



The geography of binge drinking: The role of alcohol-related knowledge, behaviours and attitudes. Results from the Health Survey for England 2007

Nicola Shelton^{a,*}, Emily Savell^b

^a Department of Epidemiology and Public Health, UCL, 1-19 Torrington Place, London WC1E 6BT, United Kingdom

^b Department for Health, University of Bath, United Kingdom

ARTICLE INFO

Article history:

Received 14 May 2010

Received in revised form

27 January 2011

Accepted 1 February 2011

Available online 17 February 2011

Keywords:

Binge drinking

England

Health Survey for England

Regional

Inequalities

ABSTRACT

Aims: To determine the role of alcohol-related knowledge, behaviours and attitudes in regional inequalities of binge drinking in England.

Results: Adults in all regions except West Midlands and men in the East of England had significantly higher odds of binge drinking than in London. Odds of binge drinking were significantly higher among adults who had had an alcoholic drink in the last 7 days in the North East, Yorkshire and the Humber, and women in the South West. Alcohol-related risk factors for binge drinking were heaviest drinking day being a Friday for men, or Saturday; on heaviest drinking day drinking 2+ drink types, or strong beer only for men, alcopops only for women; drinking more on heaviest drinking day; wanting to drink less alcohol; and thinking it acceptable to get drunk. Protective factors were drinking spirits only on the heaviest day; drinking the same on more than one day compared with drinking on one day only for women; disagreeing it was easier to enjoy a social event if had a drink; supporting alcohol taxation; and not having heard of alcohol units for men.

Conclusions: Alcohol-related attitudinal and behavioural factors were associated with regional variations in binge drinking.

© 2011 Elsevier Ltd. All rights reserved.

1. Introduction

Per-capita consumption of alcohol in the UK rose to 19% between 1980 and 2007 (European Commission, 2010). This compares with a 13% decline amongst other OECD countries: average consumption has fallen by approximately 17% in the United States, 24% in Canada, 30% in Germany and 33% in France (European Commission, 2010) in the same time period. European countries with the highest drinking levels are Ireland, Finland, Denmark and the UK, with 'binge drinking' (defined in this case as drinking 5 or more drinks at least once a week) most common-place in Ireland (44%), Romania (39%), Germany and Austria (both 36%), and also high in the UK, Spain and Greece (all 34%) (European Commission, 2010).

Until the mid 1990s, UK guidelines for safe consumption of alcohol were based around weekly unit limits. Concern regarding the differing effects of large amounts of alcohol being consumed in a single drinking occasion versus the potential benefits of drinking a small amount daily over a week for certain groups led the UK Government to introduce 'sensible drinking guidelines', with daily

maximum recommended units of alcohol consumption of no more than 3–4 units for men and 2–3 units for women (Department of Health et al., 2007). Around the same time the concept of 'binge drinking' was developed. This has no single definition but the one used here, and by the UK Department of Health, is drinking more than twice the recommended maximum daily units on the heaviest drinking day in the last week (more than 8 units for men and more than 6 for women) (Drinkaware, 2009). The media representation of a 'binge' involving drinking enough alcohol to result in antisocial behaviour may mask the fact that much lower levels of alcohol consumption than this may also be harmful. Recently published figures have shown that alcohol-related deaths among men in the UK have doubled since the 1990s (Office for National Statistics et al., 2010). With the largest yearly increases in mortality taking place in the North East of England, this paper considers what might be behind the regional inequalities in drinking behaviours.

2. National and regional drinking behaviours in England

Results from a nationally representative sample, the Health Survey for England (HSE) 2007, showed that most adults in England drank sensibly – over half of men and two thirds of women drank less than the recommended maximum units on

* Corresponding author. Tel.: +44 2076795648.
E-mail address: n.shelton@ucl.ac.uk (N. Shelton).

their heaviest drinking day, or drank no alcohol at all. However, over a quarter of men drank more than 8 units and 15% of women drank more than 6 units (were binge drinking) in the previous week (Fuller, 2008). There has been a recent increase in the proportion of women binge drinking in England as measured by social surveys, and much of this is believed to be due to the redefining of wine glass size and increasing wine unit strength (Goddard, 2007).

In 2007 there was much higher non-consumption in London than elsewhere, but otherwise no pattern to non-consumption between NHS regions (Fuller, 2008). Similarly over half to two thirds of male and female recent drinkers (those who had at least one alcoholic drink in the last week) exceeded the sensible drinking guidelines on their heaviest drinking day in the last week, though there was no distinct geography to this between NHS regions (RGS-IBG, 2010). In contrast, regional inequalities in the prevalence of binge drinking were much more marked, especially in men. One third of men in London, the south of England and the Midlands, compared with almost half of male recent drinkers in the North East consumed more than twice the recommended daily maximum units on their heaviest drinking day in the previous week. Among women, consumption of more than twice the recommended daily maximum units on their heaviest drinking day in the previous week ranged from less than a quarter of recent drinkers in London, the South East and the Midlands to over a third in the North East. It is important to note that this north–south divide in drinking behaviour is not simply a socio-economic divide. Nationally, 42% of men in the highest social classes who drank in the previous week were binge drinking, compared with 37% of men in the lowest social class, with a similar pattern for women at a lower percentage (Fuller, 2008).

2.1. Knowledge about and attitudes toward drinking in England, 2007

In order to follow recommendations about sensible drinking, adults need to know both the recommended maximum units they can safely consume and the unit strength of the drinks they do consume. Fuller (2008) found that most adults in England had heard of units, but did not know the sensible drinking recommendations. Many who attempted to define the recommendations were wrong: only 29% estimated men's maximum as 3 or 4 units and 29% estimated women's maximum as 2 or 3 units, though some estimated the maximum levels as lower (Fuller, 2008). Crucially, and contradictorily, awareness of units and of the recommended maximum increased in line with the maximum drunk in any one day rather than the other way around, suggesting it was not lack of knowledge that pushed drinking beyond the limits (Fuller, 2008). There was little regional variation in knowledge of safe drinking levels and the best knowledge of unit maxima was found in the north of England where there were more drinkers (Fuller, 2008). Similar results have been found for both greater knowledge of units and greater alcohol consumption among medical students (Moss et al., 2009).

In HSE 2007, adults were also asked about attitudes towards alcohol. Nationally 9% of men and 6% of women thought that there was nothing wrong in getting drunk regularly, but this increased to 17% of men and 16% of women in the North East. There was greater support for increased taxation on alcohol in London, an area where there were more non-drinkers, and among women compared with men (Fuller, 2008). Almost half of adults in the North West of England who took part in the Big Drink Debate study reported that drinking made socialising more fun and one ninth said that it gave them confidence (Morleo et al., 2010).

This paper looks at how these differences in knowledge about sensible drinking and attitudes towards alcohol consumption play a part in creating regional inequalities in binge drinking, and considers whether particular alcoholic drinks contribute to regional variations in binge drinking given that alcohol strengths (particularly wine) have increased in recent years (HM Customs and Excise, 2010). The paper also considers gender, age and other demographic and socio-economic factors.

3. Methods

3.1. Sample

The study used 2007 data from the cross-sectional population based nationwide survey Health Survey for England (HSE). HSE is used to collect information on health and related behaviour from a representative sample of the free living English population drawn from those living in private households (NatCen and UCL, 2010). In brief, members of a stratified two stage random sample drawn from the Postcode Address File that was socio-demographically representative of the English population (aged 0 and above) were invited to participate. The detailed sampling methods are fully explained elsewhere (Craig and Shelton, 2008b). We restricted our analysis here to adults of legal drinking age (18 years and over) from HSE 2007. Ethical approval for the HSE was obtained from the London Multi-Centre Research Ethics Committee.

3.2. Measurements

Questionnaire-based data was collected by trained interviewers during household visits to the participants' home. The information was reported into a computer aided personal interview package (CAPI). In HSE 2007, 6698 adults were asked whether they ever drank alcohol and if so whether they had drunk any alcohol in the last week. The 4292 adults who responded positively to drinking in the last week then had a face-to-face interview (or if aged 18–24 years an interview or a self completion questionnaire), which asked how often they had drunk alcohol, on which day they had drunk in the last week, and on which day they had drunk the most. This was followed with a series of questions about how many measures of spirits, glasses of wine, half pints and pints, bottles of beer and strong beer, glasses of fortified wines such as sherry and martini, and bottles of alcopops they had drunk on their heaviest drinking day in the last week. This was totalled, and from this the number of units on the heaviest drinking day in the last week was calculated.

Healthy lifestyles: knowledge, attitudes and behaviour was a special focus of HSE 2007 (Craig and Shelton, 2008a). In addition to questions about the amounts, frequency and types of alcohol consumed, a series of questions were asked about knowledge of sensible drinking guidelines (unit maxima) and unit strength of alcoholic drinks, attitudes to alcohol taxation, desire to change own alcohol consumption, attitudes to getting drunk and getting drunk regularly, whether they thought it easier to enjoy a social event if they had a drink, and whether others would think they were odd if they did not drink. A more detailed description of methodology has previously been published elsewhere (Craig and Shelton, 2008b).

Given that areas with differing levels of binge drinking had different attitudes to drinking (Fuller, 2008), a set of logistic regressions were carried out to look at the different risk and protective factors for binge drinking in England. The models developed in this paper include the knowledge and attitudinal factors combined with socio-economic and demographic factors. Factors in the initial models were age group, marital status, ethnicity, socio-economic status (NS-SEC), equivalised household

Download English Version:

<https://daneshyari.com/en/article/1048850>

Download Persian Version:

<https://daneshyari.com/article/1048850>

[Daneshyari.com](https://daneshyari.com)