Insight into City Drinkers

Summary report

Alcohol use, attitudes, and options for addressing alcohol misuse in the City of London

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Project summary

This document is a summary report on the findings and recommendations of the ***Insight into City Drinkers*** project.

The report was commissioned by the City of London Substance Misuse Partnership to gain an insight into the prevalence and nature of alcohol consumption among city workers and identify segments within the community of City workers who can, and should, be targeted with public health information about risks associated with consuming alcohol.

For the purpose of the report, we have defined alcohol misuse as those identified as drinking at 'increasing' or 'higher risk' levels as identified by a validated screening tool. Alcohol misuse in itself does not infer 'problematic' drinking, though those drinking at higher risk levels are likely to be experiencing harms including possible dependency.

Further explanation of alcohol misuse and the terms used in this report can be found on page 7.

As a summary report, this document *excludes* chapters in the full report:

- About the City of London
- Methodology
- Literature review
- Psychographic segmentation
- References
- Appendix (Survey template)

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CITY OF LONDON SUBSTANCE MISUSE PARTNERSHIP

Reducing the impact of drug and alcohol misuse in the square mile

Executive Summary

'City Drinkers'

For the purpose of the research, 'City Drinkers' were defined as:

Any person who frequents the City of London for work, business, education or training purposes including students and residents, and are therefore likely to drink alcohol or be aware of alcohol use and some of its perceived or actual impacts in the Square Mile.

Key findings

This report explores the nature, prevalence, and attitudes towards alcohol misuse amongst 'City Drinkers'. Using these findings it provides recommendations to inform possible actions to reduce alcohol-related harm in the Square Mile.

Results of the survey have conclusively found high levels of alcohol misuse ('increasing' or 'higher risk' drinking) when compared to both regional and national averages. The reasons for this are undoubtedly manifold and complex, but must be viewed within a wider context of both environmental and individual level determinants.

At an environmental level, it is known that the affordability and availability of alcohol has a direct relationship with consumption. Given the relative wealth of the City and its workforce, it is of little surprise that a significant number and variety of licensed premises exist to meet demand. 'Lunchtime drinking' plays a significant role, with many venue managers seemingly surprised or even shocked at its popularity, despite a reported decline over recent decades.

Entertaining clients has been identified as a key driver for much of the 'drinking culture' that many respondents identified. For others, the 'high pressure' or 'competitive' nature of City roles may also be understandable triggers for excessive or risk taking behaviours. City Drinking has most likely become engrained in a culture where alcohol has become more 'normalised' than elsewhere, and where drinking is often viewed as integral to success, de-stressing, socialising and bonding with colleagues or clients.

Key findings

- Nationally around one in four people (24.2%) drink at increasing or higher risk levels. Amongst the sample of City Drinkers (n=740) the figure was closer to one in two (47.6%).
- 33.4% of City Drinkers are at an increased risk of alcohol-related harm, compared to 20.4% in the general population. These drinkers are not yet necessarily experiencing alcohol-related harms, but are increasing their risk of health and social problems.

- 12.9% of City Drinkers are drinking at a higher risk level compared to 3.8% in the national population, or 2.8% as the London average. Higher risk drinkers are already experiencing alcohol-related harms and many have some level of alcohol dependency.
- City Drinkers have significantly higher consumption and harm than the national average and even more so than the London average, which ranks as the lowest of the 7 English regions. These findings emphasise the unique profile of City Drinkers in contrast to London averages of high ethnic diversity and inequalities.
- Accounting for the significant higher levels of alcohol misuse overall amongst the City Drinkers sample, variations in age, ethnicity and gender for alcohol misusers are overall broadly reflective of national profiles (i.e. white, young men highest misusers).
- National figures show men and those in employment, particularly those in managerial or professional roles, drink more than other adults. Given the profile of the City as a largely male and managerial/professional workforce, this may in part account for higher levels of alcohol misuse.
- Alcohol misuse in the City may in part also be attributed to a complex range of factors such as higher average wealth, high pressured or risk based work environments, a culture of entertaining clients and high use public transport.
- Alcohol misuse amongst both male (56.2%) and female (34.1%) City Drinkers is considerably higher than national averages (33.2% men and 15.7% women). Women in the City may in part drink more because they have been influenced by a wider ‘social norm’ of heavy drinking in the City.
- Financial, business or professional services have the highest level of alcohol misuse (53.5%) by employment sector compared to public services (40.5%) as the lowest. The financial/business sector may be having an impact on other sectors by ‘norming’ higher levels of alcohol misuse.
- Highest levels of alcohol misuse exist amongst middle managers and general office roles who appear to drink more heavily (‘binge drinking’) on either two or three nights of the week – most commonly on Thursdays and Fridays.
- Lowest levels of alcohol misuse exist amongst senior managers - however they appeared to drink ‘less but more often’ in comparison with others. In fact senior managers were most likely to drink four or more times per week, though also most likely to drink only 1 to 2 units (and most likely to drink at home or with a meal).

- Alcohol-related problems in the City may be disproportionately social rather than health harms compared to national averages. Health-related problems were less reported than social or behavioural related problems (e.g. injury or remorse).
- Drinking by location shows that alcohol misuse is strongly linked to drinking in pubs and at work events in the City. Frequency of drinking in the City is a key indicator of alcohol misuse.
- Home drinking, although the most frequent of all locations, showed lowest levels of associated alcohol misuse. No significant correlation between home and City drinking was found.
- Administrative role's consumption was the lowest overall, with both low consumption and low frequency of drinking. However alcohol problems (indicated by AUDIT score) were slightly higher than senior managers who drank more, suggestive of health inequality factors - i.e lower socio-economic groups overall drink less but experience greater levels of harm.
- 'Segments' of City Drinkers have been identified for targetting messages and interventions to reduce alcohol misuse. Segments utlise the known attitudes and beliefs of City Drinkers to identify which messages they are most likely to respond to.

Key recommendations

It is imperative that the context and environmental factors surrounding City Drinkers are recognised when considering responses.

Whilst there is a strong case for individual level interventions to be targeted at City Drinkers, a sustained cultural shift towards achieving lower levels of alcohol misuse will rely upon progress in addressing environmental and wider health determinants. Organisations must be encouraged to go further in recognising both the potentially damaging impact of alcohol misuse and the benefits to be accrued from addressing it.

In practice, this means progress on promoting workforce health and wellbeing, addressing health inequalities, and effective policy and support for those who find themselves facing an alcohol problem.

Alongside this, interventions for at-risk City Drinkers will have greater efficacy and a further chance of achieving lasting change. Risky drinkers will benefit from information that ensures they realise the possible negative health, social or work impacts. Targeting messages and interventions to identified 'segments' of City Drinkers will be essential in changing individual attitudes and behaviours – together these approaches can deliver the necessary medium to long term change in the current 'City drinking culture'.

Recommendations from the report are tabled from page 35

Introduction

The World Health Organization (WHO) outlines two main drinking patterns that determine the likelihood of alcohol-related harm. Firstly, the frequency of heavy alcohol consumption per drinking episode, commonly known as 'binge drinking'. In the UK, 'binge drinking' is defined as drinking double the recommended guidelines on any single occasion, but others have rejected this approach and instead described it as a social behaviour - namely drinking with the intention of getting drunk.

Secondly, our lifetime volume of consumption is a key determinant in the development of alcohol problems. With alcohol at least 60% more affordable and far more widely available than 30 years ago, the amount we drink has increased proportionately.

As a result, alcohol-related harms have been steadily rising, with annual alcohol-related hospital admissions surpassing one million per year in 2010. These harms, combined with the social, criminal and other impacts are costing the economy at least £21 billion per year. Over £6 billion of these costs are associated with the workplace such as absenteeism, sickness, accidents and injuries or damaged work relations.

Less than a decade ago the first national alcohol harm reduction strategy was released, prompting action to develop and implement effective approaches. What is clear is that no single intervention can work alone, and population level determinants such as price, availability and marketing play key roles. Such issues are hotly political, whilst driving investment in local alcohol treatment and prevention has remained an uphill struggle.

However progress has been made with well-evidenced approaches to identify and support at-risk drinkers. Many of these people are simply drinking more than they realise, or have not considered the level of risk and potential benefits of cutting down. Providing such drinkers with simple advice and information can be highly cost effective.

Those drinking at 'higher risk' levels, who are already experiencing harm or dependency, typically need more intensive behavioural therapies or assisted withdrawal. However the significant majority of higher risk drinkers do not need intensive treatment and, perhaps contrary to popular opinion, are typically 'regular' people with jobs, families but often stressful lives.

This report recognises the complex reasons why people drink and the need for careful insights to understand these. The recommendations made reflect the evidence for approaches that offer the greatest chance to reduce harms amongst City Drinkers. Whilst acknowledging the complex challenges facing implementation, it is clear that addressing alcohol misuse not only benefits individuals and communities, but also businesses and the economy to which the City plays such a central role.

Alcohol misuse and population level drinking

Identifying 'at-risk', harmful and dependent drinking

The research aimed to identify the prevalence of alcohol misuse amongst City Drinkers to enable the comparison of the sample to national and regional averages. The most effective and universally recognised approach for identifying alcohol misuse is known as the Alcohol Use Disorders Identification Test (AUDIT), a validated health screening tool developed by the World Health Organisation. Completing the full 10 question AUDIT identifies respondents into one of four main categories:

AUDIT SCORE	LAY CATEGORY	MEDICAL CATEGORY	COMMENT / SUMMARY
0-7	Lower risk	Lower risk	Includes abstainers – unlikely to experience alcohol-related harm
8-15	Increasing risk	Hazardous	Drinking above the guidelines therefore increasing the individuals risk of alcohol-related health or social problems
16-19	Higher Risk	Harmful	Regularly drinking (on most days) at least twice the recommended guidelines. Already likely to be experiencing alcohol-related harms
20+	Possible dependence	Possible dependence	Dependence may be mild, moderate or severe. Loosely defined as a strong desire to drink and/or difficulty controlling alcohol use

For the purposes of this report, we will use the 'risk' terminology to describe the two main categories of alcohol misuse, though equivalent 'hazardous' or 'harmful' may also be used where citing other reports. It should be noted that those with alcohol dependence are also included as 'Higher risk'/harmful drinkers where not separately specified.

AUDIT was used as the primary tool for gathering insight into City Drinkers as it provides an accurate indication of alcohol misuse factoring in consumption and social or behavioural indicators of misuse.

Although AUDIT is the most accurate tool for identifying main categories of alcohol misuse, it is not a tool for specifically identifying dependence or severity of dependence. Specific tools are available for this purpose though were not utilised in this research as AUDIT gives a sufficient indication of likely dependence (a score of 20+). Most cases of dependence (84%) are mild in severity. Mild dependence is typically characterised by

primarily psychosocial rather than physiological factors i.e. would not require medically assisted withdrawal.

‘Binge drinking’

‘Binge drinking’ has been defined as drinking twice the recommended guidelines on one occasion – that is 6 or more units for a woman or 8 or more for a man. Although explored as one question within the AUDIT, looking at ‘binge drinking’ in isolation can be unhelpful. For instance many lower risk drinkers will ‘binge drink’ occasionally, but overall their consumption means they are unlikely to experience harm. Using risk terminology and looking at frequency and volume of consumption are therefore more suitable.

Existing insight into City Drinkers

The full report details existing information or data that provides insight into City Drinkers. In summary, key existing information includes:

- Limited data previously available on City Drinkers, mainly due to City Drinkers largely made up of the 340,000 daytime working population
- A 2001 Workforce Travel Census identified where City workers commuted from. The largest group came from the county of Essex, with 34,726 people commuting each week day, followed by the London Borough of Wandsworth (13,935)
- There are around 700 licensed venues in the City of London; around 400 of these are bars, pubs or clubs. The remainder are privately licensed venues.
- Alcohol-related assaults make up over half of all assaults in the City, although a small decline in total offences is shown since 2007. Alcohol-related assaults peak in Quarter 3 which includes the festive season.
- Although overall crime rates are low, Anti-Social Behaviour (ASB) is reported as a problem. 61% of issues raised by the community are linked to the Night Time Economy (NTE) and include noise linked to licensed premises, 'drunk and rowdy behaviour', urination in the streets and violence.
- Ambulance data for alcohol-related call outs shows 20-29 as the highest age profile, calls are highest on Thursdays, Fridays and Saturdays. Peak times for callouts are between 8pm and midnight, then midnight to 4am.
- Bishopsgate, which includes the area around Liverpool Street Station, stands out as the highest ward for alcohol-related ambulance call outs. The second highest area is Walbrook which includes the area around Bank and Mansion House.
- The City of London Adult Well-Being Strategy and Action Plan for 2009/12 cites figures indicating low levels of alcohol misuse amongst residents although local services indicate a hidden picture of alcohol problems amongst residents. Homeless populations also have high levels of substance misuse.
- An insight into City Smokers, a group likely to be closely linked to City Drinkers, found smoking was closely linked to stress. The report suggested anti-smoking messages were a turn off as City Smokers did not like to be told what to do. However they are competitive so messages that challenge them to do something have potential.

Results: surveys response and alcohol use

Alcohol misuse amongst City Drinkers sample

Alcohol misuse was identified amongst the sample using the Alcohol Use Disorders Identification Test (AUDIT). AUDIT provides a scoring range of 0-40. Scores in the 0-7 range indicate lower risk drinking, whereas scores above 8 indicate alcohol misuse as either increasing or higher risk drinking. AUDIT scores above 20 were classed as alcohol dependence as a category of alcohol misuse.

Alcohol misuse here is defined as drinking that is either 'increasing risk', 'higher risk', or 'dependent' based on relevant AUDIT scores.

AUDIT scores: alcohol misuse

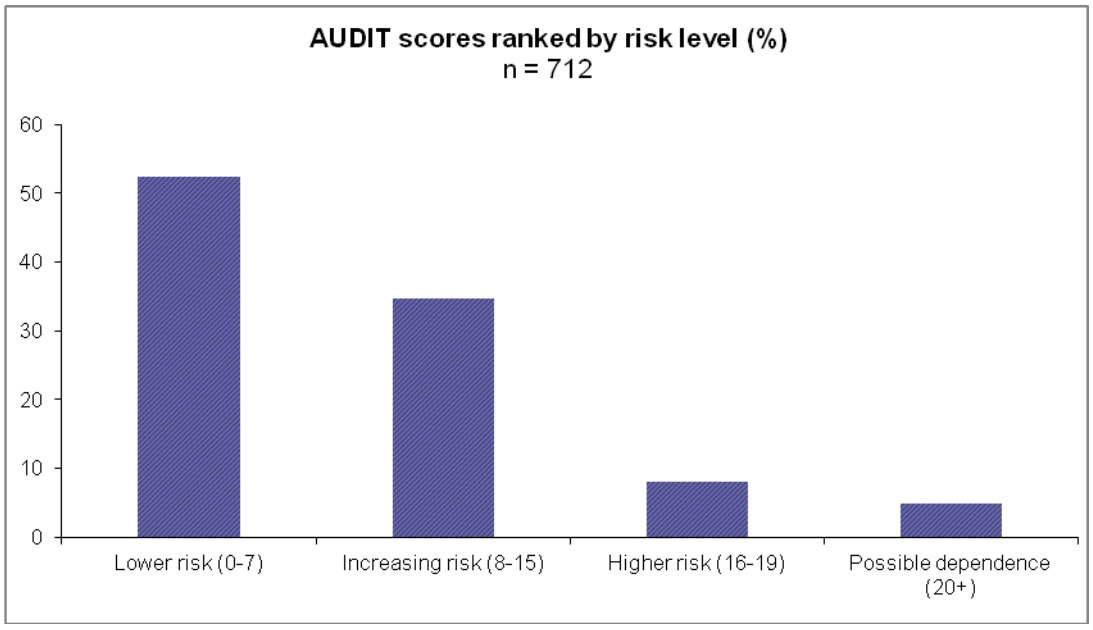
AUDIT scores gathered from the survey results show 52.4% of City Drinkers are at 'lower risk' of alcohol-related harms. These drinkers are likely to be drinking within or close to the recommended guidelines, including at least 2 alcohol free days per week. Some of these drinkers are abstinent.

34.7% of City Drinkers are at 'increasing risk' of alcohol-related harms based on their answers. This means they are increasing their risk of a range of health, social or work problems as a result of their drinking, though may not yet be experiencing harm.

12.9% of City Drinkers at drinking at a 'higher risk' level, 4.9% of whom are possibly alcohol dependent. Those drinking at higher risk levels are almost certainly experiencing either health or social harms as a result of their drinking, including many with mild dependence.

The average AUDIT score for all City Drinker responses (n=712) was 8.1 out of a possible 40. This includes 0 scores indicating abstainers (7.7%).

Figure 1: Levels of alcohol use and misuse amongst City Drinkers sample

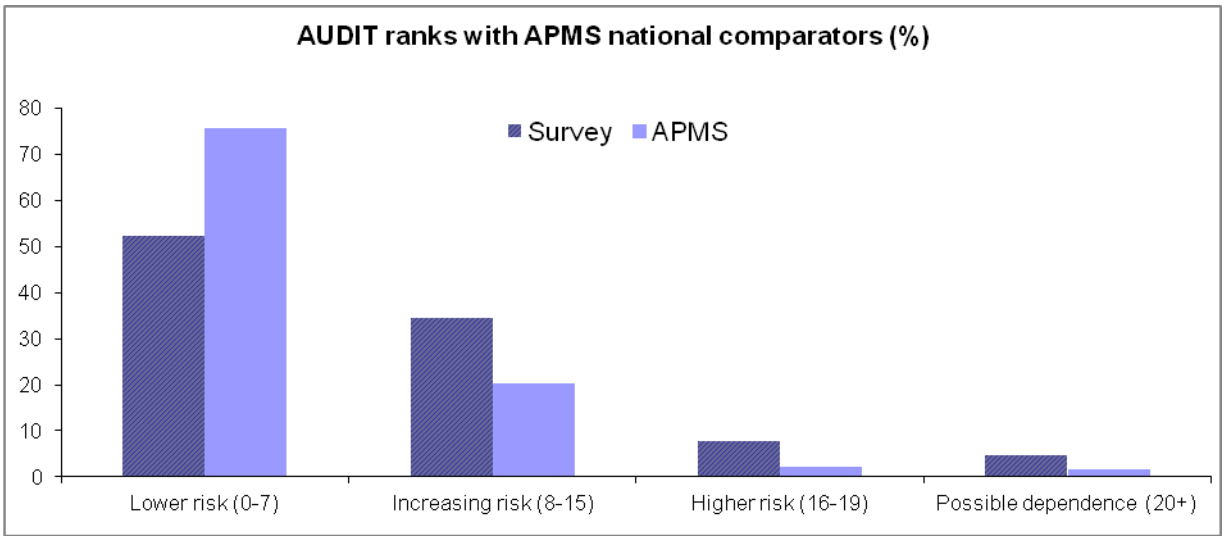


AUDIT scores: City Drinkers Vs national averages

The 2007 Adult Psychiatric Morbidity Survey (APMS) is the best indicator of national level alcohol misuse. APMS also used AUDIT scores (n=7,384) to identify alcohol misuse, identifying 20.4% of APMS sample drinking at 'increasing risk levels, and 3.8% drinking at higher risk (1.6% possible dependence).

Directly comparing City Drinker's AUDIT scores with the national level based on APMS, there are significantly higher levels of alcohol misuse within the City. Whereas in the general population around 24.2% of adults are alcohol misusers, the City Drinkers sample indicates 47.6% are alcohol misusers (increasing or higher risk drinkers).

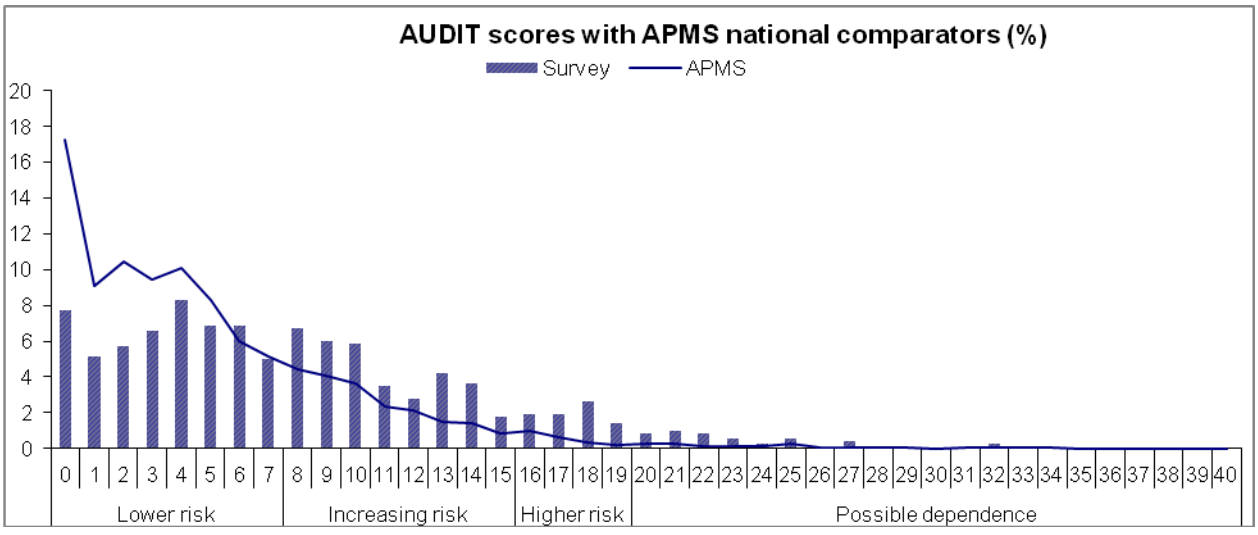
Figure 2: City Drinker's alcohol misuse Vs APMS national prevalence



City Drinkers average (mean) AUDIT score was 8.1 versus 5 in APMS. This represents a significant difference with average City AUDIT score indicitive of alcohol misuse rather than a national average of lower risk drinking.

It can be seen that City Drinker's responses were above the APMS results for all AUDIT scores indicating alcohol misuse.

Figure 3: City Drinker's AUDIT scores Vs APMS AUDIT scores



AUDIT scores: City Drinkers Vs regional prevalence

Of further note is that the London regional average (LAPE profiles[1]) for alcohol misuse is lower than the national APMS levels.

Alcohol misuse	National average	London average	COL average
Percentage of the population aged 16 years and over who report engaging in increasing risk drinking*	**20.1%**	**18.8%**	**33.4%**
Percentage of the population aged 16 years and over who report engaging in higher risk drinking^	**3.8%**	**2.8%**	**12.4%**
*(% of adults aged 16 or over with an AUDIT score of 8-15	APMS 2007	NWPHO	City Drinkers Insight
^(% of adults aged 16 or over with an AUDIT score of 16-40			

Reasons for regional variations are not commonly asserted though lower prevalence of alcohol misuse in London is believed in part to be attributable to higher levels of abstainers as a result of larger ethnic/cultural communities where alcohol consumption rates are much lower (or as a result under-reported).

Of course the results of the 'Insight into City Drinkers' proves that regional or indeed national generalisations about prevalence can be misleading given complex and diverse drinking cohorts within.

AUDIT scores: age, ethnicity and gender

Despite significantly elevated levels of alcohol misuse amongst the City Drinkers sample, profiles of age, ethnicity and gender for alcohol misusers are broadly proportionate to national APMS figures. That is gender, age and ethnicity differences amongst the sample are indicative of national differences.

The significance however of a disproportionately male population of City Drinkers has been considered, but figures weighted for gender inequality still showed high overall alcohol misuse of 44.9% compared to the un-weighted survey figure of 47.6%.

Alcohol misuse amongst male (56.2%) and female (34.1%) City Drinkers is considerably higher than national averages (33.2% men and 15.7% women).

[1] Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in increasing/higher risk drinking, Local Alcohol Profiles for England, www.lape.org.uk

Figure 4: male Vs female City Drinkers alcohol misuse (%)

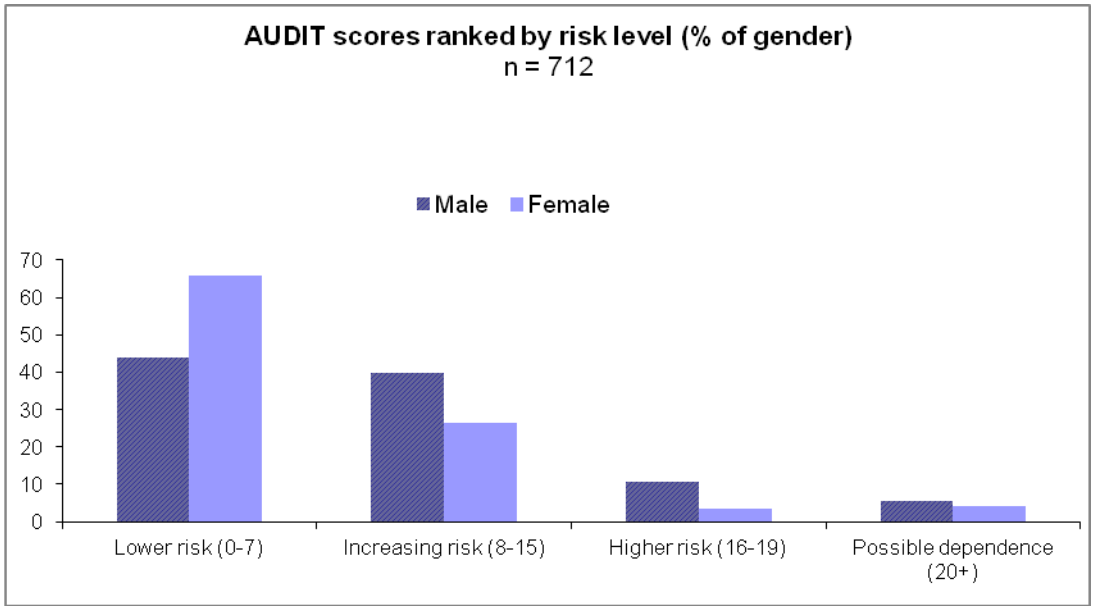


Figure 5: Increasing and higher risk City Drinkers by age and gender (%)

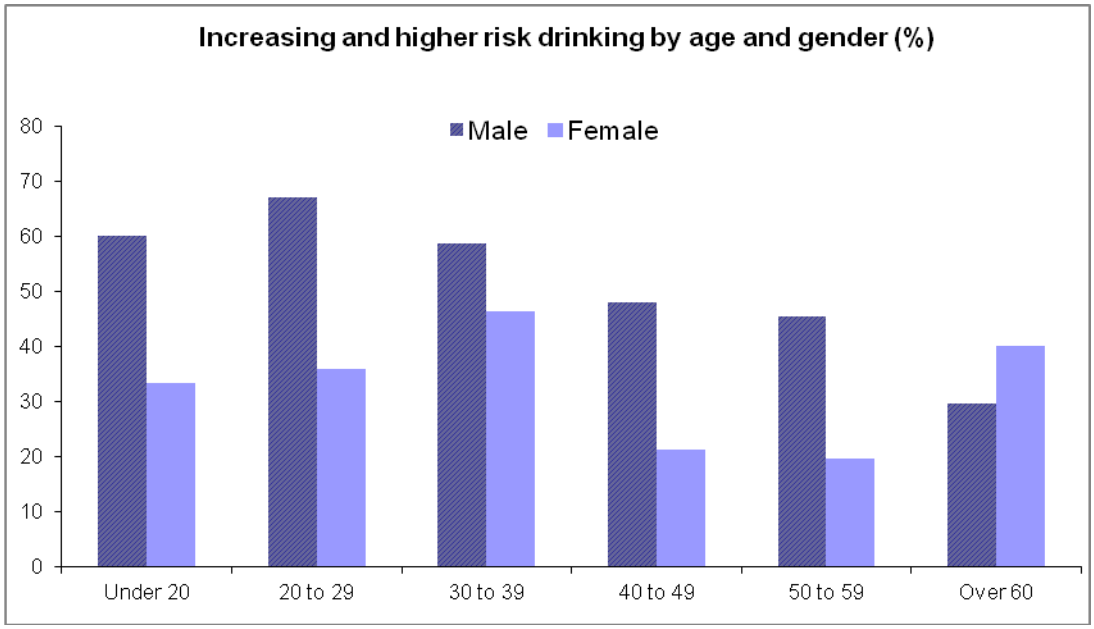
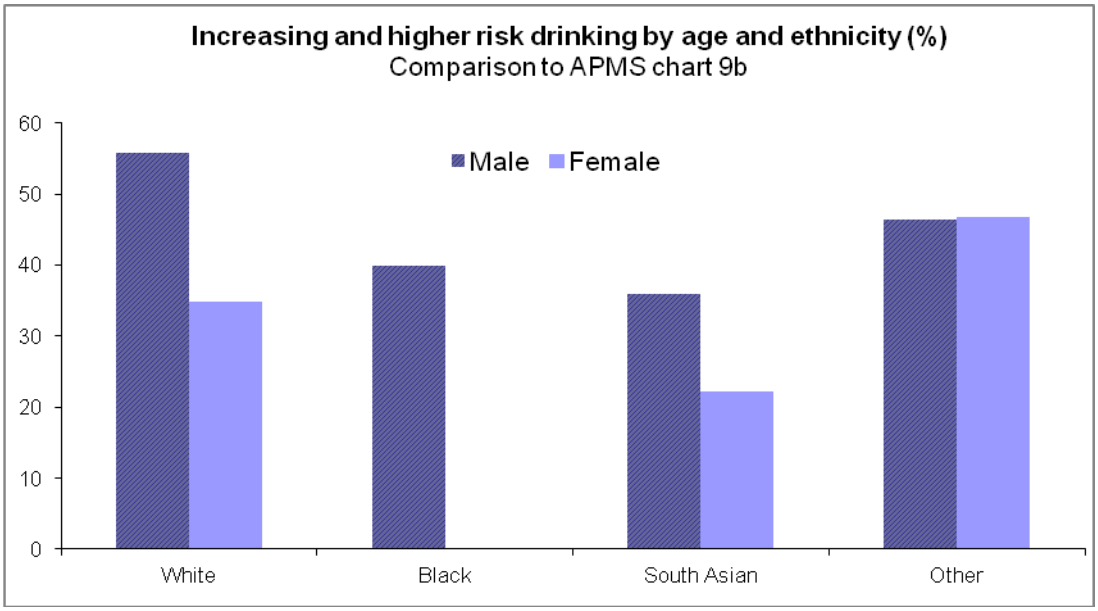


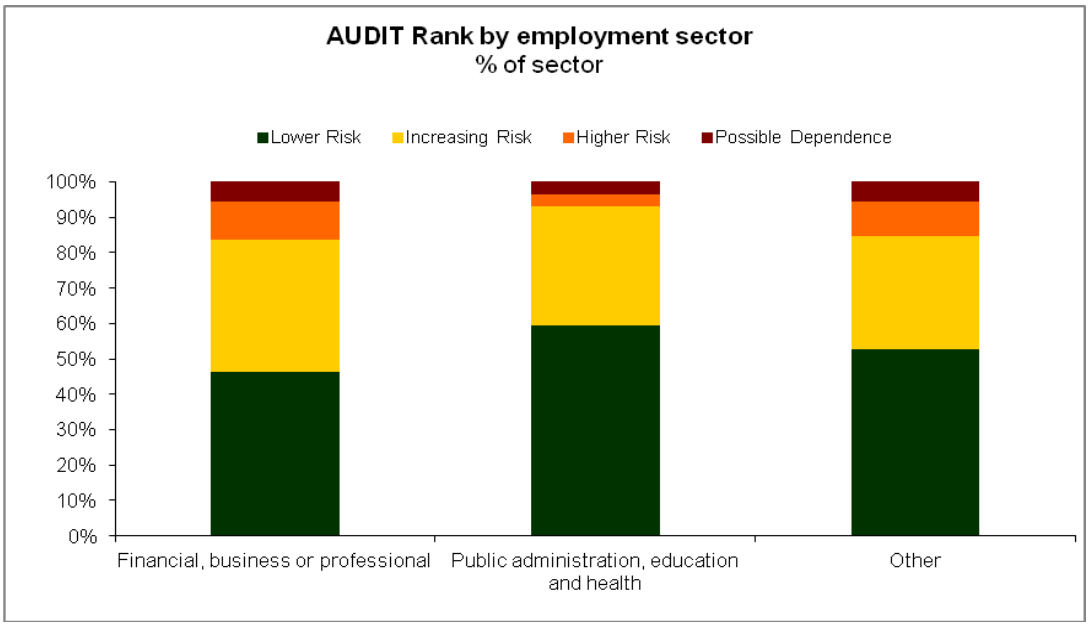
Figure 6: Increasing and higher risk City Drinkers by gender and ethnicity (%)



AUDIT scores: employment sector

Financial, business or professional services have the highest level of alcohol misuse (53.5%) by employment sector, compared with public services (40.5%) or 'other' (47.4%). This indicates that although the financial and private sector may be leading a culture of alcohol misuse, it may be having an influential impact on other sectors by 'norming' higher levels of alcohol misuse.

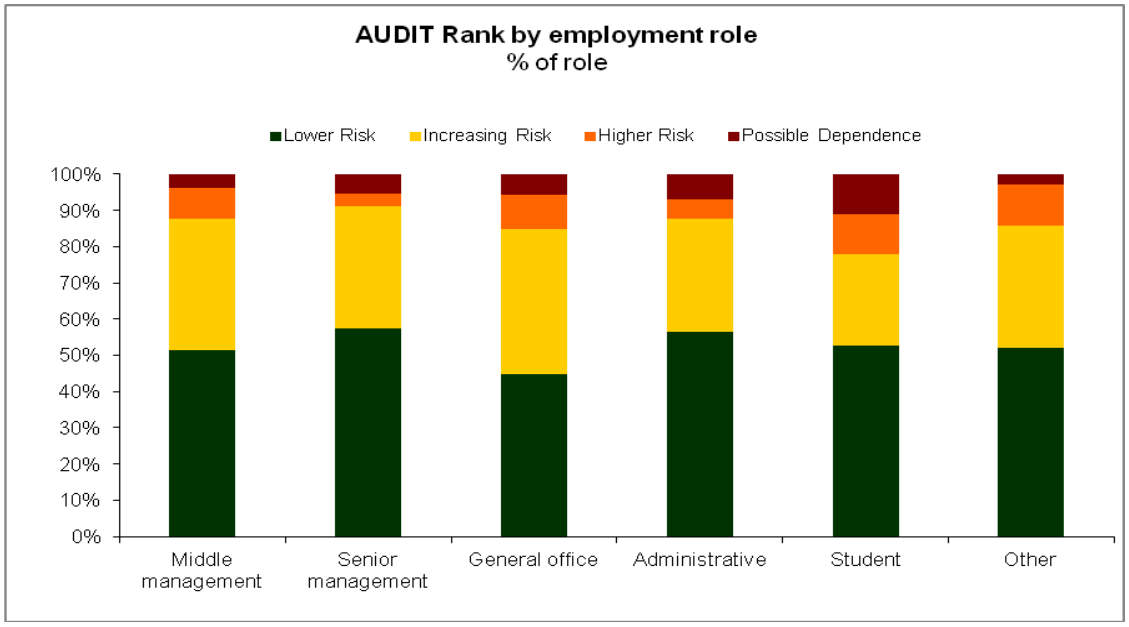
Figure 7: Alcohol misuse by employment sector



AUDIT scores: job role

The highest levels of alcohol misuse by role was amongst 'general office function' (55.2%), followed by 'middle management' (48.6%). The lowest levels of alcohol misuse were identified amongst senior management (42.5%) and administrative roles (43.4%), though these figures are still strikingly high compared to national prevalence (24.2%).

Figure 8: Alcohol misuse by role



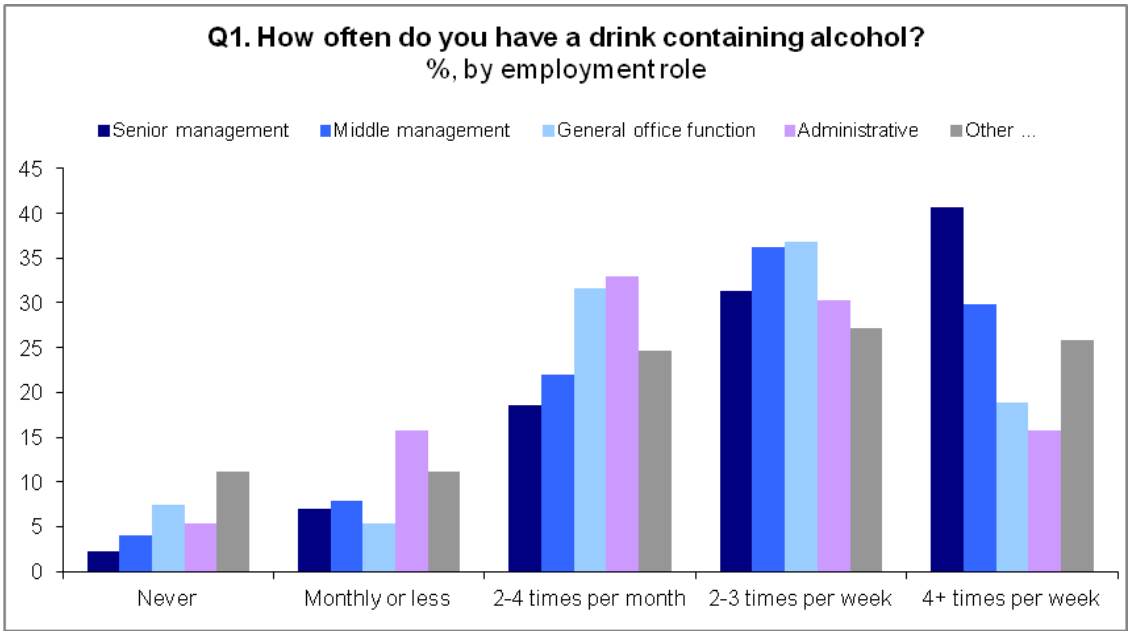
Frequency of drinking

Questions 1 to 3 of the AUDIT are consumption based, determining the frequency and amount of typical drinking. AUDIT question 1 (How often do you have a drink containing alcohol) identified frequency of drinking.

Interestingly, senior managers were most likely to score on the highest frequency measure - four or more times per week (40.7%). Given senior managers ranked lowest for indicative alcohol misuse, this would suggest a more drinking 'little and often' and a lower occurrence of heavy episodic ('binge') drinking. However, given the still high rates of alcohol misuse amongst senior managers, 'less but often' would be a more apt description.

Administrative roles, also lower than most roles for alcohol misuse, were conversely the least likely to drink daily (four or more times per week). This indicates a correlation between seniority of role and frequency of drinking.

Figure 9: Frequency of alcohol consumption (any) by employment role



Assuming a correlation between age and senior management, this may be corroborated by frequency of drinking by age, with those in the 50-59 range most likely to drink four or more times per week (34.7%) against the average (25.6%) for all roles.

Volume of consumption on single occasion

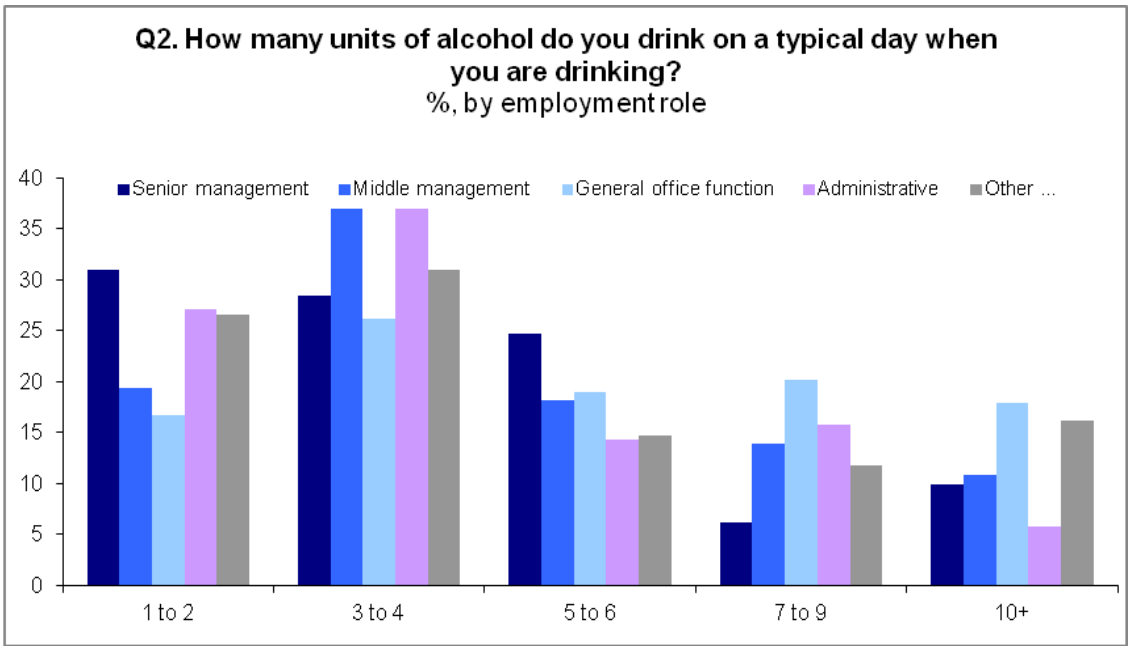
AUDIT question 2 identifies units consumed on a typical drinking day, and AUDIT question 3 identifies frequency of drinking twice the daily recommended guidelines[2] on a single occasion ('binge' drinking).

General office roles were mostly likely to drink 10 or more units or 7-9 units on any single occasion. Senior managers and administrative roles were least likely to drink 10 or more units on a typical occasion and most likely to drink only 1 or 2 units.

As suggested above, senior managers and older City Drinkers appear to be drinking 'less but often' in comparison with other roles, whilst administrative roles are least likely to drink often (4 or more times per week) and least likely to exceed the recommended guidelines.

Given the overall level of consumption in the City, exceeding the guidelines itself is not a robust indicator or alcohol misuse or heavier binge drinking. Units per occasion (AUDIT question 2) may therefore warrant further attention than exceeding the guidelines (AUDIT question 3).

Figure 10: Volume of consumption on typical drinking day by role



[2] 2-3 units per day for a woman and 3-4 units per day for a man. However at least 2 alcohol free days are still advised

Binge drinking shows a strong correlation with alcohol misuse prevalence, with 39.3% of general office functions and 33.7% of middle managers indicating binge drinking 2 or 3 times per week.

Higher levels of binge drinking/alcohol misuse are also correlated to age, where there is a clear decline in binge drinking amongst older age groups (for the highest two levels of typical drinking day consumption of 7-9 or 10+ units).

Figure 11: Volume of consumption on typical drinking day by age

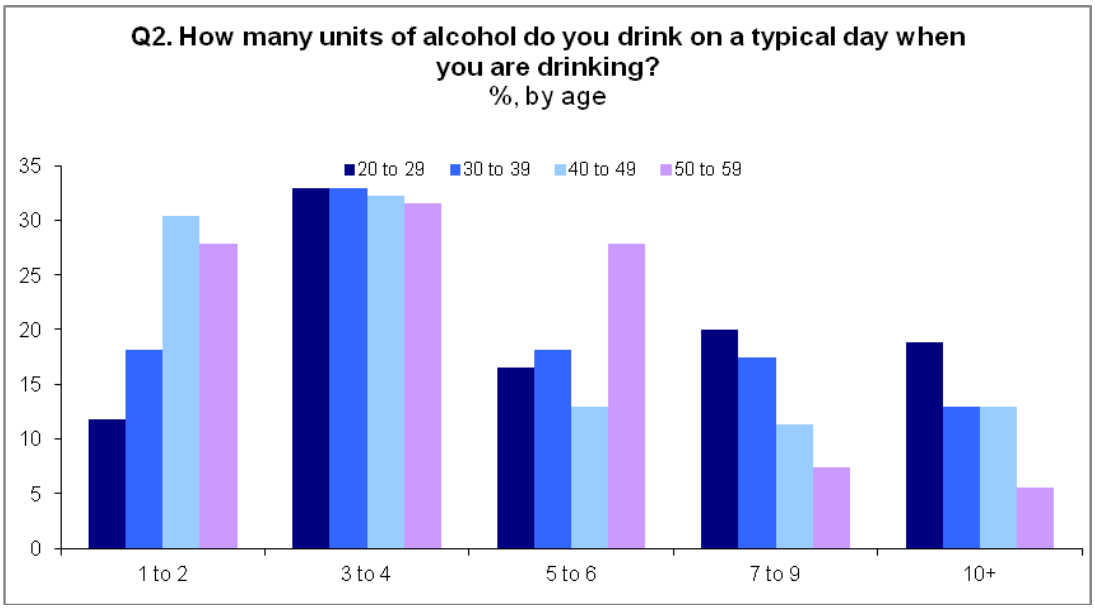
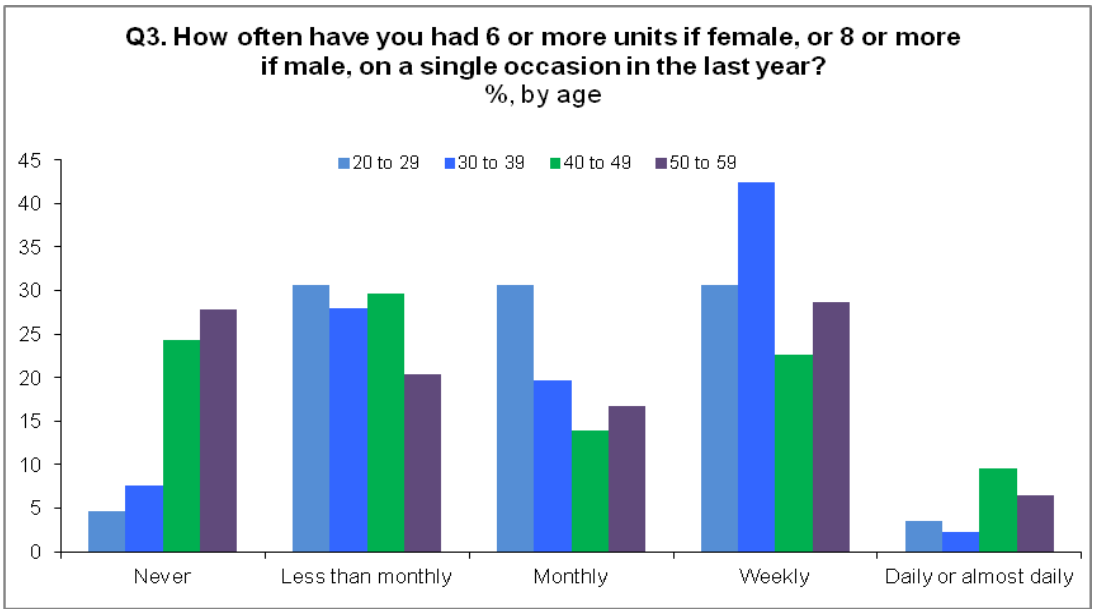


Figure 12: Drinking more than twice the recommended guidelines per occasion (binge drinking) by role



Alcohol misuse, 'binge drinking' and social harms

'Binge drinking', technically defined as drinking twice the recommended guidelines on any single occasion, should also be reflected on as social behaviour such as drinking with the intention of getting drunk[3]. Consumption associated with binge drinking may therefore way exceed the recommended guidelines, with the AUDIT only measuring 10 or more units as the highest option per occasion.

The correlation between binge drinking and alcohol misuse in the City indicates that higher levels of alcohol-related harm amongst City Drinkers (as indicated by AUDIT questions 4-10) are more closely related to weekly binge drinking occasions rather than 'less but often' drinking seen amongst senior managers and older City Drinkers.

This would be consistent with alcohol-hospital admissions data that shows although those in managerial and professional roles drink most often, and are most likely to exceed the guidelines when they do drink, those from lower socio-economic groups suffer high levels of alcohol related health harm[4]. In this respect, alcohol-related problems in the City may be disproportionately social rather than health harms compared to national averages.

Although no national comparators are available to test prevalence of social Vs health harms amongst alcohol misusers, some simple comparisons of AUDIT questions 4-10 suggests social harms may be elevated. For example AUDIT questions relating to behaviour or social impacts scored far higher than those related to health harms or dependence symptoms.

The highest number of 'never' responses were for health impacts: needing an alcoholic drink in the morning (97.2% never); not able to stop drinking once started (80.6% never) and relative, friend or doctor showing concern (79.6%). Those with the lowest number of 'never' responses were social or behavioural: unable to remember what happened the night before (62.8% never); a feeling of guilt or remorse after drinking (64.7% never) and you or somebody else injured as a result of your drinking (77%).

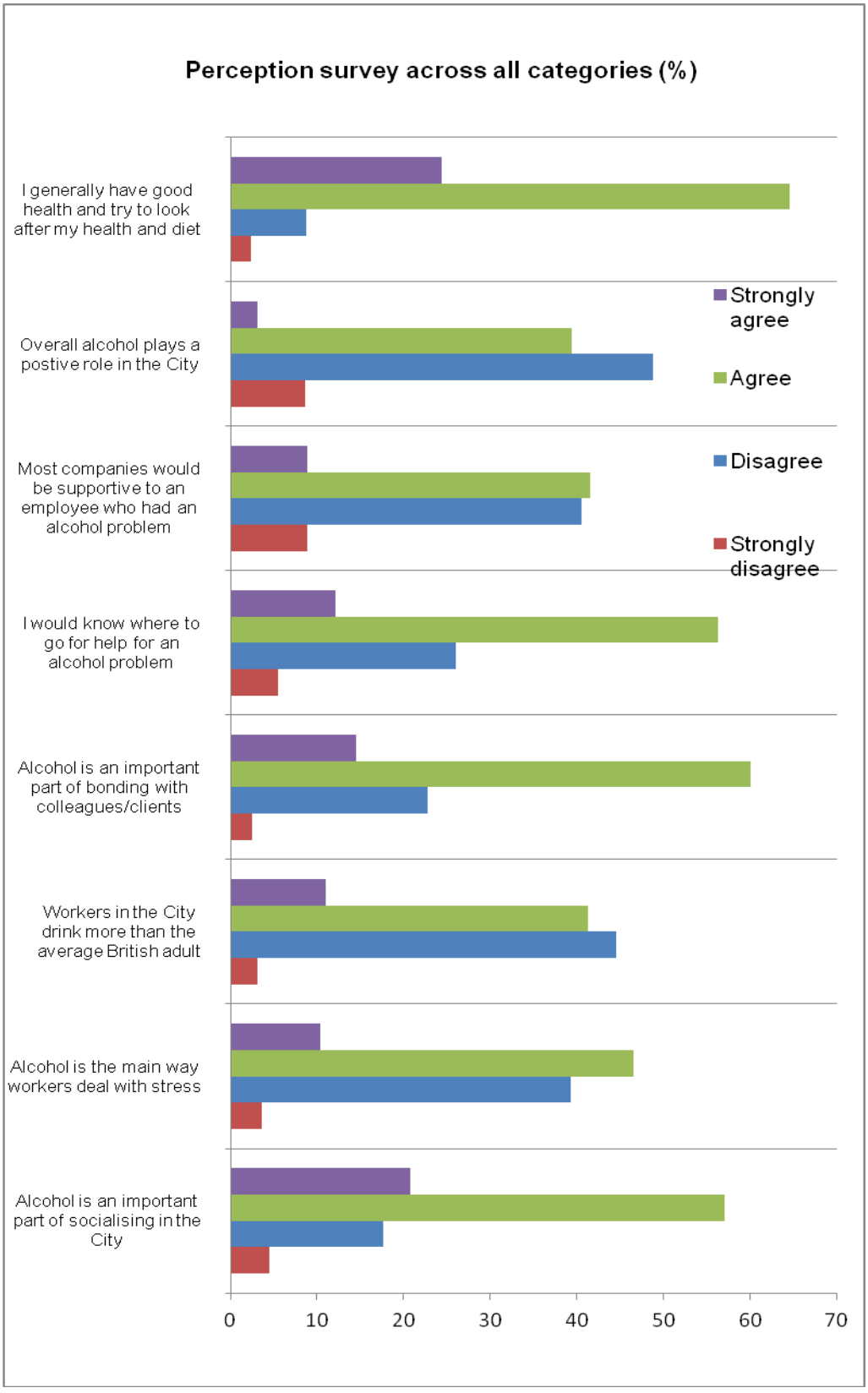
City Drinker's perceptions of alcohol use, health and drinking

City Drinkers' attitudes and perceptions of alcohol's role in the City and their own health and attitudes were taken to ascertain an overall profile of key perceptions and allow potential correlation of attitudes to alcohol use.

[3] A Demos 2011 report 'Under the influence: what we know about binge drinking' explores binge drinking as a more social behaviour

[4] 2009, Dept of Health, *Alcohol Social Marketing toolkit for England'*

Figure 13: City Drinker's perceptions of alcohol use and issues in the City

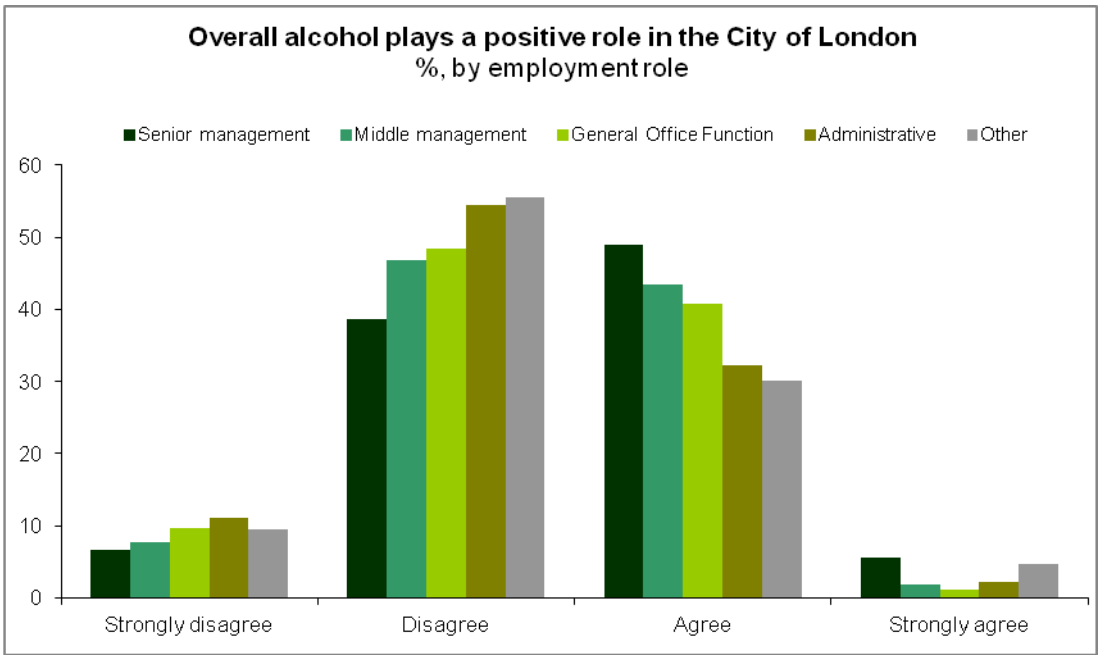


Perception questions were mainly used for the purpose of identifying segments of City Drinkers based on their attitudes and beliefs. However some key observations are worth noting:

- 78% of respondents agreed or strongly agreed that alcohol was an important part of socialising within the city.
- 49% of respondents disagreed that overall alcohol plays a positive role in the City, with 40% agreeing.
- 57% of respondents felt alcohol was the main way workers in the City dealt with stress, with 43% disagreeing.
- A very even split occurred between whether people felt companies would be supportive to an employee with an alcohol problem - 42% agreeing versus 41% disagreed.

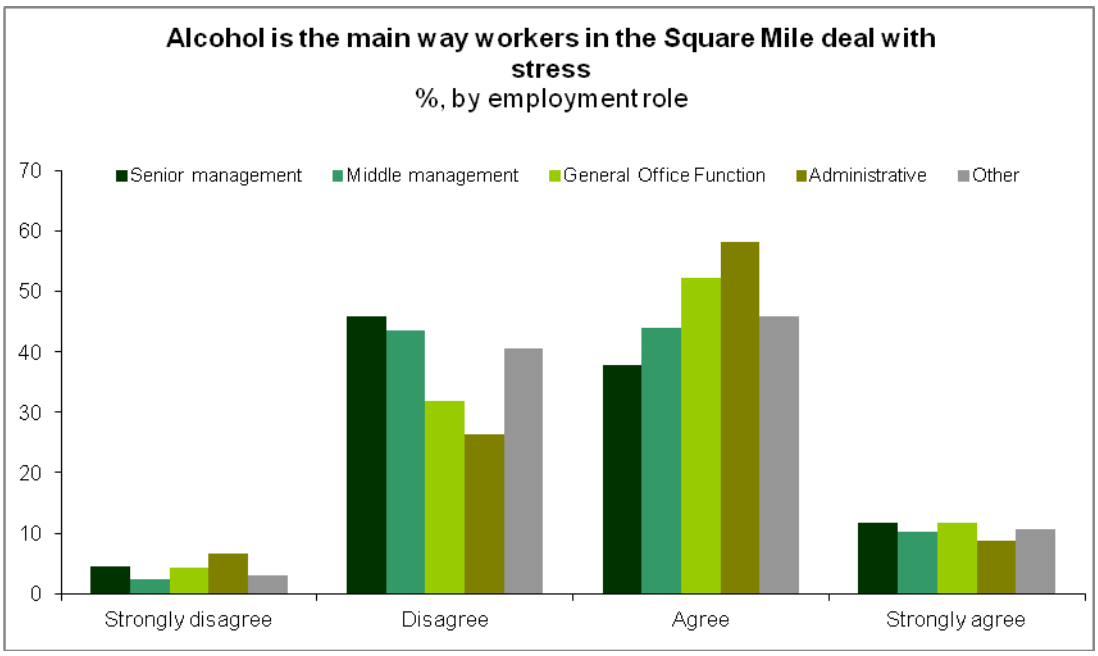
However some analysis of the perception data by role appears to corroborate previous observations. A correlation between role seniority and a positive view of alcohol is apparent.

Figure 14: Perception of alcohol in the City by role



When assessing whether alcohol is viewed as the main way workers in the City deal with stress (a negative view of alcohol), again role seniority indicated a more positive perception of alcohol's role in the City:

Figure 15: Perceptions of stress and alcohol by role

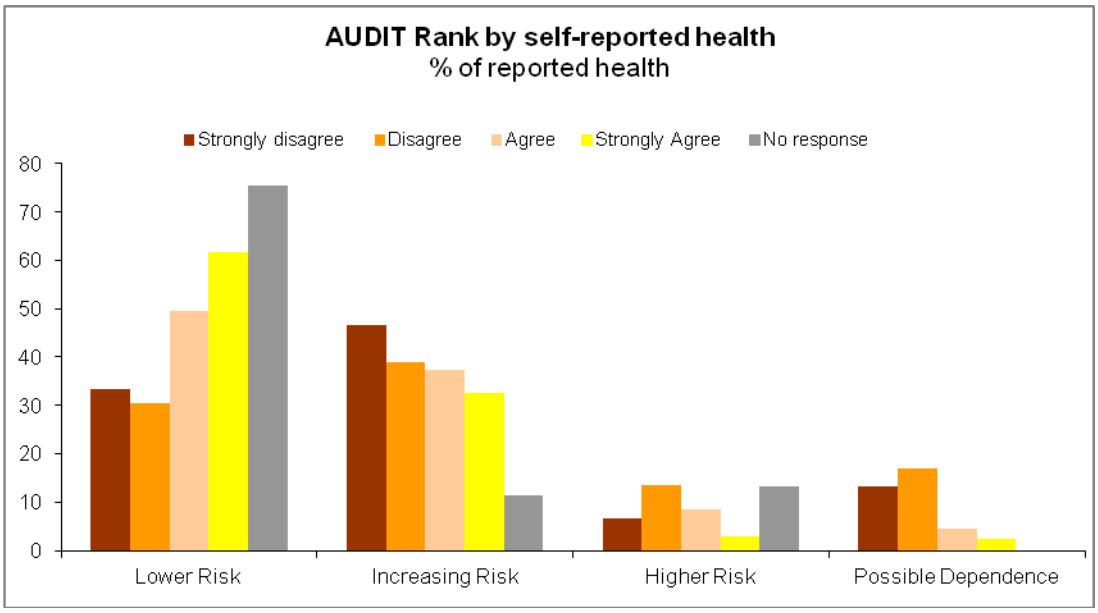


A link between higher alcohol misuse/'binge drinking' and negative views of alcohol amongst less senior roles could be indicative of an awareness of the harms caused by their alcohol misuse. In addition, an awareness of the possible negitive cues for binge drinking in the first place (such as stress). In contrast, more senior roles, who indicate lower alcohol-related problems and "less but often" drinking patterns are likely to be experiencing more of the positives and less of the shorter term negatives of alcohol conumption (such as accident, injury or regret).

Alcohol misuse Vs self-reported health

A correlation between those reporting looking after their health and diet and lower risk drinking was apparent, suggesting higher risk drinkers may be aware of their consumption's negative effects, or as an indicator of less healthy lifestyles. However increasing risk drinkers have relatively high perception of looking after their health, suggesting they are unaware of their drinking's potential or actual impact.

Figure 16: alcohol misuse by self reported good health

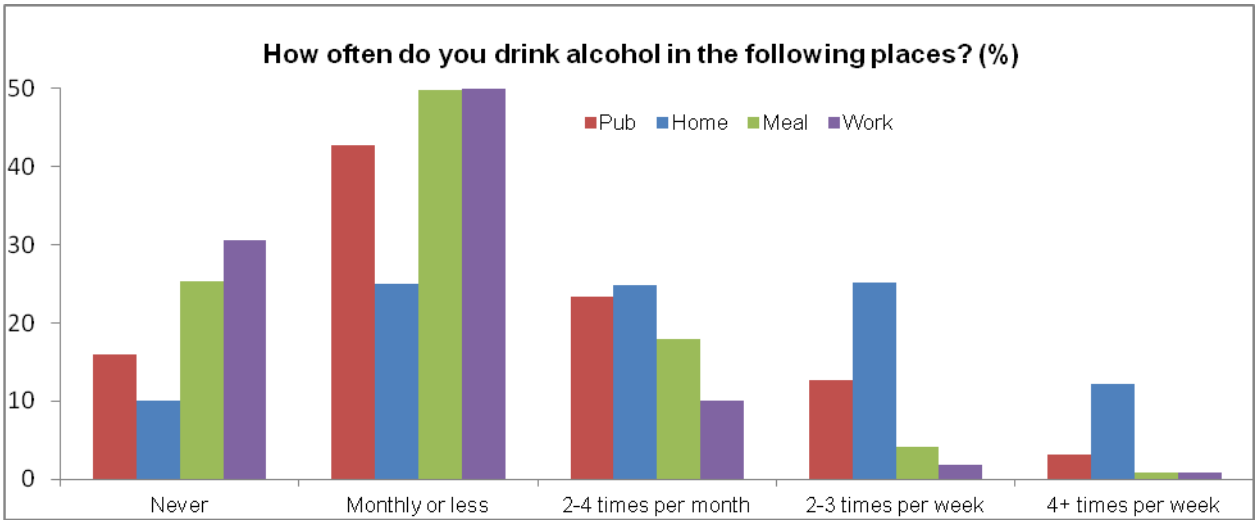


Drinking locations

In line with a national trend over recent decades, overall consumption, particularly linked to frequency of consumption, has shifted from on licensed premises to home drinking. A 2009 Alcohol Concern survey identified the most common reasons for home drinking as 'to unwind', convenience and it being cheaper.

Amongst all City Drinkers, home drinking appears the most frequent place of consumption overall, particularly for those drinking weekly or near daily.

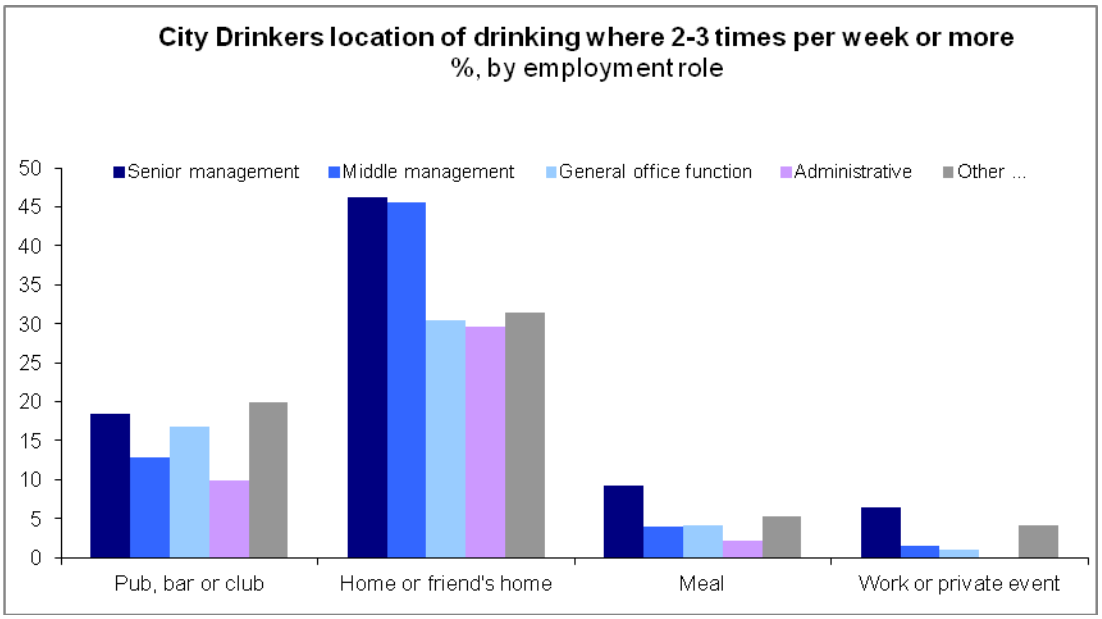
Figure 17: frequency of drinking by location



Responses that identified drinking in any location 2-3 times a week or more are shown below by role. Not surprisingly, senior managers were most likely to drink most frequently across all settings. Home drinking amongst all management roles is notably high, offering potential exploration for home drinking as a target for those drinking most frequently.

Interestingly though 'general office function' roles, who report highest alcohol misuse, showed lower home drinking frequency than management roles. Separate analysis[5] also showed no direct correlation between those that drank at home more regularly and those frequently drinking in the City.

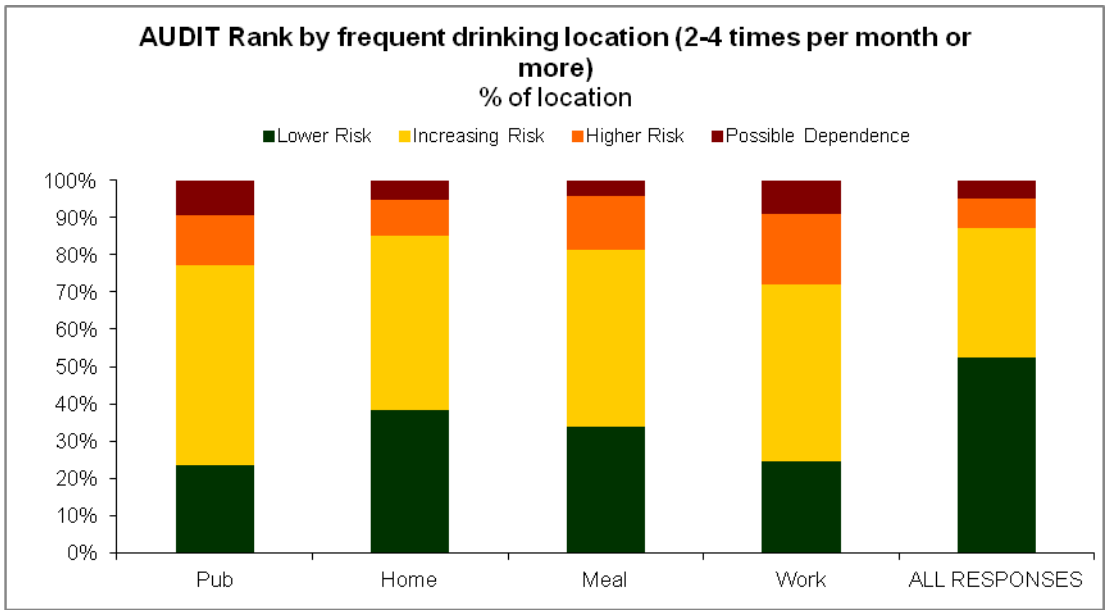
Figure 18: frequency of drinking by locations amongst regular City Drinkers



Importantly, when looking at risk levels amongst those frequently drinking at different locations, those drinking in pub settings or at work events were significantly more likely to be alcohol misusers. This would suggest that alcohol misuse amongst City Drinkers is significantly driven by drinking done in the City rather than at home.

[5] No significant correlation between those who drink at home more regularly and those who drink in the City; r^2 value = 0.066

Figure 19: Alcohol misuse (AUDIT rank) by drinking location



Average AUDIT scores significantly increased in line with frequency of City drinking when the sample is divided into three groups:

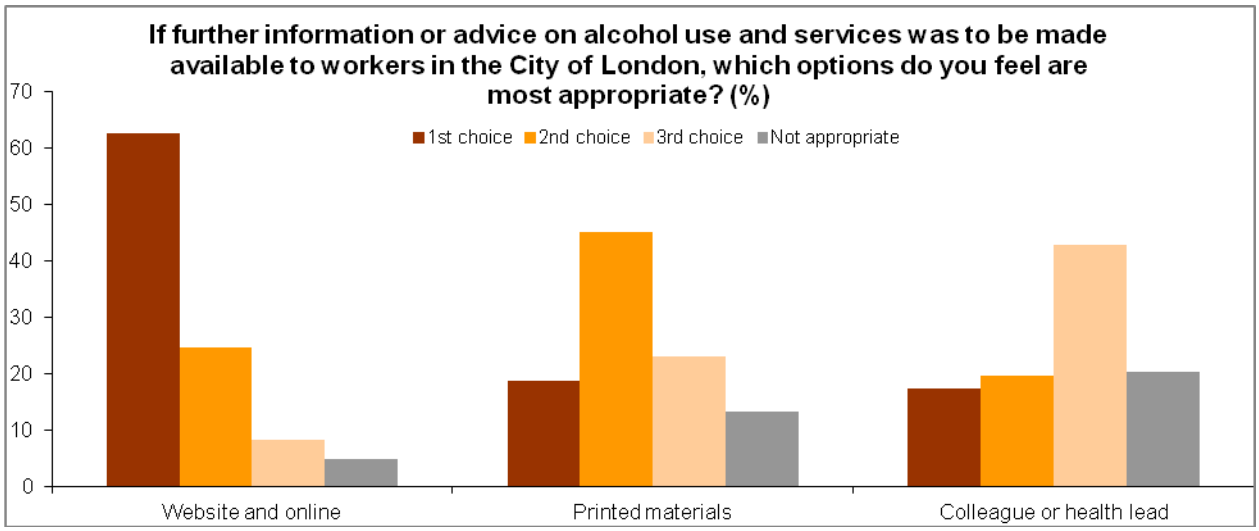
City drinking frequency	Average AUDIT score
Never drink in the City (n=206)	5.510
Sometimes drink in the City (n=375)	8.795
Often drink in the City (n=93)	12.404

The role of pub or work event drinking in the City is therefore of particular relevance to alcohol misuse. Home drinking appears to be an important part of drinking for many City Drinkers, but is not an indicator of alcohol misuse. However the longer term health impacts and risk of dependency of regular home drinking should not be overlooked.

Preferences for further information or advice

A significant preference for website and online resources was apparent as noted within qualitative feedback.

Figure 20: preference for alcohol-related information to be made available



Survey validity: confidence and statistical significance

The survey collected the responses of 740 people (526 online and 214 in street-based surveys). The results above describe the collected responses directly (unless otherwise stated for weighting purposes).

The size of the survey suggests that general confidence intervals of 3.6% can be assumed at a confidence level of 95%, although intervals will increase for different segmentations of data. These confidence levels can be considered positive given an estimated 2 in 1000 population tested based on a 339,000 population estimate.

The results have not been tested for statistical significance due to limitations of the project, and although some testing could be carried out, this may not prove conclusive or relevant for this type of research.

Postcode data

376 (51%) of respondents volunteered partial postcode information. While not detailed enough for hotspot analysis, this data could be used at a summary borough or county of residence level, which may shed greater light on the behaviour of City drinkers (for example, differing levels of alcohol use in different areas, whether those drinking after work in the City live closer or further from work, etc). GIS (mapping) technology could be performed for this purpose, but meaningful results can also be gained from simple descriptive statistics. This work was beyond the capacity of the project but could be explored.

Results: qualitative analysis and interviews

The survey design allowed for comments on City drinking culture and drinking in general. Most respondents felt there was a specific City drinking culture and most felt this had negative associations with health and social issues. The identified drinking culture was commonly described as 'blokey' and 'competitive'. Those who felt uncomfortable with the drinking culture were disproportionately, but not exclusively, female and non-white.

Some expressed disappointment at the lack of alternative non-alcohol focussed activities after work to provide opportunities for bonding, stress relief or socialising. Others highlighted the link between drug use and other problematic behaviours.

Positive comments about the drinking culture reflected views that drinking promoted team bonding and building relations with clients, relieved work stress and allowed escapism from 'pointless' jobs. Some felt that drinking occasions were where 'grace and favour' was earned and assisted career progress. Reasons for the existence of the drinking culture ranged from stress relief, peer pressure and escapism. Significantly, some felt that company practices actually encouraged excessive drinking.

Although drinking at lunchtime was reportedly less common than in previous years or decades, venue managers were surprised at the amount and frequency of drinking and the money spent at lunchtimes. They also expressed shock at customer's ability to go back to work and perform after lunchtime drinking sessions. Midweek evening drinking had become more popular, with Thursday now being seen as 'the new Friday'. However venue managers felt alcohol-related problems in the premises were rarely an issue and the City police and crime reduction partnerships were regarded as excellent.

Conclusion

Prevalence of alcohol misuse amongst City Drinkers has been shown to be a significant issue, having a considerable impact on both individual's health and social functioning and the overall performance of their organisations. Levels of alcohol misuse within the City may be amongst the highest studied within any specific sample in the UK.

However when considering the social and environmental factors at play in the City, these findings should come as no surprise. It is well known that the affordability and availability of alcohol are key determinants in consumption, neither of which are likely to be barriers to City Drinkers. In addition, the typical profile for alcohol misuse amongst adults is essentially that of the average young City worker who may be prone to a competitive 'work hard, drink hard' attitude.

This report has identified key characteristics of alcohol misuse and its likely cues within the City. General office roles, as a less senior and younger profile of City Drinker, are evidently the key driving force behind high levels of alcohol misuse in the City. Their drinking is defined by heavy occasion binge drinking, typically or most enthusiastically taking place on Thursdays and Fridays. General office roles and those aged 20-29 are significantly more likely to drink 10 or more units of alcohol on a typical drinking occasion than any other role.

With increasing age and seniority of role though, a 'less but more often' approach to drinking becomes apparent. Although senior managers or those aged 50-59 are most likely to drink 4 or more times per week, they are also most likely to drink within the 'lower risk' guidelines. Management roles are more likely to drink frequently at home or with a meal in the City. Logically, common sense reasons are that senior roles and older City Drinkers tend to have more responsibility within organisations, are more likely to entertain clients and more likely to have family or other responsibilities that discourage drunkenness.

With seniority of role, older age and lower alcohol misuse, the perceptions of alcohol use become more positive. In contrast, younger less senior roles are more likely to perceive alcohol negatively and cite drinking as the main way to deal with stress. With greater alcohol misuse comes a greater awareness of the negative effects, and perhaps also awareness of the negative cues that lead to binge drinking.

Giving in to 'binge drinking'?

Although in many ways a flawed concept, binge drinking may be the simplest way to characterise alcohol misuse within the City - but more within a social or behavioural framework rather than the official consumption definition. Drinking more than twice the recommended guidelines on a single occasion is possibly unhelpful as a national

definition. Arguably it is even less so in the City where overall consumption is higher and 'less but more often' drinkers are often drinking at or over the guidelines. Despite this they have significantly lower prevalence of alcohol misuse than those City binge drinkers driving alcohol misuse in the Square Mile.

Binge drinking amongst City Drinkers is therefore best characterised by heavy single occasion consumption[6], motivated by social or behavioural factors such as the desire to get drunk or unwind. This is not to say that those not drinking within this 'City binge drinking' definition are not alcohol misusers, more that they are not the driving force behind alcohol misuse and associated problems in the City.

A 2011 report by Demos exploring binge drinking also rejected the use of the official definition based on consumption. Demos characterised binge drinking as "young adults that drink to extreme excess, often in an intentionally reckless and very public way, putting themselves and others at risk of harm." This definition fits the profile driving alcohol misuse within the City, but a key aim of this report was to break down such profiles and identify segments to target messages or interventions that will lead to behaviour change.

Targeting 'segments'

As the segmentation analysis has shown, younger, less senior City binge drinkers driving alcohol misuse within the City are not themselves a homogenous group. Nonetheless, an increasing 'awareness' of the negative impacts of alcohol misuse comes with greater immersion within the culture. Close to one third of the sample are drinking at increasing or higher risk levels and show potential to engage with suitable messages based on their attitudes.

However, a significant proportion also show positive attitudes towards alcohol despite their alcohol misuse and being immersed in the City drinking culture. These individuals will be harder to engage via communications and are more likely to require a stronger intervention such as Identification and Brief Advice delivered by a healthcare or other professional. In general terms, 'higher risk' drinkers (12.9% of the sample) typically require more structured interventions or treatment to help address dependence.

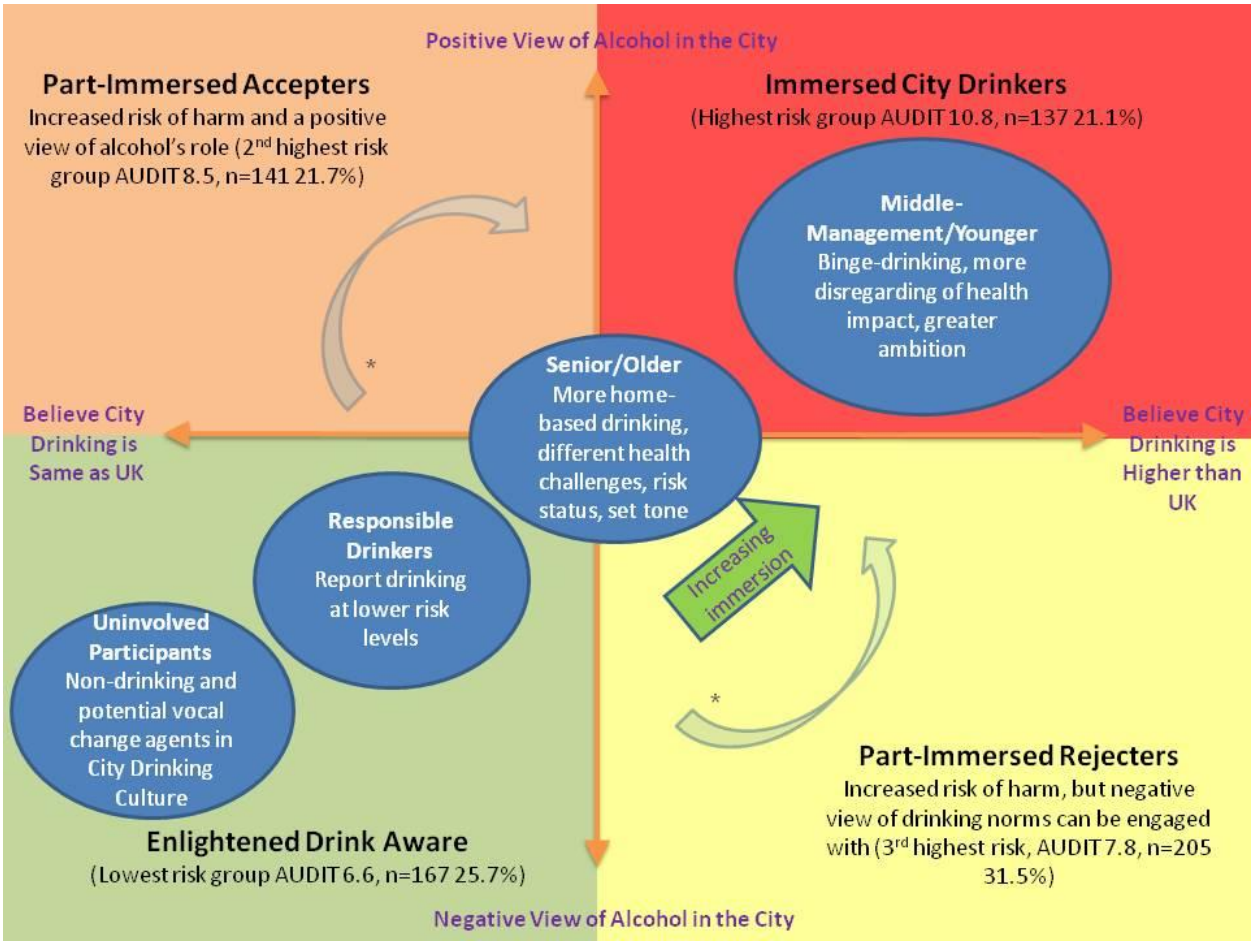
Nonetheless, a significant sample of City drinkers can be targeted with relatively low cost messages to support behaviour change. Both binge drinkers with high levels of alcohol misuse and 'less but often' drinkers who are still placing their longer term health at risk will often be unaware of their drinking's impact. Reaching out to these drinkers

[6] Heavy single occasion consumption here implies drinking significantly above double the recommended guidelines (many City Drinkers will drink double the guidelines but not be characteristic of binge drinking as defined here)

through a variety of media with appropriately targeted messages will help them to reflect on their drinking and identify steps to help them cut down.

Chart: Segmentation of City Drinkers

With increased 'immersion' in the City Drinking culture – that is greater levels of alcohol misuse – comes a greater level of awareness of associated negative factors. However some who are immersed are also hold a positive view of alcohol and are therefore 'accepters'. 'Accepters' may be less responsive to health messages and require more innovative approaches, for instance appealing to their desire for professional advancement as a lever for drinking less. However 'part-immersed rejecters' – those at-risk but with a negative view of alcohol use in the City- will be receptive to targeted health or social impact messaging.



*Arrows represent that City Drinkers are not bound or static within the segments. Attitudes, alcohol use and other influencing factors are constantly shifting so segmentation should not be entirely viewed as an exact science.

Reducing alcohol misuse in the City

As emphasised throughout this report, no single intervention can make a significant or lasting change to the high levels of alcohol misuse that form the harmful City drinking culture. To make a sustainable impact, a range of environmental and organisational

changes will need to take place. Ranging from robust licensing policy to leadership and commitment from employers, a clear message from the top will help to confront and change the drinking culture.

Alongside this, individual level action to delivering messages and interventions to alcohol misusers within the City can start to reduce the significant negative impacts. These must be delivered by carefully planned and well-informed strategies. To change a complex and engrained culture will require innovation, for instance through empowering assets such as lower risk drinkers or abstainers to challenge the drinking 'norms'.

Given the level of alcohol misuse and environmental determinants that have embedded a problematic City drinking culture, a commitment to sustained action on alcohol misuse within the Substance Misuse Partnership will need to be the key driving force for this change.

	Recommendation	Rationale	Likely impact	Resource implication	Examples
1.	***Social Marketing approaches for City Drinkers***				
1.1	**An alcohol communications strategy based on City Drinkers Insights**	• An alcohol communications or 'social marketing' strategy should be employed in order to: ○ Help at-risk City Drinkers make informed decisions about their alcohol use ○ Motivate at-risk City Drinkers to reduce their alcohol use ○ Target specific segments as identified with appropriate messages ○ Reach out to City Drinkers through a variety of channels ○ Utilise potential levers for change such as 'social norms' approaches	Communications strategies vary from ineffective to potentially powerful and cost-effective ways to change behaviour. However few alcohol-related social marketing campaigns can be conclusively shown to have achieved long term behaviour change alone. A carefully developed and comprehensive strategy should play a key role in reducing alcohol misuse in the City	Dependent on scope, reach and scale of strategy. Delivery of a strategy could range from several to hundreds of thousands of pounds	National level social marketing activity includes 'Know Your Limits', 'Alcohol Effects' and now 'Change4Life' activity. 15 local campaigns can be found under the 'local initiatives' section of the Alcohol Learning Centre and other examples from www.thensmc.com
1.2	**Secondary alcohol information**	• Accurate core alcohol awareness information (units and lower risk consumption) to support recommendation 1.1 and those choosing to reduce their consumption	Basic alcohol information alone is unlikely to lead to behaviour change, but forms an important part of decision making when other motivators or interventions are employed	Dependent on methods of delivery but generally low-cost and free resources available, especially web based	Web resources such as www.nhs.uk/drinking and a variety of printed materials. 24 hour free phone information line (Drinkline 0800712 8282)
1.3	**Mobilise lower risk City Workers to facilitate**	• Lower-risk drinkers could be mobilised by employers or local health and well-	Not evaluated as a specific alcohol approach but such	Dependent on specific initiatives	

	Recommendation	Rationale	Likely impact	Resource implication	Examples
	non-drinking cues	being initiatives. For example to ensure the provision of no or low alcohol drinks, or facilitate alternative activities to the 'default' drinking times	'nudge' approaches have sufficient recognition within behaviour change policy	but instigating them alone could take sufficient time to build buy-in	
1.4	**Promotion of web-based information and resources for City Drinkers**	• Disseminating web-based messages and resources (such as online drinks trackers or self-assessment tools) will support objectives of 1.1 and 1.2	As with alcohol communications in general, understanding of efficacy is limited. However some early evaluation of web-based interventions shows some effectiveness for certain segments	Many free web-based resources exist, including 'self-help' brief interventions approaches, forums	NHS Choices (www.nhs.uk/livewell/alcohol), Change4Life, Drinkaware
1.5	**Direct marketing of self-help booklet/materials**	• Those 'contemplating' or wanting to reduce their alcohol use will benefit from structured advice and strategies to cut down • A self-help booklet (Your Drinking and You) has a six-step plan shown to be effective	An evaluation of a direct-marketing project found the booklet 'was very effective, and efficient in terms of return on investment'	Producing the booklet itself is low cost however setting up mechanisms for allowing orders and delivery has resource implications	West Midlands self-help leaflet direct marketing evaluation
1.6	**Recognising the impact of alcohol and cocaine use**	• Cocaine use is associated with alcohol misuse and linked to increased health and social risks • Awareness around these risks and further consequences such as criminal or ecological impacts may reduce use	No specific evaluation of cocaine awareness on alcohol use	As per 1.1/1.2	Cocaine campaigns such as national FRANK messages. Some local examples of combined alcohol and cocaine messages

	Recommendation	Rationale	Likely impact	Resource implication	Examples
2.	***Alcohol treatment and interventions***				
2.1	**Identification and Brief Advice targeted to City Drinkers**	• Identification and Brief Advice (IBA) is the most cost-effective behavioural intervention for reducing at-risk but non-dependent drinking • Reaching a significant number of City Drinkers with IBA would be the single most effective individual level intervention • Opportunities for IBA exist such as through Occupational Health contacts, return to work interviews, health and wellbeing initiatives etc	Hundreds of international studies have shown IBA to be effective in reducing alcohol misuse. Although the workplace is relatively untested as a setting, IBA works as long as is delivered in line with key principles. IBA is called for by the Department of Health, NICE and the World Health Organization (WHO)	National efforts are being made to ensure health and social care roles routinely deliver IBA. Initiatives to instigate IBA in workplace settings would need funding/resources to cover engagement, training, policy development etc	The Alcohol Academy delivered a feasibility study into workplace IBA and found opportunities did exist. Some other International studies have explored workplace IBA in various forms
2.2	**Web-based interventions for City Drinkers**	• A small but growing evidence base suggested that structured interventions, including brief intervention and IBA, peer support are effective • More interactive resources are being developed and promoted	Some segments appear receptive to web-based interventions, although traditional treatment and intervention approaches are certainly still required	Dependent upon the intervention and reach. Some resources are free (see 1.4) but more sophisticated versions may cost £10k upwards	NHS Choices (www.nhs.uk/livewell/alcohol) offers free online self-assessment and tools, though www.dontbottleitup.org.uk has been launched at a starting cost of £10k
2.3	**Action-research into opportunistic street based IBA**	• City Drinkers were surprisingly amenable to discussing their alcohol use as part of the street research • Street based IBA could be a key opportunity to achieve 2.1 and could be	Some initial studies have shown street based IBA to be effective	Due to the relatively limited training required for delivering IBA, street-based IBA	An unpublished Brazilian trial into street based IBA has been shown to be effective

	Recommendation	Rationale	Likely impact	Resource implication	Examples
		a pioneering approach to alcohol harm reduction		itself could be relatively low cost. However full evaluation would add significant costs	
2.4	**Access to treatment and peer support groups**	• Improving uptake of treatment and peer support to reduce alcohol misuse/problems • Addressing access barriers, particularly to City Drinkers who may face particular barriers such as working hours and stigma, could significantly increase engagement • This includes access to both structured treatment and mutual aid or peer support/aftercare	Alcohol treatment is proven to be cost-effective. The 2005 UKATT trial found that for every £1 spent on alcohol treatment, £5 would be saved in wider public sector costs	Structured treatment has significant resource implications for commissioners although mutual-aid groups – which are also effective for supporting recovery – should be low or cost free	Alcohol treatment guidelines, examples and costing tools are all set out in NICE CG115. Mutual aid groups such as AA, SMART Recovery or Moderation Management
3.	***Alcohol workplace policy***				
3.1	**Action to encourage the development of alcohol workplace policies**	• Workplace environments and other factors play a significant role in influencing alcohol use at work - workplace policy and action can play a crucial role in reducing misuse • Alcohol misuse significantly impacts the workplace though absenteeism, poor performance, damaged relationships/ morale, long term sickness etc. • Organisations could be incentivised or encouraged to develop changes or	The impacts of alcohol misuse on the workplace cost the economy around £6.4 billion per year. Reducing alcohol misuse has been shown to increase employee health and wellbeing and can directly impact the performance of organisations.	Dependent on action taken, though simple workplace alcohol policy can be developed with sufficient organisational buy-in	Some companies, such as BT have made impressive health and wellbeing efforts across the workforce. However few have taken specific action or attention to alcohol, though

	Recommendation	Rationale	Likely impact	Resource implication	Examples
		initiatives to address workplace environment or other factors linked to alcohol misuse			examples of good policy and practice exist
3.2	**Commission or instigate workplace alcohol & health 'packages'**	• Workplace activity can include alcohol awareness raising and health and wellbeing for all employees, targeted IBA and support for at-risk drinkers, and appropriate support and referral for dependent drinkers • Offering commissioned packages to employers may be the most direct way to affect workplace change	As above. Although there are no full cost-benefit models of comprehensive alcohol workplace packages, a recent report by the London School of Economics calculated a return on investment of 9-1 for a comprehensive workplace-based health promotion and well-being programme	Dependent on scale of action taken. Simple training and policy development could be commissioned at relatively low cost per organisation.	The Alcohol Academy supported some local authorities to develop packages, and other organisations and providers are also developing work in this area
4.	***Further recommendations***				
4.1	**Wider development of positive and alternative activities**	• Many City workers may drink as the 'default' option. Improving options for City Drinkers to engage in other activities that fulfil social or other criteria could reduce alcohol misuse	There appear no direct studies looking at the availability of alternative/positive activities in comparable groups. Some studies into students engaging in other activities have mixed findings, perhaps not surprisingly since involvement in sports has been linked to misuse	Dependent on scope of work, though some low cost initiatives to encourage exercise or engage in existing schemes could be developed	
4.2	**Integrate alcohol and health and wellbeing projects within the**	• Addressing alcohol misuse can be challenging, particularly amongst those segments that may be resistant to alcohol messaging/interventions. Health	Improving Health and Wellbeing has clear evidence base for workplace settings. However there is at present		Wide range of initiatives or projects promoting

	Recommendation	Rationale	Likely impact	Resource implication	Examples
	workforce	and Wellbeing approaches offer a more acceptable way to change behaviour	little recognition of alcohol in particularly within such programmes		workplace health, including the Responsibility Deal
4.3	**Compare consumption based alcohol data**	• Further alcohol related data gathered through forthcoming/future studies could add to the City Drinkers insight			
4.4	**Wider work to reduce determinants of alcohol harm and ill health**	• It must be recognised that reducing an overall culture of alcohol misuse cannot be achieved by any single action. A sustained and multi-component strategy that recognises the key determinants of alcohol misuse must be employed	'Multi-component' approaches are identified as necessary to achieve population (not individual) level alcohol harm reduction	Dependent on scope of work	WHO strategy guidance for European states. A 2006 review was also carried out by Middlesex University
4.5	**Further possible research and analysis into City Drinkers**	• Further insights or exploration into City Drinkers could be useful for further work to reduce alcohol misuse in the City • Analysis of postcode data, further development of psychographic segments, or testing of other data or observations could be considered		Dependent on scope of work	