluent)

Many of the areas of concern identified above relate to alcohol licensing issues. However, there was low awareness of, and engagement with, licensing among most respondents including many of those working in the trade. For example, over the interview period in 2007, few respondents were aware of the new Licensing Act that is due to come into force in 2009. There would appear to be considerable scope for increasing awareness of national and local licensing regulations and their potential impact on drinking behaviours, for example, promoting opportunities for the public to make representations about local outlets and to have an input through Local Licensing Forums. Whilst a few examples of community interventions were given,

such as local pub watch schemes, support was felt to be variable, and there was potential to improve the relationship between bar owners and workers and the licensing authorities and the police which seemed to be generally relatively distant.

“I’ve just had our first pubwatch meeting in the town, which I’ve initiated since I’ve come here, with other licensees. You just speak to other licensees and at certain towns I know if you are barred from one pub then you are barred from others” (1-1, Staff (P&W), Male, 31-59, Rural affluent)

7.3 Regulations on alcohol marketing

It was felt there was a need for stronger controls on wider alcohol marketing, such as advertising and new products designed to target young people. Several respondents felt especially strongly about banning sports sponsorship, in particular football shirts with alcohol brands on them which could be worn by young children.

“The companies can get to them. Phones, internet and ... like Sky television music channels. If they done their advertising on them, they’d probably get through to them, yes. I think it does, I think alcohol advertising has an effect. I would have regulations on alcohol advertising” (Group, Home, Females, 40-55, Rural deprived)

“The one for Strongbow, you know, the arrow goes through the table and all this carry on, you know. I mean, that is an advert for drink. But banning it, I don’t know if it would help” (Pair, Home, Mix, 65+, Urban deprived)

“I don’t think there should be any marketing for alcohol or cigarettes. You know sponsorship in front of, you’ve got kids at, fae two and three with an alcohol sponsor right across their front” (Pair, Home, Mix, 18-30, Urban deprived)

7.4 Education and mass media

Improved alcohol education also emerged as an important theme, especially in schools,⁵ with a focus on young girls reflecting the perceived increase in female drinking and related problems. Respondents’ own experiences were of very limited school-based education about drinking.

“I think there should be more education yes, young girls in particular who go pub crawling and you see the state that they’re in, I mean it’s just absolutely appalling and I can’t see how anybody finds a drunk woman attractive” (1-1, Home, Female, 65+, Rural affluent)

⁵ Note: Babor, Caetano, Cassell *et al.* (2003) in their analysis of strategies concluded that schools and college education and public services messages about limiting drinking and warning labels were not effective approaches for sustained influence on drinking behaviours, although they may have increased knowledge and changed attitudes.

“Well, when I was at school, drink wasn’t much in school. It wasn’t. It was just basically drugs, and well, obviously we all had to do sex education ... It was just basically drugs” (1-1, Home, Male, 18-30, Rural deprived)

Awareness of health promotion messages via TV and other mass media was relatively high and as such contributed to awareness of and concerns about some drinking behaviours. However, respondents questioned their effectiveness in changing behaviour.

“I’ll tell you another one that I think would influence, I’d hope it would influence people, is when you see that advert when the guy crashes the car, and they’re sitting at the bar and they’re drinking pints. That’s a horrible one” (Pair, Home, Mix, 65+, Urban deprived)

7.5 Health warnings and information on products

Awareness of product ‘health warnings’ on labels was low although a minority of respondents did recognise this approach. Awareness of unit content on product labels was also limited. Doubts were expressed regarding the effectiveness of giving warnings or unit information in this way as a means of encouraging moderation. Respondents made comparisons with warnings on cigarette packets, claiming these were often ignored as people become ‘immune’ to them and so were ineffective. There was also a perceived risk that unit content could be used to select products according to strength to enhance intoxication. In considering effectiveness, it should be remembered that sensible drinking strategies, where applied, did not incorporate counting units (Section 5.3.2) and there was limited understanding of recommended drinking limits. Thus unit information on its own is unlikely to be understood and therefore unlikely to have a significant impact on drinking behaviour.

“I don’t think that would help much, no. I don’t know, ‘This will get you drunk’? I don’t know. Something maybe like on the cigarette ones, it could gradually make some difference, but I wouldn’t have thought you’re going to get significant. ... In Australia, I think they’ve got the big horrible pictures of peoples’ lungs and peoples’ teeth, and people missing arms and things like that. And it does work, you just think, ‘whoah’. If you have the equivalent on bottles, maybe, for alcohol, it might have a big impact” (Pair, Home, Males, 18-30, Urban affluent)

7.6 Drink driving restrictions

Few respondents expressed a need for changes to drink driving legislation or related interventions. Some advocated a zero tolerance policy on drink driving but others thought that it was acceptable to drink and then drive as long as you knew your limits. There was also some mention of the value of Alcohol Ignition Interlock Devices (AIID or Autolock) by a few respondents who had encountered these while abroad.

“I don’t think anybody would say anything about a total ban on drinking and driving, like a total, any alcohol whatsoever on your breath you’re

going to get done. I don't think anybody would complain about it, nah" (Group, Home, Males, 40-55, Urban deprived)

"How much they can take, well that all depends on your body mass and metabolism but I would kind of draw the limit at a couple of beers within a space of say an hour and still drive but know that I was close to the limit. For me anyway two pints is a threshold for drink driving" (1-1, Home, Male, 40-55, Rural affluent)

7.7 External support and treatment in modifying behaviour

Awareness of the nature of specialist support with a drink problem was generally low, with most assuming this could be accessed through a GP or "going to the doctor". Most specialist support was associated with Alcoholics Anonymous (AA), but again there was little specific knowledge of this form of treatment and low expectations of its effectiveness.

"I know there is Alcohol Anonymous, AA meetings ... but I don't actually know when or where, but I do know there's AA meetings. Other than that, I don't actually know anywhere people go" (1-1, Home, Female, 18-30, Rural affluent)

There was some awareness that GPs frequently asked their patients about their drinking behaviours and how much they drink, through routine screening or raising the issue opportunistically. GPs' questions and subsequent recommendations about consumption were thought to be likely triggers for abstinence or reduction in alcohol intake. This lends some support for the acceptability of brief intervention in general practice.

"You know that when you go to the doctor's for a check up these days they ask you how many units of alcohol" (Group, Home, Females, 18-30, Rural affluent)

"No' unless I got an illness or anything. That would stop me. If a doctor told me, 'If you dinnae stop, you die', I would stop then" (1-1, Customer, Male, est 31-59, Rural deprived)

A small number of respondents who recognised that they had a drink problem had sought help and advice, but reported experiences and willingness to engage with recommended specialist services had been somewhat negative. There was also a belief that availability of specialist support was patchy.

"... I went to him [GP] and said, 'Look I'm drinking too much', and he asked me how many I was drinking a day, and I told him ... and he wanted me to go to Alcoholics Anonymous, and I wouldn't do it. I couldn't sit in a group" (1-1, Customer, Male, est 31-59, Rural affluent)

"I went tae my doctor and ... I went to a place that was called [Clinic name] ... and I walked in and I had a guy trying to sell me Valium and I had this other guy trying to tap me money so he could buy heroin, you

know, so it put me right aff automatically ... I don't want tae dae it. I don't want to live like this, but there isn't enough support oot there for everybody, you know. I think what they're doing now is they're putting drug addicts and alcoholics thegither" (Pair, Home, Mix, 18-30, Urban deprived)

"The waiting lists are like two and three years, there's people dying before they can get help..."

"Yes, there's people afraid to come forward because they know the help is not there."

"Your cousin is an example, he's got five kids, bringing them up on his own. He's an alcoholic and the doctors have basically told him they will not help him until he makes the effort but he's an alcoholic so he cannot just come off it" (Group, Home, Males, 18-30, Rural deprived)

Most references to treatment services came from respondents from disadvantaged areas. In contrast, those in affluent areas who had recognised signs of problem drinking were more likely to report being able to make changes independently. This reflects social and employment influences identified above (Sections 6.2 and 6.3).

7.8 Cultural change

The embedded nature of Scottish drinking cultures, especially drinking to excess, often emerged spontaneously with many respondents identifying a need for change, drawing comparisons with more continental styles of drinking. A common theme was that many alcohol-related problems were seen to be generated by binge drinking amongst young people and related crime and disorder and violence. Many respondents believed lack of discipline contributed to these problems and a frequently cited solution was to instil more responsible behaviour through varied approaches such as tougher discipline in schools, national service and improved parental control. These views were particularly strong in disadvantaged areas. A minority advocated increasing positive activity choices for young people.

"I think the whole lot is lack of discipline now. It's went since they stopped the belt in school ... when we went to school, you didnae talk back to your teacher. If you spoke back to the teacher, you got the belt" (Pair, Customer, Males, est 31-59, Urban deprived)

"There's nothing in this area for teenagers to stop them drinking, [community centre is] never open. It's open during the day for single parents, it's open for functions but there's nothing at night for the kids to do" (1-1, Home, Female, 18-30, Urban deprived)

However, despite recognising the need for a change in the culture of excess, most respondents were fatalistic and felt unsure about how this might be achieved. Whilst alcohol was seen as a key component of Scottish culture respondents were unable to suggest how it could be altered. Nevertheless, the widespread recognition of Scotland's excessive drinking culture and related problems suggests some acceptance of measures aimed at shifting these entrenched drinking patterns.

“So I think it needs to be a different change of attitudes from a young age, saying that drink, it’s good in moderation; you don’t have to go out with your friends and get absolutely ..., there’s other ways to enjoy yourself, you know?” (1-1, Staff (P&W), Female, est 31-59, Urban affluent)

“It is ridiculous, it is our culture that is at fault and I don’t know what you can do about that” (Pair, Home, Mix, 65+, Rural affluent)

8. Conclusions, implications and recommendations

This qualitative study was designed to improve our understanding of drinking behaviours and different drinking cultures in Scotland. It is intended that the findings will contribute to the further development of a Scottish strategy to reduce alcohol-related harm.

Respondents were recruited from four study areas in Scotland (urban affluent, urban deprived, rural affluent and rural deprived). They reported drinking in the home and/or were 'regulars' in selected local pubs (two per area) or were employed in pubs (and were typically also regular drinkers). Among those recruited as the home sample, half were recruited as 'moderate' drinkers, i.e. having drunk between half and the total of current recommended weekly drinking limits in the week preceding recruitment, with the other half recruited as 'heavy' drinkers, i.e. drinking above recommended limits. There were no limits on consumption experience among the bar sample (customers and staff).

8.1 Conclusions

- **Drinking is an integral part of Scottish culture, but there is considerable variation in individual consumption styles and drinking behaviours. An image of a single Scottish drinking culture is an oversimplification.**

Alcohol plays an important role in the social fabric of Scotland. Drinking is an everyday activity, as well as a central feature of special occasions. To speak of a single Scottish drinking culture is an oversimplification, however. Whilst broad consumption typologies can be established, individual respondents tended to engage in a variety of drinking behaviours that integrated both home and public settings and social and individual behaviours. Drinking was also associated with a range of activities, especially watching football.

Home drinking, socially or alone, was common, notably amongst women and more affluent middle-aged respondents who tended to drink daily, especially wine with meals. Pub drinking was also experienced in most groups, especially among males in deprived areas. Drinking in more than one location (home and elsewhere) was usual on a 'night out', especially among young people who would typically preload in the home, followed by sessions in pubs and clubs, often concluding with after parties at home.

- **High levels of alcohol consumption were common across all socioeconomic groups. Consumption patterns varied, with more focused drinking among more deprived groups and younger people.**

Alcohol consumption was high among a large proportion of the sample, despite specifically aiming to include moderate drinkers. Around half (47%) of the sub-sample completing a drinking diary reported consuming *twice or more* than the recommended weekly drinking limits and nearly three-quarters (74%) reported at least one episode of 'binge drinking' in the last week i.e. at least twice the recommended daily limits. These high consumption levels were observed across a range of communities and age groups although patterns varied. Affluent middle-aged drinkers tended to spread their drinking evenly over the course of the week. In

contrast, younger drinkers and those from deprived study communities tended to focus their week's drinking on fewer days. The detailed drinking diaries suggest that 'self-report' surveys significantly under-estimate individual consumption and our findings appear more consistent with consumption levels suggested by sales data.

- **High levels of consumption were not regarded as problematic by individual drinkers.**

Across the board there was little concern about the long-term health consequences of alcohol-related harm even among individuals drinking at levels potentially harmful to health. Health concerns were rarely given as a reason for reported changes in drinking behaviour.

- **Many positive aspects of drinking were identified.**

Drinking alcohol was associated with many positive attributes such as being a relaxant or a reward, acting as a social lubricant and being an integral part of shared experiences. Additional aesthetic elements were recognised by middle class drinkers in particular as contributing to the pleasure of drinking.

- **Negative associations with drinking tended to focus on drunkenness and public disorder, typically associated with young people's drinking, and on longer term 'problem drinking' and 'addiction'.**

Concerns about drinking 'problems' in Scotland focused on under-age binge drinking and drink-related public disorder. However, views about personal drunkenness varied according to age and social background. Younger drinkers and those from deprived backgrounds often regarded getting drunk as central to 'a good night out', while older affluent drinkers were more likely to disassociate themselves from this type of drinking behaviour. 'Problem' drinking was seen as broader than drunkenness *per se* and was related to behavioural cues and negative impacts on everyday life rather than levels of alcohol consumed. It tended to be viewed in terms of losing control over alcohol consumption, alcoholism and associated negative stereotypes.

- **Individuals distanced their own drinking from perceptions of 'problem drinking'.**

The construction of drinking problems as primarily youth bingeing, crime and public disorder or alcoholism allowed respondents to distance themselves from 'drinking problems'. Thus whilst individual consumption was often at potentially risky levels, this was rarely seen as problematic. The absence of short-term ill-effects associated with affluent drinking styles meant these were rarely regarded as causing concern, even though high and frequently excessive weekly consumption was often the norm.

- **External influences relating to price, availability and other marketing activities, including sponsorship, were widely recognised and seen to influence consumption.**

Respondents from all backgrounds consistently reported that alcohol was highly affordable and widely available, particularly in the off-trade. These were identified as strong drivers of increased consumption which was of general concern. Aggressive pricing by supermarkets, in particular, and by some pubs was seen to account for this. In addition, cheaper off-sales were seen to contribute to increased home drinking, which was seen as less controlled and more risky than in pubs. This

potentially lends support to increasing cost and reducing availability of alcohol through off-licence outlets, although on-sales were already perceived as expensive. Additional marketing activities such as promotions, development of new products and some forms of sports sponsorship, in particular through football, also caused concern as encouraging irresponsible drinking, particularly among younger drinkers. Trends to encourage increased intake were also recognised, for example through larger wine glasses in pubs and increased strength of some beers and wines.

- **Socioeconomic factors and changing life stages were seen to influence consumption patterns.**

Work and unemployment were seen to have an important impact on drinking behaviours. Respondents in employment from all backgrounds focused their drinking on non-working periods and routinely moderated their consumption in order to fulfil work or study commitments. In contrast, being unemployed or in temporary work was associated with lower levels of control. In affluent communities, greater social opportunity and more structured life and work patterns, were related to less problematic consumption patterns, and could make it easier to break free if drinking behaviours were becoming problematic. In contrast, heavy drinkers in more deprived communities demonstrated more entrenched drinking patterns with drinking often a central and enduring feature of life where few alternatives were envisaged.

Broader life stage factors were also influential. Respondents tended to report more hedonistic drinking styles in their teens and twenties. Reduction in alcohol consumption was associated with increased responsibilities linked to having children and increased work demands, as much as age *per se*. 'Empty nesters' in their 40s and 50s, however, displayed behaviours that resulted in high overall consumption across socioeconomic groups, reflecting reduced childcare responsibilities and increased disposable income.

- **Approaches to controlling personal consumption and perceptions of 'sensible' drinking were apparent but were not related to recommended weekly or daily drinking limits or to health concerns.**

Strategies to moderate drinking were common and perceived as 'sensible'. These were learned, based on individual's own experience and understanding of their own limits, rather than taking into account recommended drinking limits. Examples of moderated drinking behaviour included: drinking less during the working week; having drink-free 'detox' or abstinence periods; 'slowing down' towards the end of an individual session; or 'pacing' using soft drinks. Motivation for controlling alcohol consumption was focused on avoiding the immediate negative consequences of drunkenness, such as hangovers and being sick, or in response to work and life stage factors already highlighted. Consideration of longer-term health effects was negligible, with understanding limited and ambivalent.

- **Recommended weekly and daily drinking limits were seen as irrelevant and understanding of how to calculate unit consumption was extremely low.**

Whilst there was awareness of the concept of recommended weekly and daily drinking limits, they were not part of drinking styles and there was considerable uncertainty about how to calculate intake. Many heavy drinkers assumed that they drank well in excess of recommended limits but would typically dismiss them as an unattainable ideal. Despite these shortcomings, guidance on limits may enable some

drinkers to gauge how their consumption relates to healthy 'normal' drinking levels. The interview experience suggests that for a minority, personal triggers to consider these limits may lead to a reassessment of their drinking behaviour.

- **Publicans and bar workers were able to identify problem drinkers but generally only intervened to deal with disruptive behaviour.**

Publicans and bar workers frequently reported being able to identify customers who had drink problems. However, they generally only intervened where the customer's drinking behaviour posed an immediate threat to other customers or to the social equilibrium of the bar. Indeed, staff observed that 'problem' drinkers tended to avoid causing disruption as continued drinking in the pub served important social functions for them. Publicans were generally supportive of initiatives to minimise effects of binge drinking and street violence, but there was a reluctance to engage in addressing problems associated with dependence. This resistance was due, in part, to the social norms and expectations of the customer-worker relationship and a dependence on heavy drinkers for business success. In addition, publicans may have been heavy drinkers themselves, and customers could form part of their friendship network.

- **There were indications of receptiveness to cultural changes.**

There was widespread acceptance that drinking in general, and heavy drinking and drunkenness in particular, were integral parts of Scottish culture. Continental styles of drinking were widely recognised and seen as a healthier alternative with less intoxication and a desirable way of socialising children and young people into drinking. However, in practice this style of drinking often resulted in high consumption levels, especially amongst more affluent, middle-aged groups drinking on a daily basis, especially with meals.

- **Areas for further research.**

Whilst much has been learned about drinking in Scotland from this and other studies, the findings point towards a need for further research to examine the reasons for the high levels of consumption recorded amongst some middle-aged 'empty nesters', with, for example, wine drinking accounting for high unit consumption amongst some affluent drinkers. There is also a need to further explore issues around reporting of drinking behaviours to enable more accurate recording and tracking of changes in consumption at a national level.

8.2 Implications and recommendations

This study identified a large group of adult drinkers who regularly drink above recommended weekly and daily drinking limits, but who neither experience immediate adverse effects to a level that triggers behaviour modification, nor anticipate experiencing any harm in the future. Many feel distant from those regarded as 'the problem', namely young binge drinkers and older problem drinkers showing signs of dependency. This is a sizeable group rather than a small minority, but it receives little attention because of the focus on more visible problems such as public drunkenness and alcohol-related public disorder issues.

There is a need to reframe drinking at both a population and an individual level in a way that brings this group into the spotlight and enables them to associate their own

drinking behaviour with potential health risks and other negative social impacts. In particular, there is a need to raise awareness about the damaging health effects of habitual and regular drinking not just for dependent drinkers. Highlighting wider impacts on ‘everyone’ from consistently high drinking consumption levels is also important, such as family welfare, community concerns and productivity. This would encourage engagement from wider perspectives.

Reframing people’s understanding and perceptions of ‘problem drinking’ requires a move away from usual dysfunctional images of the behaviour of ‘the alcoholic’ or ‘the young binge drinker’ to the behaviour of someone who is much closer to home and leading a ‘normal’ life: in other words, *‘someone like you and someone like me’*. It also requires approaches which help people to recognise that the damage caused by alcohol is happening in the ‘here and now’. Such an approach needs to encourage a personal connection and responsibility for drinking and ultimately to encourage *‘everyone to drink less and to drink less often’*.

Changing drinking cultures in Scotland will take time and requires a holistic, multi-faceted strategy utilising a range of policies and interventions, implemented both at a national and local level. Based on our research and the accompanying literature review we have developed ten recommendations for action. They fall into two categories – those intended to support change at a population level and those intended to support individual change.

Population level policies and interventions to support change

- Implement policies that increase the price and reduce the availability of alcohol
- Challenge the advertising, sponsorship and broader marketing strategies of the alcohol beverage industry and retailers
- Develop the role of publicans and the licensed trade in controlling levels of alcohol consumption
- Work with the press and media to reframe the issue of drinking
- Develop upstream socioeconomic approaches to enhance positive options.

Promote safer individual drinking behaviours

- Challenge cultural drinking norms, using mass media for example, in order to develop a social environment that is supportive of sensible drinking
- Challenge current definitions of ‘problem drinking’ and encourage consideration of personal drinking styles
- Develop messages that build on existing personal strategies for sensible drinking
- Develop simpler ways for individuals to monitor their alcohol consumption
- Maximise interpersonal opportunities to trigger consideration of drinking behaviours.

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APPENDICES

APPENDIX 1

Topic Guide Example (Section 3.1)

Drinking Cultures: Home Drinkers Topic Guide

These interviews are intended to explore respondents' own drinking patterns in a range of situations, and the ways in which people use alcohol, with attention to both its positive and negative impact on behaviours, and its relationship with peoples' perceptions of problematic and non-problematic drinking. Through these connections we will probe their perceptions of drinking patterns and cultures with a particular focus on the home, but also with reference to drinking at other social/domestic functions and licensed premises. Relevant topics will include lifestyles, the nature of community and the role played by drinking. It is intended that these analyses will provide useful insights into respondents' personal attitudes and values regarding drinking. In addition, it will provide opportunities to explore attitudes towards manipulation of drinking behaviours through changes to policy and practice, enforcement, marketing and education. It is also intended that the analysis will help reveal typologies of drinking styles and explore how these equate with perceptions of problem and non-problem drinking (e.g. differences in terms of what you drink, how much you drink, who you drink with and where and when you drink). This information will also reveal gender and other socio-demographic differences.

Emphases and prompts will vary depending on the type of interview, with individual and paired interviews providing greater opportunity to probe individual drinking patterns and histories and to complete drinking diaries, and the group interviews offering the potential to explore and probe attitudes towards broader social influences.

Introduce and explain purpose of the study, nature of discussion, voice recorder. Offer opportunities to ask questions and obtain consent.

The sequence of topics described below is not intended to provide a rigid structure for the interviews but rather to act as a check list of key topic areas to be covered. We need to recognise that an individual's behaviours are likely to vary across a range of situations.

A1: Establish situations when likely to drink at home (your own home)

Possible probes

- How often do you tend to drink at home? (probe: say in the last week / month?).
- What sort of situations might involve having a drink? Explore 'routinised', day-to-day drinking, after work, before bed; with meal (routine or special meal); linked with an episode, e.g. watching TV – sport, DVD etc; drinking on a special occasion, e.g. family celebration, birthday etc; response to bad news / negative event: romantic night in?
- How much is drinking at home likely to be planned or spontaneous?

- Do you have friends or family round for a drink – probe: who, how often, just for a drink or other reasons, e.g. a meal, watching TV, celebration?
- Do you have friends who do not drink? What happens when you are with them? Do they ever comment on you (or others) drinking?
- How often do you drink at home on your own – in what kind of situations, how often, what would you have, how much?
- Do you think most of your friends drink in the same way or more or less – amounts, frequency, drink types?

A2: Explore consumption patterns and volumes consumed in home situations – relate to different situations already described.

Possible probes:

- Normal drinks consumed - What kind of drinks?
- How much would you usually have at a time?
- Other drinks consumed: how often would you vary your drinks - when?
- Would you ever drink combinations? Would you ever have a soft / non-alcoholic drink during an episode of drinking – if yes, when?
- What kinds of things affect what and how much you drink? Possible probes: time of day, day of week, work considerations, family responsibilities, type of occasion, transport arrangements, influence of others, and promotional offers at off-sales. Also cost, potency, image.
- Where do you normally purchase your drinks, e.g. personal purchase - supermarket, local off-licence chain, local general store; e.g. delivered - mail order, drink club, internet (including supermarket ordering); e.g. travel abroad to stock up.
- What influences choice – cost, choice available, offers, quality, carriage and storage?
- Who purchases drink in the home?
- Do you usually have drink options available in the house or buy in for each occasion?

A3: Explore other settings for socialising and drinking – other people’s homes, social functions, outside drinking etc. Also licensed premises, pubs, restaurants etc.

A1-A2 focused specifically upon socialising and drinking in respondents’ own home. The aim of this section is to obtain a fuller picture of the respondents’ social life and the extent to and ways in which alcohol consumption occurs (i.e. when, where and who with?) and the nature and source of alcohol consumed with particular reference to the on-trade drinking and their relative value (what do you drink, how much, where purchased?)

Possible probes:

- Where else do you usually spend time with friends and/or family? How often do you usually go out socially each week? Where do you go? With friends/partner? How often is that?
- Do you usually drink when you go out? Do your friends drink as well?
- What about when you are visiting friends in their home? Do you drink then? Is it something that ever causes difficulties between you and your non-drinking friends/family? Probe for who visits, number of visits, frequency of visits.

- Do you drink in other domestic situations, e.g. visit friends' homes, other non-licensed venues, outdoors (e.g. picnics etc)?
- As with A1 and A2, explore situations / occasions, who with, consumption patterns and volumes.
- Would you take drink with you to someone else's house (carry-out) or drink what is provided? What, how much, influence on choices.
- What about going to cafes and restaurants? How often do you do that? Do you ever go to cafes or restaurants that don't allow drinking? Why would that be?
- Are there other places in your community where you regularly spend time (e.g. lunch club, bingo)? Do you usually drink in those places?
- How about pubs, do you go to pubs and clubs? Explore which ones and why those ones.
- How does your drinking in the pub compare with drinking at home with friends etc? By that I mean compare in terms of: How often you drink? What you drink? How much you drink? Which do you prefer?
- Do you ever drink in more than one place in a session? Explore where and types of drinking (what, how much) in each place, e.g. house to house; pre-loading at home before going to pub/club; chilling after drinking out. What benefits, e.g. cost, sharing.
- Do you mix with other substances, where, what – relative benefits of alcohol vs. other substances?
- Have your drinking patterns changed at all in terms of where you drink and who you drink with? What's the main reason for these changes? – life-stage (change in personal circumstances family commitments etc), cost and availability of alcohol, changes in choice of drinking outlets, regulatory impacts (smoking ban, drink driving enforcement etc).
- Do you think the way people in general drink has changed over the years? In what way – amounts, types, locations, extent of drunkenness etc. Perceived influences, e.g. changing influence of family / community, marketing and choice, availability and relative costs.

A4: Awareness and attitudes towards sensible drinking limits, and relationship with own drinking styles and patterns

The purpose of this section is to focus in on the more sensitive area of problem drinking, by first of all developing an understanding of what constitutes problem drinking in the respondents' own terms, and how this relates to both their own drinking behaviour and official recommendations regarding sensible drinking limits and strategies for minimising risks associated with drinking.

Possible probes:

- What are the benefits / good things about drinking?
- Would you say there are any down-sides to drinking? What do you see as the more negative aspects of drinking (relate to own behaviour where appropriate)? What in your view constitutes problem drinking? Can you give me some examples / what might be the tell-tale signs of someone who has a

problem with their drinking? Probe perceptions of immediate risks of drinking too much at one time vs. longer term problems?

- Is getting drunk ever unacceptable? If yes, under what circumstances? (Probe by context: home, pub, street, gender, in presence/charge of kids etc).
- How does that relate to your own drinking? Do you ever find you've had too much to drink? How do you know if you've had too much - what are the tell-tale signs? What circumstances generally account for you having too much? What do you understand by the expression 'too much', or 'over doing it'?
- How do you gauge how much you are drinking? What generally happens when you've had too much? Do you have any strategies for regulating how much you drink / minimising the risks of coming to any harm? (Probe for any differences by gender).
- Have you ever got into trouble/bother as a result of drinking – if yes, what (possible probes: been involved in physical/verbal abuse, been involved with the police).
- Has drinking affected important relationships? Have you ever sought any help or advice to do with your drinking – if yes, what?
- Are you aware of any recommendations regarding sensible limits – what are your feelings about these? What impact if any do they have on your drinking (why-why not)? Do you feel that you generally drink less or more than is recommended?

A5: Explore positives and benefits of drinking

This section is intended to ensure the positives of drinking are explored. Indications may well have emerged already but should be fully explored.

Possible probes:

- What do you 'get out of' drinking? Explore relaxation, social lubricant, focus for social contact etc.
- Is there a particular drink / drinking occasion you most enjoy, e.g. at the end of the day, when with a particular person, preparing for a night out?
- Do you like/enjoy alcoholic drinks in themselves (apart from effects), e.g. taste, quality of drink, e.g. 'good' wine, whisky etc?
- Are there any other advantages of having a drink, e.g. something to do with your hands, topic of conversation, focus of jokes etc?
- Are there any health benefits from drinking that you are aware of?
- If you had to stop drinking, what would you miss, would there be a gap?

A6: Attitudes towards structural approaches to reducing alcohol consumption

Finally, it is expected that A1-A4 will provide numerous opportunities to explore attitudes towards a range of measures to reduce the harm caused by drink. Consequently, many of the issues relevant to this topic may have been covered by this stage. The purpose of this last section is to give respondents an opportunity to reflect on the discussion as a whole and to give voice to what they see as the main social issues linking to drinking cultures and provide a space for respondents to propose possible policy solutions. The section also provides an opportunity to return to and summarise some of the earlier issues raised regarding the topic and is of particular relevance to the focus group interviews.

Possible probes:

- Increasing cost (e.g. alcohol taxation).

- More active enforcement by police (e.g. drink driving, violence and vandalism).
- Managing availability (prohibition Vs liberalisation re. sales hours, legal drinking age and enforcement, granting of licences, outdoor drinking etc).
- Drink drive measures (e.g. reductions in legal drink driving levels from 0.8% BAC to 0.5% BAC under proposed EU Directive, selective discrimination against younger drivers).
- Introducing product health warnings on labels.
- Greater regulation of alcohol advertising.
- Tighter regulation of alcohol content (e.g. 'shooters').
- More strict rules governing point-of-sale price promotions.
- Alcohol education / fostering responsible drinking: promotion of sensible drinking limits, past-times not involving consumption of alcohol, less harmful drinking styles).

APPENDIX 2

Nvivo Sample
(Section 2.3)

The screenshot shows the NVivo software interface with a project named 'ISM Master Drinking Cultures RG.nvp'. The main window displays a 'Tree Nodes' table with the following data:

Name	Sources	References	Created	Modified
ATTITUDES	0	0	15/08/2007 13:15	23/09/2007 23:12
negative aspects	37	78	15/08/2007 13:15	30/09/2007 12:13
care of drunks	17	24	15/08/2007 13:16	29/09/2007 22:17
conceptualising drunkenness	28	47	15/08/2007 13:16	30/09/2007 12:13
conceptualising problem drinking	52	130	15/08/2007 13:16	30/09/2007 12:14
positive aspects of drinking	47	109	15/08/2007 13:15	29/09/2007 22:07
self awareness and drink	40	81	29/08/2007 16:29	29/09/2007 19:38
sensible drinking	44	91	15/08/2007 13:15	29/09/2007 19:37
temporary abstinence	30	54	15/08/2007 13:16	29/09/2007 19:31
BEHAVIOUR	0	0	15/08/2007 13:04	29/09/2007 23:13
additional activities	40	108	15/08/2007 13:07	30/09/2007 12:12
alternative locations	16	18	15/08/2007 13:07	29/09/2007 16:18
buying drink off-trade	52	121	15/08/2007 13:07	29/09/2007 18:39
drink and work	39	85	15/08/2007 13:06	30/09/2007 12:15
bar workers and proprietors	17	28	15/08/2007 13:06	29/09/2007 15:13
drinking in the home	57	225	15/08/2007 13:05	30/09/2007 12:12
eating out and drinking	35	52	15/08/2007 13:07	30/09/2007 12:11
general drink patterns	39	146	15/08/2007 13:08	29/09/2007 19:47
binge drinking	39	85	15/08/2007 13:09	29/09/2007 19:05
general pubs and clubs	59	214	15/08/2007 13:07	30/09/2007 12:12
outdoor drinking	12	19	15/08/2007 13:07	29/09/2007 18:08
COMMUNITIES AND PUBS	41	126	15/08/2007 13:18	30/09/2007 12:13
DRUGS	36	65	15/08/2007 13:18	29/09/2007 23:13
INFLUENCING FACTORS	0	0	15/08/2007 13:11	29/09/2007 23:13
associated risks	29	53	28/09/2007 12:56	29/09/2007 19:53
availability and choice	13	18	15/08/2007 13:07	29/09/2007 18:13
brewers and licensing authorities	18	45	15/08/2007 13:07	29/09/2007 18:55
economic	57	132	15/08/2007 13:07	30/09/2007 12:14
generational life stage	40	97	15/08/2007 13:12	29/09/2007 18:25
attitudes to youth drinking	52	128	15/08/2007 13:14	29/09/2007 22:09
marketing	31	71	15/08/2007 13:07	30/09/2007 12:14
medical	22	32	15/08/2007 13:07	29/09/2007 22:09
smoking ban	38	63	15/08/2007 13:12	30/09/2007 11:51
social influences or norms	57	138	15/08/2007 13:12	29/09/2007 22:07
INTERVENTION	41	102	15/08/2007 13:21	29/09/2007 23:13
MEDIA	21	30	15/08/2007 13:18	29/09/2007 23:13

APPENDIX 3

Additional Tables: Section 4. How much do people say they are drinking?**Appendix Table 1: Mean weekly alcohol consumption, heaviest drinking day consumption and days on which alcohol was consumed as a function of study area and sample group (Standard Deviations in brackets)**

Study community	Sample group	Mean weekly units (SD)	Mean heaviest drinking day consumption in units (SD)	Mean days of alcohol consumption (SD)
Urban Affluent	Home Sample (n=9)	30.76 (14.94)	11.73 (9.01)	5.56 (1.74)
	Customers (n=4)	43.43 (19.43)	16.00 (6.62)	4.50 (1.92)
	Staff (P&W) (n=5)	50.45 (23.70)	23.00 (11.38)	4.80 (0.84)
	Total (n=18)	39.04 (19.57)	15.81 (10.02)	5.11 (1.57)
Urban Deprived	Home Sample (n=7)	47.32 (14.14)	18.71 (15.60)	3.71 (1.60)
	Customers (n=4)	56.50 (45.13)	14.50 (11.21)	4.50 (3.00)
	Staff (P&W) (n=4)	13.05 (7.33)	8.65 (4.66)	2.50 (2.38)
	Total (n=15)	40.63 (39.93)	14.91 (12.42)	3.60 (2.20)
Rural Affluent	Home Sample (n=9)	23.52 (17.36)	6.11 (2.39)	5.22 (1.92)
	Customers (n=5)	45.65 (28.44)	9.42 (4.10)	5.40 (2.30)
	Staff (P&W) (n=6)	35.14 (17.17)	16.79 (9.44)	4.67 (1.37)
	Total (n=20)	32.54 (21.46)	10.14 (7.15)	5.10 (1.80)
Rural Deprived	Home Sample (n=8)	35.00 (12.20)	19.18 (15.28)	4.13 (2.17)
	Customers (n=3)	83.00 (47.90)	40.33 (20.60)	2.67 (0.58)
	Staff (P&W) (n=6)	50.43 (32.26)	22.15 (13.18)	3.83 (2.14)
	Total (n=17)	48.92 (31.51)	23.96 (16.50)	3.76 (1.95)
TOTAL	Home Sample(n=33)	33.33 (24.52)	13.49 (12.19)	4.73 (1.94)
	Customers (n=16)	54.81 (35.02)	18.13 (14.95)	4.44 (2.22)
	Staff (P&W) (n=21)	38.95 (25.79)	18.25 (11.14)	4.05 (1.83)
	Total (n=70)	39.92 (28.48)	15.98 (12.61)	4.46 (1.97)

Appendix Table 2: Home sample: mean weekly alcohol consumption, heaviest drinking day consumption and days on which alcohol was consumed as a function of study area and age (Standard Deviations in brackets)

Study community	Age	Mean weekly units (SD)	Mean heaviest drinking day consumption in units (SD)	Mean days of alcohol consumption (SD)
Urban Affluent	18-30 (n=3)	32.77 (4.15)	21.37 (8.42)	3.33 (0.58)
	40-55 (n=3)	45.93 (8.72)	10.70 (0.35)	7.00 (0.00)
	65+ (n=3)	13.57 (2.08)	3.13 (1.33)	6.33 (0.58)
	Total (n=9)	30.76 (14.94)	11.73 (9.01)	5.56 (1.74)
Urban Deprived	18-30 (n=3)	88.68 (36.10)	34.27 (7.40)	4.33 (2.31)
	40-55 (n=3)	17.33 (6.71)	7.93 (5.95)	3.33 (1.16)
	65+ (n=1)	13.20 (-)	4.40 (-)	3.00 (-)
	Total (n=7)	47.32 (44.14)	18.71 (15.60)	3.71 (1.60)
Rural Affluent	18-30 (n=3)	10.07 (4.50)	5.27 (1.27)	3.33 (2.08)
	40-55 (n=3)	41.97 (19.11)	8.43 (2.94)	6.00 (1.00)
	65+ (n=3)	18.53 (0.67)	4.63 (0.35)	6.33 (1.16)
	Total (n=9)	23.52 (17.36)	6.11 (2.39)	5.22 (1.92)
Rural Deprived	18-30 (n=3)	42.77 (3.49)	34.03 (11.63)	2.00 (1.73)
	40-55 (n=3)	29.43 (18.63)	12.05 (11.28)	5.00 (1.00)
	65+ (n=2)	31.70 (5.23)	7.60 (5.09)	6.00 (1.41)
	Total (n=8)	35.00 (12.20)	19.18 (15.28)	4.13 (2.17)
TOTAL	18-30 (n=12)	43.57 (33.75)	23.73 (14.19)	3.25 (1.77)
	40-55 (n=12)	33.67 (17.00)	9.78 (5.85)	5.33 (1.61)
	65+ (n=9)	19.21 (7.76)	4.77 (2.60)	5.89 (1.36)
	Total (n=33)	33.33 (24.52)	13.49 (12.19)	4.73 (1.94)

Appendix Table 3: Proportion drinking within and above the recommended weekly drinking limits¹ for their gender as a function of study area and sample group (%)

Study community	Sample group	Within recommended limits ¹	Above recommended limits (<x2) ²	Double limits or above ($\geq x2$) ³
Urban Affluent	Home Sample (n=9)	33	44	22
	Customers (n=4)	0	50	50
	Staff (P&W) (n=5)	0	20	80
	Total (n=18)	17	39	44
Urban Deprived	Home Sample (n=7)	29	29	43
	Customers (n=4)	25	0	75
	Staff (P&W) (n=4)	50	50	0
	Total (n=15)	33	27	40
Rural Affluent	Home Sample (n=9)	33	44	22
	Customers (n=5)	20	20	60
	Staff (P&W) (n=6)	33	17	38
	Total (n=20)	30	30	40
Rural Deprived	Home Sample (n=8)	13	38	50
	Customers (n=3)	0	0	100
	Staff (P&W) (n=6)	17	17	67
	Total (n=17)	12	24	65
TOTAL	Home Sample (n=33)	27	39	33
	Customers (n=16)	13	19	69
	Staff (P&W) (n=21)	24	24	52
	Total (n=70)	23	30	47

¹ Men to drink no more than 21 units, women to drink no more than 14 units a week

² Males: 21-41.9 units, females 14-27.9 units

³ Males: 42+ units, females 28+ units

Appendix Table 4: Home sample: proportion drinking within and above the recommended weekly limits¹ for their gender as a function of age and affluent/deprived communities (%)

Study communities	Age	Within recommended limits ¹	Above recommended limits (<x2) ²	Double limits or above (≥x2) ³
Affluent	18-30 (n=6)	33	67	0
	40-55 (n=6)	0	33	67
	65+ (n=6)	67	33	0
	Total (n=18)	33	44	22
Deprived	18-30 (n=6)	0	17	83
	40-55 (n=6)	33	50	17
	65+ (n=3)	33	33	33
	Total (n=15)	20	33	47
TOTAL	18-30 (n=12)	17	42	42
	40-55 (n=12)	17	42	42
	65+ (n=9)	56	33	11
	Total (n=33)	27	39	33

¹ Men to drink no more than 21 units, women to drink no more than 14 units a week

² Males: 21-41.9 units, females 14-27.9 units

³ Males: 42+ units, females 28+ units

Appendix Table 5: Proportion drinking within and above the recommended daily drinking limits for their gender on the heaviest drinking day in the previous week as a function of study area and gender (%)

Study community	Gender	Within recommended limits ¹	Above recommended limits (<x2) ²	Double limits or above (≥x2) ³
Urban Affluent	Male (n=11)	0	9	91
	Female (n=7)	29	0	71
	Total (n=18)	11	6	83
Urban Deprived	Male (n=6)	0	33	67
	Female (n=9)	0	44	56
	Total (n=15)	0	40	60
Rural Affluent	Male (n=10)	10	20	70
	Female (n=10)	0	40	60
	Total (n=20)	5	30	65
Rural Deprived	Male (n=11)	0	0	100
	Female (n=6)	0	33	67
	Total (n=17)	0	12	88
TOTAL	Male (n=38)	3	13	84
	Female (n=32)	6	31	63
	Total (n=70)	4	21	74

¹ Men to drink no more than 3-4 units a day and women to drink no more than 2-3 units in one day

² Males 4-7.9 units, females 3-5.9 units

³ Males 8 or more units, females 6 or more units

Appendix Table 6: Proportion drinking within and above the recommended daily limits for their gender on the heaviest drinking day in the previous week as a function of study area and sample group (%)

Study community	Sample group	Within recommended limits ¹	Above recommended limits (<x2) ²	Double limits or above (≥x2) ³
Urban Affluent	Home Sample (n=9)	22	11	67
	Customers (n=4)	0	0	100
	Staff (P&W) (n=5)	0	0	100
	Total (n=18)	11	6	83
Urban Deprived	Home Sample (n=7)	0	43	57
	Customers (n=4)	0	25	75
	Staff (P&W) (n=4)	0	50	50
	Total (n=15)	0	40	60
Rural Affluent	Home Sample (n=9)	11	44	44
	Customers (n=5)	0	20	80
	Staff (P&W) (n=6)	0	17	83
	Total (n=20)	5	30	65
Rural Deprived	Home Sample (n=8)	0	25	75
	Customers (n=3)	0	0	100
	Staff (P&W) (n=6)	0	0	100
	Total (n=17)	0	12	88
TOTAL	Home Sample (n=33)	9	30	61
	Customers (n=16)	0	13	88
	Staff (P&W) (n=21)	0	14	86
	Total (n=70)	4	21	74

¹ Men to drink no more than 3-4 units a day and women to drink no more than 2-3 units in one day

² Males 4-7.9 units, females 3-5.9 units

³ Males 8 or more units, females 6 or more units

Appendix Table 7: Home sample: proportion drinking within and above the recommended limits on the heaviest day in the previous week for their gender as a function of age and affluent/deprived communities (%)

Study community	Age	Within recommended limits ¹	Above recommended limits (<x2) ²	Double limits or above (≥x2) ³
Affluent	18-30 (n=6)	17	0	83
	40-55 (n=6)	0	17	83
	65+ (n=6)	33	67	0
	Total (n=18)	17	28	56
Deprived	18-30 (n=6)	0	0	100
	40-55 (n=6)	0	50	50
	65+ (n=3)	0	67	33
	Total (n=15)	0	33	67
TOTAL	18-30 (n=12)	8	0	92
	40-55 (n=12)	0	33	67
	65+ (n=9)	22	67	11
	Total (n=33)	9	30	61

¹ Men to drink no more than 3-4 units a day and women to drink no more than 2-3 units in one day

² Males 4-7.9 units, females 3-5.9 units

³ Males 8 or more units, females 6 or more units

Appendix Table 8: Proportion drinking within the recommended¹ maximum number of days of drinking in a week as a function of study area and gender (%)

Study community	Gender	1 or 2 days	3, 4 or 5 days	6 or 7 days
Urban Affluent	Male (n=11)	0	64	36
	Female (n=7)	0	43	57
	Total (n=18)	0	56	44
Urban Deprived	Male (n=6)	33	0	67
	Female (n=9)	33	67	0
	Total (n=15)	33	40	27
Rural Affluent	Male (n=10)	0	50	50
	Female (n=10)	20	50	30
	Total (n=20)	10	50	40
Rural Deprived	Male (n=11)	27	46	27
	Female (n=6)	33	50	17
	Total (n=17)	29	47	24
TOTAL	Male (n=38)	13	45	42
	Female (n=32)	22	53	25
	Total (n=70)	17	49	34

¹ Recommendation is to have at least two alcohol free days

Appendix Table 9: Proportion drinking within the recommended¹ maximum number of days of drinking in a week as a function of study area and sample group (%)

Study community	Sample group	1 or 2 days	3, 4 or 5 days	6 or 7 days
Urban Affluent	Home Sample (n=9)	0	33	67
	Customers (n= 4)	0	75	25
	Staff (P&W) (n=5)	0	75	25
	Total (n=18)	0	56	44
Urban Deprived	Home Sample (n=7)	14	71	14
	Customers (n=4)	25	25	50
	Staff (P&W) (n=4)	75	0	25
	Total (n=15)	33	40	27
Rural Affluent	Home Sample (n=9)	11	44	44
	Customers (n=5)	20	20	60
	Staff (P&W) (n=6)	0	83	17
	Total (n=20)	10	50	40
Rural Deprived	Home Sample (n=8)	25	50	25
	Customers (n=3)	33	67	0
	Staff (P&W) (n=6)	33	33	33
	Total (n=17)	29	47	24
TOTAL	Home Sample (n=33)	12	48	39
	Customers (n=16)	19	44	38
	Staff (P&W) (n=21)	24	52	24
	Total (n=70)	17	49	34

¹ Recommendation is to have at least two alcohol free days

Appendix Table 10: Home sample: proportion drinking within the recommended¹ maximum number of days of drinking in a week as a function of study area and age (%)

Study community	Age	1 or 2 days	3, 4 or 5 days	6 or 7 days
Affluent	18-30 (n=6)	17	83	0
	40-55 (n=6)	0	17	83
	65+ (n=6)	0	17	83
	Total (n=18)	6	39	56
Deprived	18-30 (n=6)	33	50	17
	40-55 (n=6)	17	67	17
	65+ (n=3)	0	67	33
	Total (n=15)	20	60	20
TOTAL	18-30 (n=12)	25	67	8
	40-55 (n=12)	8	42	50
	65+ (n=9)	0	33	67
	Total (n=33)	12	48	39

¹ Recommendation is to have at least two alcohol free days

Appendix Table 11: Respondents recording twice or more units at interview compared with recruitment

ID	Area	Age	Gender	Units at interview	Units at recruit	Ratio interview :recruit	Potential explanations
101	Urban Affluent	40-55	Female	59.9	16	3.5	Daily drinking at interview, only on 3 days at recruitment. Glass of Baileys was 196mls (3.5 units/glass)
102a	Urban Affluent	18-30	Male	36.8	16	2.3	Student working on project at recruitment but finished by interview time
102b	Urban Affluent	18-30	Male	33	16	2.1	Student working on project at recruitment but finished by interview time
106	Urban Affluent	65+	Female	14	7	2.0	Daily drink of whisky 50mls at interview (2 units/glass), recorded as 1 unit at recruitment
202	Urban Deprived	40-55	Male	25	11	2.3	Drinking on same occasions but lower quantity recorded at recruitment
301a	Rural Affluent	40-55	Male	64	32	2.0	Daily beer at interview, only on 2 days at recruitment. Daily glass of wine was 270mls (3.2 units/glass)
406	Rural Deprived	40-55	Female	49.5	19.45	2.5	4 days drinking at interview (including family BBQ), only 1 session at recruitment. 'Big Beastie' is twice size of normal ready to drink (3.8 units)