

Risky Drinking in Matson, Podsmead and St. Marks

Insight Presentation Report & Recommendations

August 2023

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Prepared for you by team **ice**

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Objectives & Methods

Objectives

ICE partnered with Gloucestershire County Council to explore with local residents and stakeholders...

- What are the **motives and benefits** to drinking alcohol.
- What are the **consequences of drinking**?
- What are people's **perception** of 'risky' drinking.
- Barriers to drinking less and **what needs to happen** to overcome them.
- What does '**good support**' look like to reduce risky drinking.



What we did

Engaged 27 people (residents and stakeholders) in qualitative interviews across three target communities:

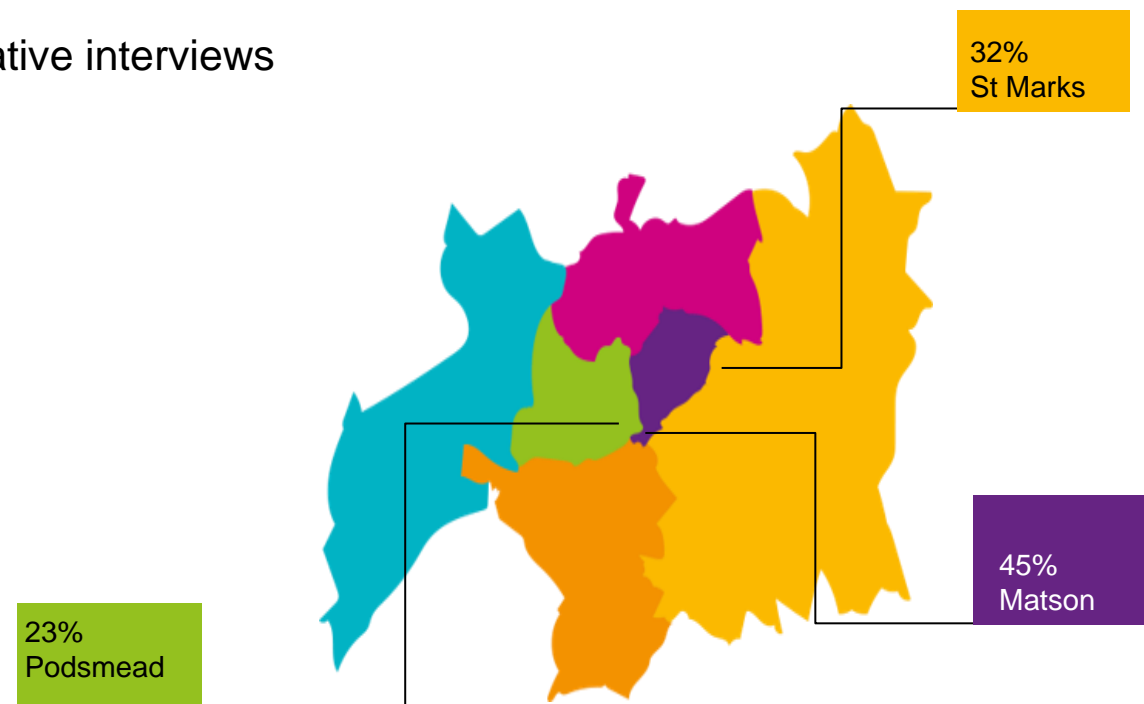
- Matson.
- Podsmead.
- St Marks.

We spoke to stakeholders from different community organisations such as:

GL Communities (virtual interview with n=1).

Phoenix Centre (in-person interview with n=2).

Gloucestershire Gateway Trust (virtual interview with n=1).



What we did

We took the research out into the **heart of the community** and conducted ethnographic interviews and observations to truly get a feel for the local areas.



Scott Avenue park,
near Big Local
Community Centre,
Podsmead.

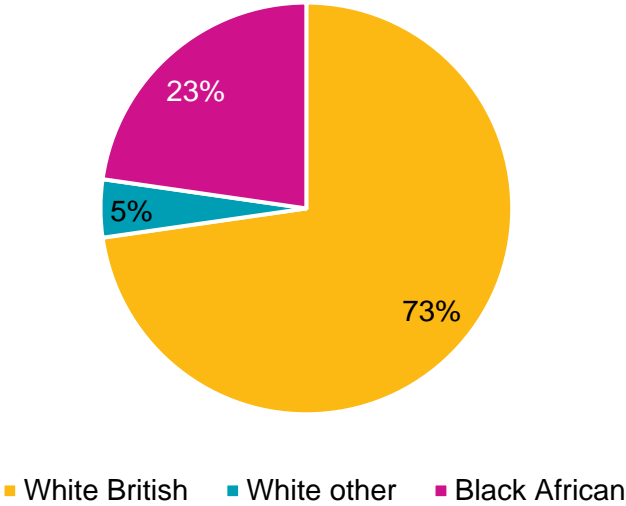
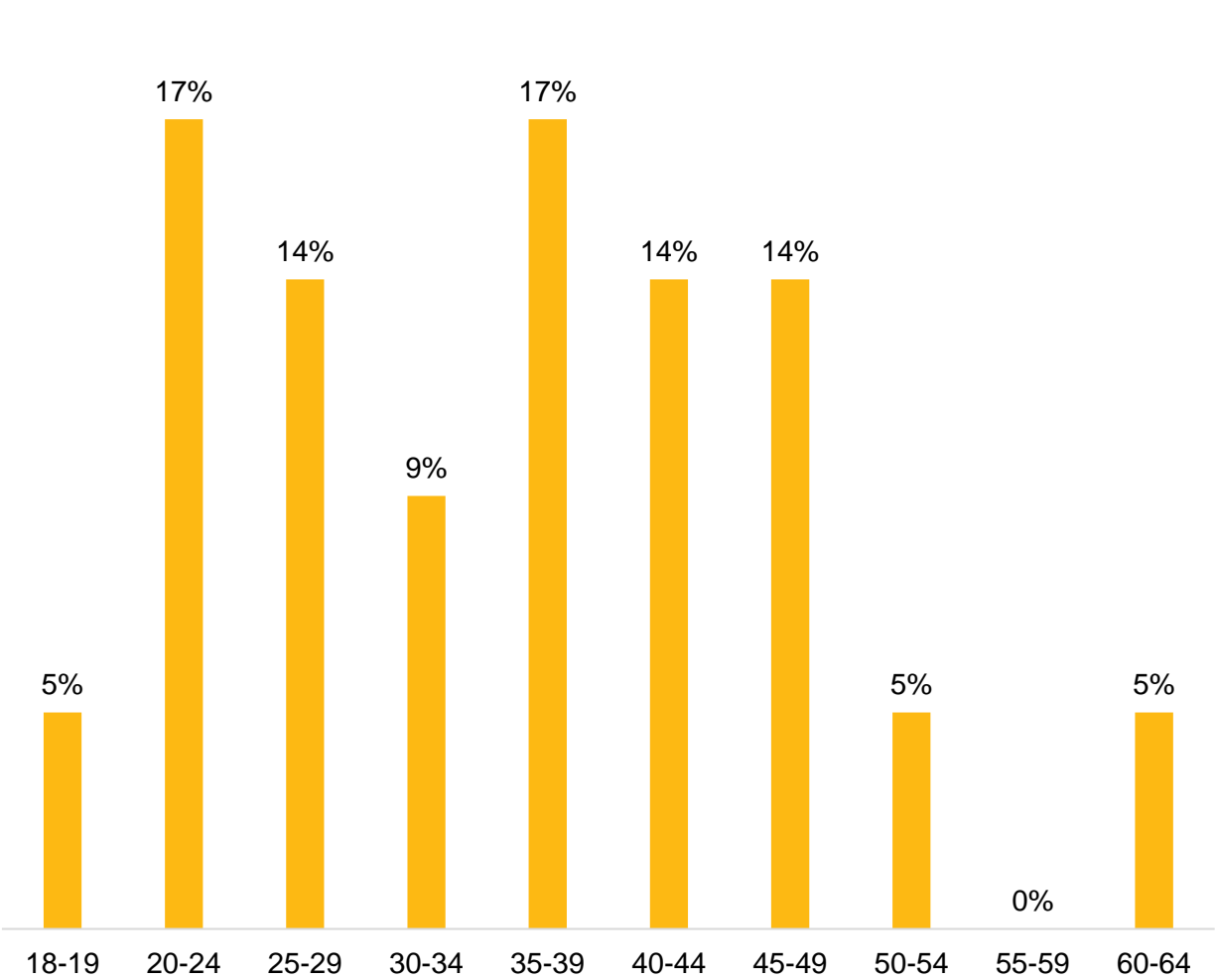


St Marks Shops and
Pharmacy.

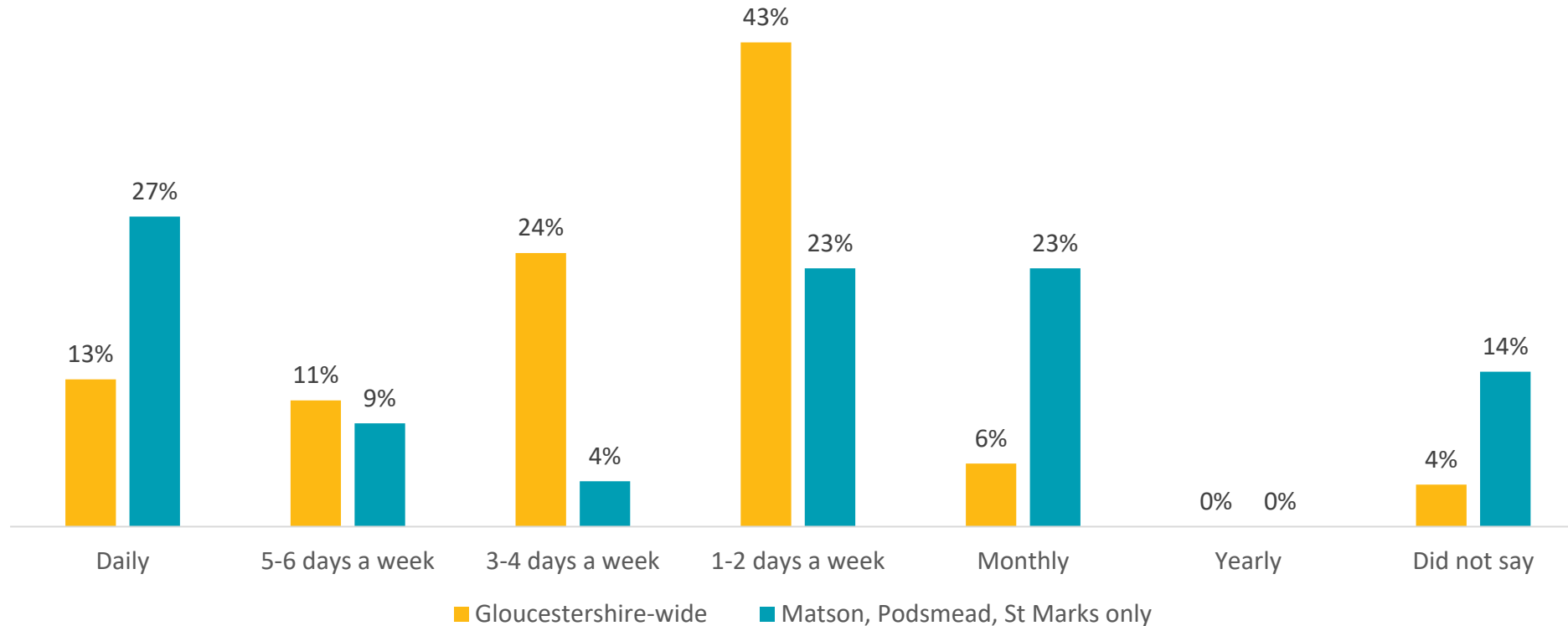


Matson Shops and The Ewe Space.

Breakdown of gender, age & ethnicity of qualitative sample



Comparing drinking behaviour between people living in the 3 target communities (n=23) vs Gloucestershire as a whole (n=31)



This chart suggests the proportion of people who drink daily is higher in the 3 target communities compared to wider Gloucestershire. For instance, double the amount of people in target areas drink daily compared to other more affluent areas in Gloucestershire.

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Insight Findings

Layout of findings

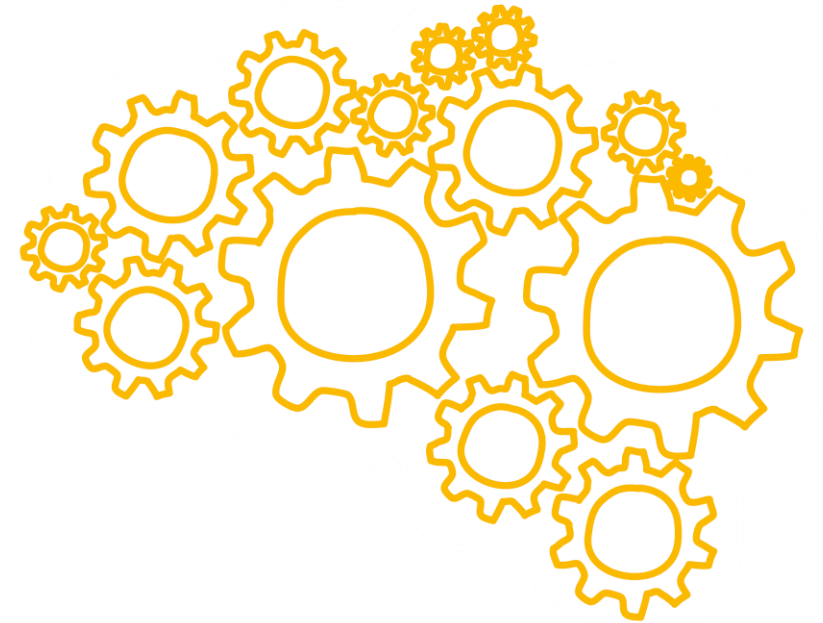
We will explore:

1. Attitudes to drinking and why people drink.
2. Perceived consequences of drinking.
3. Experience of accessing information and support.

Kahneman's driving and restraining forces

To understand and evaluate drinking behaviours in our target areas we have applied Kahneman's theory around driving and restraining forces.

- Kahneman suggests that behaviour is influenced by **driving forces** and **restraining forces**.
- Attitudes, beliefs and **perceptions**, as well as **environmental factors** can all influence behaviour – in this case 'risky' drinking.
- Understanding driving/ restraining forces helps to understand how best to **engage alcohol drinkers to evaluate their beliefs and behaviours** towards drinking alcohol and help create an engaging support network for stakeholders and residents.



Kahneman, D (2017) 'How to launch a behaviour-change revolution' Full transcript available at:
www.freakonomics.com/podcast/launch-behavior-change-revolution/

Restraining forces to drinking less: Why do people drink?

Coping mechanism

- Forget stress (**Matson, Podsmead**)
 - A way to cope with stresses of daily life or long-term issues. Examples given ranged from work pressures, to being disabled and unable to work, to losing custody of children and other breakdowns of family relationships, in the more extreme circumstances.
 - One stakeholder in Matson said many people are 'going through mental health changes' after Covid-19.
- Improves mood
 - People thought drinking alcohol could make fun situations even more enjoyable and could help overcome anxieties.
- Relieves boredom (**This was mentioned each locality, but interestingly was mentioned by everyone in St Marks**)
 - People said there isn't much opportunity to have fun and drinking is something many people can easily access and enjoy.

“Normally I drink when I am emotionally down to drown my sorrows.” (Male, Podsmead, aged 25-29)

Restraining forces to drinking less: Why do people drink?

Socialising

- Connecting with others.
- Celebrations and events (e.g., weddings, BBQ).

Social norm/ pressure

- Peer pressure to drink.
- Do it because everyone else does.
- Gives confidence.

Cheap alcohol (Podsmead, Matson)

- Easy to access.

Habit/ reliance (Podsmead, Matson)

- Drinking alcohol is habitual.

Social norm theory explains people's tendency to act in a way that conforms to what is perceived to be 'normal' or accepted among a given social group.

In these communities, drinking alcohol is the social norm.

87% of residents said they had lots of people around them who drink.

*"I stopped drinking for about 2 months, my mates would ask a lot why I wasn't drinking, you can feel the pressure or can be made to feel odd."
(Male, St Marks, aged 25-29)*

Driving forces to drinking less: The consequences of drinking?

Exacerbates negative emotions

- Associated with being lonely, 'down'.

Losing control (Matson, Podsmead)

From feeling embarrassed/ regret how you behaved...

- 'Not able to handle it', being loud, irritable, careless (Matson, Podsmead)
- A relaxing fun event can 'turn'. (Matson, Podsmead)

... to serious incidents / anti-social behaviour they later regret (Matson)

- Risky drinking and ASB.
- Resulted in police involvement.
- Displaced ASB to other locations/ indoors, rather than remedied it

Physical health effects

- Short term hangover effects can lead to guilt, impacting what they are doing the next day (residents were less likely to drink if have next day responsibilities).

Interestingly...

Long-term health impact or cost of drinking was hardly mentioned, even against backdrop of the cost-of-living crisis.

"I forget that I do stuff... Start hearing stories of what you did. Friends start telling you, you did this you did that and you can't remember" (Male, aged 25-29, Podsmead resident)

Perceptions of 'risky' drinking

- Questions were asked to explore what participants believe constitutes risky drinking. They discussed:
 - **Physical signs** e.g. dizzy, can't walk straight, slurring words, vomiting, reactive/ loud.
 - **Long-term risk** when they become more isolated, less mentally well, physical symptoms (e.g. smell, yellow eyes) and paired with use of drugs in young people (**Matson**).
 - This suggests that residents' interpretation of risky drinking has a high threshold. This may lead some people to self-identify as 'not being at risk' if they don't experience the above yet may still be drinking above recommended guidelines.

Perceptions of 'risky' drinking

- Interestingly, some women in Matson said they “don’t really drink”, yet went on to mention episodes of drinking.
 - During an interview with 3 residents, one resident noted they did not drink, then mentioned ‘having a drink after dropping off the kids for school and cleaning the house’. The other 2 residents were heavier drinkers, suggesting comparison with others in the community who “drink too much” can lead a self-perceptions of not being a risky drinker.
 - This highlights just how much the culture and behaviour of peers influence people’s perception of drinking.
 - Another separately interviewed resident initially said they did not drink, then went on to describe events or occasions when did drink alcohol.
 - This suggests that there is a perception mismatch between what people perceive their drinking to be (I don't drink) to the actual behaviour (I drink occasionally).

“I don't drink. I have WKD at BBQs and sometimes Malibu, at weddings, celebrations things like that” (Female, Matson, aged 45-49)

The local environment (Matson)

What environmental factors prevent people from drinking less in Matson?

- Cheap alcohol available.
- Lack of activities to do locally (a group of mums said having things to do can help give more routine and limit drinking alcohol).
- Drinking indoors with friends.

“Something for kids would be good... nothing for them and it costs an arm and a leg to do anything. Mini golf or something. The park gets vandalised so need something people want, and will want to stay in good shape.... Behind here, Selwyn Park could be good” (Female, Matson, aged 45-49)



The local environment (Matson)

What environmental factors could help influence people to drink less in Matson?

- Awareness and confidence to access local organisations like The Ewe Space, Phoenix Centre, Redwell Centre.
 - There has been conflict and stigma in the community relating to alcohol in particular so some need reassurance that there are relaxed and judgement free advice, tips and support options available.
- Local activities/ things to do (e.g., tea and coffee mornings, with other holistic advice offers).
- Knowing there are others with lived experience available to speak to, and other people similar to themselves who have accessed and benefited from non-judgemental support.



“Something for kids... nothing for them and it costs an arm and a leg to do anything. Mini golf or something. Park gets vandalised so need something people want and will want to stay in good shape.... Behind here, Selwyn Park” (Female, Matson, aged 45-49)

The local environment (Podsmead)

What environmental factors prevent people from drinking less in Podsmead?

- Cheap alcohol available (at Premier shops pictured on right, next to Big Local Community Centre).
- Lack of activities to do locally.
- Drinking indoors with friends.

What environmental factors could help influence people to drink less in Podsmead?

- Local activities/ things to do (e.g., tea and coffee mornings, with other holistic advice offers.)
- 121 support or advice - and advice that can be accessed promptly.
- Knowing there are others with lived experience available to speak to, and/ or other people similar to themselves who have accessed and benefited from non-judgemental support.



“It's a good idea, in that Podsmead Hub, think its called Big Local, you could have tea and coffee and they could help with benefits too.” (Male, 60-64, Podsmead)

The local environment (St. Marks)

The environment in which people live, the culture, facilities and services will all act as either a driving or restraining force to drinking less...

What environmental factors prevent people from drinking less in St. Marks?

- Lack of other activities to do locally, compounded by the rural area, making pubs and drinking with friends a go to activity.
- Cheap alcohol not mentioned by residents.

What environmental factors could help influence people to drink less in St. Marks?

- 121 support and advice – as well as advice that can be accessed promptly.
- A local pharmacy is already invested in reducing risky drinking - draw on their investment and local knowledge.

"I tried to get help from an alcohol service in Gloucester. I spoke to about 7 different people, got calls back every other day for 2 weeks, it took forever, like 2 weeks. So leaned on friends and family in the end" (Male, 25-30, At Marks)



Supporting residents to drink less

Participants described the following types of support to help them and people like them to drink less:

- **Holistic support (Matson, Podsmead)**
 - Support wider than alcohol e.g. wellbeing, financial advice.
- **Someone to speak to about my problems, stresses or worries**
 - 121 support.
 - Non-judgemental / not-intimidating/ kept private
 - Options for non-formal settings and VSCO's/ advisors.
- **Diversiory activities**
 - Like food programmes and activities / 'something to do outside, maybe in places like Selwyn Park'.
- **Online support / information**
 - Forums, groups, practical tips. However non-digital routes still important for less digitally able.

"He is a nice guy, we have a trusted dialogue together. He is getting himself together but after being paid there's a bit of bravado and he can have a blowout. But its great he can be honest with me about it"
(Stakeholder, Matson)

Exploring the idea of local support

Everyone thought support/services designed to help people's health and wellbeing more broadly was a good idea... 85% thought it was a very good idea, 15% thought it was a good idea (n=23).

Why they think it's a **good idea**:

- Support is not accessible enough.
- Seems good if it is a relaxed and non-judgemental offer.
- Need activities/ things to do.

Why they are **hesitant** about this idea:

- Concern about support affiliated with Government.
- Would people access information/ support = stigma, 'pride', nervous

“People from places like here, can be deadset they don't need help and don't trust easily, so need someone to confide in that doesn't want to escalate to the NHS right away or make them feel judged.” (Female, 20-29, Podsmead)

Experience of accessing alcohol support

Inconsistent navigation and referral

- Some are providing well mapped support, others are not 'with the best intentions'.
- Training and knowledge sharing is not 'joined up'.
- People/VCSO aren't always confident advising on risky drinking or signposting adequately.
- Not enough understanding of what is on offer in the area to help residents reduce or address risky drinking.
- Need to equip VCSO workers to signpost 'to the right place at the right time'.

“There is good work happening but it could be increased. No fault to the organisations. It is a capacity, knowledge and training issue.” (Stakeholder, Matson)

“Services that support women have to be sensitive, as risky drinking happens to women of all circumstances, ranging from those who work 9 to 5, to sex workers. Often when they are referred on and have to speak to someone official, they disengage.” (Stakeholder, Matson)

Local support should....

Do this...

- Create a process that helps VSCO's 'sing from same hymn sheet'.
- Map process so VCSO workers are confident in their suggestions.
- Support VCSO engagement with residents, and on giving residents tips and advice on how to navigate support.
- Work with housing associations to inform of support and what residents need as they have a unique and personal understanding of residents and their social situation (**Podsmead**).

Not do this...

- Be prescriptive – People do not want to be 'told' what to do.
- Be too formal.
- Refer or give information to residents early – this disengages residents and makes some move into cognitive biases due to stigma of drinking.
- Use the term 'community hub'.

“There is a gate, they come through the gate for something, but we wrap services around them, around whatever needs they show. It's a co-production with them, to understand what they want - as there are services and information out there already that help people” (Stakeholder, Matson)

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Recommendations

What needs to happen to support and encourage people to drink less?

1. Work closely with leaders in existing community settings to expand the offer to meet people's needs and challenges related to alcohol consumption.
2. Upskill community leaders/ volunteers to identify people at risk and give very brief advice.
3. Know their remit and signpost.
4. Outreach and marketing.
5. Define goals and measure success.

1. Work closely with leaders in existing community settings to expand the offer

- Ewe Space & Phoenix Centre (Matson), The Big Local (Podsmead) and St Marks and Hesters Way Community Centre already provide activities, courses, and practical support that helps address wider social issues. These places are familiar, accessible and trusted.
- The findings suggest that to support people to drink less, “having someone to talk to about my problems” was important. This is because a key reason people drink is to cope and deal with other issues in life. A key finding that was apparent in 2011 and is still relevant today.
- Plugging in this type of support to existing community provision helps overcome the stigma of getting help with alcohol. Instead, residents go to a community hub/space and once there, can access practical and emotional support. This reaffirms the findings from 2011 that wider, holistic support for health and wellbeing is appealing to local residents.

Recommendation 1: Work with community leaders to expand and enhance the current provision by upskilling leaders/volunteers to be that person to talk to in a trusted, local space who is non-judgemental, on their level and who they trust. This is happening in pockets.

Recommendation 2: Consider opportunities for wider health programmes to be facilitated through existing community provision e.g., health checks and vaccine outreach (out of scope of this project).

2. Upskill community leaders/ volunteers to identify people at risk and give very brief advice

- Previous research suggests that support/ community workers have a 'broad brush' role and do not necessarily have the skills to give very brief advice in relation to alcohol. This was further evidenced in this research as stakeholders said many volunteers are not 100% confident in advising on risky drinking or signposting. This may result in problems being left unaddressed when there is an opportunity to intervene.

Recommendation 3: Offer training for community leaders/ volunteers on tools and techniques to identify risk and give very brief advice. This may include:

- Introduction to evidence-based screening tools such as Audit-C (simply 3 question screener).
- Conversational skills to use screening tools in a conversational way rather than simply reading from a sheet which appears tick box and damages rapport.
- Motivational interviewing to discover 'what is important' to that person to motivate them to change their behaviour.
- Identifying the relationship between wider risk factors like mental health, isolation, substance use.

Recommendation 4: Work closely with community leaders to carefully identify a small cohort of local residents who would be appropriate to consider for this training. This will help expand the volunteer base with people who are trusted and well placed to tell their story.

3. Equip leaders/volunteers to know their remit and signpost effectively

- While community leaders/ volunteers are well placed to give brief advice, it is important they know when it is appropriate to refer to specialist organisations or agencies.
- The findings suggest that not all services/ volunteers have the knowledge, awareness and confidence to signpost/ refer even when a need has been identified. This may result in people's needs being unmet.
- In addition, research suggests that people can disengage at the point of referral because the trusted relationship formed with that community worker is no longer there.

Recommendation 5: As part of the training detailed in recommendation 3, include:

- Information on local organisations/ agencies to increase knowledge.
- Scenarios / learning of when it's appropriate to refer and how to make a success referral.

Recommendation 6: Where possible, encourage community leaders/ volunteers to play an active role in the referral process (e.g., attend the first meeting) rather than simply make a referral or pass on information.

4. Outreach and marketing

- The findings highlight that many residents drink to cope and deal with stress in their life. The idea of holistic support for health and wellbeing was appealing to local residents and helps overcome the stigma with accessing specific support for alcohol.
- Research suggests residents define responsible drinking as drinking to their own limits and not necessarily the quantity/ frequency/ strength of their drinks, which can lead to an underestimation of their current risk. It is unlikely that residents would self-identify as the target audience for a social marketing campaign or interventions targeted at increased risk or harmful drinkers. This is important to note when planning activities as self-identification around messages and imagery is key to ensuring resonance. If the desired target audience discounts the message as being aimed at other people – the campaign/intervention has failed at the first hurdle.

Recommendation 7: Consider public-facing communications and engagement focused on the broader topic of mental health and wellbeing. This will attract a broader audience that would otherwise disengage from messages around risky drinking, discounting it as ‘not for me’. Communication and engagement should consider:

- A core proposition focused on mental health and wellbeing more broadly.
- Raising awareness of the wider community offer / activities / what’s on (already been done locally by providers).
- Prompting people to consider “when was the last time they did something for them?” rather than telling them what they should do for their mental health – it will be different for everyone.
- Consider funding pop-up events in outdoor spaces led by community leaders/ groups.

4. Outreach and marketing continued

Recommendation 8: Feed in additional content related to alcohol consumption.

This should follow be similar to the This Mum Can breastfeeding campaign, where the core proposition was to support young mums with content about breastfeeding weaved through it. This meant mums who didn't breastfeed were tapped into the content and did not dismiss it as being 'not for me'.

- Feed in real-life stories of local people drinking less to help reframe the social norm.
- Promote the short-term benefits of drinking less (e.g., being in control, no hangover/ guilt, next day responsibilities, less calories).

5. Define goals and measure success

- If steps are taken to implement the recommendations listed in this report, it will be important to define and establish measures for success and to ask the critical question: how do we know it is working?

Recommendation 9: Establish measures for success and establish mechanism for continuous improvement in collaboration with community leaders.



Appendix – Quotes relating to ‘Risky Drinking’

“Living with or family and friends can cause people to drink too much or more.”

(Male, St Marks, aged 35-39)

“People might try to play games who can drink more. Celebrating, being around people. In situations like you can forget how much you drink.”

(Male, Matson, aged 25-29)

“Things to do. People have moved from the shops to their homes. Matson used to be run down and has got nicer in many ways so it’s a shame it is being ruined by the shop and public drinking”

(Female, Matson, aged 45-49)

“Trauma, physically or emotionally or something they are not happy about. Lose control of how much they drink... Emotional stress, work, a breakup, you could have lost somebody – can cause you to drink more”

(Male, Matson, aged 25-29)

“[You can tell it is risky drinking] as it will definitely have an effect on relationships with friends and family”

(Male, Matson, aged 18-19)

“We’re all going through some mental health changes after coming out of covid”
(Stakeholder, Matson)

Appendix – Quotes relating to support

*"Seeing others taking advice or accessing support will help."
(Female, 20-24, Podsmead)*

*"Help creating a plan, clear plan of what you want. Identify your triggers. How to avoid your temptations."
(Male, St Marks, aged 45-49)*

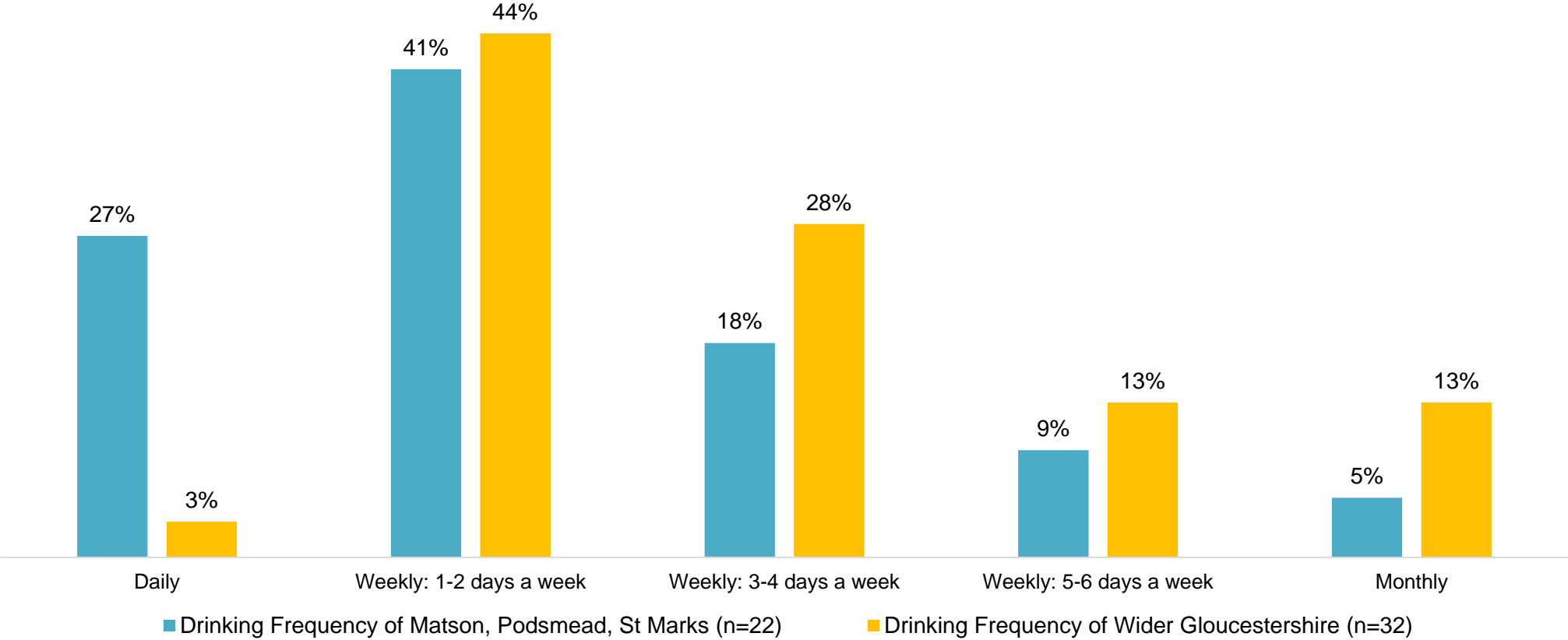
*"Motivation, hearing success stories, someone that has been able to cut down their drinking. Advice from someone like this is very impactful. Someone who has been through the process before or can understand their experience, their addictions."
(Male, Podsmead, aged 25-29)*

*"It [holistic service] would be good but some people can't be bothered with things like that - it has to be really easy to get to and free."
(Male, Matson, aged 35-39)*

*"Face to face support in a medical setting or in a community centre. But somewhere that feels neutral and natural is important."
(Male, Podsmead, aged 35-39)*

*"It sounds great - people need something to stop boredom. Ewe centre is really a good thing. Housing associations could help communicate this."
(Male, Matson, aged 30-34)*

Appendix – Frequency of drinking based on survey responses



Thank you. Together we...

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