

Measuring Alcohol Prevalence to Inform Local Strategy: Challenges and Learning

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Overview of presentation

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Study purpose and objectives

- ◆ To inform Objective 5 of Treatment and Care section (CAHRS 2008-11)
- ◆ Study objectives:
 - ◆ Measure prevalence of alcohol consumption
 - ◆ Identify at-risk sub-groups
 - ◆ Explore patterns of alcohol consumption
 - ◆ Identify triggers to drinking esp. amongst higher-risk drinkers: when, where, why, how much?
 - ◆ Ascertain knowledge and understanding of alcohol units and daily allowances/limits

Challenges of measuring alcohol prevalence

- ◆ ‘Socially acceptable behaviour’ and challenges of reporting and measurement
- ◆ Methodological challenges: assumptions, recent developments in alcohol volumes/types, reporting periods (year, week) and different ways of asking the questions
- ◆ Comparative data: problematic to make direct comparisons

Methodology:

1) Household Survey

- ◆ Large-scale, quantitative prevalence data
- ◆ Broadly representative sample of residents aged 16+, including infrequent and non-drinkers (n=2,018)
- ◆ Focused on those residents drinking monthly or more (n=1,073)
- ◆ Contained a sub-group drinking weekly or more (n=799)

Methodology: Household Survey

- ◆ Questions based on validated questions (e.g. from 2006 GHS) tailored to local context
- ◆ Challenge: balancing accurate technical data with survey approaches, and workability for the interviewers
- ◆ Use of showcards and vignette of drink types, sizes and measures
- ◆ Detailed interviewer briefing provided

Methodology: 2) On-street survey

- ◆ On-street survey in City Centre locations, n=102
- ◆ Random sample (not representative)
- ◆ Verification check on household data

Methodology:

3) Alcohol Diaries

- ◆ In-depth qualitative contextual vignettes, to provide insight into drinking occasions (triggers, who, where, why)
- ◆ Incentivised with High Street Gift Voucher
- ◆ 7 day Alcohol Diary completed by 50 residents drinking above weekly thresholds, recruited via Household Survey
- ◆ A5 format for ease of completion
- ◆ Example page, vignette and showcard of drink type, sizes and measures – self-completion required clarity
- ◆ Posted out, collected in person

Key findings: Sub-group drinking weekly or more (40%, n=799)

- ◆ Sub-group is key focus of CAHRS 2008-11
- ◆ 20% of weekly drinkers had an alcohol drink on 5+ days (men 26%, women 14%)
- ◆ Average unit consumption 17.4 units (men 22.2 units, women 12.1 units). Generally decreases with age except for men peaks in 25-34,45-54 and again in 55-64 age group
- ◆ Most common drinks are beer, lager and cider (normal strength, 55%) and wine (40%)
- ◆ 64% had a heaviest drinking occasion in the week. Average units consumed 6.9 units. Men and younger respondents drink more. At home (49%) and pub (28%) were key locations

Weekly drinkers: lower risk sensible drinkers

- ◆ Drinking categories - Safe, Sensible, Social 2007
- ◆ 80% lower risk sensible drinkers (not exceeding 2-3 units daily for women and 3-4 units daily for men in the last week), or 91% of whole sample:
 - ◆ Older respondents
 - ◆ Little difference amongst men and women
 - ◆ 53% in paid employment

Weekly drinkers: increasing risk of harm

- ◆ 20% at increasing risk of harm (exceeding 2-3 units daily for women and 3-4 units daily for men in the last week), or 8% of whole sample:
 - ◆ Younger respondents
 - ◆ More likely to be men (62%) than women (38%)
 - ◆ 61% in paid employment

Weekly drinkers: higher risk harmful

- ◆ 8% higher risk harmful drinkers (exceeding 35 units per week for women and 50 per week for men), or 3% of whole sample:
 - ◆ Younger respondents
 - ◆ More likely to be men (64%, n=40) than women (37%, n=23)
 - ◆ 58% in paid employment

Weekly drinkers: above recommended weekly thresholds

- ◆ 29% of weekly drinkers above the weekly thresholds (21 units for men, 14 units for women), or 11% of whole sample:
 - ◆ Younger respondents
 - ◆ More likely to be men (33%) than women (25%)
 - ◆ More likely to be in paid employment (33%, 25% not)

Awareness of units and units consumed

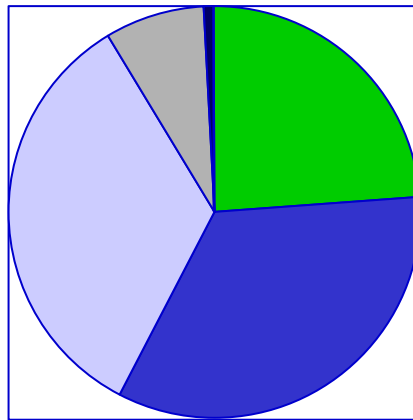
- ◆ 82% of drinkers are aware of measuring alcohol in units, and 18% are unaware
- ◆ Sub-groups who are more aware of units: women, those in paid employment and those with educational qualifications
- ◆ Unit knowledge strongest for beer, lager, cider and spirits
- ◆ 21% (who have heard of units) keep daily check on the units they drink and 18% keep a weekly check
- ◆ 16% keep both a daily and weekly check
- ◆ Women more so than men

Awareness of sensible drinking limits

- ◆ 8% of drinkers (who have heard of units) unaware of sensible drinking limits
- ◆ 74% heard of both daily and weekly limits
- ◆ 10% had just heard of daily limits, and 7% weekly
- ◆ 74% of all drinkers aware of whether they have drunk more than the daily sensible drinking limit, and 23% unaware

Self-reported drinking behaviour

n=1072



- Hardly drink at all
- Drink a little
- Drink a moderate amount
- Drink quite a lot
- Drink heavily
- Don't know

- ◆ 24% hardly drink at all
- ◆ 68% drink a little/moderately
- ◆ 8% drink quite a lot
- ◆ >1% drink heavily
- ◆ Self-reported heavier drinking more common amongst men, younger respondents, those in paid employment and those with educational qualifications

Drinking and impact on health

- ◆ 91% of drinkers feel informed about the way drinking may affect their health and 8% feel not well informed (especially younger respondents)
- ◆ 23% think they sometimes drink more than is good for their health and 5% generally do so
- ◆ More common amongst younger respondents, those in paid employment and with educational qualifications
- ◆ Just 5% of those who drink more than is good for their health want advice about drinking less

Alcohol Diaries

- ◆ Considerable amounts of alcohol consumed – for most, typical
- ◆ Findings presented as 18 selected vignettes (not in public domain)
- ◆ Reasons for drinking are complex: to relax, de-stress and unwind. Socialising and increasing confidence, and for some, help dealing with more serious feelings of depression
- ◆ Most aware of recommended drinking levels and some aware of drinking more than is good for health, but has little impact on drinking behaviour
- ◆ 29/50: more aware of their drinking habits
- ◆ 11/50: surprised by the alcohol they had consumed

Key messages

- ◆ Identified at risk sub groups (younger respondents, men and those in paid employment)
- ◆ Growing popularity of at home drinking
- ◆ 18% of drinkers unaware of measuring alcohol in units
- ◆ Around 1 in 5 (heard of units) keep a weekly/daily check on units consumed
- ◆ 23% of drinkers unaware whether they have drunk more than the daily sensible drinking limit
- ◆ 8% of drinkers do not feel well informed about the way drinking may affect their health
- ◆ Respondents can know the advice about safe drinking levels but continue to drink at harmful levels
- ◆ Reasons for drinking can be very personal – distressing stories, need for sensitivity and insight

Lessons learned/what works (1)

- ◆ Measuring alcohol prevalence is complex and resource intensive, especially survey analysis and diary process
- ◆ Piloting research tools is crucial, given complex subject matter
- ◆ Work with interviewers who have a practical understanding of strengths, sizes and types of alcohol
- ◆ Use of size, types and measures vignette key for consistency
- ◆ Further information/leaflet crucial (duty of care)
- ◆ Need for analytical clarity and consistency

Lessons learned/what works (2)

- ◆ Survey data can hide drinking 'spikes'. Need to triangulate – alcohol diaries provide insight here
- ◆ How respondents define 'drinking' and the need to probe
- ◆ How respondents self-assess their drinking levels – variation?
- ◆ Challenges of respondents remembering alcohol consumption accurately in last 7 days
- ◆ Home poured alcohol is difficult to measure accurately – interviewer role key here
- ◆ Sampling strategy to be simpler

How the findings have informed service delivery...

- ◆ Supported and corroborated local alcohol related police data
- ◆ Provide support for target hardening operations with local licensed premises
- ◆ Expand on local data for the Alcohol Needs Assessment
- ◆ Provide a clearer picture of a local profile of hazardous and harmful drinkers
- ◆ Inform local commissioning intentions
- ◆ Support the data supplied quarterly by local alcohol services

Any questions?

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