

Title

The families and friends of heavy drinkers: caught in the cross-fire of policy change?

Short title

Heavy drinkers caught in the cross-fire

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Abstract

Introduction and aims

Research highlights the need to better understand the impact of alcohol-related harm on families and communities. Scottish policy initiatives to reduce alcohol consumption and alcohol-related harm include the planned introduction of a minimum unit price for alcohol. We aimed to explore existing and proposed changes in alcohol policy, from the standpoint of heavy drinkers, through accounts of their involvement and repercussions for family and friends.

Design and methods

Interviews were conducted with twenty heavy drinkers, recruited from hospital alcohol treatment centres in Scotland's two largest cities. Participants were part of a larger longitudinal mixed methods study. Interviews explored experiences of alcohol-related harm and the impact, or potential impact, of alcohol policy changes on drinking patterns, risk-taking, consumption and wellbeing. Data coded for 'family and friends' was thematically analysed using a constant comparison method.

Results

Family and friends were portrayed as important for aiding moderation and abstinence, but more often for sustaining continued heavy drinking. Heavy drinkers with complex needs and those living in deprived communities suggested that increased alcohol prices could exacerbate the detrimental effect on their health and social circumstances, and that of their family, should their consumption remain excessive.

Discussion and Conclusion

Population level policy initiatives to reduce alcohol consumption, such as minimum unit pricing, will impact on the families and social networks of heavy drinkers in addition to the drinker. The most vulnerable may be affected disproportionately. Alcohol policy changes and evaluations need to consider consequences for drinkers, families and communities.

Key words

Substance-related disorders, alcohol, family, policy, qualitative method.

Introduction

Alcohol-related personal, social and economic costs in Scotland have been well documented [1-4]. In response, the Scottish Government published an Alcohol Framework for Action [5], which detailed a range of targeted interventions including the Alcohol (Minimum Pricing) (Scotland) Act 2012 [6], which proposes introduction of a minimum unit price for alcohol (MUP), regardless of type of alcohol. This is currently being challenged at the European Court of Justice. Similar minimum pricing strategies have been introduced elsewhere, notably Canada, where recent evaluations have shown a reduction in consumption, hospital admissions, crime and death, wholly attributed to alcohol [7-9]. Other recent policies include the Licensing (Scotland) Act 2005 [10] and the Alcohol etc. (Scotland) Act 2010 [11]. One of the key elements of the licensing act restricted purchase of alcohol for consumption off retail premises to between the hours of 10:00 am and 10:00 pm. The Alcohol Act prevented quantity discounts (e.g. three for the price of two, 25% off) and enforced restrictions on alcohol promotions and displays in off-sales premises. Whilst these policies are intended to reduce consumption and harm across all sectors of society, using a whole population approach, they aim to target those whose high levels of alcohol consumption result in physical and mental ill-health.

Harmed drinker's families and social networks can be influential [12-14], in that they can both assist in effective positive change regarding alcohol consumption, and themselves benefit from this change, and/or facilitate and maintain negative or harmful behaviours. However, there is a lack of family-focused and social network interventions in routine service provision and alcohol treatment services [15]. Additionally, affected family members have been shown to experience multiple

stressors, coping dilemmas, lack of information and support, and are at heightened risk for ill-health, at a cost to both personal health and public services [16-17]. Consequently, efforts to support affected family members, *in their own right*, have become a rising priority in policy and practice [18].

Several advantages from the introduction of MUP are postulated. It may enforce reduced consumption, not necessarily expenditure, but low income families may benefit financially through reduced risk of loss of income through death, injury, illness and/or long-term disability of a drinking family member [19]. Ensuing reductions in consumption could also decrease the risk of being harmed by someone else's drinking.

Heavy drinkers, who constitute a small, but noteworthy proportion of the general population, are relatively un-researched [20], and under-represented in population surveys [21], despite evidence of the impact their drinking behaviour has on family and friends, as well as people unknown to them [22-24]. We would argue for the need to consider the consequences for both drinkers and their families when policy change is introduced. Here we explore accounts of interactions with family, friends and others, both facilitative and preventive, in relation to drinking, from the perspective of Scottish heavy drinkers.

Methods

Design

This qualitative report is part of a larger two year prospective longitudinal study of 639 patients receiving NHS treatment for alcohol-related harm in Scotland [25]. Alcohol consumption and purchasing habits were documented over a 24-30 month

period between 2012-2014, and twenty participants were invited to take part in an additional in-depth interview to explore their views and experiences of alcohol-related harm and risk-taking behaviour in the context of recent changes in alcohol policy. This paper reports on findings from this latter qualitative work with a focus on participants' accounts of family, friends and social networks.

Setting

The study was conducted in two of Scotland's largest cities which provide a range of specialist alcohol services, including acute hospital care, detoxification, rehabilitation, out-patient and community-based treatment. These services assisted with recruitment.

Sample

A purposive sample of twenty participants, ten from each city, was selected from the pool of participants in the larger study if they had reported harmful consumption at recruitment and were paying an average price of less than 50p per unit. (N.B. Attrition resulted in 165 participants available to recruit at the time of the qualitative interview, down from the 639 recruited at baseline). The sample was recruited to include diverse participant characteristics; age, social circumstances, gender and site. Participants were contacted by telephone and interview dates arranged. Those failing to attend were contacted to re-check willingness to participate, and if not, the interviewer then selected another potential participant using the inclusion criteria and sampling matrix, until the target of ten participants from each city was achieved. Twenty eight participants were invited to take part. Three failed to respond, two declined to participate, and three did not attend the interview. Of the twenty interviewed, fifteen were male. Participants were aged between 34-67 years. Five

reported no consumption at time of interview but reported prior drinking (range 28 to 256.3 UK units in last 7 days or typical week) in the previous six months.

Procedure

Ethical approval was granted by the NHS Research Ethics Committee. Participants were offered travelling expenses and a £10 voucher for completing the interview. Interviews were conducted by the third author between October 2013 and March 2014 in a health service site familiar to the participant and lasted between 20-50 minutes. Interviews were audio-recorded, transcribed and anonymised, including a pseudonym name assigned to each participant. Socio-demographic details of participants and field notes were used to contextualise the data and aid the analytic process. The interview schedule included topics related to drinking patterns and consumption, experiences of alcohol-related harm, risk-taking behaviour and views on recent and proposed Scottish alcohol policies.

Data analysis

Transcripts were entered into NVivo9 to aid data coding and analysis. Each transcript was initially coded to select all interview talk of 'family, friends and social networks'. This content code was then supplemented by close reading of the accounts by the second author in order to identify recurring topics. A constant comparison method [26] was used to generate analytic themes which were then examined and agreed by the research team.

Results

Three key themes were identified in the way participants talked about their alcohol consumption and the price of alcohol in the context of relationships with family and

friends. These centred on (i) the actions or approach taken by family and friends which either enabled or inhibited continued alcohol consumption and/or the choice of beverage, (ii) the actions or approach taken by the heavy drinker themselves in relation to (i); and (iii) the extent to which the price of alcohol was portrayed as critical to these relationships and relationship dynamics.

The actions of family and friends: help or hindrance?

Accounts suggested that family members and social networks often played an important role (positive and negative) in moderating the heavy drinker's alcohol consumption. How heavy drinkers portrayed this effect (as good or bad) was contingent upon whether they wanted to cut down their consumption and whether family members or friends supported or enabled reduced consumption/abstinence or continued consumption/heavy drinking.

Family and friends who sanctioned continued drinking, or who supplied alcohol to heavy drinkers, were portrayed in a more positive light by those who did not voice an active desire to reduce their consumption. In contrast, family and friends who supported abstinence or reduced consumption, or who did not offer alcohol to the heavy drinker, were portrayed in a less positive light. Some participants revealed that different family members took different approaches to alcohol consumption in general, and specifically to their drinking habits. Hence they described different relationship dynamics with different family members. For example, Julie suggested that her son did not approve of her drinking or allow her to drink in his home, whereas her father not only allowed her to drink but supplied her with her chosen beverage from a plentiful home supply:

When I'm at my dad's, he's got wardrobes full of alcohol! Because my mum used to get nicknamed 'Party [X]'... because she loved a party to herself... so, the alcohol is still freely available... and ... none of my family know that I'm an alcoholic... I get away with it. I say to my dad, "Is it alright if I have a couple of vodkas", "Aye, help yersel hen, it's yours"... but aye, going to my son's, it's totally different. Julie

Others suggested that friends were influential in facilitating or inhibiting continued drinking or in some cases, preventing or enabling relapse. Again, the way in which this was portrayed was dependent upon the aspirations of the drinker themselves. Shona, for example, suggested that her circle of 'social drinker' friends were low risk in terms of her relapse to heavy drinking - something that she wanted to avoid:

I'm a solo drinker, I only drink in the house, I don't... apart from the people in here [alcohol problem service], my friends are social drinkers ... none of my friends are alcoholics, and I don't associate with anyone else. I wouldn't put myself in that danger. Shona

Whereas Gerry provides a different account of his social networks with a narrative about his most recent relapse, alluding to peer pressure and the negative influence of a fellow heavy drinker:

I left here [alcohol detox unit], I was sober for a week, maybe ten days ... wee [friend says], "How are you? You're looking well. Have you been ill?", I was "No, I've just no been drinking" ... and of course, he had a bag [with alcohol], and I was like that "Och no", and he was like "Well can I come up and sit anyway?" [in the house] and I was like "Aye, ok", cause he stays doon in [area of the city], and I had a glass of his sherry wine, a wee drop of his super lager, and that was it. Gerry

More often, participants provided examples of social network practices, involving family, friends, neighbours or 'drinking pals', which could facilitate or limit drinking through the provision of financial, practical and emotional support - or the withholding of these.

Usually financial help meant family and friends lending or giving cash to the heavy drinker. For some, like Susan who was employed, and also Laura, borrowing money from family was constructed as largely unproblematic:

I borrow sometimes off my partner, if I'm running out, I ask him for a loan of money, until I get paid. Susan

I'd probably borrow money off my family members, especially my oldest daughter because ... her, and my husband, have [been] the ones that's actually been buying it [alcohol]. Laura

For others, like Phil, it was more troubling:

I'm borrowing a lot more money off people, family, friends, stuff like that ... payday is pay out day, so I'm always behind ... [and] I'm on key meters [for gas/electricity], but I'll struggle at times, and that's when I ask my family and that for support. Phil

Some participants, like Amy, revealed that financial support was conditional or 'controlled', so that money wasn't spent on alcohol, or at least not too much money, to the detriment of other household necessities:

[My consumption] probably has changed ... to the point where I've been buying cheaper drink ... because my husband ... if I do have a relapse, he'll take my [bank] card off me, and ... whatever money I've got ... I go for the cheaper option ... it's my husband that controls the money, so ... there's always enough food in the house ... paying the bills ... I've never gone without. Amy

Practical help included things like the family or friends buying electricity and gas cards, buying clothes for them to wear, or purchasing food for the drinker

I've got a good friend ... she'll no give me cash, [but] see like ham, eggs, cheese, bread, milk, butter, coffee, tea, she'll go out and spend £15-£20, but she'll no ask for it back. ... I'm very, very fortunate. Gerry

The last time I bought clothes ... I'm very fortunate to have a very caring family, they do that, and they bring along food as well, because, even gas and electricity, I would rather sit in the dark, as long as I've got a beer. Steven

At other times, practical help was depicted as support for the person's attempts to sustain abstinence or reduced consumption, as in the case of Alan:

The fridge is more fuller than it used to be ... it was empty, and the only thing I wanted was a drink anyway, so the fridge was just for putting the beer in ... before I went into rehab ... whereas now, my sister takes me to [supermarket] ... she has a car ... I was up there on Thursday, and the rows and rows of alcohol and wine ... oof! I don't go near it. ... Well, I don't want to buy it in front of my sister, put it that way. Alan

Practical help also included the direct provision of low cost alcohol, or help to find and purchase low cost alcohol. Frequently, this involved family members either seeking out 'cheap deals' in supermarkets, taking the person to supermarkets where they could purchase alcohol for sale at a discounted price, or buying it for them in bulk and delivering it to them. For example, Geoff described his wife helping him purchase the cheapest beer:

My wife works in [supermarket], she usually gets us a box [of beer] when she comes home from work, when they've got the [price] deal on ... If they've no' got the deal on, I'll just go to my local [another supermarket], if they've got a deal on, or else I'll just go to a local shop. Geoff

Laura also described her family shopping for her, searching the internet for whisky 'deals':

A family member did that on the internet for me ... they knew that I was housebound, and that I was frightened to go out myself ... and they would tell me the deals and I would say, ok, well go and get me a bottle, or maybe two. Laura

Emotional support varied and included expressing sympathy or empathy for the drinker, showing an understanding about the nature of addiction and the risks associated with alcohol withdrawal, providing encouragement for abstinence, and responding to crisis situations:

I've got no intentions of going back on the alcohol, 'cause this is my last chance. I'm doing the detox for myself now, whereas I was actually doing it [previous detox] for my family, and I fell out with my family so many times ... They think it's great, they've been sending me text messages of encouragement and everything. Laura

Drinkers' actions: help or hindrance?

In the same way that participants suggested family and friends could actively help or hinder their efforts to cut down or maintain their alcohol consumption, accounts also revealed various ways in which the heavy drinker themselves implicated family and friends. This was largely through their approach to help-seeking and what actions they took to involve family and friends. Largely this depended on their drinking goals and social circumstances. For example, Julie revealed that one strategy to obtain money to purchase alcohol was to 'lie' to her family and 'pawn' her belongings, which she implied, played heavily on her mind:

Interviewer: And have you ever borrowed money? ... to buy alcohol?

Julie: I use the excuse that it's to get em, power for my electric and stuff, but I've already covered the bills, so em, I'm lying to people to get money for alcohol, and it's money that I know I don't have to pay back, because my dad is very kind and generous, and also my sister-in-law ... plus I've got jewellery in the pawn shop ... my mum's jewellery, after her death ... which I regret, very much.

Others demonstrated how their repeated borrowing of money to purchase alcohol caused friction in relationships:

I've actually got friends that won't answer the phone to me now, because I've spent all my money, and the people I'm phoning, I'm phoning for 'Can you lend me a tenner [£10], can you lend me £20'. So I've actually got lifelong friends that are avoiding me now. Steven

I used to go to a wee neighbour ... and she just got fed up with it. Her son-in-law works in [local hospital], and ... he found out I was tapping [borrowing

money] off his mother-in-law and I was leaving hospital one time ... and he pulled me up ... and he was like "If you ever ask [mother-in-law] again for another penny, I'll go through you" Gerry

Correspondingly, reciprocity between 'drinking pals' was portrayed as important, especially to those with limited finances, enabling continued consumption and shared purchasing of cheap alcohol. Geoff and Gerry, for example, explicitly talked about exchanges between friends that illustrated mutual benefit:

I've got friends who sometimes maybe take a couple boxes of beers when they're skint [poor] ... they come back to me, and I do the same, eh. Geoff

I used to have two friends, but I've got one now ... when I've got money ... I'd buy him cheap sherry wine ... and maybe a couple of cans of super lagers, whatever ... then when he gets his money, which is why I dropped the other guy ... he'll come round to me ... "I owe you the price of a bottle of wine, two supers [lager]" ... "Aye, alright". Gerry

Accounts also suggested that social group norms and gendered practices around the purchasing of 'cheap' drink were influential and altered drinkers' alcohol purchasing habits. Evidently, some alcoholic drinks in some social circles were acceptable whilst others were not. That is, the choice of drink was often context dependent.

It's [his choice of drinking white wine] to do with, I don't know, it's kind of got a strength that I can handle. ... I'll only drink pints if I'm going out with my mates, so it's just basically, I'll sit in the house and get wine. Peter

Lastly, disclosure and secrecy within families were crucial issues for some, influencing decision-making in relation to spending time with family and friends, and asking for help. Some participants, like Alan and Julie, implied that contact and support from family was more forthcoming when abstinence or controlled consumption was desired or expected:

I do have the help of my sister now, whereas before, she never knew the state I was in. Alan

My son says to me, why don't you come with us [on holiday]? I thought no, I cannae get my alcohol, I cannae drink in front of you. Julie

As these excerpts demonstrate, irrespective of whether or not alcohol problems are 'known about', the behaviour of heavy drinkers affects family and friends, and it affects the nature and quality of relationships within social networks.

The price of alcohol: what makes matters worse?

Narratives about the impact of alcohol price increases tended to focus on the negative impact on participants' day-to-day lives and their relationships with family and friends. However, this was largely dependent upon three issues: whether or not the participant expressed a desire to cut down their consumption, the socioeconomic circumstances of participants and their family and friends, and the physical and mental health status of the drinker. Those who presented themselves as committed drinkers or severely dependent, were in poor health, and described living in poor social circumstances, were more likely to portray increases in the price of alcohol as having an adverse effect on their lives and those close to them. Notably, stories frequently emphasised the likelihood of increased risks and a greater reliance on family and friends as a result of price increases, rather than reduced consumption.

Participants like Paul, described themselves as having a high severity of dependence with associated alcohol withdrawal risks (e.g. seizures), and spoke powerfully about their need for social support:

My mum helps me out all the time ... my mum knows I take seizures, so she knows that I'm alcohol dependent, and if I don't have alcohol, she knows that the next one can kill me ... because ... the last one I had, it was really bad. Paul.

Likewise, those who were financially poorer highlighted the negative consequences of alcohol price increases more acutely than those who were better off. Some, like

Robert, who were unemployed and living on welfare benefits, referred to a greater reliance on family and friends:

It [alcohol price increases] would affect me personally. ... I would just do without heating and I'd have to rely on my family more ... or friends, I rely on friends as it is, my family will no give me money for drink because they dinnae like the drinking ... but... I'd have to cut back on whatever else. Robert.

In contrast John, who painted himself as middle class and well off, was clear that he would be unaffected by the effects of any future price increases: *'I have to be frank ... the price [of alcohol] does not affect any purchasing desire ... not for me'.*

The physical and mental health status of the drinker was also a recurring feature in many accounts. Those with poor health were more likely to portray price increases as detrimental to their wellbeing and were more likely to suggest a 'knock-on' effect on family and friends:

I think it [the effect of MUP] will be drastic ... because when I start feeling like this, I know for a fact, my friends who have seen me like this ... they've actually took pity on me and have gone and got me drink. Steven

Likewise, Julie expresses anxiety about her 'depression' with any attempt to further reduce her consumption if the price of alcohol increased:

I'm already reduced by more than half ... since my husband passed away ... so I would probably have to reduce again. But ... it's going to send me into a state of depression ... which scares me, because I've already tried to take my life a few times. Julie.

Solo drinkers, or socially isolated drinkers, often as a result of bereavement, also emphasised their vulnerability. Alan for example, described heavy drinking following the loss of his parents:

I never drank in the house with my parents and my brothers, we didnae do that. You went to the pub ... But over the years, well, living myself, I can do

anything I want ... I lost my mum and dad in the same year ... the depression that I suffered ... drinking was the only thing that would block it out. Alan.

As illustrated, participants drew attention to poor personal and social circumstances that could worsen with alcohol price increases, signifying a possible disproportionate effect on the most vulnerable.

Discussion and conclusion

This is one of the first UK studies to explore the accounts of heavy drinkers, using a qualitative approach, which demonstrates the key role played by family and social networks in moderating heavy drinker's alcohol consumption. Involvement of family and friends included providing practical, financial and emotional support, also the direct provision of low or no cost alcohol. The actions and approach taken by family, and by heavy drinkers themselves, could help or hinder attempts to abstain, cut down or maintain consumption. Our findings support those reported in qualitative research with affected family members [27-28], and literature documenting alcohol harm to others [22-23, 29-31].

Regarding alcohol price increases, accounts from the most vulnerable in our study were striking. Drinkers who reported high severity of dependence, poor physical and mental health, social isolation, unemployed and living in areas of deprivation, were those most likely to emphasise their reliance on family and friends, and more likely to portray price increases as detrimental to their health and social circumstances. Apparently the change to the off-sale licensing hours had little impacted our participants; in particular, those who were worried about seizures would try to ensure they had alcohol available to them for the hours when alcohol outlets were closed. Similarly, few acknowledged awareness of the Alcohol etc. Act [11], and the

cessation of bulk buy offers did not appear to have resulted in reduced consumption, as also reported by Nakamura et al. 2014 [32].

Addiction is considered a chronic, relapsing disorder [33] as well as a socio-cultural phenomenon [34-35], influenced by multiple interacting factors e.g. culture, social relationships, governmental policies and treatment systems. Furthermore, it is well recognised that alcohol-dependent patients with complex needs, such as those with co-morbidities, have a poorer prognosis than those with fewer co-occurring problems [36]. Alcohol-related deaths also have a strong deprivation and gender association [37]. For example, in 2011, the alcohol-related death rate in the most deprived quintile in Glasgow was reported to be seven times higher than in the least deprived, and three times higher in men than women [38]. Most participants in our study not only described struggling with addiction and coexisting problems, but illustrated the complications of wider social influences.

At a population level the inverse relationship between price and consumption is well reported [39]. MUP will most impact on low income harmful drinkers, purchasing cheap alcohol from off-trade outlets [40]. Our findings gathered from those at the highest end of the consumption spectrum imply that, if not supported by friends, family and alcohol services, the immediate consequences of MUP for these drinkers will be considerable. Furthermore, UK austerity measures may seriously reduce the potential positive buffering influences of the drinker's family and social networks. MUP is likely to impact, but not necessarily in the way policy-makers predict. As a population level strategy, MUP could have unintended consequences, as evidenced with other public health interventions [41-43] and could widen rather than reduce health inequalities. This suggests a need to further develop conceptual models for

understanding and measuring alcohol-related harm, including harm to others [35, 44].

One of the strengths of our study was that interviews were conducted by a researcher who had met with participants on previous occasions as part of a longitudinal study. This degree of familiarity may have engendered a frankness regarding their drinking behaviour and successful or unsuccessful strategies to involve family and friends in their day-to-day lives. In addition, we were able to specifically discuss the impact of recent alcohol price increases and future alcohol pricing policies. Given that this population of drinkers is a target of future changes in alcohol policy and likely to be the most affected by minimum pricing legislation, this is a timely account of their views, and conveys a potentially wider impact on families and communities.

However, we also acknowledge that it is estimated that in 2012 only 25% of Scottish adults with possible alcohol dependence accessed alcohol services [3]. The views of those not accessing services may not echo those reported here. Also, our research was based on a small group of heavy drinkers recruited from two cities in Scotland. Thus our sample may not be typical of heavy drinkers living elsewhere. Nevertheless, we would suggest that examining the effects of alcohol price increases, and changes in alcohol policy, for heavy drinkers in any setting can shed light on the challenges that they face, and equally the challenges that service providers face in working constructively with drinkers and their families. Participants in our study were not directly asked about the impact of their drinking on family and friends. Research that specifically aims to explore this topic in more detail could reveal other important factors, relationship dynamics and social practices which may

affect the way alcohol pricing policies are played out in real life. We would argue for the important contribution longitudinal qualitative research could make if, and when, MUP is introduced.

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