Men and Alcohol: Key Issues

■ Background

Scottish Health Action on Alcohol Problems (SHAAP) and the Institute of Alcohol Studies (IAS) co-hosted a four-part seminar series to discuss issues relating to men and alcohol. The events were held across 2019 and 2020 in Edinburgh and London and were intended to stimulate debate, challenge attitudes and perceptions, and encourage people to think about future research and policy priorities. Each seminar focused on a specific topic relating to men and alcohol and was chaired by an expert who invited guest speakers to present personal responses to pre-set questions. This paper draws on relevant literature and expands upon discussions from the seminars. It has been compiled and written by SHAAP Research and Projects Officer, Jackie MacDiarmid.

SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

12 Queen Street
Edinburgh EH2 1JQ
0131 247 3667
SHAAP@rcpe.ac.uk
www.shaap.org.uk
@SHAAPALCOHOL

IAS is an independent institute bringing together evidence, policy, and practice from home and abroad to promote an informed debate on alcohol's impact on society. Their purpose is to advance the use of the best available evidence in public policy decisions on alcohol.

Alliance House
12 Caxton Street
London SW1H 0QS
0207 222 4001
info@ias.org.uk
www.ias.org.uk
@InstAlcStud

■ Seminar Outlines

Seminar 1: Men, Alcohol and Identity

Chair: Colin Shevills

Speakers: Kevan Christie, Dr Harpreet Kohli, Kenny MacAskill, MP

Questions:

- *What role does alcohol play in identity construction for men?*
- *How does men's alcohol use interact with factors such as race, culture, and class?*
- *What alternatives to alcohol exist for men's identity construction?*

Seminar 2: Men, Alcohol and Marketing

Chair: Professor Gerard Hastings

Speakers: Habib Kadiri, Adrian Chiles, Dr Matthew Philpott

Questions:

- *How does alcohol marketing influence men's behaviour?*
- *How does alcohol marketing influence attitudes towards men?*
- *How does alcohol marketing affect men in different social and cultural contexts?*

Seminar 3: Men, Alcohol and Health

Chair: Professor Derek Bell

Speakers: Dr Richard Piper, Jardine Simpson, Dr Peter Rice

Questions:

- *What role does alcohol play in men's mental health?*
- *How is men's physical health affected by alcohol?*
- *How can we increase awareness about the health related harms of drinking alcohol?*

Seminar 4: Men and Alcohol - What's Next?

Chair: Dr Eric Carlin

Speakers: Professor Sir Ian Gilmore, Dr John Player, Phil Cain

Questions:

- *How will men be affected by alcohol in the future?*
- *How can alcohol related harms to men be prevented or reduced?*
- *How do we strike a balance between state intervention and individual responsibility?*

■ Recommendations

Throughout our four sessions, the issue of societal pressure on men emerged as a key problem to tackle if we are to make inroads on reducing harms. There is no one way to address the tropes of the 'hard-drinking man' or 'one of the lads'; these commonplace identities are rooted in history, culture, gender norms, class identity and beyond. In order to expand the ways in which men communicate, express themselves, seek entertainment and connect with others, an environment must be fostered where this exploration can take place. This means, as a start, tackling social and economic inequality, breaking down gender stereotypes and providing alternatives to substance use. With this in mind, we have endeavoured to provide specific and relevant recommendations for research, policy and practice in order to work towards the above aims. These recommendations stem from a variety of sources, including our expert panellists, participants from our sessions, research produced by SHAAP and IAS and WHO guidance.

A note on context: These recommendations were produced during the summer of 2020 in the midst of the COVID-19 global pandemic. The pandemic has exacerbated problems associated with alcohol harms, such as social isolation, mental health challenges and deprivation. Given this context, it seems probable that we are heading towards a period of economic downturn and further austerity. This may lead to higher unemployment, precarious work, higher levels of deprivation and cuts to services, all of which may contribute to greater alcohol harms.

Recommendations for Research

We have identified the following topic areas as priorities for further investigation:

- Masculine identities (class, fatherhood, age, sexual orientation, culture etc.) and drinking behaviours

- Normalisation of men's drinking and perceptions of masculinity and drinking

- Different cultural and ethnic groups and their experiences of discrimination, stigma, and access to services

- LGBT+ individuals and their experiences of discrimination, stigma, and access to services

- The intersection between alcohol use and mental health problems

- Evaluations of interventions and services

Recommendations for Policy

- People with lived experience (including family members) must be central in the development and implementation of policies, interventions, and services.

- Population level measures to reduce harms should be implemented, including the following:

  – Strengthen the restrictions on alcohol availability

  – Centralise the licensing process and impose greater restrictions on alcohol licensing

  – Advance and enforce drink-driving countermeasures

  – Facilitate access to screening and interventions

  – Enforce bans or restrictions on alcohol advertising, sponsorship and promotion

  – Find alternatives to alcohol sponsorship of sports teams and foster positive relationships to sporting organisations such as the SHAAP sponsorship of Scottish Women's Football

  – End self-regulation of advertising and marketing by the alcohol industry

  – Raising alcohol prices via taxation and pricing policy

  – MUP review linked to affordability and push UK for alcohol volumetric/specific taxation

  – Mandate that alcoholic beverages be labelled with health warnings and ingredients and enforce this regulation

- An evidence-based, systems based approach to harm reduction should be taken in the following areas:

  – Poverty reduction: The introduction of a basic income for healthy living

  – Housing: Adopt the Housing First strategy and trial Managed Alcohol Programs

  – Youth services: Provide activities for young people in order for them to learn skills, develop relationships and have fun in an alcohol-free environment

  – Alcohol-free spaces: Provide accessible alternatives for youth and adults to access entertainment and spend time in an alcohol-free environment, such as community centres, leisure centres etc.

Recommendations for Service Providers

Ensure that services are:

- Exercising 'professional optimism': Giving everyone who seeks help a supportive and positive environment in order to start or continue their recovery journey

- Trauma-informed

- Making use of the expertise of individuals with lived experience and initiating peer-led support where possible

- Linked with recovery communities and/or Alcoholics Anonymous

- Performing assertive outreach and dispensing with punitive measures such as delaying or denying treatment or services if clients miss a meeting

- Communicating with one another: Mental health and addictions services

- Reviewed and evaluated

Education for service providers and healthcare workers:

- Medical and nursing curriculums should include comprehensive information on alcohol problems and recovery, including information specific to gender, the LGBT+ community and different ethnic and cultural backgrounds

- Medical professionals should be made aware of available services and should be connected to recovery communities and/or Alcoholics Anonymous

- Service providers should receive training on the above and also be similarly connected to recovery communities, including Twelve Step programmes such as AA

■ Seminar 1: Men, Alcohol and Identity

Date: September 2, 2019
Location: Edinburgh

Seminar Questions:
- *What role does alcohol play in identity construction for men?*
- *How does men's alcohol use interact with factors such as race, culture, and class?*
- *What alternatives to alcohol exist for men's identity construction?*

Chair: Colin Shevills
Speakers: Kevan Christie, Dr Harpreet Kohli, Kenny MacAskill MP

Colin Shevills

Colin Shevills is the Director of Balance North East.

In Colin's own words: "The son of a miner and the brother of a publican and alcohol industry employee, my life has been steeped in booze from an early age. Childhood Sundays revolved around roast beef, Yorkshire pudding – and the opening hours of the Workingman's Club."

Kevan Christie

Kevan Christie is a health journalist with a personal and professional interest in alcohol and identity for men. In Kevan's own words: "I consider myself to be a typical working class Scottish man who has grown up with a love of football which was overtaken by a love of drinking."

Dr Harpreet Kohli

Dr Harpreet Kohli is a former GP and public health medicine consultant. He was the director of Public Health and Health Policy at NHS Lanarkshire from 2008-2017. In Harpreet's own words: "Originally from India (of Punjabi Sikh heritage) and brought up in Scotland, my perspective on alcohol has been informed by my observation of alcohol use in the Sikh community, the ubiquitous nature of alcohol in Scotland and the perceived need for alcohol in male social culture."

Kenny MacAskill, MP

Kenny MacAskill currently serves as the Member of Parliament for East Lothian. Previously, he served as a Member of the Scottish Parliament and was the Cabinet Secretary for Justice for the Scottish Government from 2007 to 2014. In Kenny's own words: "I came up a Scottish Child of the 60s when alcohol was the forbidden fruit and became an adult when liberalisation was occurring and drinking was part of Scottish Manhood."

What role does alcohol play in identity construction for men?

Alcohol use and intoxication have long been associated with men and masculinity (Hunt and Antin, 2019). Numerous studies have examined the differences in drinking between men and women, and findings show high levels of acceptance for drinking and intoxicated behaviour in men. Alcohol plays a central role in affirming masculinity and acts as grounds for male bonding and solidarity. (Hunt and Antin, 2019). Drinking alcohol is frequently recognised as part of a range of male behaviours in Western cultures and viewed simply as 'just men being men' (Ostergaard, 2007). Over the last two decades, the notion of masculinity as a static attribute has been replaced by a more layered understanding of a multiplicity of masculinities (Emslie, Hunt and Lyons, 2013). Along with gender, many other factors influence men's experience of alcohol use, including their ethnicity and culture, age, sexual orientation and socio-economic background (Hunt and Antin, 2019).

In his remarks, Kevan Christie painted a portrait of Scottish male society as well as sharing his personal story as a Scottish man making his own recovery journey. He spoke bluntly regarding alcohol and identity construction for men in Scotland, saying that the nation urgently needs to address the 'warped sense of nationalism' that it has adopted when it comes to taking pride in 'holding your drink.' In his view, this has led to the fact that hooliganism and drunkenness are tolerated in Scotland to a degree that they are not elsewhere. He also pointed to alcohol being used as a glue for perceived friendships, but felt that his personal experience was that when it was taken away it becomes painfully obvious how superficial these friendships really were. These comments echo existing research on middle-aged men in Scotland and the role that alcohol plays in creating and maintaining friendships amongst them. A 2013 qualitative study found that drinking played a central role in constructing friendships in the lives of the participants. Alcohol was viewed as helping men talk to each other and providing social support as well as improving mood. The findings suggested that alcohol was integral to the way that these men performed emotional labour (Emslie, Hunt and Lyons, 2013).

How does men's alcohol use interact with factors such as race, culture, and class?

The intersectionality of race, culture and class as well as other factors such as sexual orientation and age and how they interact with alcohol were addressed by each of the speakers during their presentations and in the open discussion which followed.

Dr Harpreet Kohli shared his own experiences of coming from a Sikh background and being immersed in this culture as well as that of the West of Scotland throughout his life. He has seen first-hand the contradictions and complexities of how factors such as class, ethnicity and culture play a role in alcohol use. A 2018 BBC/BMG Research study showed that while the Sikh faith prohibits alcohol consumption, 61% of Sikh respondents in the UK said that they drank at least occasionally, and 27% said that someone in their family had a drinking problem. In both cases, the drinkers were more likely to be men. Almost half of respondents answered that there was either a strong or at least some pressure to drink at social events (BBC/BMG, 2018). Sikh men are also over-represented in liver cirrhosis figures (Bayley and Hurcombe, 2010). In general, research shows that ethnic minorities in the UK have similar rates of alcohol dependency as the white population (Bayley, M. and Hurcombe, R., 2010). However, they are under-represented in seeking treatment and advice for drinking problems, suggesting that more outreach to these communities is needed from services and healthcare professionals (Bayley and Hurcombe, 2010). Research also shows that events of racial discrimination elevate the risk for 'escapist' drinking, and that in areas of low ethnic density in the UK where racism is more prevalent, this risk is higher in comparison with more multicultural areas (Bécares, Nazroo and Stafford, 2011).

Both Christie and Kenny MacAskill addressed class in their talks, noting that while alcohol problems may transcend class, they may seem different depending on who is being examined. Christie pointed out that teenagers drinking wine tonic in the park are not perceived the same way as a middle class couple drinking a few double G&Ts at the golf club though the same number of units might be consumed. In his view, the 'aspirational classes' use alcohol in order to send a message to society about their status with the behaviours they exhibit, the milieu they choose and the type of alcohol they consume. Kenny linked the fallout from Scotland's industrial decline to the challenge of finding a new identity, particularly for working class men. The vacuum created by a lack of skilled work is not easy to fill, and MacAskill asked the audience where they believed all these men ended up without the sense of identity previously derived from work. "Class has been struck off the agenda," he stated, "And yet the working class have nowhere to go."

An open discussion between panellists and audience members closed the session. Several important points about representation were raised which had not been captured by the presentations, including points regarding different age groups (all the speakers were middle-aged) and also LGBT+ issues. The relationship to alcohol experienced by sexual minorities is an under researched area (Emslie, Lennox and Ireland, 2017). A qualitative study from 2017 found that respondents from the LGBT+ community were highly sensitive to preferences of drinking vessel and choice of drink, with both being linked to identity construction. Pressure to "drink appropriately" was felt, for example, the perception that lesbians should order pints and gay men should order cocktails (Emslie,

Lennox and Ireland, 2017). This context needs to be taken into account when tailoring interventions for men who are members of the LBGT+ community in order for them to be sensitive and effective.

What alternatives to alcohol exist for men's identity construction?

Kohli stated that for him, the central issue to consider on this question is addressing the 'poverty of men's emotional intelligence'. The general discussion picked up on this theme as well, and participants made suggestions for how to tackle stigma around mental health problems. Education and raised awareness were agreed on as important factors in encouraging men and boys to open up and share emotions from an early age. Research shows that while men and women experience mental health problems at roughly the same rate, men are less likely to seek help and more likely to hide their symptoms (Smith et al., 2018). They are also reported to have fewer emotionally supportive relationships on average (Smith et al., 2018). Another suggestion made by an audience member was that Cognitive Behavioural Therapy could be taught in schools to help give all children the coping skills needed for navigating complex emotions throughout their lives.

Christie used examples from his own experiences to highlight what he felt could potentially replace alcohol in male identity construction. He described hearing many conversations at his local pub of instances where alcohol had cut short success in sport, art or education. He asked the audience, "How often have we heard, 'he coulda made it but he loved to bevvy' from people analysing another man whose ambitions were drowned out by drink?" A great deal of money, and perhaps more importantly, time is spent on empty socialising and alcohol rather than on fostering individual talents. "How many potential artists, footballers, musicians and scholars are sitting in the pub making self-deprecating jokes over what their lives might have been?" he asked the group.

This speaks to broader questions about why so many men's social interactions are tied up with alcohol. There are as many ways to build and foster identity as there are men, but how we create an environment where this is possible for everyone is a great challenge. Other avenues for constructing identity such as art, music, sport and higher education are disproportionately available to the most privileged in our society which is something that must be addressed by tackling poverty and ensuring the accessibility of these avenues (Kintrea et al., 2011).

Throughout the SHAAP/IAS 2017 Women and Alcohol seminars, motherhood was repeatedly raised as a central theme when participants were asked to reflect upon women's identity. It is notable that fatherhood rarely figured in the discussions in any of these Men and Alcohol sessions, though caregiving and parenting roles represent significant options for alternative identity construction. Women perform 60% more unpaid household labour than men (including childcare) and are also more likely to care for an elderly relative (ONS, 2016). Creating alternatives to alcohol for men's identity construction will require fundamental shifts towards socio-economic equality but also gender equality.

■ Seminar 2: Men, Alcohol and Marketing

Date: November 22, 2019

Location: London

Seminar Questions:
- *How does alcohol marketing influence men's behaviour?*
- *How does alcohol marketing influence attitudes towards men?*
- *How does alcohol marketing affect men in different social and cultural contexts?*

Chair: Professor Gerard Hastings

Speakers: Habib Kadiri, Adrian Chiles, Dr Matthew Philpott

Professor Gerard Hastings

Professor Gerard Hastings is an Emeritus Professor at the Institute for Social Marketing at the University of Stirling. In Gerard's own words: "As a young man growing up in West Yorkshire, where the pub and the pint were a central part of everyday life, alcohol marketing was my friend and ally."

Habib Kadiri

Habib Kadiri is a research and information officer at the Institute of Alcohol Studies. As a lifelong teetotaller, Habib spends much of his spare time wondering how and why alcohol gets everywhere, and wrote earlier this year about the conundrum of non-alcoholic alcohol beverages muscling in on soft drinks' turf. He also wonders why Vimto is not a grown-up enough drink for most people.


Adrian Chiles

Adrian Chiles is a TV and radio presenter currently working with BBC Radio 5 Live. He explored the role of drinking in his life and wider British society in his program "Drinkers Like Me" which aired in May 2019. In Adrian's own words: "Alcohol is the only drug you need to apologise for not taking."

Dr Matthew Philpott

Dr Matthew Philpott is the executive director of Healthy Stadia. Despite watching an awful lot of live and televised sport, Matthew has never really associated drinking alcohol with this activity, and is still a bit baffled at people paying large sums of money to watch live events and then having little recollection of them the following day. He is a season ticket holder at a North West Premier League club, and during summer months is a terrible batsman.
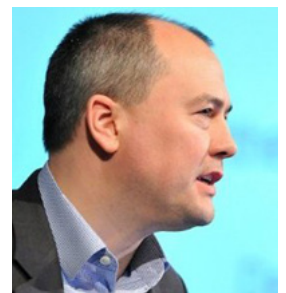
How does alcohol marketing influence men's behaviour?

Alcohol marketing and advertising is a £multi-million industry in the UK with an estimated sum of £800 million spent on alcohol advertising in the country in 2010 (Hastings, 2010). Regulations are currently overseen by non-government authorities such as the Advertising Standards Authority and the Portman Group (Alcohol Change UK, 2018). Most of the regulations that exist predate the digital age, meaning that there is a vacuum of rules when it comes to mediums such as social media (Monteiro et al., 2017). A systemic review of content and exposure research revealed that in environments where the alcohol industry self-regulates, marketing messages which appeal to children and young people routinely occur (Noel et al., 2016). Alcohol marketing reaches men through multiple platforms: Facebook, Twitter, Instagram, Reddit and Flickr were all found to host alcohol advertisements and branded content and alcohol-branded websites have been found to contain interactive and downloadable content, video games, cartoon figures and information on sponsored events (Noel et al., 2016).

This exposure has consequences: Research led by the University of Stirling and the Cancer Policy Research Centre at Cancer Research UK revealed that 11- to 19-year-old current drinkers who report high alcohol marketing awareness are 1.5 times more likely to be higher risk drinkers, compared to those who have low or medium awareness. The paper reports that 82% of young people recalled seeing at least one form of alcohol marketing in the month preceding the survey, and 20% reported owning alcohol-branded merchandise (Critchlow et al., 2019). Possible gender differences exist in the area of alcohol marketing and mass media interventions. Evidence suggests that young men may be more affected than young women are by broadcast advertising, especially for beer. (Fitzgerald et al., 2017).

Notions of masculinity and drinking are tied up in a number of ways. Alcohol advertising works to develop a multifactorial relationship with consumers, enmeshing alcohol with positive environments, personal reward and identity capital (Scott et al, 2017). Themes directed towards men in alcohol advertising include humour, relaxation, friendship and masculinity as well as sexual themes which often portray men exerting power over women (Noel et al., 2016). These findings point to men's behaviour being influenced by exposure to alcohol marketing in a variety of ways: Brand recognition, choice of beverage, increased level of alcohol consumption and acceptability and normalisation of a set of behaviours associated with drinking.

How does alcohol marketing influence attitudes towards men?

A review of how men are portrayed in alcohol marketing found that men are often type casted into hypermasculine roles, such as athletes and pick-up artists (Hall and Kappel, 2018). In contrast to these figures, a 'loser', meaning someone who is in the precarious situation of having their masculinity diminished in light of humiliation by other men, or worse, a woman is another common trope (Hall and Knappel, 2018). This man is then 'rescued' by other friends, and alcohol is used as the glue for promoting solidarity and facilitating masculine bonding. Alcohol is also used as a prop to prevent male bonding from veering into the feminine (Hall and Knappel, 2018). These images reinforce existing stereotypes about what it is that makes an 'ideal' man and ties up alcohol into this calculation.

In his presentation, Adrian Chiles highlighted the emotional manipulation of alcohol marketing. Chiles pointed to high effectiveness of alcohol marketing and branding, stating that the images and feelings associated with certain well-known brands go straight for the 'emotional jugular' and evoke feelings of national pride, camaraderie and happiness. He suggested that we can only balance the onslaught of positive connections to men and alcohol by also being exposed to the opposite imagery. For every beer garden filled with smiling patrons, there are A&E visits, car accidents, injury and loss of life. Chiles advocated for seeing more of this in our media in order for people to strike a more balanced attitude and see the negative consequences drinking may have.

How does alcohol marketing affect men in different social and cultural contexts?

While there has been some evolution of the portrayal of gender and alcohol in advertising over time, there is one area where masculinity and alcohol remain consistently intertwined: Sport (Hall and Knappel, 2018). As with alcohol, masculinity also holds a strong connection to sport and the three remain highly interlinked.

Dr Matthew Philpott's presentation focussed on sport, pointing to it as another avenue used heavily by the alcohol industry for marketing and advertising. He commented on how marketing had impacted him personally, speaking about his own experience as a university student and a lover of both sport and music. Both these environments are large targets for alcohol marketing.

Philpott also shared his thoughts on the role that alcohol plays in young men's lives as they transition from youth to adulthood. During this transitional time, alcohol can represent a rite of passage for young men (Hall and Knappel, 2018). Philpott reflected on the role that alcohol

had played in his own student days and reminisced about the different tactics used to encourage students to consume more alcohol. Examples included promotions such as 'Buy One, Get One Free' and gimmicks such as getting a free t-shirt after buying six pints at the university pub. Beyond student life, there is still pressure to buy more from marketing by mail and vouchers for free and discounted alcohol products. He added that he felt that an element of social pressure is embedded in these marketing messages. They imply, for example, that you are not a team player if you don't buy a round, or that you're not one of the lads if you can't stay for 'just one more'.

Habib Kadiri gave the final presentation of this seminar, offering his perspective as a lifelong teetotaller. Habib credits his Muslim faith for insulating him from the same kind of peer pressure to drink alcohol that his friends felt. This is something that Kadiri came to at an individual level as neither of his parents abstain from alcohol. His mother, originally from Nigeria, has even described how, at the time she was pregnant in Nigeria, Guinness was marketed to pregnant women as being good for them. Habib believes it was his personality and 'naturally contrarian' nature which lead him to decide to eschew drinking alcohol. Despite being surrounded by drinking growing up in the UK, Kadiri stated that he has never felt pressured by friends, or family, or felt societal pressure to drink. This allows him a unique perspective when observing the social rituals, assumptions and consequences of drinking, as well as the ability to look at alcohol marketing in a more detached way.

Seminar 3: Men, Alcohol and Health

Date: January 24, 2020

Location: Edinburgh

Seminar Questions:
- *What role does alcohol play in men's mental health?*
- *How is men's physical health affected by alcohol?*
- *How can we increase awareness about the health-related harms of drinking alcohol?*

Chair: Professor Derek Bell

Speakers: Dr Richard Piper, Jardine Simpson and Dr Peter Rice

Professor Derek Bell

Professor Derek Bell was President of the RCPE from 2014-2020. He is also the Director of the NIHR CLAHRC for Northwest London. Derek was appointed as the first Professor of Acute Internal Medicine in the UK at Imperial College London and was the inaugural President of the Society for Acute Medicine. Prior to moving to Imperial College he was Associate Medical Director in Edinburgh. Derek was awarded an OBE for his services to unscheduled care and quality improvement in healthcare in the 2018 New Year's Honours List.

Dr Richard Piper

Dr Richard Piper joined Alcohol Change UK as Chief Executive in September 2017, having previously worked for Mencap, NCVO and Roald Dahl's Marvellous Children's Charity. In Richard's own words: "I have never embraced traditional male stereotypes. My drinking identity was, however, more traditional, falling in love with real ale and wrapping my identity around being a drinker from the ages of 16 to 46. A life-changing Dry January in 2018 shifted all that and I have since re-written my identity as dry-by-default."

Jardine Simpson

Jardine is the CEO of the Scottish Recovery Consortium. SRC exists to support, represent and connect recovery from problematic substance use in Scotland. In Jardine's own words: "I found abstinent recovery through residential rehabilitation and Alcoholics Anonymous in 2008 and have worked in the substance use sector throughout Scotland building access to recovery for the last decade."

Dr Peter Rice

Dr Peter Rice is a retired Consultant Psychiatrist with the NHS Tayside Alcohol Problems Service and Honorary Senior Lecturer at the University of Dundee's Medical School. In Peter's own words: "I like the idea of being of service to the communities that have supported me though my education and other development and this is the foundation for my working identity."

What role does alcohol play in men's mental health?

Men are less likely than women to seek help for mental health problems, to have symptoms that fit standard measurement tools, and to have their mental health problems identified by primary care physicians (Smith et al., 2018). They are also less likely to divulge feelings to their friends and family and tend to have smaller and less diverse social networks to lean on. All of these factors play a role in externalising distress with mechanisms such as alcohol and drug use (Smith et al., 2018). Alcohol exacerbates mental health problems such as anxiety and depression, and suicide and self-harm are more common in people with alcohol problems (Royal College of Psychiatrists, 2020). In the UK, men are three times more likely than women to commit suicide (Samaritans, 2020).

All of the speakers highlighted mental health in their presentations, and spoke about the phenomenon of alcohol use as a coping mechanism for traumatic experiences and mental health problems. In Dr Richard Piper's presentation, he stated the need for reframing criticism and judgment around alcohol use as a coping mechanism and urged for careful language to be chosen in discourse surrounding the subject. Both he and Jardine Simpson stated a preference for staying away from the word 'addiction' given the stigma attached to it. Piper suggested use of the word 'habits' and Jardine described 'a set of behaviours which are informed by substance use'.

Simpson further explored this issue by sharing his own recovery journey and lived experience of alcohol problems. Alcohol was present in the lives of his family members from early childhood through to his hillwalking and climbing club and his time as a university student. He describes his substance use as his method of dealing with past trauma and anxiety about the future given that he did not have the benefit of learning other coping mechanisms throughout his life. After time in the criminal justice system and a collapse of both mental and physical health, Simpson began his recovery journey. This experience has led him to his current work in advocacy.

Dr Peter Rice shared his perspective from his background as a psychiatrist working with alcohol-dependent patients. He then went on to explain more about alcohol and its effect on the brain. All of our mental functioning can be affected by alcohol: Our ability to make decisions, to perceive the world around us and to exercise judgement and to multitask are all altered by alcohol (NHS, 2018). In terms of the longer-term effects, one of the most powerful things alcohol does is to interfere with the brain's ability to create new memories. For those with any level of alcohol related brain damage this can have a significant effect on their life (NHS, 2018). Rice closed his talk with a reflection on the relationship between mental health and alcohol, commenting that in terms of services and medicine these two things are often separated but in reality there is deep link between them and this separation can create difficulties for those seeking help.

How is men's physical health affected by alcohol?

Alcohol problems represent the biggest risk factor for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages (Burton et al., 2016). 24% of adults in England and Scotland regularly drink over the Chief Medical Officer's low-risk guidelines, and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (for men this represents at least 8 units in one session) (ONS, 2017). The differences between how men and women tend to use alcohol accounts for a significant gap in life-expectancy between them (McCartney et al., 2011).

In both England and Scotland, approximately twice as many men die of alcohol-specific causes than women (NHS Digital, 2020) (NRS, 2019). Alcohol-specific deaths refer to the National Statistics definition, meaning deaths resulting exclusively from the long-term misuse of alcohol and, to a lesser extent, acute effects of alcohol poisoning (ONS, 2017). Men are also overrepresented in hospital admissions for alcohol related issues. In England, men represent just under two thirds of alcohol admissions (NHS Digital, 2020). In Scotland, this figure is even higher at 71% (ISD Scotland, 2019).

There are both long-term and short-term health risks associated with drinking alcohol (NHS, 2018). Short term health risks associated with binge drinking (6 units or above in one session) include alcohol poisoning, accident and injury, unsafe sex and impaired judgement decision-making ability (NHS, 2018). Long term health risks include damage to the brain and nervous system, heart, liver and pancreas, increased blood pressure and cholesterol, stroke, several types of cancer, sexual problems, dementia and mental health disorders. Drinking at harmful levels long-term can also weaken your immune system and your bones (NHS, 2018). Alcohol withdrawal also has the potential for serious health consequences, and can cause symptoms such as tremors, agitation and seizures (NHS, 2018).

How can we increase awareness about the health related harms of drinking alcohol?

The session chair, Professor Derek Bell, addressed this question by calling for increased dialogue surrounding men and alcohol in Scotland the UK as well as in the rest of the world. He challenged the tacit acceptance of poor health outcomes for men and the attitude that this is simply "the way it is."

Each speaker differed in their responses to how we prevent and mitigate harm from drinking alcohol. Richard highlighted his preference for creating positive health messaging. Rather than constantly referring to the negative health outcomes and dangers associated with drinking, he suggested that talking about the positive elements that not drinking may bring to your life would potentially be more effective. He cited examples such as weight loss, improved sleep as well as more long-term health benefits. Piper described his own experience with the 'Dry January' campaign as an effective example of this kind of positive health promotion. He praised the initiative for having a low threshold for participation and for its ability to demonstrate the benefits of going alcohol-free directly. He also made a case for what he called a "radical denormalisation of alcohol" in society: More alcohol free spaces and events and a greater variety of alcohol free beverages were included in his suggestions.

Simpson's view was that a greater understanding of the root causes of why men use substances is necessary in order to improve the situation. He cited childhood and adult trauma, poverty and mental health problems as root causes. Simpson also stressed that recovery is not a simple or straightforward journey and that immense challenges exist in terms of how the system currently works for people who are trying to seek help. He stressed the need for holistic thinking and open dialogue about recovery as well as addressing stigma faced by those with alcohol problems.

Rice added to this reflection on recovery from his perspective as psychiatrist. In his view, recovery is connected the way a person thinks about themselves and the way that they think about the world. People will have an improvement in health once they have repaired their relationships, they get their capacities back, and they are able regain a sense of themselves which may have been severely disrupted by their experiences or by the physical effects of alcohol.

A major theme throughout the session was the interplay between personal responsibility and environmental and societal factors when it comes to how to prevent and reduce alcohol-related harms in society.

■ Seminar 4: Men and Alcohol: What's Next

Date: June 3, 2020
Location: Webinar

Seminar Questions:
- *How will men be affected by alcohol in the future?*
- *How can alcohol related harms to men be prevented or reduced?*
- *How do we strike a balance between state intervention and individual responsibility?*

Chair: Dr Eric Carlin
**Speakers**: Phil Cain, Professor Sir Ian Gilmore, Dr John Player

Dr Eric Carlin

Dr Eric Carlin has been Director of SHAAP since 2012. He is currently acting as an Alcohol Policies Public Health Expert to the WHO. Prior to this, he was Chief Executive of Mentor UK and of Angel Drug Services, London. In his own words: "For me, alcohol charms, tempts, seduces and sometimes destroys, which is why it is my favourite and most feared drug.

Phil Cain

Phil Cain is a journalist and author of the book "Alcohol Companion". In his own words: "I began noticing how alcohol escapes serious scrutiny in my childhood. I now believe remedying this oversight through dedicated journalism offers a foundation for progress."
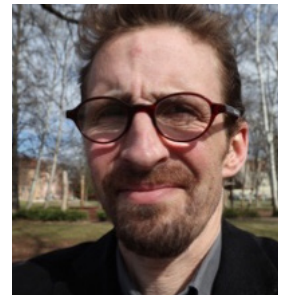
Professor Sir Ian Gilmore

Professor Sir Ian Gilmore is the Director of the Liverpool Centre for Alcohol Research. He is previous President of the Royal College of Physicians and a leading figure on alcohol policy in the UK. In his own words: "I spent most of my professional life treating patients with alcohol-related liver disease before it occurred to me to 'go upstream' to try to prevent some of the damage – hence I am a late convert to the potential of public health medicine and taking a population approach"

Dr John Player

Dr John Player is a Doctor in Adult Education and Critical Discourse Analysis. He worked as an adult educationalist and community development worker before moving to his current positions at Barony Housing Association, the Salvation Army and the University of Glasgow. In his own words: "I have been interpolated with the intoxicated identity constructed for us in Scotland and elsewhere and only thorough total abstinence can I achieve emancipation one day at a time."

How will men be affected by alcohol in the future?

Currently, there are 3 million deaths per year due to alcohol problems and with drinking on the rise in many parts of the world we can expect that the burden of disease and number of deaths will rise accordingly (WHO, 2019). At the time of the final webinar in this series (June 3, 2020), we were in the midst of the COVID-19 pandemic which had claimed the lives of 375,000 people globally in four months at the time of the webinar (WHO, 2020). Over the same amount of time, 1 million people will have died because of alcohol related problems. These statistics were shared by our speaker Professor Sir Ian Gilmore, who said that the aim of pointing this out was in no way to try and minimise the terrible consequences of the pandemic but rather to highlight how devastating alcohol harms are.

The future has been made all the more uncertain by the COVID-19 pandemic, and the panellists suggested some of the changes in alcohol use which may have taken place throughout. A poll taken in May 2020 by YouGov and Imperial College London showed that 19% of men drank on 5 or more days before 'lockdown' commenced, whereas 22% of them did so during lockdown (these figures were 12% and 16% respectively for women) (Smith, 2020). For those already in challenging circumstances, the lockdown restrictions may exacerbate difficulties. For those trying to access support, the lack of face to face contact adds an extra hardship. There may be people who suffer from worsened mental health and who are pushed to use alcohol as a coping mechanism for depression, anxiety and loneliness. Lockdown has also compounded difficulties for those experiencing domestic abuse, another issue exacerbated by alcohol use. In light of the COVID-19 pandemic, in the short-term policymakers will be focused on easing the restrictions and then on restarting the economy. A weakened economy, recession and ongoing austerity will impact those in poverty the hardest, those who are already at greatest risk of alcohol harms (NHS Digital, 2020).

In the longer term, speakers voiced their hopes that the future of men's health and wellbeing vis a vis alcohol use will be one area where policy makers refocus on evidence-based harm reduction policies. Evidence from the implementation of measures such as Minimum Unit Pricing will be key to understanding future trends of alcohol consumption and harms. Other policy areas which could influence future trends are licensing laws, further pricing measures and marketing and advertising. The economic fallout from the pandemic may result in cash-strapped governments making cuts to social services including alcohol treatment. It follows that such service cutbacks would likely result in more health problems and deaths which will affect men disproportionately as they are overrepresented in harms and deaths from alcohol (NHS Digital, 2020). An economic recession or depression and job losses may also exacerbate mental health issues resulting in increased substance problems.

How can alcohol related harms to men be prevented or reduced?

In order to reduce alcohol harms for men, it is important first to understand who is affected the most and then to examine the root causes of why alcohol problems occur in the first place. Dr John Player pointed to poverty as arguably the most pressing issue to address if we are to minimise the risk of harmful drinking and support men before they experience alcohol problems in the first place. He traced the root causes for poverty and subsequent poor health outcomes back to deindustrialisation and subsequent socioeconomic impacts. He picked up on a point made in the first seminar session: In many communities in the UK, men's identity used to be focused on employment in heavy industry but now drugs and alcohol have moved in to fill the gap that was left behind as these industries floundered. Player argued that addressing poverty and developing new identities are key to reducing alcohol harms to men.

Gilmore agreed that cultural changes are important, but argued that policy drives these changes. In the case of alcohol, it is availability and the affordability of alcohol which have done the most to change the culture around drinking argued Ian. The increased levels of alcohol use are not due to cultural shifts which have happened in a vacuum, they have occurred because alcohol can be obtained cheaply and easily. In order to address this, we can turn to the example of the public health approach on tobacco use (Cummings, 2016). Changing the attitudes and culture around tobacco was possible because of health messaging, pricing, and bans on advertising. This informed his own decision to transition from clinical work as a liver specialist to working in public health because he came to realise he could effect the most change this way.

Professor Carol Emslie of Glasgow Caledonian University, a participant at the seminar, pointed that most of the messaging we receive from media leaves the impression that public drinking by women is the greatest problem, with problematic images of women drinking or passed on street benches used repeatedly as the associated image for alcohol harm. Gilmore pointed out that in reality, the home drinking of older men represents a far more pressing issue, with health outcomes particularly poor in deprived areas (NHS Digital, 2020). In his talk, Phil Cain picked up on this point by arguing that perception of risk is highly influenced by narrative and storytelling rather than statistics; if we could do a better job of this in communicating alcohol harms we might find that our messages were much more effective.

How do we strike a balance between state intervention and individual responsibility?

Gilmore suggested that while state intervention is a powerful and effective tool, public health policies can be accompanied by unintended consequences. He brought up an example that alcohol-focussed policy makers often refer to: The prohibition era in the United States. This policy reduced harms from drinking, and there was a 50% decrease in domestic abuse (Blocker, 2006). However on the flipside, bootlegging, crime and mafia activity were serious and unforeseen consequences of the policy. Gilmore cited this as an example of a heavy handed public health approach, stating that most public health initiatives are not as targeted as we would like them to be and that no one policy is a panacea.

Despite this challenge, several proposals for state intervention were put forward by the speakers, many of which addressed the relationship between policymakers and the alcohol industry. Confronting lobbying efforts by the alcohol industry was one suggestion, as was ensuring that the industry is not self-regulated. Insisting that retailers and alcohol companies share their sales data in order to gain a deeper understanding of consumption was another suggestion. Marketing and advertising were two other areas which speakers shone a light on. In his talk, Cain shared that he thinks that more needs to be done to create media literacy around alcohol advertising and marketing in order for people to better understand and notice all the ways in which marketing and advertising attempts to manipulate us. "Alcohol is disabling us, not empowering us," he said during his presentation. "Alcohol is not a performance enhancing drug: It's pleasurable, not useful."

Player challenged the notion of individual responsibility and its role in reducing harms, pivoting to the issue of inequality. He summed up his answer to this question by outlining that there are structural issues of class and inequality behind the alcohol harms we see affecting the most disadvantaged people in our society. "Crack, smack and Frosty Jacks - these are symptoms of the diseases of despair," he said in his presentation. Player then asked the audience who they felt had created this intoxication identity that we see playing out? Whom does it serve? He argues that it will take action from policy makers to address that. However Player did offer some ideas for individual action for reducing men's alcohol harms, chiefly that we must find other ways of celebrating and expressing ourselves outside of drug and alcohol use. He also talked about community education initiatives as a good place to start with this, and used the example of his own community work with men's groups at football clubs.

The seminar series ended with the reflection that there has to be a degree of conflict between public health and the alcohol industry. The advice from the speakers and chair was that we should not shy away from this; indeed, improvements in society are often born from conflict. At the time of these discussions, the COVID-19 crisis has been a time of trauma for the world, while also showing that government intervention can be used to improve public health, with collective action to save lives. Hopefully this public health focussed attitude can be galvanised in strategies going forward which can change masculine cultures and social practices related to alcohol, thus preventing and reducing harms to individual men, their families and broader society.

■ References

Alcohol Change UK. 2018. *Fit For Purpose? An Analysis Of The Role Of The Portman Group In Alcohol Industry Self-Regulation*. [online] Available at: https://alcoholchange.org.uk/publication/fit-for-purpose-an-analysis-of-the-role-of-the-portman-group-in-alcohol-industry-self-regulation [Accessed 27 July 2020].

Alcohol Change UK. 2020. *Drinking During Lockdown: Headline Findings*. [online] Available at: https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings [Accessed 27 July 2020].

Bayley, M. and Hurcombe, R., 2011. *Drinking patterns and alcohol service provision for different ethnic groups in the UK: a review of the literature*. Ethnicity and Inequalities in Health and Social Care, 3(4), pp.6-17.

Becares, L., Nazroo, J. and Stafford, M., 2009. *The ethnic density effect on alcohol use among ethnic minority people in the UK*. Journal of Epidemiology & Community Health, 65(1), pp.20-25.

Blocker, J., 2006. *Did Prohibition Really Work? Alcohol Prohibition as a Public Health Innovation*. American Journal of Public Health, 96(2), pp.233-243.

BMG Research. 2020. *BBC/BMG Research Survey: More Than A Quarter Of UK Sikhs Say That They Have A Family Member With A Drinking Problem* - BMG Research. [online] Available at: www.bmgresearch.co.uk/bbc-bmg-research-survey-more-than-a-quarter-of-uk-sikhs-say-that-they-have-a-family-member-with-a-drinking-problem/ [Accessed 27 July 2020].

Connell, R. and Messerschmidt, J., 2005. *Hegemonic Masculinity*. Gender & Society, 19(6), pp.829-859.

Critchlow, N., MacKintosh, A., Thomas, C., Hooper, L. and Vohra, J., 2019. *Awareness of alcohol marketing, ownership of alcohol branded merchandise, and the association with alcohol consumption, higher-risk drinking, and drinking susceptibility in adolescents and young adults: a cross-sectional survey in the UK*. BMJ Open, 9(3), p.e025297.

Cummings, K., 2016. *Smoking Isn't Cool Anymore*. Journal of Public Health Management and Practice, 22(1), pp.5-8.

Emslie, C., Lennox, J. and Ireland, L., 2017. *The role of alcohol in identity construction among LGBT people: a qualitative study*. Sociology of Health & Illness, 39(8), pp.1465-1479.

Fitzgerald, N., Angus, K., Emslie, C., Shipton, D. and Bauld, L., 2016. *Gender differences in the impact of population-level alcohol policy interventions: evidence synthesis of systematic reviews*. Addiction, 111(10), pp.1735-1747.

Hall, G. and Kappel, R., 2018. *Gender, Alcohol, and the Media: The Portrayal of Men and Women in Alcohol Commercials*. The Sociological Quarterly, 59(4), pp.571-583.

Hastings, G., 2009. *"They'll drink bucket loads of the stuff": an analysis of internal alcohol industry advertising documents*.

Hunt, G. and Antin, T., 2017. *Gender and intoxication: from masculinity to intersectionality*. Drugs: Education, Prevention and Policy, 26(1), pp.70-78.

Information Services Division Scotland., 2020. *Alcohol-Related Hospital Statistics Scotland 2018/19*. [online] Available at: .isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-11-19/2019-11-19-ARHS-Report.pdf [Accessed 27 July 2020].

John, E., 2017. *Adult Drinking Habits In Great Britain*. [online] Office for National Statistics. Available at: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017 [Accessed 27 July 2020].

Kintrea, K., St Clair, R. and Houston, M., 2011. *The influence of parents, places and poverty on educational attitudes and aspirations*. Joseph Rowntree Foundation.

McCartney, G., Mahmood, L., Leyland, A.H., Batty, G.D. and Hunt, K., 2011. *Contribution of smoking-related and alcohol-related deaths to the gender gap in mortality: evidence from 30 European countries*. Tobacco control, 20(2), pp.166-168.

Monteiro, M.G., Babor, T.F., Jernigan, D. and Brookes, C., 2017. *Alcohol marketing regulation: from research to public policy*. Addiction, 112, pp.3-6.

NHS Digital. 2020. *Alcohol-Specific Deaths*. [online] Available at: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-2 [Accessed 27 July 2020].

NHS UK. 2020. *Overview: Alcohol Misuse*. [online] Available at: www.nhs.uk/conditions/alcohol-misuse/ [Accessed 27 July 2020].

NRS, 2020. *Alcohol Deaths*. [online] Available at: www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by theme/vital-events/deaths/alcohol-deaths [Accessed 27 July 2020].

Noel, J.K., Babor, T.F. and Robaina, K., 2017. *Industry self-regulation of alcohol marketing: a systematic review of content and exposure research*. Addiction, 112, pp.28-50.

ONS. 2016. *Women Shoulder The Responsibility Of 'Unpaid Work'*. [online] Available at: www.ons.gov.uk/employment andlabourmarket/peopleinwork/earningsandworkinghours/ articles/womenshouldertheresponsibilityofunpaidwork/ 2016-11-10 [Accessed 27 July 2020].

Østergaard, J., 2007. *Mind the gender gap!*. Nordic Studies on Alcohol and drugs, 24(2), pp.127-148.

Royal College of Psychiatrists. 2019. *Alcohol And Depression*. [online] Available at: www.rcpsych.ac.uk/ mental-health/problems-disorders/alcohol-and depression [Accessed 27 July 2020].

Samaritans. 2019. *Suicide Facts And Figures*. [online] Available at: www.samaritans.org/scotland/about- samaritans/research-policy/suicidefacts-and-figures/ [Accessed 27 July 2020].

Scott, S., Muirhead, C., Shucksmith, J., Tyrrell, R. and Kaner, E., 2017. *Does industry-driven alcohol marketing influence adolescent drinking behaviour? A systematic review*. Alcohol and alcoholism, 52(1), pp.84-94.

Smith, D.T., Mouzon, D.M. and Elliott, M., 2018. *Reviewing the assumptions about men's mental health: An exploration of the gender binary*. American journal of men's health, 12(1), pp.78-89.

Smith, M., 2020. *Yougov/Imperial College Study Examines How Well Public In 13 Countries Are Responding To COVID-19*. [online] Available at: https://au.yougov.com/ news/2020/04/11/yougovimperial-college-study-examines- how-well-pub/ [Accessed 27 July 2020].

WHO. 2019. *Global Status Report On Alcohol And Health 2018*. [online] Available at: www.who.int/substance_abuse/ publications/global_alcohol_report/en/ [Accessed 27 July 2020].

WHO. 2020. *WHO Coronavirus Disease* (COVID-19) Dashboard. [online] Available at: https://covid19.who.int/ Accessed 27 July 2020].

Young, B., Lewis, S., Katikireddi, S.V., Bauld, L., Stead, M., Angus, K., Campbell, M., Hilton, S., Thomas, J., Hinds, K. and Ashie, A., 2018. *Effectiveness of mass media campaigns to reduce alcohol consumption and harm: a systematic review*. Alcohol and alcoholism, 53(3), pp.302-316.

MEN, WOMEN & ALCOHOL IN SCOTLAND

"STEREOTYPES MAKE ONE STORY BECOME THE ONLY STORY" CHIMAMANDA NGOZI ADICHIE

Why do stereotypes about gender and drinking persist?

SOCIETY
Responses to men and women's drinking reflect wider gender norms

Women are judged more harshly on their behaviour and appearance if they have consumed alcohol.

Men's behaviour is more likely to be excused if they have been drinking.

UK newspapers tend to associate binge drinking with women & present women's drinking as more problematic, despite the evidence that men are more likely to binge drink.

MEDIA
Men and women's alcohol consumption is still judged differently

ALCOHOL INDUSTRY
Drinks are marketed differently to men and women

The alcohol industry is increasingly targeting women through gender-specific design, packaging and advertising.

DIFFERENCES IN MEN & WOMEN'S DRINKING ARE REDUCING OVER TIME, BUT MEN STILL DRINK MORE AND EXPERIENCE MORE PROBLEMS WITH ALCOHOL THAN WOMEN

yellowpop design

Alcohol-related hospital admissions in **MEN** are **TWICE** as common as in **WOMEN**

16.1 **MEN** vs 8.9 **WOMEN**
Average alcohol consumption by drinkers (units per week)

762 / 374
Annual alcohol specific deaths in **MEN** are **DOUBLE** that of **WOMEN**

MEN, WOMEN & ALCOHOL IN ENGLAND

"STEREOTYPES MAKE ONE STORY BECOME THE ONLY STORY" CHIMAMANDA NGOZI ADICHIE

Why do stereotypes about gender and drinking persist?

SOCIETY

Responses to men and women's drinking reflect wider gender norms

Women are judged more harshly on their behaviour and appearance if they have consumed alcohol.

Men's behaviour is more likely to be excused if they have been drinking.

UK newspapers tend to associate binge drinking with women & present women's drinking as more problematic, despite the evidence that men are more likely to binge drink.

MEDIA

Men and women's alcohol consumption is still judged differently

ALCOHOL INDUSTRY

Drinks are marketed differently to men and women

The alcohol industry is increasingly targeting women through gender-specific design, packaging and advertising.

DIFFERENCES IN MEN & WOMEN'S DRINKING ARE REDUCING OVER TIME, BUT MEN STILL DRINK MORE AND EXPERIENCE MORE PROBLEMS WITH ALCOHOL THAN WOMEN

yellowpop design

Alcohol-specific hospital admissions in **MEN** are **T W I C E** as common as in **WOMEN**

15.5 MEN vs **9.0 WOMEN**

Average alcohol consumption by drinkers (units per week)

3830
1868

Annual alcohol specific deaths in **MEN** are **D O U B L E** that of **WOMEN**

SHAAP - Scottish Health Action on Alcohol Problems
12 Queen Street Edinburgh EH2 1JQ
Tel: +44 (0) 131 247 3667
Email: shaap@rcpe.ac.uk
www.shaap.org.uk

The Institute of Alcohol Studies
Alliance House, 12 Caxton Street, London SW1H 0QS
Tel: +44 (0) 207 222 4001
Email: info@ias.org.uk
www.ias.org.uk