

The Social and Ethical Significance of Non-Problematized Middle-Aged Drinkers.

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Contents

Publications and Presentations	9
Conference Presentations.....	9
Published Papers	9
Manuscripts in Preparation.....	9
Abstract	11
Declaration	13
Acknowledgements.....	15
1. Introduction	17
Background	17
Non-Problematized Middle-Aged Drinkers.....	19
Research Objectives and Questions.....	20
Thesis Structure.....	21
2. Research Design and Methodology	23
Chapter outline	23
Theoretical Frameworks	23
Research Design	24
Reflexivity.....	25

3. Literature	27
Chapter outline	27
Authorship Declaration	29
3.1 Constructions of alcohol consumption by non-problematised middle-aged drinkers: a qualitative systematic review	33
Abstract.....	33
Background	35
Methods.....	36
Results.....	41
Conclusion.....	56
3.2 Updated Literature.....	59
3.3 Broader context of non-problematised drinking.....	59
 4: Alcohol, Gender, and Risk.	63
Chapter outline	63
Authorship Declaration	65
4.1 How Australian light-to-moderate drinkers perceive and respond to alcohol-related risk: a gendered perspective.....	67
Abstract.....	69
Introduction	71
Methods.....	72
Results.....	74

Discussion	87
Conclusions	91
Limitations	92
Tables and Figures	93
Declarations	94
5. Ethical Analysis	95
Chapter outline	95
Authorship Declaration	97
5.1 Ethical justifications in alcohol-related health warning discourses.....	101
Abstract.....	101
Introduction	101
Criteria for search	103
Current policies and viewpoints	104
Available options	108
Conclusion.....	110
Acknowledgements	111
Autonomy in alcohol policy.....	112
Authorship Declaration	113
5.2 Relational autonomy and intervening in non-problematised drinking.	115
Abstract.....	117

Introduction	119
Alcohol consumption in Australia	120
Alcohol policy in Australia	122
Relational autonomy and alcohol consumption	125
Conclusion.....	129
6. Conclusion	131
6.1 Key findings and significance of the work.....	131
6.2 Problems and limitations of the research.....	133
6.3 Future directions for research	134
Middle-aged drinking.....	135
Non-problematised drinking.....	135
Parallels between constructions of non-problematised drinking and constructions of recreational drug use.	136
Social identity theory and its applicability to non-problematised middle-aged drinkers.....	136
LGBTQA representations of non-problematised alcohol consumption.	137
Analysis of alcohol-related discourse to determine underlying ethical assumptions	137
Challenging cultural beliefs that normalise drinking.....	138
6.4 Concluding remarks	138

Appendices	141
Appendix 1: Search matrix exemplar	141
Appendix 2: Qualitative Systematic Review: Quality Assessment and Data Extraction Tool	143
Appendix 3: Metadata and Summary Table	147
Appendix 4: Works included in analysis for “Ethical Justifications in Alcohol-Related Health Warning Discourses”	149
Bibliography	157

Publications and Presentations

Conference Presentations

- Muhlack, E., Carter, D., Braunack-Mayer, A., Morfidis, N., & Elliott, J. (2016). Responsibility, recreation, and gender: a systematic review of middle-aged non-problematised drinkers' constructions of their alcohol consumption. Oral session presented at the meeting of the SA State Population Health Conference 2016. Hindmarsh, SA.
- Muhlack, E., Carter, D., Braunack-Mayer, A., Morfidis, N., & Elliott, J. (2016). Responsibility, recreation, and gender: a systematic review of middle-aged non-problematised drinkers' constructions of their alcohol consumption. Poster session presented at the meeting of Abstracts of Australasian Professional Society on Alcohol and other Drugs Conference 2016, as published in *Drug and Alcohol Review*. Sydney, NSW: Wiley.
- Muhlack, E., Carter, D., Braunack-Mayer, A., Morfidis, N., & Elliott, J. (2017). Constructions of alcohol consumption among non-problematised middle-aged drinkers: a South Australian study. Oral session presented at the meeting of 15th World Congress on Public Health. Melbourne, Australia.

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- Muhlack, E., Carter, D., Braunack-Mayer, A., & Elliott, J. (2016). Ethical justifications in alcohol-related health warning discourses. *Cancer Forum*, 40(2), 97.
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Manuscripts in Preparation

- Muhlack, E., Carter, D., Braunack-Mayer, A., & Elliott, J. (2019). *How Australian light-to-moderate drinkers perceive and respond to alcohol-related risk: a gendered perspective (forthcoming)*.
- Muhlack, E., Carter, D., Braunack-Mayer, A., & Elliott, J. (2019). *Relational autonomy and intervening in non-problematised drinking (forthcoming)*.

Abstract

Alcohol consumption in Australia is culturally privileged (that is, embedded within the dominant culture) and normalised. However, a growing evidence base shows that the risk threshold for alcohol is much lower than that previously described. There exists, then, the possibility that the drinking of those previously characterised as “low risk” may be a valid target for intervention in terms of reducing alcohol consumption, as large numbers of low-risk drinkers contribute significantly to alcohol-related health problems. Low-risk drinkers are a population of interest when developing interventions to reduce alcohol-related health burdens.

This thesis examines the social and ethical issues associated with public health interventions to reduce alcohol consumption in this population using a mixed methods approach. The thesis begins with a focus on establishing what is already known about how non-problematised middle-aged drinkers construct their alcohol consumption, further develops how these drinkers construct their drinking in a South Australian context, and finally presents an ethical analysis of intervention considerations, based on a relational autonomy framework.

Together, the studies that comprise this thesis contribute to our knowledge of how non-problematised middle-aged drinkers construct their alcohol consumption, critique ethical approaches to current alcohol policy and suggest an alternative ethical framework for whole-of-population interventions. This thesis contributes new evidence about alcohol consumption in a previously under-researched population group, which in turn provides important information to inform interventions targeting this group specifically.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Emma Muhlack

PhD candidate, The University of Adelaide

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1. Introduction

In this chapter I outline background materials necessary for the context of the thesis; describe the population of interest; state the research questions and objectives; and, outline the thesis structure.

Background

Alcohol consumption in Australia is a privileged part of culture. It is a key element of social patterns (Allan, Clifford, Ball, Alston, & Meister, 2012; Posner & Wollersheim, 2011), is embedded in sporting culture (Jones, 2010; Munro, 2000; Palmer, 2010), and is a means of expressing and managing identity (Killingsworth, 2006; Liepins, 2000). Historically, alcohol has fulfilled many roles beyond its status as a simple intoxicant. Before the arrival of white settlers, many First Nations tribes used alcohol (and other intoxicants) for ceremonies and as part of important cultural activities. After settlement, alcohol was used as a currency in the early stages of the colony of New South Wales, with the colony garrison becoming known as the “Rum Corp” for their control over the rum trade and thus control over the economy of the early colony (Midford, 2005). Alcohol was also commonly used as payment for the (sometimes coerced) labour of First Nations people by settlers in the Hunter Valley region (Blyton, 2013). Alcohol provided a source of entertainment, both in own right as an intoxicant and as a means of inciting street fights among First Nations People for the entertainment of settlers (Langton, 1993). It was also a symbol of power and empowerment, from the Rum Corp’s control of the colony economy in the late 18th and early 19th centuries (Midford, 2005), to the fights in the 1960s to allow women the right to drink in public, and First Nations people the right to drink at all (Fitzgerald & Jordan, 2011).

As can be seen from this brief history, alcohol has played a prominent and sometimes problematic role in the cultural life of Australia. Additionally, Australia is often characterised

as an especially hard-drinking nation, to the extent that attempts to legislate means to reduce alcohol consumption are strongly resisted as “wowsersism” by the Australian public (Moore, Yeatman, & Davey, 2015; Room, 2010). Despite this, Australian drinking patterns do not differ dramatically from those in other western countries and historically, our per-capita consumption has not been unusual in a western context (Midford, 2005; Room, 2010). Nonetheless, heavy drinking and intoxication (whilst problematised by Australian health policy (Manton & Moore, 2015)) are normalised in Australian culture.

However, heavy drinking is not the dominant mode of drinking in Australia: over half of Australians recently reported their drinking as being within the bounds of the lifetime low risk levels recommended by the Australian Government (Australian Institute of Health and Welfare [AIHW], 2016). This type of drinking has not been problematised by health policy in Australia, with the focus in policy being on reducing binge drinking and drinking from dependency, drink driving, and underage drinking (Howard, Gordon, & Jones, 2014; Manton & Moore, 2015).

Nonetheless, this non-problematised alcohol consumption has been shown by recent research to carry risk. When all-cause mortality is considered, the threshold for lowest risk is approximately 100g (10 standard Australian drinks) per week (Wood et al., 2018). This measure is 40g/week lower than the National Health and Medical Research Council (NHMRC) recommended maximum to avoid long-term harms (National Health and Medical Research Council, 2009). A similar decrease among male drinkers from 196g/week of ethanol (the recommended upper limit for US male drinkers) to 100g/week or less “was associated with about 1-2 years of longer life expectancy at age 40” (Wood et al., 2018, p. 1513).

Because health risks are present at low levels of alcohol consumption, decreasing population-wide alcohol consumption is an effective way of decreasing the incidence of

alcohol-related mortality. Let us take cancer as an example. Cancer risk due to alcohol consumption is linear, with a direct dose-response relationship (Cancer Council Australia, 2012; Wood et al., 2018) which means that there is no level of alcohol consumption which does not increase cancer risk. A decrease of 1L of pure ethanol per capita per annum in alcohol consumption is predicted to lead to a 3.9% decline in overall cancer mortality over a 20 year period (Jiang, Livingston, Room, Chenhall, & English, 2018). Given an estimated number of 5,663 cancers caused by alcohol (5.6% of all cancers) (Winstanley et al., 2011), this could mean over 200 cancer cases due to alcohol consumption could be prevented annually in Australia. Clearly, reducing alcohol consumption at a population level will have positive health outcomes. Given that cancer costs the Australian health system over \$4.5 billion annually (AIHW, 2005), it may also save millions of dollars in health expenditures. On this basis alone, alcohol consumption among drinkers who are not conceived of as problematised (by governments, society, or health promotion organisations) may be a legitimate target for public health intervention, as the literature shows that a “drinking problem” is not necessary for drinking to cause problems.

Non-Problematised Middle-Aged Drinkers

Most research into those who consume alcohol is focussed on problematised drinkers such as young drinkers, binge drinkers, and those for whom alcohol consumption is a significant health risk (Emslie, Hunt, & Lyons, 2013). Problematised drinkers are those who are constructed as being problematic in some way relating to their drinking, usually because of drinking in socially unacceptable ways, especially drinking heavily to the point of intoxication. Given young drinkers are more likely to engage in such drinking behaviours (AIHW, 2016; Szmigin et al., 2008), this group is more likely to be problematised in their drinking. In this thesis, however, the population of interest is middle-aged (i.e., 30-65 year old) non-problematised drinkers. Middle-aged drinkers are not often considered to be a

problematic group in public health policy and public discourse. This is contrasted with young drinkers, often considered an inherently problematic group in these same policies and public discourses (Manton & Moore, 2015), and much of the literature around alcohol consumption discusses binge drinking and other behaviours in this age group. This is not to say that there are not problematic drinkers of middle age; however, non-problematised middle-aged drinkers are doubly overlooked in the literature. It may be that they are not the topic of research because they are not young and (unlike the young) do not publicly display problematic behaviours such as public intoxication (Lyons, Emslie, & Hunt, 2014), or that they are past the age associated with critical neural development (Witt, 2010). Accordingly, an understanding of drinking behaviours in this group is lacking. If governments or health organisations are to intervene (or even consider intervening) in the drinking of non-problematised middle-aged drinkers, understanding the significance of drinking in their lives and how alcohol is constructed amongst this group will be necessary. It is also important to note that this use of “non-problematised middle-aged drinkers” as a population of interest in no way assumes that the group is unvarying in their approach to drinking. Variations within this group, as well as commonalities, may provide important context for understanding what may, or may not, be acceptable when intervening in the drinking of this group.

Research Objectives and Questions

The thesis objectives are:

1. To describe the significance of alcohol consumption among non-problematised middle-aged drinkers.
2. To evaluate current and potential likely alcohol policies that impact on non-problematised middle-aged drinkers, considering both practical and ethical implications of this intervention.

The three research questions are:

1. How do middle-aged light-to-moderate drinkers in South Australia talk about their alcohol consumption?
2. Do current and likely alcohol policies take into account the unique characteristics of this group?
3. What ethical issues arise when considering (2)?

Thesis Structure

This thesis was prepared by publication, and consists of four journal manuscripts, linked by short introductory sections, and bookended by additional Chapters.

After this introductory Chapter, Chapter 2 outlines the **theory and methods used** in this thesis. The following Chapter 3 consists of a **systematic review of the literature**, describing how non-problematised middle-aged drinkers construct alcohol consumption, updated to account for papers published later than December 2016. This is not limited to an Australian context, but encompasses all studies published in English. Chapter 5 presents a **qualitative study** examining constructions of alcohol consumption among South Australian self-identified light-to-moderate drinkers, with particular focus on the ways that alcohol-related risk is constructed differently according to the gender of the drinker. The following Chapter 6 describes **policies** that might impact on non-problematised middle-aged drinkers, and the **ethics** of their implementation, and consists of two sections: the first section provides an analysis of academic and advocate language around warning labels, critiquing the dominant, neoliberal discourse of warning labels as an effective intervention that is respectful of autonomy; and the second presents an analysis of how a different conception of autonomy – relational autonomy – can provide a framework for interventions that are both respectful of autonomy and may be more likely to lead to a reduction in population level alcohol consumption. The final concluding Chapter reflects on the **significance of this research**, **problems** encountered in the research process, and provides some **insight** into potential future directions for research.

2. Research Design and Methodology

Chapter outline

In this chapter, I outline the research design and methodology underpinning the research presented in this thesis. As this is a thesis by publication, there is some overlap between the materials presented in this chapter and the details provided in the methods sections of each chapter. In order to minimise duplication, this chapter focusses on the overarching research design of the paper, the methodological principles underpinning that design, theoretical considerations in the research, and reflexive practices. I include material about specific chapters of the thesis only where they are not included in the methods section of the relevant paper constituting that chapter.

Theoretical Frameworks

Throughout this thesis, I have worked from the position of critical realism, which is both an ontology and epistemology. It is ontologically realist, taking the position that reality exists independent of our perceptions of it, and epistemologically socially constructionist in that our knowledge of that reality is created and shaped through the lens of personal experiences (McKeown, 2017). Critical realism incorporates both constructionist and realist positions in holding that “while meaning is made in interaction, non-discursive elements also impact on that meaning” as our constructed social realities “are theorized as being constrained by the possibilities and limitations inherent in the material world” (Sims-Schouten, Riley, & Willig, 2007, p. 102). I chose critical realism as the overarching paradigm because I wished to define my population of interest as *non-problematized* drinkers rather than *unproblematic* drinkers: the former distinguishes between the discursive process of positioning drinkers as non-problematized and any material reality of health issues attributable to alcohol consumption,

whereas the latter could be interpreted as collapsing the two instances into one and assuming that they are the same.

It was unnecessary to specify in each paper that my analysis was critically realist as the epistemology, rather than ontology, was the focus of methodological choices: thus, many of the following papers draw upon an explicitly constructionist epistemology. As a result, the theoretical frameworks I draw upon in the empirical components of my research are varied and include gender theory, risk theory, and discursive theory. Much of the empirical research uses a clearly gendered lens to examine the data, at least in part. The ethical component of this work is centred upon autonomy, a central concept in much academic discourse addressing bioethics and public health ethics. In particular, I draw on various theories of relational autonomy, an explicitly feminist theory which also aligns with my epistemic position of constructionism in acknowledging the social nature of our understandings of reality. A more detailed discussion of the ethical principles is found in Chapter 5.

Research Design

This research was initially conceived as an ethical examination of cancer warning labels on alcohol products such as bottles and cans, as applicable to non-problematized middle-aged drinkers. This group was chosen as one who, whilst not being labelled as problematic drinkers, were nonetheless drinking in ways that could increase their risk of cancer (and various other health issues) (see Chapters 3 and 4). However, in analysing the justificatory language used when talking about warning labels in the literature, and I concluded that neoliberal discourses of autonomy that appear to underpin justifications for warning labels posit an model of autonomy that is insufficient in the context of interventions addressing alcohol consumption (see Chapter 5). This then prompted an examination of how Australia's

current alcohol policies are constructed, with an evaluation of current and potential future policies within a relational autonomy framework. This research was undertaken as part of the “Alcohol Causes Cancer!” research group at the University of Adelaide.

Reflexivity

Reflexivity is a term with multiple meanings. In the context of my research it encapsulates both a process of self-reflection and the explicit positioning of myself as a researcher in relation to my field of study. Through articulation of these, the knowledge produced by me as a researcher can be assessed in the context of my social self, revealing assumptions underpinning my research process (Maton, 2003; Slaney, Tafreshi & Wu, 2019). Throughout the research process, I kept journals that recorded the research process and my reflexive processes, including the content of discussions with my supervisory panel and notes on relevant literature and experiences that informed my thinking on the various methods, topics, and methodologies. This enabled me to return to these records and reflect on them.

Reflexivity also allows the researcher “to acknowledge and integrate their personal experiences as well as any important contextual factors into their research” (Lamb & Huttlinger, 1989, p. 766), and so I used the same journal for both my research notes and my daily life. Both the culture in which I live and my particular family environment feature ubiquitous alcohol consumption, and so by including my daily routines and activities alongside my “official” notes of research activities, I was better able to see patterns of behaviour and thought that might impact on my work.

In carrying out this research, particularly the empirical qualitative work, I have become very aware of how close I am to the material in question. I am a non-problematized drinker, and a white middle-class woman in her mid-30s; thus, I fall within the population of interest in this dissertation. Being an insider confers the benefits of knowing the context in which

discussions are taking place, providing short-cuts of understanding, but the disadvantage that it may be more difficult to approach the data with a fresh eye (Kacen & Chaitin, 2006). As a result of my (partial) insider status, the social context was familiar to me and this allowed me to comfortably interpret the experiences of participants: however, I also had to self-critique to ensure that I did not read conclusions into the data that were not fully supported, or to make assumptions based on my own knowledge. Discussions with supervisors and other PhD candidates assisted me in my self-reflection on this topic.

I also come from North Queensland, and my impressions from a young age are that drinking is not simply unremarkable but ubiquitous. Weddings, wakes, birthdays, graduations, and ill fortune: all are marked with celebratory or comforting alcohol. I also married into a family for whom wine connoisseurship is the norm, and even family dinners of no particular note involve an assessment of the quality and features of the wines being consumed. This immersion in normative drinking and connoisseurship meant that when I began the process of this research (despite my partial absorbance of public health messages that alcohol was harmful to health), alcohol consumption simply *was*: I was unused to critically examining it. The process of carrying out a systematic review (see Chapter 3), and books such as *No Ordinary Commodity* (Babor et al., 2010), *The Much Lamented Death of Madam Geneva* (Dillon, 2002), and *High Sobriety* (Stark, 2013) all helped me to understand the social, cultural, and historical contexts of alcohol in various cultures and gave me a broader context within which I could begin examining my own experiences with alcohol through a critical lens. In addition, my supervisory team were indispensable in assisting me through this process by pointing out instances where I had potentially over- or under-reached in my interpretation of data and encouraged me to consider how my own position might have influenced that.

3. Literature

Chapter outline

This chapter outlines the literature relevant to the overall project of this thesis. Included in this is a published systematic review of the qualitative literature, which aims to address objective 1 (*to describe the significance of alcohol consumption among non-problematised middle-aged drinkers*) by answering research question 1 (*How do middle-aged light-to-moderate drinkers talk about their alcohol consumption?*). The systematic review highlights a significant gap in the literature when it comes to non-problematised middle-aged drinkers, but the little research there is suggests that alcohol consumption among this group is a complex process situated in a social context. Further discussion situates these findings in the emerging field of non-problematised alcohol consumption, and highlights consistencies between my systematic review of the literature and this wider body.

What follows is a reproduction of a paper published in *BMC Public Health* (Muhlack, Carter, Braunack-Mayer, Morfidis, & Elliott, 2018), with minor formatting changes (e.g. headings, appendix numbers, reference formatting and locations, figure/table locations etc) to accommodate inclusion in the thesis. This is then followed with updated literature analysis, and a discussion of related texts that did not meet the criteria for inclusion in the systematic review but that are nonetheless useful to consider in discussing the topic.

Statement of Authorship

Title of Paper	Constructions of alcohol consumption by non-problematised middle-aged drinkers: a qualitative systematic review
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Principal Author

Name of Principal Author (Candidate)	Emma Muhlack		
Contribution to the Paper	Conceptualisation: Research design Realisation: Data collection; Data Analysis Documentation: Primary author		
Overall percentage (%)	60%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature		Date	14 - Nov - 2019

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
- iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

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Name of Co-Author	Nicolas Morfidis		
Contribution to the Paper	10% Conceptualisation: Nil Realisation: Data Collection; Data Analysis advice Documentation: manuscript advice		
Signature		Date	

RESEARCH ARTICLE

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Constructions of alcohol consumption by non-problematised middle-aged drinkers: a qualitative systematic review

Emma Muhlack^{1*} , Drew Carter¹, Annette Braunack-Mayer^{1,2}, Nicholas Morfidis¹ and Jaklin Elliott¹

Abstract

Background: Current research into alcohol consumption focuses predominantly on problematic drinkers and populations considered likely to engage in risky behaviours. Middle-aged drinkers are an under-researched group, despite emerging evidence that their regular drinking patterns may carry some risk.

Methods: We searched Scopus, Ovid Medline, and Ovid PsycInfo for peer-reviewed, English-language publications appearing prior to 31 December 2015 and relating to the construction of alcohol consumption by middle-aged non-problematised drinkers. Thirteen papers were included in our thematic analysis.

Results: Middle-aged non-problematised drinkers constructed their drinking practices by creating a narrative of normative drinking via discourses of gender, identity, play, and learning to drink. They also used drinking norms to construct their gender and identity. Health was not identified as a significant consideration for the population of interest when constructing alcohol consumption, except where drinking behaviours were likely to harm another.

Conclusions: These results suggest that public health campaigns aimed at reducing alcohol consumption may be more effective if they focus on unacceptable drinking behaviours instead of personal health outcomes.

Keywords: Alcohol consumption, Qualitative, Systematic review

Background

Alcohol drinking and non-drinking is a complex social process influenced by a variety of factors and deeply embedded in the social environment. The current body of research into alcohol consumption focuses overwhelmingly on problematised drinkers such as young drinkers and binge drinkers. Low-level drinking is considered unproblematic in many alcohol studies (especially sociological studies) and in society more broadly [1]. In this sense, low-level drinking is non-problematised. However, low-level drinking can nonetheless be considered problematic since some alcohol studies (especially recent epidemiological studies) demonstrate that it presents health risks (increased all-cause mortality in the long term) [2, 3]. Thus, groups not previously considered problematic (which we henceforth refer to as non-

problematised drinkers) can nonetheless be conceived of as drinking in ways that place them at risk.

One such group is middle-aged drinkers, whom we have defined as 30–65 year olds. While drinking in this age group has sometimes been problematised, such as in the case of alcoholism or binge drinking [4, 5], this group is rarely regarded as inherently problematic in the same way that youth drinkers are [6]. Nonetheless, these non-problematised drinkers may still drink in ways that impact negatively on their long-term health. For example, alcohol is a class 1 carcinogen with a dose response relationship and no known “safe” level of minimum drinking [7], meaning that regular drinking increases cancer risk. Daily drinking in Australia increases with age [8], and Australian middle-aged drinkers drink in excess of lifetime risk guidelines (no more than two standard drinks per day) [7] in similar proportions to young drinkers. Recent evidence indicates that 40–49 year-olds drink more alcohol than 18–24 year-olds [8]. In the United Kingdom, mean alcohol consumption (units/week) is highest for

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3.1 Constructions of alcohol consumption by non-problematised middle-aged drinkers: a qualitative systematic review

Abstract

Background:

Current research into alcohol consumption focuses predominantly on problematic drinkers and populations considered likely to engage in risky behaviours. Middle-aged drinkers are an under-researched group, despite emerging evidence that their regular drinking patterns may carry some risk.

Methods:

We searched Scopus, Ovid Medline, and Ovid PsycInfo for peer-reviewed, English-language publications appearing prior to 31 December 2015 and relating to the construction of alcohol consumption by middle-aged non-problematised drinkers. Thirteen papers were included in our thematic analysis.

Results:

Middle-aged non-problematised drinkers constructed their drinking practices by creating a narrative of normative drinking via discourses of gender, identity, play, and learning to drink. They also used drinking norms to construct their gender and identity. Health was not identified as a significant consideration for the population of interest when constructing alcohol consumption, except where drinking behaviours were likely to harm another.

Conclusions:

These results suggest that public health campaigns aimed at reducing alcohol consumption may be more effective if they focus on unacceptable drinking behaviours instead of personal health outcomes.

Background

Alcohol drinking and non-drinking is a complex social process influenced by a variety of factors and deeply embedded in the social environment. The current body of research into alcohol consumption focuses overwhelmingly on problematised drinkers such as young drinkers and binge drinkers. Low-level drinking is considered unproblematic in many alcohol studies (especially sociological studies) and in society more broadly (Emslie et al., 2013). In this sense, low-level drinking is non-problematised. However, low-level drinking can nonetheless be considered problematic since some alcohol studies (especially recent epidemiological studies) demonstrate that it presents health risks (increased all-cause mortality in the long term) (Kunzmann, Coleman, Huang, & Berndt, 2018; Wood et al., 2018). Thus, groups not previously considered problematic (which we henceforth refer to as non-problematised drinkers) can nonetheless be conceived of as drinking in ways that place them at risk.

One such group is middle-aged drinkers, whom we have defined as 30-65 year olds. While drinking in this age group has sometimes been problematised, such as in the case of alcoholism or binge drinking (Blazer & Wu, 2009; Kristenson, Öhlin, Hultén-Nosslin, Trelle, & Hood, 1983), this group is rarely regarded as inherently problematic in the same way that youth drinkers are (Martinic & Measham, 2008). Nonetheless, these non-problematised drinkers may still drink in ways that impact negatively on their long-term health. For example, alcohol is a class 1 carcinogen with a dose response relationship and no known “safe” level of minimum drinking (Cancer Council Australia, 2017), meaning that regular drinking increases cancer risk. Daily drinking in Australia increases with age (AIHW, 2014, p. 34), and Australian middle-aged drinkers drink in excess of lifetime risk guidelines (no more than two standard drinks per day) (Cancer Council Australia, 2017) in similar proportions to

young drinkers. Recent evidence indicates that 40-49 year-olds drink more alcohol than 18-24 year-olds (AIHW, 2014, p. 39). In the United Kingdom, mean alcohol consumption (units/week) is highest for men aged 55-64 years and for women aged 45-54 years (Studies, 2013). In the United States of America, a slight long-term (since 2002) downward trend in drinking frequency and quantity among adults under 25 years of age has coincided with a slight long-term increase in these measures among adults over 26 years of age (Centre for Behavioral Health Statistics and Quality, 2015). The prevalence of high-frequency drinking tends to increase among older drinkers as they age, regardless of country, with the exceptions of Costa Rica, Nicaragua, and Uganda (where it is lowest among men aged 35-49) and Brazil, Ireland, and Kazakhstan (where it is highest among the same age cohort) (Wilsnack, Wilsnack, Kristjanson, Vogeltanz-Holm, & Gmel, 2009).

Despite the increasing evidence that alcohol consumption among older drinkers is increasing over time, and that older drinkers are consuming more overall than younger drinkers, we know very little about the motivations and decision-making processes of non-problematised middle-aged drinkers when it comes to their alcohol consumption. We sought to fill this gap by systematically reviewing and synthesising qualitative literature that describes the ways in which non-problematised middle-aged drinkers construct their consumption of alcohol. Understanding alcohol consumption in this group will support more effective health interventions by, for instance, enabling health promotion campaigns aimed at reducing alcohol consumption among this group to speak to their greatest concerns and priorities.

Methods

Defining non-problematised alcohol consumption

The purpose of this study was to describe the constructions of the consumption of alcohol evident in academic analysis of accounts of non-problematised middle-aged drinking. We

defined non-problematised alcohol consumption as alcohol consumption that is neither significantly harmful, nor socio-legally proscribed. We defined *significantly harmful* consumption as:

consumption that significantly increases the risk of ill health or injury to oneself or others, such as binge drinking, drink driving, drinking while pregnant, drinking after being diagnosed with a medical condition adversely affected by alcohol consumption (such as AIDS, Hepatitis, or CVD), and drinking that constitutes a substance use disorder (e.g. alcoholism and alcohol dependency).

We further defined *socio-legally proscribed* consumption as:

Consumption that occurs against the constraints of prohibitive cultures (e.g. where religious conviction requires or strongly commends abstinence) or illegal consumption (e.g. where consumption is prohibited in specific locations).

We included studies that included alcohol consumption beyond recommended guidelines unless the drinkers either self-identified their drinking as problematic or it was presented by the authors as such.

[Study selection process](#)

We searched three databases: Scopus, Ovid Medline, and Ovid PsycInfo, on the advice of the university's discipline search specialist (Appendix 1). EM and NM also carried out hand-searches as described below. No additional papers were identified through hand-searching. The systematic review protocol was registered with Prospero (CRD42016032871).

We assessed studies for inclusion against the following questions:

1. Was this paper published in a peer-reviewed, English-language journal?

2. Did this study examine the consumption of alcohol as a beverage and examine how that consumption was experienced, understood, or discussed by participants, with regards to their own experience of alcohol consumption?
3. Did this study meet the required standards of data collection and analysis, e.g.: interviews or focus groups; use of participant voices; acceptable quality according to Critical Appraisal Skills Program (CASP) analysis?
4. Did this study include the population of non-problematised, middle-aged (30-65 year-olds) consumers of alcohol?

Papers that did not meet these criteria were excluded (see figure 1). Where papers met both exclusion and inclusion criteria (e.g. featured mixed-age participants or a combination of problematised and non-problematised drinking) only data pertaining to the aims of the study were included in the analysis.

An initial pool of 9,813 search results was assessed by EM and NM against title, keyword and abstract. NM's initial assessments (397 papers, determined by author surname A) were also reviewed by EM who identified no inappropriate exclusions, and so subsequent papers were checked independently by either EM or NM with a combined total of 245 papers for further analysis (table 1).

We checked exclusions and inclusions as separate stages due to the number of search results. The reviewers then met and together checked inclusions against the initial selection questions, to give a total of 144 papers.

TABLE 1—EXAMPLES OF EXCLUSION CRITERIA

Criteria	Exclusion
1	Language other than English; published outside a peer reviewed journal
2	Biomedical effects of alcohol, alcohol in laboratory settings, animal tests; general perceptions of alcohol consumption; descriptions of “drinking cultures” and other high-level constructs that do not include individuals’ perceptions of their own drinking
3	Quantitative methods; opinion pieces; historical summaries; lack of participant voice.
4	Problematised populations or behaviours; participants solely <30yo or >60yo

EM and NM then independently assessed each paper on the basis of a full-text reading. Any disagreements were resolved through discussion, with 20 papers retained for data extraction and synthesis. EM subsequently hand-searched the publication lists of thirteen authors recommended by three field experts using a replication of the above process, with no additional papers identified.

Finally, EM searched the reference lists of all papers included, with four additional papers identified to give a total of 24 included papers.

During the data extraction and synthesis phases, some papers were identified as inappropriate for the aims of the study (Campbell et al., 2011). Reasons for exclusion at this point were that the reviewed studies failed to meet inclusion criteria, as typified below:

- did not focus on the participants’ experience of drinking, but instead focussed on the cultural context in which drinking took place

- featured poor or unclear supporting data (e.g. assertions made without clear evidence to support them).

These papers were rejected as they did not meet inclusion criteria regarding participants' participants own voices discussing their experience of alcohol consumption.

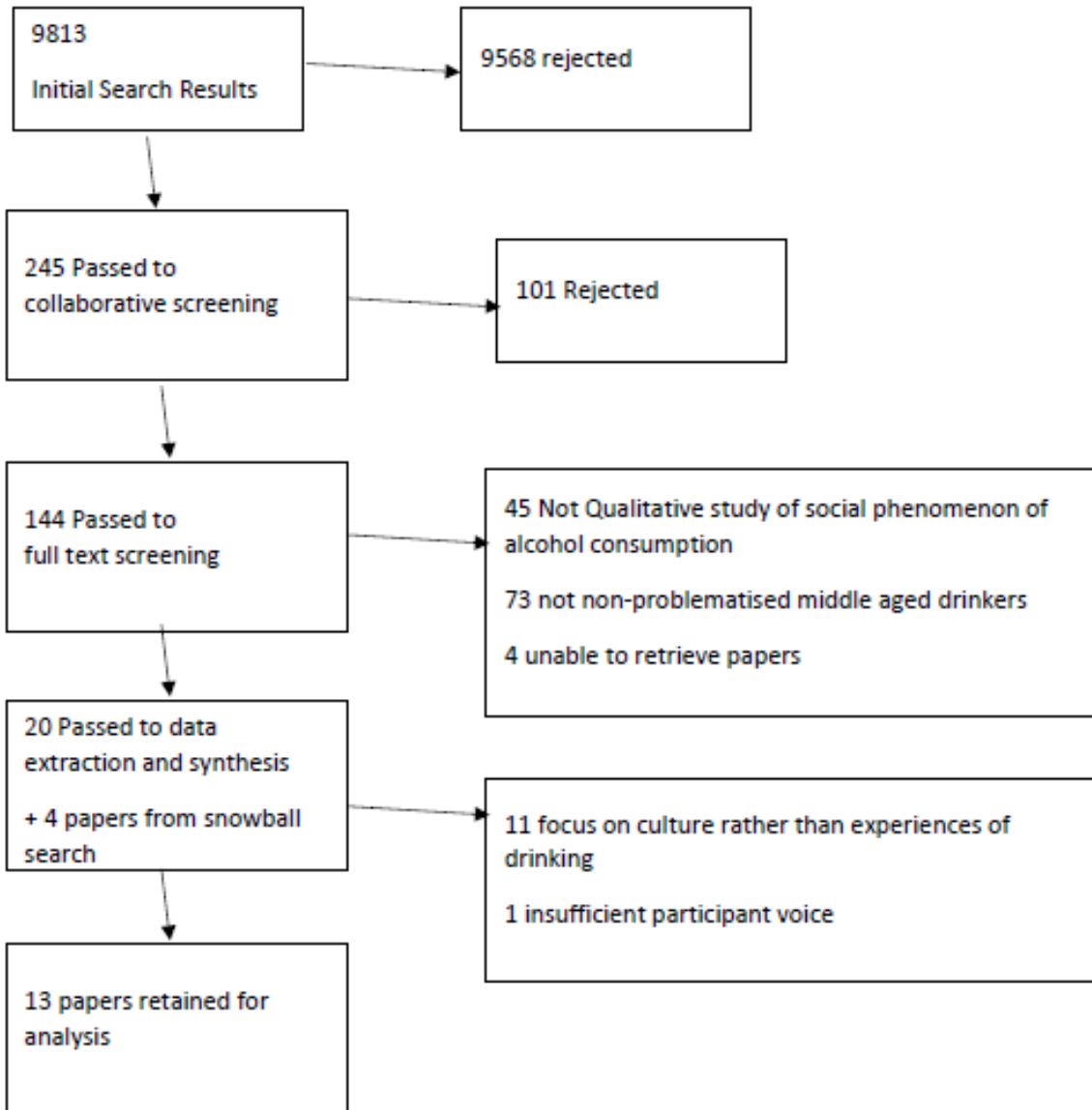


FIGURE 1 - SCREENING PROCESS

Data Extraction & Synthesis

EM read and re-read each paper, extracting key findings using a data extraction form (Appendix 2). This customised form (modelled after recommendations found in Campbell et al. (2011)) incorporated a modified version of the CASP Qualitative Checklist (Programme) as well as fields for extracting information about major themes and key findings of the papers. NM repeated this process on 6 papers as a check, with agreement on the CASP assessment and key findings of the papers. We placed key findings into a matrix with the papers' pertinent metadata and coded them to themes, further identifying interactions between themes across the included papers. Themes were determined through EM and NM's discussion of key results, identifying repeated elements between and within papers.

Results

Summary of papers

The majority of papers included in this review were from the UK (9), with Scotland (4) and England (4) being heavily represented. The remaining four papers are from Norway (2), Australia (1) and Japan (1). The Scottish papers had a specific focus on mid-life drinking. More information about the study aims, lenses of inquiry, populations, methods and key findings is appended in an attachment (appendix 3).

Principal Findings

We found that middle-aged drinkers expressed understandings of normative drinking through the four interrelated themes of gender, play, identity, and learning to drink. These four themes shaped understandings of normative drinking in ways that also provided alternative interpretations of gender and identity.

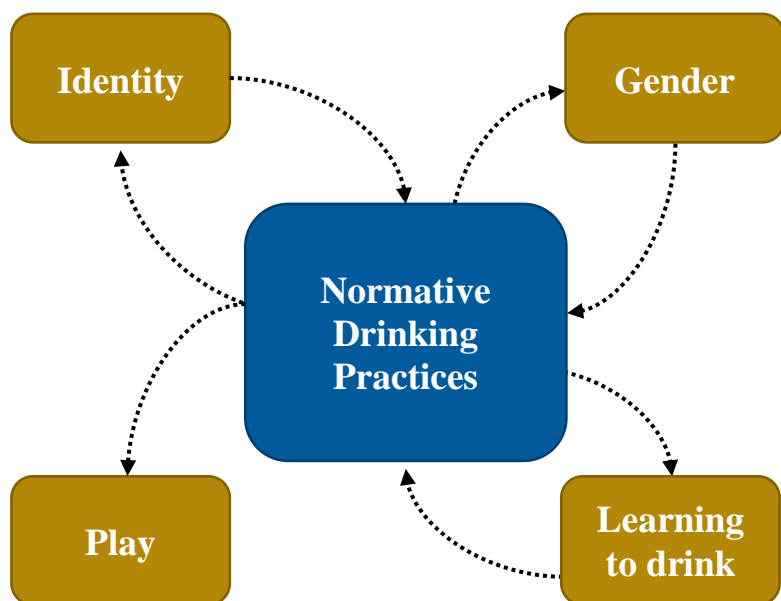


Figure 2 – a model of themes which shape normative drinking

NORMATIVE DRINKING

Normative drinking describes how people define both acceptable and unacceptable drinking practices. Acceptable drinking was framed as respectable drinking that was appropriate to one’s age or stage of life and which allowed participants to meet their responsibilities. By contrast, unacceptable drinking was drinking that was inappropriate to one’s age or stage of life and/or prevented one from meeting their responsibilities.

Acceptable and unacceptable drinking practices were defined by numerous factors, including the presence or absence of certain behaviours in public and effects on the drinker. Across the dataset, we consistently found that participants stated that drinkers should neither experience nor display any negative effects of their drinking, such as slurred speech, vomiting, an unsteady gait, or a hangover the next day (Holloway, Jayne, & Valentine, 2008, p. 542). In Ling et al. (2012), participants associated these effects with people who had problems with drinking, or with young drinkers: one participant described “these young

teenagers on the streets can't walk, sort of like collapsed in a heap cos they've drank that much" (Ling et al., 2012, p. 3). Being able to meet work and domestic responsibilities was also frequently mentioned, especially in studies among parents and caregivers (Emslie, Hunt, & Lyons, 2012; Lyons et al., 2014). Another important factor in determining acceptable and unacceptable drinking was that others should not suffer as a consequence of a person's drinking: thus, drink-driving was always constructed as unacceptable (Ling et al., 2012), and responsible parenting required that parents limit alcohol consumption (Emslie et al., 2012). The boundaries between acceptable and unacceptable drinking were also described in terms of being appropriate or inappropriate to one's age and stage of life. For some participants, cosmetic issues such as weight, appearance, and premature ageing (Brierley-Jones et al., 2014; Lyons et al., 2014) were deemed important in determining appropriate levels of consumption. For example, participants in Lyons et al. (2014) described how their ageing bodies responded to alcohol, such that avoiding the negative effects of drinking required them to consume less and to closely monitor their own bodily response to alcohol. Similarly, some mothers in Killingsworth's ethnography said that growing older meant that respectable behaviour involved drinking less; they were pleased to discover that a mutual acquaintance was pregnant, since this would force her to drink less and thus better conform to their notion of acceptable and respectable middle-aged parenting behaviour (Killingsworth, 2006). Ling et al. (2012) described a way of determining acceptable drinking whereby participants defined a "safe" level of alcohol consumption according to their own experiences, actively rejecting as irrelevant government drinking guidelines and public health messages (apart from messages around drinking and driving). For example, one participant stated, "I've seen all the education, I don't think I drink excessively but if you put me on a scale according to the Government I am off the scale but, I feel fit, healthy..." (Ling et al., 2012, p. 3). This positioned his experience of *feeling* fit and healthy as the authoritative determinant of

acceptable drinking, not Government statements. Some participants explicitly described particular drinking behaviours as healthy; they described red wine as being good for the heart and circulation (Holloway et al., 2008) and men drinking together as good for mental health (Emslie et al., 2013). By contrast, Brierley-Jones et al. (2014) reported that drinkers in the traditional pub settings were indifferent about any link between alcohol and health and were likely to “see the relationship between alcohol and future health, in nihilistic terms, as something largely outside of their control,” describing it as being “like a lottery” (2014, p. 1063).

Acceptable drinking further differed depending on location. Brierley-Jones et al. (2014), utilising Bourdieu’s concept of habitus,¹ described how two locations gave rise to differing acceptable practices, distinguishing between the patterns of the “home” and “traditional” habitus of drinking. The former was associated with moderate consumption of wine throughout the week, while the latter was associated with more expansive consumption of beer and/or spirits in pubs on weekends.

Normative drinking was also context-driven: the same behaviour could be acceptable in one context, but unacceptable in another. For example, in Nesvåg and Duckert (2015), work-related drinking featured a transition from formal to informal or social phases of an event, with differences in acceptable drinking practices. Applying informal drinking practices to the

¹ “...the sum of social structuring influences on individual biographies that direct aesthetic choices below the level of consciousness”, “... a set of dispositions” that “secures both the patterned and the durable nature of practices such as eating and drinking.” (Brierley-Jones et al., 2014, p. 1055)

formal phase was considered by participants to be a *faux pas*, which the authors described as carrying a “risk of being marginalised” (pp. 13-15).

GENDER

Part of what made drinking acceptable or unacceptable in these studies was how drinking patterns adhered to gendered expectations of behaviour. Drinking practices were used as a tool to express and display adherence to and transgression of gender norms. What and where participants drank also mattered. For example, in several studies from the United Kingdom, certain drinks were considered appropriate for women and others for men (Emslie et al., 2012, 2013; Emslie, Hunt, & Lyons, 2015; Lyons et al., 2014), and domestic drinking was associated with women, public drinking, with men (Emslie et al., 2013).

In Holloway, Valentine, and Jayne (2009), some female participants challenged particular gendered drinking norms but reaffirmed others. For example, respondent Audrey, comfortable going to pubs herself, related that “... I find it a bit odd in this day and age, I know there are still women that I know who wouldn’t meet you in a pub, and certainly wouldn’t go to the bar, and some people locally their husbands always buy the drinks” (p. 827). Nonetheless, although challenging the norm that pubs are for men, she was more permissive of male drinking, saying that she felt “less negatively towards a drunk man than I do towards a drunk woman” (p. 828).

As mentioned earlier, men also experienced constraints on their drinking: whilst men were less scrutinised in how much they drank, they were nonetheless constrained in what and where they could drink. This is not to say that men could not move outside gendered norms of drinking: in Emslie et al. (2013), participants Graham, Ewan, and Hugh drew on the social capital of wine connoisseurship to construct alternate masculinities, and other men stated

that drinking outside of the 'pints in pubs' model could be done in "exceptional circumstances" such as holidays and special occasions. (p. 37).

Emslie et al. (2013) also showed how adherence to some gendered norms of drinking allowed the transgression of other gendered norms. They described how men's adherence to a very masculine model of alcohol consumption of pints at the pub enabled men to do un-masculine "emotional labour" (i.e. talking about feelings) around mental wellbeing (Emslie et al., 2013). Here, the un-masculine work of talking about feelings was counterbalanced by the highly masculinised model of drinking.

IDENTITY

In these studies, identity was important for constructions of acceptable and unacceptable drinking. How people drink both contributes to their identity, and is shaped by the identity they have crafted for themselves. For example, Ho (2015) found that the display of alcohol-related knowledge (whilst drinking) for white-collar women in Japan was "useful for enhancing their image as corporate executives in business dealings, in addition to projecting themselves as cosmopolitan individuals" (p. 16). Thurnell-Read (2016) further reported that participants in his study "thought of and spoke of themselves as 'ale drinkers'", with routines peculiar to the identity of ale drinkers enacted only when ordering and drinking an ale with other members of the Campaign for Real Ale (CAMRA)² (p. 74).

Alcohol consumption was also regarded as a way of reclaiming past identities, or transitioning from one identity to another. In Ling et al. (2012), drinking was described by

² The Campaign for Real Ale (CAMRA) is a society based around a connoisseurship approach to consuming "real ale", or cask-conditioned beer, with an associated stereotype of members as "bearded, unfashionable, elderly, and boorish" (Thurnell-Read, 2016)

one male participant as a way of reclaiming his identity before parenting by “[making] you feel like an adult again” (p. 4). Women in the same study described drinking as a way of reliving their youth, observing how particular drinks were associated with earlier identities (Ling et al., 2012).

PLAY

Normative drinking was closely tied to ideas of play: in many papers, alcohol consumption signalled the cessation of work or responsibilities, and also a social or leisure activity in its own right.

We noted the use of alcohol as a marker of the boundaries of work or responsibility across cultures. Commencing drinking was described as a way of declaring that work or other responsibilities were completed and that recreation and relaxation had begun (Emslie et al., 2012, 2015; Lyons et al., 2014). Alcohol was also described as being instrumental in creating the state of post-work relaxation (Holloway et al., 2009).

Drinking norms specific to social settings can also be seen in the relationship between guest and host. Holloway et al. (2009) described how “complex systems of sociality, hospitality and reciprocity” led participants, even non-drinkers, to feel compelled to keep a variety of alcoholic beverages about the house in order to fulfil the role of host (p. 538). Emslie et al. (2012) described the difficulties of maintaining appropriate drinking behaviour in home settings, where acceptable drinking practices can be paradoxical: participants in their study described how a good host ensures that guests’ glasses are constantly topped up, constituting pressure to drink, but (as we highlighted earlier) drinking norms dictate that drinkers avoid obvious signs of drunkenness. Thus, we note that the duty of the guest to consume the constantly refreshing supply, flowing from the largesse of the host, is incompatible with the guest’s duty to exercise self-control. Participants in the 2012 study by

Emslie et al. negotiated this paradox through the provision of suitable excuses to limit or avoid drinking, such as detoxing or being on a diet.

Alcohol consumption was described as a focussed leisure activity by Thurnell-Read (2016). His study of “Real Ale Enthusiasts” showed that, rather than being a signal of relaxation, the consumption of alcohol and the connoisseurship around it functioned as a recreational activity in its own right (Thurnell-Read, 2016). Participants in the study explicitly contrasted their CAMRA drinking with “normal” drinking, and one described having to “watch yourself sometimes” to ensure that the serious leisure activity of CAMRA connoisseurship did not spill over into social time spent with those who are “into their beers but not like I am” to avoid “feel[ing] like a daft prat” (Thurnell-Read, 2016, p. 79).

LEARNING TO DRINK

The final theme apparent in these studies is the idea that normative drinking is something that people learn, both from family and culture as well as from knowledge of personal preferences and the effects of alcohol on them. This involved learning the “skill” of non-problematised drinking, as well as learning about alcohol and how to display that knowledge as part of normative drinking behaviours.

Illustrating how drinking patterns could be learned from family heritage and local tradition, Brierley-Jones et al. (2014) demonstrated how the reproduction of traditional drinking habitus established a connection between present-day white-collar drinkers and a blue-collar history of family and community. By drinking in the village pub that used to service the foundry, drinkers in the traditional habitus could align themselves with this blue-collar history “despite the non-physicality of white-collar work” (p. 1061). Drinkers in both the home and traditional habitus described the importance of their parents’ behaviours in establishing their own drinking behaviours and attitudes. The authors detailed how a taste

for particular beverages could be acquired, with one respondent explaining how one would begin to drink as a social act and then “you start liking it” (p. 1063). Finally, Lyons et al. (2014) outlined how participants’ personal limits on alcohol were learned from past experience, with the bodily experience of alcohol consumption becoming “so well-rehearsed that they no longer require conscious intervention or scrutiny” (Lyons et al., 2014, p. 272).

INTERACTIONS BETWEEN THEMES

Gender, identity, play, and learning to drink each help to define normative drinking. In addition, as we explain below, they interact with each another to build a more complex picture of the nature of normative drinking.

It is clear from these studies that gendered norms of drinking affected the mode of play. For example, for men within Lyon’s et al. study, “drinking alcohol provided embodied pleasure as a reward for working hard” (p. 270); for women, drinking with friends was an acceptable way to relax and take time away from domestic responsibilities (e.g. housework, childcare) and, for some women, away from paid employment (Lyons et al., 2014). In Emslie’s study, however, the separation from responsibility was incomplete as women still “retained the main responsibility for their children” (Emslie et al., 2015, p. 441). For these women, acceptable drinking practices were constrained by “the effect on children if they saw their mothers drinking (excessively),” (p. 441). These gendered expectations worked to limit the extent to which women were able to relax.

In other studies, the interaction between gender and normative drinking served not simply to limit, but also to prevent opportunities for play. Holloway et al. (2009) described how participant Doris (a widow) was excluded from some social opportunities due to her gender and age, given perceptions that “it’s not seemly for a woman of [her] age to walk down and go in to the pub on her own” (p. 827).

The interaction between gender, play, identity, and normative drinking was also evident in the work environment. Female managers in the study of workplace culture by Nesvåg and Duckert (2015) felt constrained by gendered and work-specific drinking norms, with one woman stating that “in company organised parties I feel my way of drinking is a part of the management performance,” a clear contrast to the nature of alcohol consumption as play (p. 13). In a study of female managers in Norway by Buvik and Sagvaag (2012), the interaction of these themes served to limit alcohol consumption. Alcohol was so strongly associated with relaxation that the women interviewed were reluctant to drink in the work environment because it could undermine the control that they were expected to maintain, both as women and as managers. Their visible status as managers and women created a restrictive environment that limited acceptable drinking practices. While women could take the opportunities for recreation and relaxation afforded by alcohol consumption, this was either (1) in a home environment, (2) with other managers, or (3) with more restrictive limits on acceptable behaviour than those encountered by male colleagues. Some participants stated that they would rather forgo workplace drinking entirely in order to fulfil gendered care-related duties (Buvik & Sagvaag, 2012). As noted above, Emslie et al. (2015) similarly reported that some women experienced incomplete separation from their domestic duties, which prevented them from fully engaging in recreation and relaxation activities. Ultimately, drinking practices that were otherwise acceptable in the work context were restricted by gendered expectations of the roles of manager and mother. However, the authors described attempts by some women to move beyond these restrictions with nights out, when they escaped “from their work and domestic responsibilities” (p. 443) and followed new drinking norms that allowed them to resolve “multiple co-existing femininities while keeping a coherent sense of one’s self and identity” (p. 443).

Just as gendered norms of drinking affected the mode of play, so gendered drinking norms could construct an identity that moved beyond simplistic binaries of gender-appropriate behaviour. A study of playgroup mothers in Australia showed how they consumed and discussed alcohol in ways that skirted the edges of gender expectations without actually transgressing them: the mothers drank, but not too much, or they talked about drinking, rather than actually drinking (Killingsworth, 2006). In this way, the women simultaneously reinforced, and resisted, “dominant, relatively traditional notions of (female) gender and motherhood” (p. 375). Ho (2015) later described how, in Japan, women in white-collar professional employment participated in the recreational practices of drinking and host clubs (an environment historically restricted to men, and still somewhat gendered) to define themselves as *sarariman* (white-collar professional workers). One study participant consumed masculinised drinks such as beer and whisky to redefine her identity: by transgressing gendered drinking norms, she adopted masculinised traits that enhanced her identity as a (female) manager in charge of a male-dominated sales team (Ho, 2015, p. 16). Similarly, Emslie et al. (2015) described how their participant ‘Madeline’ used masculinised drinking practices (“playing the lad” (p. 440)) when drinking with male colleagues in defiance of gendered drinking norms. The authors hypothesised that Madeline used the counterbalancing resources of her class position to “construct herself as (respectably) feminine” (p. 440) and legitimise her ‘masculine’ drinking.

Participants in various studies used the learned aspects of normative drinking to construct their identity. In Emslie et al. (2013), connoisseurship, namely the display of learned knowledge and appreciation of (in this case) alcoholic beverages, was used as a form of social capital in establishing a cultured identity. By deploying knowledge of wine and malt whisky, participants in two all-male focus groups could “position themselves as ‘accomplished individuals’ in the social hierarchy through this demonstration of taste and

discernment” (p. 37). By contrast, in Holloway et al. (2008) many respondents negotiated identities through a considered *rejection* of connoisseurship. By declaring a preference for mid-range wines and simultaneously repudiating the label of aficionado, respondents successfully navigated around the possibility of being seen as pretentious while still accessing the cultural capital associated with wine consumption (pp. 540-541).

Group identities were also constructed through how individuals learnt to drink. In Nesvåg and Duckert (2015), the “knowledge and communication” of various characteristics of alcoholic drinks were strongly tied to a continental European cultural ideal valued by the management of an oil company. This company norm and identity then influenced the drinking behaviours of individuals, with contrary behaviours (e.g. obviously succumbing to drunkenness) being minimised and/or denied by individual workers (pp. 10-11).

Limitations

Most papers we reviewed reported studies carried out in the Anglosphere (predominantly the United Kingdom), possibly because of our inclusion requirement that publications be in English. Thus, our findings may not have captured all research around middle-aged drinking and may be limited in cross-cultural applicability.

Several reviewed papers shared authorship or a data source. We regarded papers from the *Drinking Attitudes in Midlife* (DrAM) study (Emslie et al., 2012, 2013, 2015; Lyons et al., 2014) as closely linked to one another due to the common data pool, authorship, methods, and theoretical perspective. Two papers examining the geographies of alcohol featuring common authorship, data, topic, and lens of inquiry (Holloway et al., 2008; Holloway et al., 2009) were moderately linked to one another. Another two papers (Brierley-Jones et al., 2014; Ling et al., 2012) we regarded as slightly linked to one another due to significant overlap in authorship.

Discussion

Alcohol drinking and non-drinking is a complex social process that is influenced by a variety of factors and deeply embedded in the social environment. Based on the literature, we have articulated five themes that explain how non-problematized middle-aged drinkers construct their drinking. Participants in reviewed studies distinguished between acceptable and unacceptable drinking practices in nuanced ways to produce their version of normative drinking. Normative drinking was influenced by play, gender, identity, and learning to drink, as well as by interactions between these concepts.

Our results offer insights into how public health messages about the health effects of alcohol consumption may be received by middle-aged non-problematized drinkers, and the barriers that may prevent this group from receiving and acting on these messages. In Ling et al. (2012), public health messages were subordinated to subjective experience in individuals' determinations of healthy drinking behaviours. In Holloway et al. (2008) and Emslie et al. (2013), competing discourses of alcohol and health allowed alternative definitions of healthy behaviour. In Brierley-Jones et al. (2014), health messages were rejected entirely, replaced instead by a fatalistic view of health. Collectively, these findings suggest that, for middle-aged drinkers, what makes drinking safe and acceptable is determined by whether the drinker can still meet responsibilities and adhere to socially expected models of behaviour. This suggests that the principal barrier to reductions in alcohol consumption is not the lack of information about health risks. The drinkers in these studies were aware of public health messages, but drew upon alternative narratives to reframe their behaviours in ways that minimised or dismissed personal risk. Health was either described as a minor concern or not considered at all.

We have shown how participants maintain their status as non-problematised drinkers partly by setting boundaries around drinking behaviours and adhering to certain norms. There are some parallels between these practices and the normalisation of substance abuse by drug users. For example, "non-problem" drug use is normalised (Hathaway, Comeau, & Erickson, 2011; Measham, Newcombe, & Parker, 1994; Parker, 2005) and "otherwise law-abiding citizens have collectively socially reconstructed an illegal act" when considering the distribution of drugs among networks (Parker, Williams, & Aldridge, 2002). Drinkers and drug users employ similar strategies to ensure that they remain on the "right" side of the line demarcating problem behaviours: they ensure that the physical environment minimises physical risk (Järvinen & Ravn, 2011) and they distance their own (potentially problematic) actions from those of the problematic (be it binge drinker or drug dealer) (Hathaway et al., 2011). It is the identity which determines problematisation, rather than the behaviour. If one is not a binge drinker or a drug dealer, then one's drinking or one's drug use is not problematic. The similarities between these two groups may provide a broader understanding of the ways in which non-problematised drinkers approach their drinking and associated behaviours.

Several themes in this paper may be helpful when formulating interventions to limit or moderate alcohol consumption. Narratives of unacceptable drinking practices may be useful in framing public health messaging of relevance to this demographic. For example, public health strategies can focus on meeting responsibilities to others, the possibility of causing harm to others, the requirement for respectability in drinking, the physical limits of ageing bodies and subsequent physical consequences, and gendered expectations of behaviour. One example of a campaign using notions of respectability and behaviour appropriate to one's age and stage of life is the Motor Accident Commission of South Australia's "Drink Driving—Grow Up" campaign, which relies on notions of moderate drinking being

respectable, and excessive drinking being inappropriate for mature adults, when it suggests that drink-driving is 'childish' behaviour by using child actors in adult roles (Motor Accident Commission of South Australia, 2016).

How people define themselves as drinkers—their identities—can also be used in public health campaigns. Some identities, such as the connoisseur and the “real ale drinker,” are closely tied to consumption—without consumption, the identity does not exist. However, these specific identities are concerned with a specific type of drinking, rather than with consuming a lot of alcohol. These identities could be framed in ways that reject higher levels of consumption and emphasise quality over quantity in consumption. There is a danger, however, that this message of gaining social capital through moderate drinking could be exploited. For example, the DrinkWise “Drinking: Do It Properly” campaign was promoted as influencing “young adults (18-24) to drink responsibly—by moderating the intensity and frequency of binge drinking occasions” (DrinkWise, 2014). However, the campaign received strong criticism as promoting drinking, rather than moderation in drinking (Carter & Hall, 2014; Hoh & Levy, 2014).

It is also possible for the themes we have identified in this paper to be used in public health campaigns in ethically problematic ways. For example, the use of gendered public health messaging to encourage or discourage particular modes of consumption is problematic, since many of the gendered drinking norms are closely tied to traditional and potentially oppressive notions of masculinity and femininity. For example, the “Think Twice” campaign of Balance (the North East UK Alcohol Office) and Breakthrough Breast Cancer included an image of two glasses of rosé swirled to resemble a woman’s cleavage (Balance Northeast, 2014). This image relies on a gendered form of alcohol consumption, which may, in turn, reinforce wider gender stereotypes.

In contrast to this, the DrinkWise “Kids Absorb your Drinking” campaign (DrinkWise, 2012b) used parental identity and the learned nature of alcohol consumption. We demonstrated that drinking norms for parents are gendered, with the assumption that women undertake the bulk of childcare and domestic responsibilities. This campaign avoided gendered expectations of parental responsibility by invoking the father-son relationship. In this way, the campaign did not exploit traditionally gendered parenting roles while still using themes of normative drinking in a way that challenged drinking behaviours. It is important to note, however, that relying upon a traditional educational model of intervention is insufficient; as noted, messages tended to be subordinated according to drinkers’ own experiences. In this regard, it may be more useful to use these findings to shape and influence public debate to bring about legislative and regulatory changes that create a safer drinking culture. This has been done to great effect with tobacco, another non-problematised substance that was denormalized and problematised as part of an ongoing campaign to reduce lung cancer. However, caution is advised in denormalising and problematising. Ethical issues around the potential for stigmatisation, seen in tobacco smokers, must be considered when implementing campaigns such as this so that we do not unacceptably cause harm in our search to do good.

Conclusion

For middle-aged non-problematised drinkers, alcohol drinking and non-drinking is a complex social process that is influenced by a variety of factors and deeply embedded in the social environment. We found that middle-aged drinkers constructed their alcohol consumption within a framework of Normative Drinking. This key concept was expressed through the four interrelated themes of Gender, Play, Identity, and Learning to Drink. Normative drinking was also used to offer alternative interpretations of gender and identity.

Concerns about health and healthy behaviour, however, were either minor or non-existent. For these drinkers, alcohol was both a tool for relaxation described by learned norms of behaviour around gender and identity, and a means by which the self could be expressed through deliberate adherence to and rejection of those norms. This offers possible narrative frameworks for public health interventions around alcohol consumption, although care must be taken to ensure that ethically problematic issues around gender and identity are considered.

3.2 Updated Literature

The time parameters for this literature review extended to the end of 2015. A new search, from the beginning of 2016 through to early September 2019, provided only one new study that met the systematic search inclusion criteria (Waitt & Clement, 2016). This paper investigates the experiences of women's drinking in a country town in Victoria, Australia, and divides respondents into three cohorts (18-34, 35-54, 60+). The mid-generation (35-54) cohort is of validity to the systematic literature review.

This paper reinforces findings of gendered consumption, with women's drinking being proscribed by location and quantity (p. 1128). Alcohol-adjacency was also used as a way to adopt masculinised behaviours, with Jessica's choice to give her sons (when younger) water in empty beer cans framed by researchers as a way of "being 'cool', something that fathers do" (p. 1129). Jessica also preferred that her now-adolescent sons drank at home, where she "know[s] where they were and safe" (p. 1129), which the researchers interpret as part of her identity as a parent, protecting her sons by providing a safe space to drink where they are removed from the dangers of excess consumption that would be present if they were drinking elsewhere.

Jessica's understanding of normative drinking also reflects the findings of the review, with the idea of "age and stage" being expressed. Young men, she says, naturally drink more: however, as they "settle down" and find the right woman, they drink less and become more sensible as they age. This confluence of normative drinking practices and gendered expectations of drinking is consistent with the findings of the review.

3.3 Broader context of non-problematized drinking

The field of non-problematized drinking is still relatively new, with very little literature in this space. However, there are several studies that nonetheless provide a wider context for the

concept of non-problematised drinking, and further support the ideas presented previously in this Chapter.

The first of these consists of a series of papers that focus on the social significance of alcohol use among older Māori (Herbert, Forster, McCreanor, & Stephens, 2017; Herbert, Stephens, & Forster, 2018a, 2018b, 2018c). In Herbert et al. (2018b), older Māori explicitly rejected a problematised framework for their drinking, and some of the discursive practices described align with findings from my systematic review. For example, older Māori described themselves in contrast to young, problematic drinkers, and “implied that, in comparison, their alcohol use was not a problem” (p. 125). Participants also described using alcohol within the context of family gatherings for the purposes of socialising and play, allowing participants to “let [their] hair down” (p. 127). This was similar to the ways in which the studies described in the systematic review constructed normative drinking: as a social event that gave drinkers latitude to stray beyond the boundaries of sensible behaviour as a one-off behaviour without compromising one’s identity as a responsible drinker. (Herbert et al., 2017) found similar elements of play and determining drinking appropriateness, with the relaxation element of play also included in discussions of post-work drinking. Herbert et al. (2017) and Herbert et al. (2018c) both found that age/stage of life in part determine what appropriate drinking was, and that this was tied up with ideas of the identity of eldership and setting a good example for younger drinkers. Herbert et al. (2018a) found that alcohol was framed positively when it was consumed in relationship to *Whanaungatanga* (kinship or relationship with attendant rights and obligations), similar to the ways in which social alcohol consumption was described positively earlier in this Chapter.

The second study is a systematic review of the literature examining the concept of drinking as leisure (Burns & Gallant, 2018). This study found that gender was “enacted and performed while simultaneously challenged” (p. 11) by women drinking in a number of

60

contexts, a finding similar to that of the review. The authors further found that gendered drinking behaviours were present throughout the literature, and violating these expected behaviours could make women feel that they were at risk. In particular, when one woman drank in a certain bar, she felt at risk due to intersections of her race, class, and gender that did not meld with the environment. This is similar to results from the systematic review, where women either felt that their drinking needed to fit within the acknowledged boundaries of feminine behaviour in order to be acceptable, or deliberately mimicked masculine drinking behaviours in order to engage with others (primarily men) from a position of authority.

This paper also found that the social (play) aspects of alcohol consumption were a key part of the leisure construction of alcohol consumption. As well as alcohol consumption being described as a leisure activity in its own right, such as in connoisseurship, it was an important adjunct to some recreational activities such as sporting activities. This reflects the findings of the systematic review which indicated that recreation and relaxation were important elements of alcohol consumption, and in some cases the entire reason for the activity.

A separate systematic review examining how older drinkers (50-90 upwards) perceive and experience alcohol consumption also presents similar results to the previously presented literature. For example, it was noted that context determined appropriate drinking (including the fact that some contexts allowed for “excessive” drinking as one-off activities) and that the ways in which alcohol was consumed were tied to age or stage of life (Bareham, Kaner, Spencer, & Hanratty, 2019). This study also showed that older drinkers linked problematic drinking to loss of control, and found women’s drinking to be inherently less acceptable, both of which reflects findings in Chapter 4.

4: Alcohol, Gender, and Risk.

Chapter outline

This Chapter, by means of analysis of interview data, aims to answer research question 1, “How do middle-aged light-to-moderate drinkers (population of interest) talk about their alcohol consumption?”

As reproduced in Chapter 2, my systematic review of the literature found that alcohol consumption among middle-aged non-problematised drinkers is a complex social process, with normative drinking practice shaped by themes of identity, play, gender, and learning to drink (Muhlack et al., 2018). The limitations section of the study also identified that most existing research in this field has been conducted in the UK, and thus the applicability of the results outside of this area may be limited.

In this Chapter, I begin to fill the gap in the literature identified in Chapter 3, and find that among non-problematised middle-aged drinkers, men and women have different approaches to identifying the alcohol-related risks that they feel are worth responding to. Both alcohol consumption (Brierley-Jones et al., 2014; Buvik & Sagvaag, 2012; Emslie et al., 2012, 2013, 2015; French, Sargent-Cox, Kim, & Anstey, 2014; Ho, 2015; Holloway et al., 2009; Killingsworth, 2006; Lyons et al., 2014) and risk perception (Ellaway & Emslie, 2013; Gustafson, 1998; Hannah-Moffat & O’Malley, 2007) are frequently gendered, and in this paper we show how the intersection of these two factors is associated with difference in how men and women weight the importance of and respond to alcohol-related risks.

Statement of Authorship

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Name of Principal Author (Candidate)	Emma Muhlack				
Contribution to the Paper	Conceptualisation: Research design Realisation: Data Analysis Documentation: Primary author				
Overall percentage (%)	70%				
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.				
Signature	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">Date</td> </tr> <tr> <td></td> <td>14 - Nov - 2019</td> </tr> </table>		Date		14 - Nov - 2019
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4.1 How Australian light-to-moderate drinkers perceive and respond to alcohol-related risk: a gendered perspective

Keywords

Alcohol; gender; risk; harm;

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Abstract

Background

Alcohol is a harmful substance. Most research into alcohol consumption is focussed on drinkers historically considered problematic: however, harms can also follow from levels of drinking that are below those normally associated with developing health issues. Thus, drinkers who consume alcohol within the Australian short-term risk reduction guidelines, defined as no more than two standard drinks per day (NHMRC, 2009), are still at some risk of developing an alcohol-related health condition over the long term, such as cardiovascular disease and certain cancers. It is now possible to conceive of light-to-moderate drinkers as being at risk for alcohol-related harms.

Methods

38 Self-identified light-to-moderate drinkers engaged in seven focus group discussions around alcohol, cancer, alcohol-related harms, and the place of alcohol in everyday life in Australia. These discussions were transcribed, coded, and thematically analysed to understand how self-identified light-to-moderate drinkers understand risk as it applies to alcohol consumption, and how they go about managing risk in their own alcohol consumption.

Results

Men and women experienced alcohol-related risks differently, perceived different contexts as hazardous, and thus approached managing risks differently. Neither men nor women expressed an epistemically realist understanding of risk. Both men and women were unlikely to orient towards public health messaging from authoritative sources, but instead made their own decisions about how to identify and manage alcohol-related risk.

Conclusion

Public health discourses of alcohol-related risk, focussing on the health harms of excessive alcohol consumption and appropriate actions to take in response, are not the sole (or even, in some cases, the major) arbiter for light-to-moderate drinkers when determining what risks are significant enough to warrant a response. Public health messaging and interventions may be more effective if they move beyond a realist model of hazard-risk-response and instead consider this broader range of risk definitions when choosing strategies to implement.

Introduction

Alcohol is a harmful substance, responsible for 4.6% of the burden of disease and injury and 3.4% of deaths in Australia in 2011 (AIHW, 2018). Most research into alcohol consumption is focussed on young drinkers, problematic drinkers such as binge drinkers and alcoholics, and harms arising from heavy consumption such as injury and antisocial behaviour (Emslie et al., 2013). However, harms can also follow from levels of drinking that fall below those traditionally associated with health problems arising from long-term alcohol consumption. A recent study found that the “threshold for lowest risk of all-cause mortality was about 100 g [of ethanol] per week” (Wood et al., 2018), equivalent to 10 Australian standard drinks. Moreover, recent epidemiological studies have established a strong linear relationship between alcohol consumption and rates of certain cancers (Jiang et al., 2018). This means that drinkers who consume alcohol within the Australian short-term risk reduction guidelines (no more than two standard drinks per day) (NHMRC, 2009) are still at some risk of developing an alcohol-related health condition, such as cardiovascular disease and certain cancers. Thus, light-to-moderate drinkers are at risk for alcohol-related harms.

In Australia, alcohol consumption is a dominant element of culture with a complex history since white settlement. Rum was used as barter in labour exchanges (sometimes coerced) with indigenous Australians (Blyton, 2013). Drinking has been tied to notions of rights for both women and indigenous Australians: for Women, the right to drink in public bars, and for indigenous Australians, the right to drink at all (Fitzgerald & Jordan, 2011). Alcohol is strongly linked to sport in Australia through sponsorship, and drinking is common among both team members and spectators (Jones, 2010; Munro, 2000; Palmer, 2010). Despite this cultural dominance of alcohol consumption, a large number of Australians do not drink heavily; in 2016, 58% of Australians reported that they drank at lifetime low risk levels

(AIHW, 2016). As previously stated, however, these “low risk” drinkers may now be understood as being at risk.

Drinking has been clearly defined as a gendered activity (Buvik & Sagvaag, 2012; Emslie et al., 2012, 2013, 2015; Ho, 2015; Holloway et al., 2009; Lyons et al., 2014). Gender can be theorised as arising out of everyday interactions (West & Zimmerman, 1987), performed in daily activities and interactions. Both masculinities and femininities are expressed in dominant and subordinate forms (Connell & Messerschmidt, 2005) and performing gender via alcohol consumption can either support or challenge dominant or subordinated gendered identities. For example, by enacting a dominant and masculinised form of drinking, men are able to participate in “un-masculine “emotional labour”” (Muhlack et al., 2018, p. 5).

Men and women also differ in their perceptions of risk (Gustafson, 1998), and women are consistently more likely to participate in health-promoting behaviours, while men are more likely to participate in health risk behaviours (Mahalik, Levi-Minzi, & Walker, 2007) (Courtenay, 2000). Given the gendered nature of alcohol consumption, risk perception, and health behaviours, this intersection of gender, alcohol, risk, and health can provide insights into intervening in “low risk” drinking. In this paper, we describe how self-identified light-to-moderate drinkers understand risk as it applies to alcohol consumption, and how they manage risk in relation to their own alcohol consumption.

Methods

The focus groups used in this study were collected as part of a wider study, and part of it has been reported elsewhere (May, Elliott, & Crabb, 2017). Based on a purposive sampling strategy (i.e. stratified by age and gender), 38 self-identified light-to-moderate drinkers, recruited by a market research agency in Adelaide, South Australia, participated in focus

groups. One of the seven focus groups (of mixed gender, 8 participants, and 18-25 years old) was not included. We chose to exclude this focus group on the basis of age, as this paper is part of a broader suite of research investigating middle-aged (30-65-year-old) drinkers. After debate, we chose to include the focus groups of age 25-35 as there did not appear to be meaningful differences between the younger and older brackets within those groups. The included six focus groups totalled 35 drinkers aged between 25-36 (22 participants) and 55-65 (13 participants); overall, there were 16 male and 19 female participants (see table 1).

Participants were asked questions relating to their own drinking, and their perception of others' drinking, in the context of the message "alcohol causes cancer" (as part of a larger research project on alcohol and cancer). Wider discussions around drinking behaviours and cultures were also included in the session, but the initial framing in sessions was of the link between alcohol and cancer. The sessions of approximately 90 minutes were audio and video recorded, transcribed, and entered into the software NVIVO-11. Transcriptions are verbatim, and over-talk between participants is indicated with double slashes (//). Initial coding around the research question "how do light-to-moderate drinkers account for their alcohol consumption?" was performed by the first author EM, with all authors discussing emerging themes. Initial coding was broad, with codes allocated inductively according to emerging themes rather than seeking specific content. Codes were named with single words or short phrases that summed up ideas expressed by participants and, wherever possible, we used terms that emerged from the work (e.g. "social" and "going out" were common codes derived from participant talk).

Our preliminary coding indicated that risk was a recurring point of discussion, so further analysis focussed on how risk was presented or negotiated in accounts of drinking. Similarly, we noted differences between the accounts of men and women, particularly regarding the function and consequences of drinking, so we undertook further coding and analysis to

explore this. The quotes that we present are those that were clearest and most concise. Ethical approval to collect, analyse, and publish this data was given by the University of Adelaide Human Research Ethics Committee. To comply with ethical requirements, all names (both of participants, and non-participants mentioned in conversation) have been changed.

Results

Throughout the interviews, participants used the term 'risk'. They also used terms such as 'negative outcome' and 'problem', often accompanied by terms such as 'might' or 'could', which could reasonably be taken to indicate perceptions of risk. The negative health impacts that participants mentioned included those from drinking and smoking, pedestrian injury from drunkenly walking in front of vehicles, and injury from drink driving causing a traffic accident. The focus group facilitator used terms such as 'negatives', 'downsides', 'problems', and 'risk' when discussing some of alcohol's potential health impacts. This oriented sections of the discussion towards explicit talk of alcohol-related risks, so this talk was not spontaneously generated by the groups: nonetheless, many participants later returned to talk about risks unprompted.

Alcohol consumption is ordinary, integral, and pleasurable

Participants described their alcohol consumption as being an ordinary activity and part of everyday life. Here, Isaac described the connection between Australian culture, alcohol, and sport:

... you know growing up it's just part of the culture. I think part of the Australian culture is you know going, I'd go to the cricket, I'd go to sport events and it'd be like, you'd have beers with your mates beforehand or you know at the, at the game and stuff ...

[FG 5, M 25-35]

Belinda similarly described alcohol consumption as both a part of her society and a component of relaxation and leisure. It was also a boundary marker, signalling the end of the working week and the beginning of relaxation and rest (Lyons et al., 2014).

... I just think it's, is just part of our make-up like you know um people just enjoy just that social aspect of being with their mates having a drink ... Um, If I go to the pub it doesn't necessarily mean that I get hammered, it means I have a couple of beers or whatever, and then go home, um, but I think it's just, you know it's part of well for me it's part of relaxing and you know, the week's gone, and I can unwind with friends and have a drink, and but I don't drink during the week, um, but you know it's just a, I just think it's a real part of our society.

[FG 1, F 25-35]

Belinda's understanding of alcohol consumption was that it is an integral part of being ("it's ... just part of our make-up"). Her statement could be interpreted as encompassing at the very least, part of being Australian ("it's a real part of our society"), or it could be taken to refer to human nature generally.

For these participants, alcohol consumption was seen as a normal and expected part of key social events. It was so expected, in fact, that in the following passage Chelsea assumes that having to attend more social events meant that she would simply drink more rather than refrain from drinking at the events or drinking less at other times.

I have so many birthdays and events coming up in the next like months that I'll probably drink a lot more than I have over the winter cos I've got two

thirtieths, a hens night, two weddings, three weddings just at the end of the year, plus my own birthday, plus my holiday, so I'm probably going to drink a lot more this side of the year than I have.

[FG1, F, 25-35]

For Chelsea, the level of consumption was dictated not by safety guidelines but by the nature and frequency of social engagements. Weddings and associated events, birthday parties, and holidays were presented not simply as acceptable times and places to drink, but as times and places where drinking was expected and to be commended.

In addition to being a key component in relaxing and social activities, alcohol consumption was presented as an inherently pleasurable pastime for some participants. Here, participants discuss the pleasures to be found in a very expensive bottle of wine.

Sue Yea life's too short...

Olive [Exactly]

Sue to drink a bad wine

Olive Yes, yes I agree whole heartedly

Rhonda It can be relaxing, one glass

Sue yea

Olive So occasionally you might find a very expensive bottle of wine in our cupboard because we were going to savour the taste, really savour the taste, and we go 'we like that at the wine tasting, we'll have that on a special day'

[FG 3, F, 55-65]

Here, alcohol consumption was presented as a pleasurable and sensory activity (“it can be relaxing, one glass,” and “we ... really savour the taste”) and as part of a celebration (“we’ll have that on a special day”).

Perceptions of alcohol-related harm

Given that alcohol consumption was widely acknowledged by participants as ordinary, an integral part of being, and pleasurable, it might be reasonable to assume that they considered alcohol consumption as a generally harmless pastime. However, when questioned about negative elements of alcohol consumption, participants readily described specific harms. These harms included morning-after hangovers, long-term health problems, and inappropriate or harmful behaviour. When discussing negative effects of alcohol consumption, participants easily identified these as occurring beyond a point at which one had drunk “too much” often describing resulting negative effects. These discussions of negative effects were sometimes prompted by an explicit question about negative effects (Fraser, Naomi, and Harry), but others were offered as part of discussions around the context of drinking (Craig), or the links between cancer and alcohol (Jenny):

I mean it’s just that lack of control if you have too much; you’re likely to do anything.

[Fraser, FG4 55-65]

... on a Saturday night I might have 5 or 6 drinks but I don’t get drunk anymore I know what it feels like once you get that feeling it’s like okay stop.

[Craig, FG4 55-65]

You drink too much and your liver is gonna be shot one way or the other, whether it’s cancer or it’s cirrhosis.

[Jenny, FG 2 F25-35]

Well if you drink too much, it would be bad for your well-being and the way you feel um that's just on an everyday level let alone the damage you might do on the road.

[Naomi, FG3 F55-65]

Yeah, it certainly puts you at a disadvantage mentally ... Um because obviously it slows down your mental synapses and um and breaks down your reaction times and stuff like that, so um obviously if you're trying to sit down and have a witty or intelligent conversation it's not exactly going to work very well.

[Harry, FG5 M 25-35]

Negative consequences of drinking included physical harms (Jenny, Naomi, Harry)—both to others (Naomi) and self (Jenny, Harry)—and social harms (Fraser, Harry). Fraser, Craig, and Harry all associated the point of “too much” with an individually embodied or consequential threshold: “too much” is when you feel a certain way, or when certain things happen, rather than being determined by a set rate or amount of consumption.

Participants all accepted without question and readily agreed that alcohol was harmful, although some appeared unaware of specific harms (namely, increased risk of cancer).

Interviewer So do you think people will, well deserve to know that alcohol can cause cancer?

Elise If it can, then yea, definitely

Belinda I mean if it does, then people know about it, and well if the government in particular knows about it, then they don't put the warning out, then I think it's a little bit negligent on their behalf

Chelsea Honestly people probably already assume that there's risks

Elise Yea

Chelsea People, there's risks for everything like you'd silly not to assume that alcohol's gonna do something to you

Belinda But ... I agree, I think people do think that there is, I don't know that people think wow, alcohol's heaps healthy for me.

[FG 1, F 25-35]

Collectively, these women acknowledged that while people may not know about every harm associated with alcohol, they were still aware that alcohol has harms associated with it. There is an implication, therefore, that drinking happens despite the knowledge of risk of harm.

Defining and Managing Risk by Gender

Men and women described the risks of drinking differently. Men tended to describe risks to self and others, and in terms of physical harms. Women tended to describe risk to self, family and children, and in terms of social harms (harms of a social nature, such as ostracism and damage to one's reputation). For men, drinking either too much or too little carried risks, but context was not relevant to risk. By contrast, women, risks attached to drinking too much or drinking in an inappropriate context.

Men tended to give describe alcohol-related risks in both general terms and through accounts of personal experience:

Bob Well you might say things that you would have control over, you might think something when you're in a sober mind but when you're drunk, you might say it and it might not be wise so, that's a wrong thing

Craig Sometime you let a few things slip

Eli Sometimes they say the most honest people are drunks cos they're not inhibited by what they say and saying it

Bob Oh they might say what they're thinking but unwise in saying it

Eli Absolutely

- Fraser I mean it's just that lack of control if you have too much; you're likely to do anything
- Eli I mean I know I'd fall asleep, as a young bloke I never understood how everybody would go out and get on the turps and everybody wanting to have a fight, and have a blue [inaudible] look I'm just having a good time
- Greg yea
- Eli try to chat up a girl on the corner, but the amount of times that fights and accidents I mean that's real I suppose one of the hidden ones is the cause of injury, injury and maiming people from alcohol related incidents be they in a fight or be it in a car accident, it's a huge cost to society
- Alex I just hate not being in control of myself, just don't enjoy it, I just can't stand it, I stop as soon as I even get anywhere near feeling that now
- Craig Well the kids always knew when I had a few too many I'd start to wrestle the dog [laughing] they'd all stand around laughing
- Bob I reckon I've had two fights in my life both times I was drunk

[FG 4, M 55-65]

In this account, these men initially related their experiences of alcohol-related harms in general terms. By using "you" and "they" rather than "I", participants initially distanced themselves from the experience of alcohol-related harms. When personal experiences were later offered, they were minimised by describing them in ways that downplay any serious connotations: Craig's experience of "having a few too many" was couched in humour, and Bob's description of drunken fights specified how rare they were for him ("I've had two fights in my life"). Unlike the previous extracts with female participants, these men did not distinguish between social and physical harms in terms of seriousness. There are some references to social harms, and it is ambiguous whether some words being "unwise"

referred to the potential for social harm, physical harm, or both. Regardless, the men quickly moved to discuss physical harms, and described them by way of second-hand experience (“as a young bloke I never understood how everybody would go out and get on the turps and everybody wanting to have a fight”) or in terms of an aberration (“I reckon I’ve had two fights in my life both times I was drunk”). Throughout this discussion, a lack of control was central to the perceived harms; uncontrolled speech, aggression, and even falling asleep all pointed towards a loss of control arising from excessive consumption.

For some men, abstaining from drinking and associated behaviours could also cause harm, this time clearly of a social nature.

- Alex Well there is that drive to drink when you’re participating in you know like any sort of sporting culture and then football clubs and all of those things
- David They all have a bar don’t they
- Alex They all come around and have a drink
- Fraser Well that’s your male bonding thing isn’t it down the pub and all having beers and all that sort of stuff
- Bob It is yea

[FG 4, M 55-65]

In the above, participants presented alcohol as an integral part of masculine culture: male bonding, according to Fraser, is drinking beers together at the pub or footy club. To abstain from drinking, then, could potentially be to abstain from this male bonding and to untether oneself from the social ties that are established and maintained at these gatherings.

Women, however, associated harm with excessive consumption rather than abstention.

Below, Naomi described how, in the context of work functions featuring alcohol, being a

woman meant that she faced a greater risk of social harms arising from heavy alcohol consumption than did her male colleagues. She also described how she was therefore burdened with greater limitations on her behaviour:

Naomi It just reminded me of years ago when I first started wine writing, um I would go to lots of functions, you'd have overnights at different places and I was always mindful, I would actually drink less there than I would ever in my own home and I remember the late Steve Finn saying to me, um, 'you know Naomi, I've never seen you pissed', and I said 'and you're not going to either'. I was really mindful of being a woman in a man's world, now Whitey can go and get smashed and no one thinks twice about it, if I did it, um tongues would wag, and I didn't want to lose control. So when you said that, that reminded me, that was something I was really mindful over a number of years, yea. It was not wanting to, um cos I always

Rhonda Fear of looking stupid in a public place

Naomi And my reputation has, I mean I don't do, I don't get involved in that sort of world these days but my reputation ah was very important to me. I had a good reputation as a writer um and as someone who, you know, could brush up well and do a good job um I wasn't about to lose it by having too much to drink, when there's always the opportunity to drink to excess, but I would often drink very, very little cos I was always mindful of not wanting to overstep the mark in my own mind.

[FG3, F 55-65]

Naomi's choices around her drinking were clearly influenced by her gender: whereas it was unremarkable for a man to "get smashed", for her to do likewise would harm her reputation. While the men in a previous aspect acknowledged that the loss of control arising from drunkenness could lead to negative consequences, for women the simple fact of *being* drunk

was understood as harmful, separate to any loss of control. Fearing that *both* heavy drinking and any associated loss of control in a work context would lead to gossip and perhaps damage her professional reputation, Naomi carefully monitored and limited her own behaviour, self-policing in order to avoid this. Continuing the conversation, it became clear that this fear was grounded by her experience of negative judgements associated with female drinking:

Sue It's interesting, you know sort of, you say that nobody saw you pissed and yet, you know sort of, sometimes when you do get to a stage where you've, you know you've had a few and you, you know you're happy and.... 'gee she had a good time last night didn't she' so it's not seen um, sometimes it can be seen if the actions are um untasteful, but quite often people see it just as a 'oh gee she had a few, and she had a good time last night' so

Naomi But I've seen people talked about, who have, I'm thinking the woman friend here who drank too much, and brushed the next morning with her hair all disarray and the make-up sort of all askew, and it was just dreadful what people were saying

Rhonda I used to work with a guy, his wife at the Christmas show every year would be smashed, she would be the topic of conversation every, for a whole week after the Christmas show, every year.

[FG3, F 55-56]

Here, all three women provide examples of women drinking to excess and being the subject of gossip as a result, with Naomi and Rhonda relating specific anecdotes. The gossip seemed to relate to expectations on women, but not men, to always look presentable, to “brush up well” (Naomi). This emphasis on looking good is noticeably absent from the male discussion.

These women, therefore, appeared aware of a need to avoid significant risk of social harm in drinking to excess.

Furthermore, the social harm was not limited to excess consumption, but also extended to inappropriate consumption, especially in relation to the drinking setting. As an example, a number of discussions in group 2 (women aged 25-35) centred on what did and did not constitute appropriate alcohol consumption, particularly in the context of childcare and parenting. Below, Jenny and Kirsten demonstrated how the setting of alcohol consumption (a children's party) gave rise to a potential social harm, being judged and scorned for consuming alcohol in an inappropriate context.

Jenny I've gone to children's birthday parties where they're drinking alcohol, I'm like what! // The kids are three.

Kirsten // Yea I'm the same I don't get that yea, I don't agree with that

Jenny Why are you drinking alcohol this is not an alcoholic event

Kirsten Yea I'm the same

Jenny But, because it's such a socially accepted thing to do, it is pretty much short of things like church, and even then I'm probably saying the wrong thing there, um there's very few places where people won't drink

[FG 2, F, 25-35]

Here, Jenny and Kirsten indicated disapproval of having alcohol at a child's birthday party ("not an alcoholic event") and paired this with church as another unsuitable locale for drinking. Children's parties and churches are spaces of responsibility and reverence, respectively. As indicated by previous discussions, however, alcohol is an indicator of leisure, fun, and relaxation, which are potentially at odds with this need for responsibility and reverence. Even as these women attempted to set limits on appropriate drinking, Jenny

acknowledged that this is difficult: “there’s very few places where people won’t drink”. Here she showed the complexities of understanding where it is, and is not, appropriate to drink; alcohol consumption is generally socially acceptable, especially at any sort of celebration, so negotiating the line between what is, and is not, acceptable drinking behaviour can be difficult.

Like Jenny and Kirsten’s previous conversation, the following excerpt from Jenny demonstrated that appropriate drinking is context-dependent:

Like now my kids are older, I’ll probably have a drink or two every week, like twice, couple a times a week, and then, but getting drunk, I would maybe do a couple of times a year when I don’t have them, like it’s, it takes a very big, like party event like someone’s fortieth where there’s no kids and we’re all getting drunk type thing for me to get anywhere near that level

[FG 2, F 25-35]

In this excerpt, Jenny’s role as a parent was what determined appropriate drinking. Her language indicated restraint, and she emphasised that heavy drinking is not a regular occurrence but instead an acceptable deviation from her normal habit, only when “there’s no kids”. Although she included herself in heavy drinking through the use of the word “we”, her use of the phrase “anywhere near that level” nonetheless distanced her behaviour, effectively countering any implications of impropriety. Here, precise specifications (a large party, a special occasion, no children present) permitted a deviation from the norm of control. It was only in the context of a special and temporary celebration (“a very big, like party event like someone’s fortieth”) and with communality (“we’re all getting drunk”) that a relaxation of the requirement for control was permissible. In this sense, the relaxation of control was itself controlled.

In the following excerpt, women discussed other ways in which alcohol consumption intersects with being a good parent: this involved not only moderating their own drinking but ensuring that their children are educated around alcohol.

Louise My parents never drank in excess at dinner time, not every night but often two or three times a week that they might have a glass of wine, and for them they actually turn, you know would let us, wouldn't give us a full, we'd obviously have to be a bit older, but they'd talk to us about it and educate us

Kirsten Yea I do that

Louise And so that when you

Jenny And I think education is such an important thing

[FG 2, F 25-35]

These women described their parents, and now themselves, as fulfilling parental obligations to protect children from harm by ensuring that young children do not consume alcohol. They went beyond this, however, in also providing an example of good drinking, creating an environment that they considered not only a safe place to experience alcohol for the first time, but necessary to the ongoing education of children. Participants recounted their introduction to alcohol where their parents "might have a glass of wine" "two or three times a week", with a meal, in a family context, and eventually their own consumption in small amounts as older children. In this way their drinking is conceptualised as a positive act in establishing patterns of proper drinking in the next generation.

In these accounts, childcare was presented as an important factor in deciding what the parameters of appropriate drinking are: how much, and the context in which, alcohol could be consumed are all determined, in some part, by the responsibilities of childcare borne by the women in these extracts. Jenny and Kirsten disapproved of people who introduced

alcohol into a child-oriented event; Jenny demonstrated that precise circumstances need to align to create an acceptable drinking environment for parents; and, Jenny, Kirsten and Louise described how their roles as parents explicitly shape their alcohol consumption in a family context. We can infer from the extent to which parenting and childcare responsibilities influenced (or should influence) drinking decisions that significant social harm may arise if those responsibilities are perceived to be neglected.

To summarise, male and female participants differed in what they prioritised as alcohol-related risk. It is therefore no surprise that their approaches to dealing with risk also differed. Men's discussions of risk centred on physical harm to self and others. Women's discussions of risk included social harms, and also included risks of social judgement. Both groups centred risks on the concept of drinking too much. Men saw "too much" as the point at which they began to lose physical control, and understood it as an embodied experience. For women, the idea of "too much" was externally imposed and was the point at which they were likely to judge, or be judged, for their or others' consumption. While this consumption was linked to a loss of control, it was not the loss of control itself that marked the point of excess, but rather perceived judgements of others towards that loss of control.

Discussion

In Anglo-centric societies, gender strongly influences many aspects of alcohol consumption. In Australia, men are more likely to drink beer, drink heavily, and overestimate how much alcohol they can safely consume every day; women are more likely to drink bottled wine, less likely to drink heavily, and more likely to believe that no alcohol is safe to consume when considering lifetime risk (AIHW, 2016). Brierley-Jones et al. (2014) found that women in the UK were more likely to drink at home and men more likely to drink in pubs and other public venues. They suggested that for women, at least, this was related to the home being a

feminine venue associated with domesticity and childcare. However, this contrasts with our finding that women were cautious about drinking around children. Defining and responding to risk is also gendered. Men and women conceive of and respond to risks differently across such diverse fields as crime, finance, technology, and health (Hannah-Moffat & O'Malley, 2007). In this study, men and women defined and responded to alcohol-related risk differently.

In previous work (Muhlack et al., 2018) we have shown that alcohol consumption among both men and women is used as a way of defining identity, including gendered identity, and is also bounded by those identities. While participants in this study did not declare alcohol consumption a means of displaying their femininity or masculinity, those gendered identities were evident in discussions of the behavioural boundaries. Alcohol consumption was constructed as integral to male sporting culture and male bonding, and incorrect alcohol consumption (i.e. at odds with accepted feminine behaviour) was strongly linked to risks to maintaining feminine identities among women. Parenting behaviour associated with risk (such as exposing young children to alcohol consumption) or risk mitigation (such as introducing older children to alcohol in a controlled manner, unsupported in the literature (Jackson, Ennett, Dickinson, & Bowling, 2012)) were primarily discussed among women, with no significant discussion of alcohol risk and the parenting identity among men. Clearly, identities of gender affect choices around limiting alcohol consumption.

Among our light-to-moderate drinkers, men clearly identified the physical risks of excess alcohol consumption, and their discussions of social risk were limited. Women, on the other hand, acknowledged the physical risks associated with alcohol consumption but spent much more of their discussion talking about the social risks associated with excess alcohol consumption. For women, abstaining from drinking did not appear to carry any significant risk of social harm, but abstention for men was perceived as socially harmful. Neither men

nor women identified harms associated with everyday light-to-moderate alcohol consumption, but only with “excessive” consumption, a term that was defined according to the phenomenological experiences of the speaker. Both men and women distanced themselves from risky behaviours: by focussing on the harms associated with heavy drinking (injury or death, social lapse, liver disease), their own “moderate” behaviours and occasional lapses were re-cast as, if not harmless, at least a lesser harm (Emslie et al., 2012; Lyons et al., 2014).

The inclusion of occasional binge episodes in light-to-moderate drinking appears to be unremarkable for the men of this study. The women, however, did much more discursive work to justify their very similar drinking practices of occasional binge drinking. We propose that the women in this study focussed strongly on the social harms of alcohol because this occasional excessive drinking carries for them the risk of both physical and social harm. It is possible that this relates to a loss of control associated with alcohol consumption: some participants characterised the results of over-indulgence as being opposed to the particular requirement for women to be well-presented, in a way that was not also expected of men (see the discussions between Naomi and Rhonda on p. 77, and Sue, Naomi, and Rhonda on p. 78). For men, however, occasional excessive drinking carries primarily the risk of physical harms. It is possible that men avoid social harms from occasional (not habitual) excessive drinking as part of a performance of dominant Australian masculinities which incorporate excessive alcohol consumption (Mahalik et al., 2007; Roberts et al., 2019).

Male understandings of risks associated with alcohol drew on both realist discourses (i.e. discourses premised upon a realist epistemology) and personal experiences. More specifically, they drew on the discursive resources made available through the realist hazard-

risk-response discourse³ used in public health and crime prevention campaigns relating to the physical risks of alcohol consumption (especially drink driving, injuries, and long-term health effects). However, the borrowing of this discourse was incomplete, even in discussing physical harms, with men talking about their embodied experiences of alcohol consumption as the benchmark for knowing when they had drunk too much, rather than referring to the national drinking guidelines or some other objective measure. Comparable results are reported in Lyons et al. (2014) study of middle-aged Scottish drinkers, where embodied feelings of having drunk “too much” were the benchmark used to know when to stop drinking. Lindsay’s study similarly found that in the current climate of “individual responsabilisation [sic] for consumption and health,” individuals will ignore expert advice and instead decide for themselves what constitutes healthy behaviour (2010, p. 483).

The women’s approach to identifying and responding to risk centred on context, where “risks are to be weighed up and balanced against other risks” (Hannah-Moffat & O’Malley, 2007, p. 20) to determine which risks are significant enough to act on. While the women were aware that drinking had inherent health risks, and briefly discussed these, they focussed mainly on the social risks arising from excessive alcohol consumption, a topic that the men in this study barely touched on. There is nothing new about women incurring social harms for drinking in ways that are considered acceptable for men. A striking and early example of this in western history is the gin craze of the eighteenth century, where gin was personified as a drunken perversion of a woman, Madam Geneva. At the centre of Hogarth’s print *Gin Lane* (Hogarth, 1751), for example, was “the degeneration of mother into child-killer, beauty into something filthy, wife into shameless whore” (Dillon, 2002, p. 208).

³ That is, a discourse based on realist understandings of hazards, which are quantified into risks, which in turn shape the nature of subsequent responses to the risk. For example, the hazard of excess drinking is quantified as an elevated risk of car accidents with a Blood Alcohol Concentration (BAC) of <0.05, to which the response of random breath testing is applied.

Certainly, the women in our study recounted ways of drinking that served to preserve their reputation through demonstrations of restraint. In addition, they gave accounts of demonstrably fulfilling their parental duties even when occasionally drinking to excess by bounding that drinking in precise ways (a large party, a special occasion, no children present) in ways that male participants who identified as parents did not.

If we accept a model of risk in which hazards and the risks associated with them are socially constructed (as argued in Fox, 1999), then the gendered experiences of men and women in their everyday lives explain the differences in what they consider relevant risks and how they respond to them (Hannah-Moffat & O'Malley, 2007). Men and women in this study experienced risks differently, perceived different contexts as hazardous, and thus approached managing risks differently. Both men and women were unlikely to orient towards public health messaging from authoritative sources, but instead made their own decisions about "what constitutes health and moral self-management" (Lindsay, 2010, p. 483). This suggests that the public health discourses of gender-neutral alcohol-related risk, focussing on the health harms of excessive alcohol consumption and appropriate actions to take in response, are not the sole (or even, in some cases, the major) arbiter for participants when determining what risks are significant enough to warrant a response. However, if we take these gendered risk assessments into account in messaging, there is a risk that problematic gendered constructions (such as childcare being a woman's responsibility) may be emphasised and perpetuated.

Conclusions

Among self-identified light-to-moderate drinkers, there are clear gendered differences in approaches to alcohol consumption, risk, and health behaviours. Current public health discourses assume that no social risks attach to drinking and non-drinking, which does not

accurately reflect our findings in this paper, and is, arguably, naïve given known gender-differences in both risk perception and patterns of alcohol consumption. For women in this study at least, social risks associated with alcohol consumption appeared to be a more pressing issue than the health effects of alcohol consumption, in both the long and the short term. For men, social risks were considered of less importance than physical risks from alcohol consumption. We suggest, therefore, that public health messaging and interventions may be more effective if they move beyond a realist model of hazard-risk-response and instead consider this broader range of risk definitions when choosing strategies to implement. Moving to this broader definition, however, raises ethical questions around which social risks, if any, are acceptable to leverage in pursuit of public health goals, which might be simply accepted, and which ought to be challenged.

Limitations

Data used in this paper was repurposed from another study, and so elements of the research design were not tailored to the questions asked here. Most (but not all) participants were from white/Anglo backgrounds, and so cultural perspectives are limited. We also recognise that our analysis is itself an interpretation of speakers' re-presentation of their realities and informed by our own disciplinary trainings and personal histories: we authors are white Australians who drink alcohol and are trained in philosophy, ethics, psychology, public health, and communication studies. Others' interpretation of these data may differ.

Tables and Figures

Table 1—focus group composition

Group	Participant numbers	Participant gender	Participant age range
1	6	Female	25-35
2	7	Female	25-35
3	6	Female	55-65
4	7	Male	55-65
5	6	Male	25-35
6	3	Male	25-35
7 (excluded)	8	Mixed	18-25

Declarations

Competing Interests

None

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5. Ethical Analysis

Chapter Outline

In the previous Chapters, I have shown that alcohol consumption and non-consumption is a complex cultural and social phenomenon involving the formation and projection of identities. This phenomenon is not only gendered according to the modes of consumption, but also in terms of how participants understand risk in the context of their alcohol consumption.

This complex cultural and social phenomenon takes place within an environment that privileges neoliberal concepts of autonomy. This has led to the assumption in public health policy that if you inform people, they will make a rational decision with a prudent conclusion. The implication (in this context) is that the rational decision is informed by facts, and the “prudent” conclusion will be one that maximises health outcomes. In this environment, warning labels are held up as an appropriate intervention that respects the autonomy of the individual.


However, the decision on whether to drink or not drink is a complex one, with competing priorities, and so this prudent conclusion expected by public health policy may not necessarily be the one that is reached. As I have previously shown, individuals often prioritise relationships or social health above physical health when making decisions around alcohol consumption or non-consumption. Despite this, the health literature often assumes that the desired prudent conclusion based on informed decision making is what will flow from educating the public. What follows is a reproduction of a paper published in *Cancer Forum* (Muhlack, Elliott, Carter, & Braunack-Mayer, 2016), in which I interrogate the discourses around the ethical justifications for warning labels and show how this assumption of rational decision making outlined above is a core part of the health literature around

warning labels. Minor formatting changes have been made to accommodate the thesis format.

Statement of Authorship

Title of Paper	Ethical justifications in alcohol-related health warning discourses
Publication Status	<input checked="" type="checkbox"/> Published <input type="checkbox"/> Accepted for Publication <input type="checkbox"/> Submitted for Publication <input type="checkbox"/> Unpublished and Unsubmitted work written in manuscript style
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Principal Author


Name of Principal Author (Candidate)	Emma Muhlack		
Contribution to the Paper	Conceptualisation: Research design Realisation: Data collection & Analysis Documentation: Primary author		
Overall percentage (%)	70%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature	 <table border="1" style="float: right;"> <tr> <td>Date</td> <td>14 - Nov - 2019</td> </tr> </table>	Date	14 - Nov - 2019
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Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
- iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Jaklin Elliott		
Contribution to the Paper	10% Conceptualisation: Research design advice Realisation: Data Analysis advice Documentation: manuscript advice		
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Contribution to the Paper	10% Conceptualisation: Research design advice Realisation: Data Analysis advice Documentation: manuscript advice		
Signature		Date	14/11/19

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ETHICAL JUSTIFICATIONS IN ALCOHOL-RELATED HEALTH WARNING DISCOURSES

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Abstract

Cancer is the second most common cause of alcohol-related death in both men and women in Australia. In view of this and other health risks, mandatory health warnings on alcoholic beverages have been proposed in Australia and introduced elsewhere. This paper reviews academic literature and statements from selected advocacy groups to identify the ethical justifications that are used in relation to mandatory health warnings on alcoholic beverages. The paper then analyses how these justifications relate to the ethics of public health interventions in the context of cancer prevention. This involves examining the potential tension between the utilitarian nature of public health interventions and the liberalism characteristic of many of the societies in which those interventions occur.

Public health is the systematic attempt to improve the health and well-being of a population by creating conditions in which good health may flourish. For an intervention to be justified as a public health intervention, there must be good reason to believe that it will in some way contribute to a net positive effect in regards to the health of the population of interest. In this respect, public health is often regarded as utilitarian,* since its main concern is not individual outcomes, but the net effect across a population. By contrast, the prevailing political philosophy of western democracies is liberalism, which encompasses the principle that an individual who is autonomous (that is, capable of making free decisions) ought to be allowed to do as he or she pleases, except where this causes harm to another. The tension between the goals of public health interventions, namely the good of populations, and the political context in which public health interventions often take place, with its emphasis on individual freedom, is addressed in the field of public health ethics. This tension can be observed in discourses around mandatory health warning labels on alcohol beverages, as demonstrated below.

In Australia, cancer is the second most common cause of alcohol-related death in both men (25%) and women (31%).¹ Given that alcohol consumption is a modifiable risk factor for cancer and other health issues, government intervention may be justified. One possible intervention is to mandate health warning labels on alcoholic beverages. This intervention has been proposed in Australia and

introduced elsewhere.^{2,3} For this reason, it is important to understand the grounds on which the intervention may be justified, together with how it is viewed by stakeholders, including alcohol producers. This understanding can be advanced by answering the following questions: What justificatory language is used in academic and policy circles regarding health warning labels on alcoholic beverages? Are the justifications given appropriate to the public health context? What implications do these justifications have for proposals to mandate labels on alcoholic beverages specific to cancer risks? This paper answers these questions, principally by reviewing the justifications used in the academic literature and in some advocacy statements made by public health and industry stakeholders.

Criteria for search

We searched the Scopus database with a search string designed to identify academic literature on warning or communicating risk by means of labels on alcoholic beverages:

TITLE-ABS-KEY (alcohol AND ((warning OR (risk w/2 communicat*)) AND label*))

The initial return of 172 documents was culled for relevance by title and abstract where possible, giving a remainder of 93 documents. At this stage, two criteria were used to determine relevance: (1) was the document a publication, in English, in a peer-reviewed journal in a relevant academic area; and (2) did the document feature discussion of

5.1 Ethical justifications in alcohol-related health warning discourses

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Abstract

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Introduction

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⁴ Utilitarianism is the ethical theory according to which population-wide utility (which may be understood as welfare) is the measure by which an action is right or wrong.

philosophy of western democracies is liberalism, which encompasses the principle that an individual who is autonomous (that is, capable of making free decisions) ought to be allowed to do as he or she pleases, except where this causes harm to another. The tension between the goals of public health interventions, namely the good of populations, and the political context in which public health interventions often take place, with its emphasis on individual freedom, is addressed in the field of public health ethics. This tension can be observed in discourses around mandatory health warning labels on alcohol beverages, as demonstrated below.

In Australia, cancer is the second most common cause of alcohol-related death in both men (25%) and women (31%) (Gao, Ogeil, & Point, 2014). Given that alcohol consumption is a modifiable risk factor for cancer and other health issues, government intervention may be justified. One possible intervention is to mandate health warning labels on alcoholic beverages. This intervention has been proposed in Australia and introduced elsewhere (Louise, Elliott, Olver, & Braunack-Mayer, 2015; Martin-Moreno et al., 2013). For this reason, it is important to understand the grounds on which the intervention may be justified, together with how it is viewed by stakeholders, including alcohol producers. This understanding can be advanced by answering the following questions. What justificatory language is used in academic and policy circles regarding health warning labels on alcoholic beverages? Are the justifications given appropriate to the public health context? What implications do these justifications have for proposals to mandate labels on alcoholic beverages specific to cancer risks? This paper answers these questions, principally by reviewing the justifications used in the academic literature and in some advocacy statements made by public health and industry stakeholders.

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To review some advocacy literature, we selected statements from four groups who have made public statements on the topic of alcohol warning labels. The Foundation for Alcohol Research and Education (FARE) was selected as representing a public health position on alcohol (Foundation for Alcohol Research and Education, 2011). Cancer Council Australia was selected because it specialises in cancer research and prevention (Cancer Council Australia, 2013). DrinkWise Australia was selected as a prominent example of an Australian alcohol industry health initiative (DrinkWise, 2015). Finally, the combined response from the Australian alcoholic beverage industry to the Blewett Labelling Review was selected as

representative of the views of alcohol producers in Australia (Australian Hotels Association, 2011).

After selecting these advocacy statements and identifying the 106 scholarly publications, an initial reading of each text was carried out to identify patterns in the ethical justifications being used, whether these justifications were explicit or implicit. When patterns became apparent, texts were re-read in greater detail to clarify the nature of the identified patterns and any relationships between them.

Current policies and viewpoints

The academic literature featured three main justifications for including health warning labels on alcoholic beverages. The labels: (1) inform consumers; (2) reduce harm to consumers by generating behavioural change; and (3) reduce the wider social and economic burdens of alcohol. These justifications generally built upon one another, producing arguments of increasing complexity: the improved decision making of informed consumers generates behavioural change (in the form of reduced alcohol consumption), and this behavioural change then reduces the wider social and economic burdens of alcohol. The academic literature rarely used explicitly ethical language, instead only implying ethical justifications, generally as background information to a particular research project. Only 11 of the 106 papers used explicitly ethical language in discussion of warning labels, and of those 11 papers, four were direct responses to an ethics paper on the topic (Bell, Zizzo, & Racine, 2015; Golden, 2000; Knai, Petticrew, Durand, Eastmure, & Mays, 2015; Kukla, 2010; Laughery, Vaubel, Young, Brelsford Jr, & Rowe, 1993; Louise et al., 2015; Mackinnon, Nemeroff, & Nohre, 1994; Martin-Moreno et al., 2013; Plunk & Will, 2015; Thompson, 2015; VanderWalde, 2015).

Over half of the articles either quoted or referred to the warning label made mandatory in the United States, especially its stated purpose: “the purpose of the alcohol labelling regulation, according to the federal government, was to inform the American public of health risks, including birth defects, associated with the consumption and abuse of alcohol, and to serve as a reminder of health hazards” (Glasscoff & Felts, 1994, ¶4). Most of the academic literature featured the strong assumption that informing the public generates behavioural change, and this was evident in the language used. For example, one study of warning label awareness justified their interest in “federally mandated warning messages on alcoholic beverages ... because the consumption of alcohol and cigarettes leads to a high prevalence of health problems among Hispanics in the United States” (Marin & Gamba, 1997, p. 231). A study of adolescent exposure to and awareness of warning labels in the United States chose this population of interest because “it is during adolescence that health behaviors are being established and experimentation with alcohol and other drugs first occurs” (MacKinnon, Pentz, & Stacy, 1993, p. 585). Laughery et al. argued that “the user has both a need and a right to understand the potential hazards associated with a product” (Laughery et al., 1993, p. 598), specifically to facilitate decision making. This ‘right’ makes explicit that justifications for warning labels are not simply a practical concern, but also an ethical one. Martin-Moreno et al. also raised the question of what consumers have a right to know, making explicit an ethical element to labelling (Martin-Moreno et al., 2013).

Whether or not warning labels are actually effective at generating behavioural change is debated in the academic literature, with warning label composition and placement being raised as issues to be addressed in implementation (Thomson, Vandenberg, & Fitzgerald, 2012; Wilkinson & Room, 2009). In the reviewed academic literature, comparisons were made to tobacco, where warning labels have been shown to be effective (Coomber, Martino, Barbour, Mayshak, & Miller, 2015; P. O'Brien, 2013; P. L. O'Brien & Gleeson, 2013;

Scholes-Balog, Heerde, & Hemphill, 2012), with the caveat that tobacco presents greater health risks than alcohol, so one cannot assume that alcohol warning labels will have a substantially similar effect (Thomson et al., 2012; VanderWalde, 2015; Wilkinson & Room, 2009).

The least common (and most complex) of the arguments put forth was that the reduction of harm resulting from behavioural change would reduce the wider social and economic burdens of alcohol. This argument was presented both explicitly and implicitly (Al-hamdani, 2014; Dumbili, 2014; Hankin, 1998; Malouff, Schutte, Wiener, Brancazio, & Fish, 1993; Martin-Moreno et al., 2013; Pettigrew et al., 2014). Pettigrew et al. described the financial burden of alcohol-related harms and explicitly stated that “calls for warning labels also reflect a growing evidence base relating to the relationship between alcohol consumption and a range of health problems including cancer, diabetes, cardiovascular disease, overweight and obesity, liver disease, fetal abnormalities, cognitive impairment, mental health problems, and accidental injury” (Pettigrew et al., 2014, p. 1). Four years after the introduction of warning labels in the United States, Malouff et al. described the “100,000 deaths a year in the United States, as well as untold illness, lost productivity and misery for both drinkers and others,” and described warning labels as an effort to reduce alcohol abuse (Malouff et al., 1993, p. 457). Martin-Moreno et al. described an array of “harmful consequences for both individuals and communities” (Martin-Moreno et al., 2013, p. 1082) and described the labelling of alcoholic beverages as an opportunity to address the information gap between what consumers know and what is required to make informed decisions about alcohol consumption. Other authors touched upon the heavy social and economic burdens of alcohol consumption but did not explicitly link these to warning labels (Al-hamdani, 2014; Dumbili, 2014; Hankin, 1998).

FARE and Cancer Council Australia put forward justifications similar to those of the academic literature, but in greater detail. Both FARE and Cancer Council Australia used language about informing consumers and reducing harm. The Cancer Council's statement supported mandatory warning labels to inform, asserting that people ought to be informed "that the product they are purchasing and/or consuming can have a serious impact on their health and wellbeing", and that "access to information on how to use alcohol ... should accompany the sale and supply of all alcohol products as a public health promotion message and disease prevention measure" (Cancer Council Australia, 2013, ¶8). FARE recommended that warning labels should "alert the consumer to particular harms associated with alcohol consumption" and that they "can contribute greatly to improving health by increasing awareness of harms" (FARE, 2011, p9).

Position statements from both FARE and Cancer Council make explicit that labels alone are insufficient to change behaviour and should be implemented as part of a wider scheme of interventions. In this way, they introduce nuance into the justification that informing consumers about health risks changes health-related behaviour. Rather than draw a direct causal link between informing consumers and changing behaviour, they argue that numerous determinants of behaviour can and should be targets of intervention. Cancer Council recommends that labels be "part of a wider alcohol control strategy" (Cancer Council Australia, 2013, ¶13), and FARE recommends changes to "industry practices that impact on the access and availability of alcohol", particularly practices that appeal to young drinkers (FARE, 2011, p3). Both organisations single out drinking while pregnant for inclusion on warning labels, with Cancer Council also recommending warnings about other risks associated with alcohol such as medical side-effects, drinking and driving/operating machinery, physical violence, and social/health/injury problems (Cancer Council Australia, 2013).

DrinkWise, the Australian alcohol industry's voluntary program of alcohol warning labels, does not directly refer to harm that labels might reduce and describes their labels as intended to "inform and educate" (DrinkWise, 2015, ¶2). In this way, they evoke the argument that a label's purpose is to inform consumers. The only harm-related language can be found in a statement of the intention of DrinkWise labels: to "help consumers enjoy alcohol with more responsibility and care" (DrinkWise, 2015, ¶5). In contrast to the nuanced statements from FARE and Cancer Council, this implicitly draws a direct causal link between informing consumers and improving health behaviour. The Australian alcohol beverage industries' submission to government regarding mandatory labelling emphatically rejects calls for warning labels, also appealing to harm reduction (or a lack thereof) by arguing that "the overwhelming evidence clearly shows that warning labels have no impact on drinking behaviour, especially among at-risk groups" (Australian Hotels Association, 2011, p2).

Available options

Public health interventions use population-level tools to achieve population-level gains. However, these interventions have often been implemented in a society that supports the right of the individual to act as they please unless this puts others at risk. For example, the British Public Health Act of 1848 brought water and sewerage under government control. While such arrangements are now commonly accepted, it was said in a newspaper at the time that "a little dirt and freedom" was "more desirable than no dirt at all and slavery" (Jochelson, 2006, p. 1150). This extreme attitude is no longer common, with government interference being seen as normal and even expected in such areas. Public utilities, road rules, food safety standards, product safety standards and occupational health and safety standards are an everyday part of life in Australia and elsewhere. So even in liberal societies,

restrictions on liberty are often accepted and seen as justified, especially when they are needed to protect others.

Historically, public health interventions have tended to proceed on the basis that the liberties of some can justifiably be curtailed for the benefit of many, especially when benefits are substantial and the liberties curtailed are comparatively minor. Requiring alcohol producers to place warning labels on their product in order to reduce alcohol-related harm seems to align with this tradition – one group (the producers) have a limit placed on their liberty (their choice in labelling) in order to protect many (the consumers) from harm. While this is true, the assumption inherent in this case is that an individual will make the ‘right’ (healthy) choice when given the relevant information. This is not necessarily the case, and, as noted, the question of the effectiveness of labelling in generating behavioural change is debated in the literature. In this way, the justification centred on generating behavioural change through informing is strongly aligned with the liberal notion of the autonomous individual – informing consumers gives them the information necessary to make an autonomous (free and informed) decision.

This idea of the drinker as an enlightened individual who will make the ‘right’ decision when given the relevant information is problematic because we know that there are many factors that impact drinking behaviour, with the most influential being pricing (Wagenaar, Salois, & Komro, 2009). Additionally, in many Anglo-centric cultures, alcohol is deeply embedded in the social fabric to the point where choosing not to drink sometimes requires subterfuge or the provision of a socially acceptable excuse (Conroy & de Visser, 2014). The drinker is not *tabula rasa*, but instead makes their decision within a pre-existing framework of normalised and acceptable drinking practices. To drink in spite of the health risks may also be perfectly consistent with an individual’s priorities or view of the good life.

A recent paper discusses some of these issues, with a specific focus on cancer warning labels (Louise et al., 2015). Its authors argue that autonomy (the capacity for self-government) can be compromised by factors such as one's culture or lack of knowledge, and so mandated warning labels might be a justifiable means of achieving harm reduction, namely by improving consumers' ability to make autonomous choices and by changing the cultural environment in preparation for other interventions. The authors argue that warning labels ought not to be considered a standalone intervention but rather part of a suite of wider alcohol controls, and that although labels by themselves may not have a measurable impact on health behaviours (e.g. a reduction of alcohol consumption), they pave the way for future interventions. This means that labels could instead be considered part of a suite of interventions that, when considered as a whole, produce behavioural changes and thereby avert harms.

Conclusion

The academic literature and policy statements reviewed proposed three hierarchically structured justifications for the use of alcohol warning labels: (1) to inform consumers, so they might (2) improve their health outcomes through behavioural change, thereby (3) reducing wider social and economic burdens. We argue that the first two justifications amount to an argument which understates the importance of social, economic and cultural factors in influencing alcohol consumption. While it is laudable to try to ensure that people know the risks that they run in consuming alcohol, a public health intervention can only be justified if there is good reason to believe that it will contribute to improving health in some way, and we cannot assume that knowledge of risks alone is enough to change health-related behaviours and thereby improve health across the population.

Despite this, many accounts in the academic literature and industry statements use precisely this argument for warning labels on alcohol. This fits with the prevailing political climate of liberalism, which assumes that knowledge usually leads to right action and places both the right to choose and the responsibility for any consequences squarely with the individual. The pro-label advocacy literature presents a more nuanced justification for warning labels. It acknowledges that a range of modifiable factors impact on one one's drinking choices and behaviour, and that labels must be considered as part of a suite of interventions collectively aimed at effecting change at a population-level.

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Autonomy in alcohol policy

From my previous work, it is clear that the current approach to autonomy assumed by much public health policy is insufficient to promote health-improving behaviours, and that (at least in the case of warning labels), the assumption of effectiveness of these informative approaches is grossly overestimated. To that end, what follows is an assessment of Australian alcohol policies generally: I describe how the alcohol “problem” is framed in current policy, and argue that this is too narrow a scope in light of my previous work. I then consider the ethical status of current and potentially feasible interventions (feasible interventions as presented by Howard et al. (2014)), proposing that an alternative form of autonomy (relational autonomy) is more appropriate than the current approach in the context of alcohol consumption as a complex social process.

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- i. the candidate's stated contribution to the publication is accurate (as detailed above);
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5.2 Relational autonomy and intervening in non-problematised drinking.

Keywords

Alcohol; health policy; ethics.

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Abstract

Alcohol consumption is a socially complex behaviour that can signal social identities and/or belonging, and is a normal part of Australian culture. Much drinking in Australia is considered to be non-problematic; however, a strong argument can be made that non-problematised drinking behaviours contribute significantly to alcohol's burden of disease. As such they may be a legitimate target for public health intervention.

Traditional approaches to such interventions are premised upon models of autonomy that assume a rational individual making prudent decisions, divorced from social context. Given the social significance of alcohol consumption, this may limit the utility and relevance of autonomy when considering how, or whether, to intervene in non-problematised drinking. We argue that public health initiatives that seek to address a socially significant behaviour, such as consuming alcohol, require a theoretical framework which explicitly accounts for social complexity and we propose that the theories of relational autonomy are well-suited to this task.

Introduction

It is increasingly clear that low-to-moderate consumption of alcohol carries with it some health risks, and these are becoming more widely discussed in the academic literature (Griswold et al., 2018; Kunzmann et al., 2018; Wood et al., 2018). Griswold et al. (2018), in their comprehensive systematic analysis of alcohol consumption and its relation to burden of disease, found that “the safest level of drinking is none” (p. 1026) and urged reductions in population-level alcohol consumption to address the health losses associated with alcohol consumption.

In Australia, alcohol is a significant contributor to the burden of disease. In 2011, alcohol was responsible for 4.6% of the total burden of injury and 5.4% of the total fatal burden in Australia (AIHW, 2018, pp. 16-17). Cardiovascular diseases and cancers were responsible for 23.1% of alcohol-attributable disability-adjusted life years (AIHW, 2018, p. 20). International studies suggest that the burden of disease in this case is likely derived mostly from drinkers outside the high-risk population (Rossow & Romelsjö, 2006; Skog, 2006; Spurling & Vinson, 2005). The sheer number of such drinkers means that they are the source of most cases of alcohol-related disease, and thus interventions to reduce drinking in this group of low-risk drinkers may be considered as justifiable.

Populations which have previously been considered largely unproblematic in public discourse (such as low-risk drinkers) are now being subjected to scrutiny and considered for intervention. Previously, literature focussed on young drinkers, binge drinkers, and alcoholics (Emslie et al., 2013), with these populations and behaviours problematised (i.e. discursively positioned as problematic). But researchers are now beginning to examine the drinking habits previously not considered problematic, with the drinking of middle-aged

persons and “moderate” drinkers now being scrutinised (Muhlack, Carter, Braunack-Mayer, & Elliott, 2019; Muhlack et al., 2018).

Given this shift in identification of populations at risk, these groups of non-problematised drinkers are now open for consideration as targets of reductions designed to decrease alcohol consumption. In this paper, we are particularly interested in middle-aged non-problematised drinkers, as this is a group previously designated as non-problematised on several counts (Muhlack et al., 2018). However, if we are to intervene in the drinking behaviours of these previously unproblematised and (relatively) untargeted groups, then we must consider the ethical implications of, and ethical issues inherent in, proposed interventions. For the sake of argument, we assume that awareness of a risk of known and avoidable harm is sufficient to justify intervention: thus, our question is not whether it is ethical at all to intervene, but rather what form these interventions should take.

As suggested by Griswold et al. (2018), reducing overall consumption at a population level is an effective means through which to reduce alcohol-related health issues and so we seek to answer the question of what ethical considerations and justifications are when intervening in the drinking behaviours of low-to-moderate middle-aged drinkers, using whole-of-population interventions. We argue that in Australia alcohol policy assumes an individualistic and rationalistic model of intervention, which is centred on liberal ideals of radically voluntary and informed decision-making. Further, we argue that this focus is misplaced, particularly given what is known about the context for alcohol consumption.

[Alcohol consumption in Australia](#)

Australia has a complex history with alcohol. Alcohol has, at various times, been used for bartering and as a symbol of power (Blyton, 2013). The right to drink has stood in as a marker for broader rights and freedoms (Fitzgerald & Jordan, 2011). Alcohol is closely linked

with sport through sponsorship and advertising, and drinking is common among attendees and players of sporting matches (Jones, 2010; Munro, 2000; Palmer, 2010). Alcohol is readily available, and its consumption is culturally privileged. In both rural and urban communities, alcohol consumption is seen as a marker of masculinity (Liepins, 2000; Miller et al., 2014). Alcohol can also be an intrinsic part of belonging to communities (Allan et al., 2012; Zhou & Heim, 2016). In urban settings, alcohol consumption is likewise associated with belonging, albeit to smaller friendship groups (Bartram, Elliott, & Crabb, 2017; Bartram, Elliott, Hanson-Easey, & Crabb, 2017), and is associated with identity formation (Killingsworth, 2006). It is also considered an intrinsic part of celebration and socialisation, even with knowledge of its potential harms (Muhlack et al., 2019). This is not limited to Australia, with low-to-moderate drinkers globally giving similar accounts of their drinking practices and motives: strong links are seen between alcohol consumption, social belonging and relaxation, and it is often used as a means of projecting and maintaining identity (Muhlack et al., 2018).

One way to reduce overall consumption in Australia would be to make it easier for those who wish to reduce or stop their drinking to do so. However, the central position of alcohol consumption in Australian culture, along with the social complexity of drinking behaviours, can make it difficult for this group to enact their wishes (Bartram, Elliott, & Crabb, 2017; Bartram, Elliott, Hanson-Easey, et al., 2017). There are also likely to be drinkers who do not consciously wish to reduce their consumption, but who would nonetheless drink less if different social forces were at play. Intervention requires an ethical framework that can account for the fact that alcohol consumption is a complex social behaviour embedded in and central to many Australian cultural practices. For this reason, our analysis will draw on feminist theories of autonomy that foreground the interrelatedness of people, their connections to society, and the inherent vulnerability of persons to influence: specifically,

we will use the concept of relational autonomy (Kenny, Sherwin, & Baylis, 2010; Mackenzie, 2014).

Alcohol policy in Australia

Current alcohol policies can be divided into two main categories.

The first focuses on problematised populations (such as young drinkers and alcoholics) and problematised behaviours (such as public disorder and intoxication). Interventions here, such as lockout laws and limiting service, are often paternalistic in nature, in that they aim to directly interfere in the choices of drinkers for their own benefit and without their consent.

This paternalism can be justified on the grounds that problematised drinkers are not making sufficiently autonomous (that is, informed and voluntary) choices. Some interventions may also be justified by appeal to Mill's Harm Principle, in that they prevent harms to third parties, namely by preserving public safety through a reduction in public drunkenness and related violence.

The second category encompasses educational interventions designed to increase public awareness of health risks and other risks associated with drinking. Interventions here, such as warning labels on bottles about drinking when pregnant, can perhaps be justified on the grounds that they promote informed decision-making among the general population. This assumption that information availability leads to informed decision-making is one of the primary justifications given for labelling interventions (Muhlack et al., 2016).

Both policy types are based on an ideal of the individual as a rational decision maker. The ideal (non-problematised) drinker's choices are rational (i.e. informed, reasoned, and prudent), and voluntary (i.e. independent of outside influence such as coercion, or autonomy-impinging conditions such as addiction). In the case of problematised drinkers, then, paternalistic interventions can be justified on the basis that they no longer meet those

ideal conditions. Problematised drinking, according to this conception of the ideal drinker, is not an autonomous decision: intoxication or dependence lead to choices that are not truly autonomous as they are neither based on sufficient understanding nor truly voluntary.

In the case of non-problematised drinkers, their choices are not considered sufficiently harmful (to themselves or others) to justify paternalistic interventions, and so the individual and rationalist model of autonomous persons is used in policy: they are informed, in order that they can make reasoned decisions about drinking, and they are assumed to be making these decisions independently. This being the case, if we assume the rational individual as the ideal, there is no ethical issue with either interfering paternalistically in those who cannot make rational choices (i.e. *cannot* achieve the status of the rational individual), or in educating those who can (and therefore continuing the supposition of their status as a rational individual).

However, research has shown that this understanding of decision-making around alcohol consumption is flawed, particularly as it relates to non-problematised drinkers. Decisions about alcohol consumption in this group are rarely made on the basis of rationally evaluating available health information in order to make the prudent decision: in our previous research we found that decisions around alcohol consumption are rarely made on the basis of biomedical health at all, even though drinkers acknowledge that alcohol consumption is not “heaps healthy” (Muhlack et al., 2019).

Ultimately, our research suggested that decisions around alcohol consumption are not generally made on the basis of a rational evaluation of health information, but are made as part of a complex social discourse with factors such as gender, role, and drinking working to influence one another in different, sometimes unpredictable, ways (Muhlack et al., 2019; Muhlack et al., 2018). If we continue to assume the rational individual as the ideal in our

attempts to intervene in drinking, we risk making policy decisions based on an incorrect understanding of drinkers' behaviour, and thus risk implementing interventions that will not work. Beyond being ineffective, education-based campaigns also open the door to blaming individuals for their health outcomes, when the reality is that the factors behind health behaviours are often extremely complex and cannot be reduced to a simple rationalist and individualistic view of autonomy. If we assume a rational individual, making informed decisions unencumbered by the weight of social expectations or circumstances, then any decision they make contrary to that which produces health (in the biomedical sense) is open to criticism and moral blameworthiness. This is not a new concern: Crawford (1980), writing in the late 1970s and early 80s, criticised the emerging medicalised and individualistic view of health. He argued that this "healthism" ascribed moral status to health outcomes, and that it actively prevents us from engaging with the broader social issues that lead to ill health.

Nonetheless, educational campaigns are the mainstay of alcohol interventions among non-problematised populations. A systematic review of Australian alcohol policy from 2001-2013 (Howard et al., 2014) showed that education and persuasion methods feature prominently in Australia's alcohol policy portfolio, despite poor evidence for their effectiveness. All other areas of intervention examined (pricing and taxation, regulating physical availability, modifying the drinking environment⁵, restrictions on marketing, treatment and early intervention) were described as policy measures that were weak, moderate, or inconsistent (Howard et al., 2014, p. 7). This is a problem across public health policy in Australia: many public health programs rely heavily on informational campaigns, despite poor performance,

⁵ (Howard et al., 2014) define the drinking environment in a narrow sense as both the physical environment in which drinking takes place and the regulations impacting upon that physical environment, and include such measures as lockouts, server liability laws, barring orders, and licencing restrictions. It does not include wider policies or social norms.

such as the “Measure Up” and “2 & 5” programs designed to combat obesity and poor diet (Lupton, 2014).

Relational autonomy and alcohol consumption

If the view of autonomous persons evident in policy is insufficient in our assessment of health interventions, what then should be done when planning to reduce drinking across the population? If the decision-maker is not always unencumbered and rational, perhaps instead we ought to give their wishes little weight and simply dispense with the attempt to give due respect to autonomy, instead imposing paternalistic interventions for all. The answer is, of course, no: perhaps we can draw upon an alternative conceptualisation of autonomy that may better account for the social context in which decisions about alcohol are made. One such account, that is, relational autonomy, neither requires us to apply the rationalist and individualistic view of autonomous persons, nor abandon the idea of autonomy. Relational autonomy is grounded in feminist theories which recognise that persons do not make decisions in isolation; these theories acknowledge the fundamental vulnerability of people, their social context, and the environment in which their decisions are made. Relational autonomy contrasts the highly individualistic and rational decision-maker of traditional autonomy, concerned with discrete moments of choice, with the interconnected, socially contextualised person whose decisions are a result of ongoing relationships between self, culture, and history (Kenny et al., 2010; Mackenzie, 2014; Wardrope, 2015).

At its most fundamental, a relational account of autonomy is one that recognises the importance of relationship, the interconnectedness and relatedness of humans, that people are “to a significant degree, socially constructed” (Sherwin, 2000, p. 78), and that the person as a whole must be considered within their social context in order to truly consider one’s autonomy (Baylis, Kenny, & Sherwin, 2008). If we are to approach the question of alcohol

consumption from a relational perspective, we must consider both the social environment in which alcohol consumption takes place, and whether this environment supports (relational) autonomy or undermines it.

As described, relational autonomy considers social context when determining what does (or does not) support (or undermine) autonomy. The cultural privileging of alcohol consumption means that people who might otherwise wish to reduce or refuse alcohol consumption are faced with difficult consequences if they choose to reject the norms of alcohol consumption; such consequences include social exclusion, stigma, and engaging in both overt and covert falsehood to disguise their choices (Bartram, Elliott, & Crabb, 2017). This is potentially damaging to a person's self-governance (a key element in all accounts of autonomy) by undermining their ability to carry out their preferred choice of not drinking. Not drinking in situations where the norm is to consume (or avoiding these situations entirely) can result in negative experiences may in turn lead the non-drinker to enact strategies that they would prefer not to have to make, such as deception (having a non-alcohol drink that can be passed off as alcoholic or lying about illness) or missing out on social events (Bartram, Elliott, & Crabb, 2017). If a person's entire social network drinks and expects that they will also, their preference to not drink may require them to make changes to how they conduct significant relationships that may have social (and indeed, health) benefits.

The significant social consequences of choosing to drink or not drink are a central justification for using a relational autonomy approach to analysing whole-of-population interventions. In relational autonomy, the ways in which people are embedded in their social communities must be considered, and relational autonomy shows that there are many ways in which autonomy can be compromised. Consider the example of a person who would prefer to drink less, or not at all, but belongs to a social sphere in which regular drinking is a norm and where not drinking would expose this person to ridicule. Let us assume also that

this person is not in a position of relative power within this group. Relational autonomy recognises that power structures, interactions, and social norms can impinge upon self-determination, and that some options for action are only open to those who have developed necessary skills of negotiating these complex social webs (Mackenzie, 2014). If our hypothetical drinker does not have the skills with which to negotiate their desire to drink less while still maintaining their place within the social group, their autonomy can be said to be compromised. In this example, the rationalist model of autonomy in previous sections would require only that the drinker have any necessary information and be free from coercion. Relational autonomy, however, recognises that complex social circumstances must be negotiated. In this case, for example, a relational autonomy approach might include changing social norms so that alcohol consumption is no longer considered a core element of culture (Bartram, Elliott, & Crabb, 2017), or providing drinkers with tools to negotiate their social networks in light of a decision not to drink (such as demonstrated by some drinkers in Bartram, Elliott, Hanson-Easey, et al. (2017)).

Consider also that some men consider alcohol consumption an important means of social bonding, and use this consumption to create a safe environment in which to share emotion without compromising their masculinity (Muhlack et al., 2018). To simply remove (or even lessen) that capacity to drink, then, could be harmful and impinge upon their ability to engage meaningfully in socially significant ways. In this case, a relational analysis would suggest that it is necessary to provide other means for men to engage in these social and emotional exchanges in ways that preserve their self-concepts of masculinity without needing to engage in drinking behaviours.

It is also the case that policies which do not seem “relational” in emphasis are still open to critique from a relational autonomy perspective. Consider a policy which imposes restrictions on sales, such as limiting the number of licenced premises within an area. While

this may not seem “relational” in the sense that it deals with the relationships between individuals, it is certainly “relational” in the sense that it deals with the relationship between a person and their environment and culture (Mackenzie, 2014). When there is a cultural assumption that you will drink, altering the environment so that you need to exert a little more effort to drink (while not making it effectively impossible) provides a prompt to reconsider alcohol consumption, or a convenient excuse to avoid alcohol consumption, without removing the capacity of those who wish to drink to do so. While this might be considered paternalistic under the rationalist model expressed in current policy, relational autonomy recognises that these cultural assumptions and expectations around alcohol may be deemed to undermine autonomy, and that by changing the environment autonomy can be supported.

Relational autonomy provides opportunity to consider other factors that might be more challenging to account for or encompass in the traditional model of autonomy. For example, it enables the recognition that people are in relationship with multiple other agents, and thus requires consideration of the different relationships that constitute the individual. For example, we might draw on the relationship between parents and children to persuade parents to drink differently (such as was done in the DrinkWise “Kids Absorb Your Drinking” campaign (DrinkWise, 2012a)). This appeal to the parental identity is also present in other public health campaigns, such as the “Measure Up” obesity campaign in Australia, which deliberately invoked this as a motive for behavioural change (King, Grunseit, O’Hara, & Bauman, 2013). Other ways this consideration of relationship might be implemented include encouraging GPs to speak with parents about what their drinking behaviours have to say about healthy living, or we might engage with parents’ groups about coping mechanisms for stressful parenting situations without feeling a need to have an evening drink (or two or three) to soothe frayed nerves. Depending upon the implementation, however, this could be

problematic from a relational perspective: parenting is heavily gendered in Australia, where mothers are overwhelmingly the primary caregiver and maternal drinking is problematized in ways that paternal drinking is not. Consider, for example, the recent emergence of media coverage about the culture of “mummy juice” (Scott, Lloyd, & Goloubeva, 2019; Thayer, 2018). If we consider only one aspect of the environment (the relationship between parent and child as a means of persuasion) then we risk ignoring other aspects (the social norms around parenting and gendered alcohol consumption).

Conclusion

When considering public health interventions aimed at reducing overall alcohol consumption, traditional models of autonomy are insufficiently complex as they cannot consider broader social contexts within which alcohol consumption occurs. Relational autonomy allows for acknowledgement that there are significant social and cultural forces at work shaping peoples’ decisions to drink, or not drink, and an individual’s drinking choices may not always accurately reflect their preferences. Some drinkers may not wish to change their behaviour, and a relational approach to autonomy will not require that they do, although it might provide ethical justification for public health campaigns that feature the possibility of harm to others, or damage to valued relationships. Ultimately, we argue that interventions aimed to reduce overall alcohol consumption may be usefully located within an ethical framework that accounts for the social complexity within which choices are made, that inherently recognises that individuals are relational, that their choices are shaped by relationships with others in their social network, and which can encompass strategies to support them in pursuing their own preferences within their social settings, that is, relational autonomy.

6. Conclusion

6.1 Key findings and significance of the work

This thesis provides three key contributions to knowledge in the field. First, this work provides an analysis of the patterns of alcohol consumption among middle-aged non-problematised drinkers by systematically reviewing the literature (Chapter 3). This work exposes the critically under-researched nature of this group, provides key insights into the nature of their drinking and non-drinking, and expresses the social complexities of their consumption and non-consumption, particularly as it relates to the formation and expression of identities.

Second, this work provides a closer analysis of the nexus of risk, gender, health, and alcohol consumption in Australian middle-aged self-identified light-to-moderate drinkers (Chapter 4). It draws attention to a significant disconnect between how this group constructs and responds to alcohol-related risks, and how government policy assumes alcohol-related risk ought to be constructed. This Chapter reinforced many of the concepts that were put forward in Chapter 3, particularly around the social complexity of alcohol consumption and the ways in which gendered identity is a key element in drinking behaviours.

Overall, I found that alcohol consumption and non-consumption among middle-aged non-problematised drinkers in Australia is socially significant and socially complex. I found that these drinkers used their alcohol consumption to construct and display identities; this sometimes requires that they engage in complex discursive practices to justify their drinking when it may conflict with those identities. They also sometimes engaged in complex discursive practices to justify their drinking when it conflicted with what they knew of safe drinking practices, such as justifying occasional binge drinking.

Third, this dissertation critically examines some ethical implications of current and potential (feasible) interventions designed to reduce drinking among middle-aged non-problematised drinkers by means of whole-of-population interventions. Overall, there appears to be a disconnect between government alcohol policy and the realities of drinking among this group. Australian alcohol policy is heavily influenced by (1) neoliberal concepts of individual responsibility and autonomy and (2) a problematised approach, and so current policies focus on (1) public information campaigns, or (2) measures intended to modify the behaviour of individuals considered problematic. This work examines the merits of an alternative ethical framework (relational autonomy) when compared to the current neoliberal concepts of individual responsibility, recognising the complex social nature of alcohol consumption in Australia, and suggesting alternative interventions that are both evidence-based and ethically sound. This work recognises the importance of autonomy in public discourse and provides an alternative framework for engaging with policy in ways that respects the prioritising of autonomy, gives scope for interventions that are known to work, and ultimately recognises the complex social nature of alcohol consumption in Australia.

Given that the qualitative elements of this work emphasise that alcohol consumption is part of Australian culture, there is a risk that the alcohol industry may misappropriate some findings to argue for more hands-off alcohol policies. They might argue, for example, that it is an important part of mainstream Australian culture to drink alcohol, and most people who drink do not experience major health issues because of it. Indeed, we have already seen the national alcohol strategy draft (Department of Health, 2007) watered down by industry influences to remove health-oriented language and emphasise the cultural importance of alcohol consumption (FARE, 2019). It would be a mistake to prioritise the cultural importance of alcohol consumption over the health issues that arise from alcohol consumption. The purpose of the qualitative work is to understand the cultural and social

context of alcohol consumption so that any health intervention can be sensitive to cultural needs. Nothing about our current culture of alcohol consumption demands that we maintain it, especially in the face of the harms and costs incurred because of alcohol consumption. Cultural changes around health behaviours are possible (consider smoking, for example), and it is important that we strive for these changes in ethically appropriate ways.

6.2 Problems and limitations of the research

Limitations of each project are indicated within the relevant manuscripts. One significant limitation of this research is that, despite using a feminist approach and examining the data from a gendered perspective, no participants in the research identified themselves as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, or Asexual (LGBTQIA), and policies did not explicitly consider their needs. As much of this thesis references gendered expectations around drinking behaviour, considering the perspectives of individuals from the LGBTQIA community would have been especially valuable and I discuss potential research involving these communities in section 6.3 of this Chapter.

Significant problems were encountered in the data collection phase of this research. While carrying out the systematic review, it was clear that alcohol consumption was a socially complex phenomenon, embedded in social rituals and structures. For this reason, I began recruitment for focus groups with the methods of the DrAM (Drinking Attitudes in Mid-life) study (Emslie et al., 2012, 2013, 2015; Lyons et al., 2014). This study recruited focus groups consisting of people who had pre-existing friendships or social connections in order to draw on those shared understandings and deeply explore the social nature of alcohol consumption. Dr Carol Emslie, the lead researcher for the DrAM study (personal correspondence, 2015), advised that they had significant difficulty in recruiting participants for the study, and provided some guidance around her recruiting strategies.

Even with the assistance of Dr Emslie, I was able to recruit only one large focus group of women in their 50s and 60s; in part, this was because I was acquainted with several of the group members through community work in my town. After approximately a year of attempts to recruit groups in varied locations, with only one success, I decided (in conjunction with my supervisors) to cease recruitment attempts for focus groups and instead investigate other data sources. Another student in the “Alcohol Causes Cancer!” research group, Ms Natalie May, had collected focus group data as part of her investigation into self-identified light to moderate drinkers’ responses to the message “alcohol causes cancer”, and had included discussions around drinking culture and the positive and negative aspects of drinking in her research. She was willing to share this data with me, and this formed the basis for the paper in Chapter 4. Of the focus groups that she recruited and interviewed only one was unsuitable due to age, and the status of the remaining participants as self-identified light-to-moderate drinkers was appropriate for my interest group of non-problematised middle-aged drinkers. Although the data did not facilitate analysis of the role or impact of social connectedness that I had originally intended to pursue, it was appropriate for an exploration of the ways that risk is factored in to drinking behaviour in middle-aged drinkers, and how this is gendered.

6.3 Future directions for research

There are several areas for future research that build upon topics examined over the course of this research, theoretical approaches used, and new areas suggested by the content of this dissertation. Topics include middle-aged drinking, non-problematised drinking, and the parallels between non-problematised drinking and recreational drug use. New theories or approaches include social identity theory and LGBTQIA representations of non-problematised drinking. In addition, some of the methods used in this thesis are well suited for application to related topics.

Middle-aged drinking

There is very little qualitative research into middle-aged drinkers in Australia, despite the fact that as of 2016, the likelihood of exceeding the Australian guidelines for alcohol consumption (NHMRC, 2009) is greatest among drinkers between 40 and 59 (AIHW, 2016). This is a dramatic change from 2001, where those aged 18-24 years were significantly more likely than this older group to exceed lifetime risk guidelines. However, problematised populations such as young drinkers are far more likely to be investigated, in much the same way that policy is more likely to attempt to intervene in their drinking. Additional qualitative research among middle-aged drinkers is necessary: first, to gather more information on the complexity of alcohol consumption among this group, as it is currently very sparse; second, to determine whether (and which) targeted alcohol-reduction strategies might work in this population.

Non-problematised drinking

Much like middle-aged drinkers, there is very little research into non-problematised drinkers in an Australian context. Investigating and defining the specific nature of drinking in this group may achieve two purposes. First, there may be characteristics of the way that alcohol consumption is constructed among this group that provides a basis for interventions, in ways that are similar to interventions targeting problematised groups. Second, as argued earlier, non-problematised drinking is not the same thing as harmless drinking and understanding how these drinkers construe their drinking as “unproblematic” may provide additional strategies to intervene in their behaviours beyond broad population-based interventions such as pricing and availability.

Parallels between constructions of non-problematised drinking and constructions of recreational drug use.

There are some parallels between non-problematised drinking and recreational drug use. For example, both can be functional (relaxing, stress-relieving, energising, body-altering, or experience-intensifying) (Emslie et al., 2012, 2013; Killingsworth, 2006; Lende, Leonard, Sterk, & Elifson, 2007; Petrocelli, Oberweis, & Petrocelli, 2008; Thurnell-Read, 2016). As shown in Chapter 4, drinkers can also justify, minimise, or excuse their potentially harmful behaviour in a variety of ways, as can those using recreational drugs (Bahora, Sterk, & Elifson, 2009; Hansen, Maycock, & Lower, 2001; May et al., 2017; Rödner, 2006). Given the parallels between these behaviours, there may be some overlap in literature applicability, and interventions that have been shown to work in one area may be applicable in another.

Social identity theory and its applicability to non-problematised middle-aged drinkers

As previously demonstrated in this thesis, alcohol consumption is a process of considerable social significance, with alcohol consumption sometimes being used to express and establish a drinker's identity. This being the case, social identity theory could be a useful way to frame theoretical understandings of alcohol consumption in non-problematised middle-aged drinkers. Broadly speaking, social identity theory uses a reflexive concept of the self in relation to "social categories or classifications" (Stets & Burke, 2000, p. 224) to examine "group membership, group processes, and intergroup relations" (Hogg, 2006, p. 111). Social identity theory has already been applied to problematised alcohol consumption, particularly in young drinking populations (Neighbors et al., 2010; Yanovitzky, Stewart, & Lederman, 2006). Using social identity theory to further examine the social nature of alcohol consumption would give an alternative theoretical framework for interpreting data, which

may elicit new understandings of the phenomenon and provide further insights into the ways we might intervene in drinking in this population.

LGBTQA representations of non-problematised alcohol consumption.

As discussed earlier in this Chapter, no participants identified as being members of the LGBTIQ+ community. Alcohol consumption in the LGBTQA community is often researched in the context of problematisation (Hughes & Eliason, 2002). While it is true that LGBTQA populations may be overrepresented in statistics of problematised drinking, many do not drink in ways that are inherently categorised as problematic, and the ways in which alcohol is used among LGBTQIA populations reflects many of the findings of this research (Emslie, Lennox, & Ireland, 2015). Eliciting and analysing LGBTQA experiences of alcohol consumption (especially among gender-diverse individuals) is likely to provide important insights into the ways in which gender both constructs and is constructed by non-problematised alcohol consumption, adding complexity and nuance to our understanding of the topic.

Analysis of alcohol-related discourse to determine underlying ethical assumptions

Chapter 5 presents an analysis of the ways that academic literature and advocate statements rest upon unstated ethical assumptions around the effectiveness of education-based interventions in alcohol consumption. Applying a similar method to alcohol legislation in Australia, and public discourse around those laws, could provide further insights into the assumptions underpinning alcohol legislation in Australia. For example, one might analyse media coverage regarding alcohol laws or compare the discursive framing of argument proffered by the alcohol industry and the health lobby regarding alcohol controls. Further to this, one might investigate the existence (and nature) of discursive links between this policy-

related discourse and the ways in which drinkers represent their understandings of alcohol controls.

Challenging cultural beliefs that normalise drinking

Given that the Australian culture of alcohol consumption has the potential to be problematic, and my argument that interventions into consumption should work to change culture, could similar investigations be made into other social norms or cultural elements that are identified as problematic? For example, there has been a recent proposal to reduce the limit for cash used in a single transaction to \$10,000 in the Currency (Restrictions on the Use of Cash) Bill 2019 (Cth). The stated purpose of this bill is to reduce the shadow economy, which is generally argued to exist to allow individuals to avoid scrutiny for their transactions, either for the purposes of avoiding paying tax or to hide illicit activities (Ayoub, 2018).

However, there are other reasons that a person might choose to stockpile and use cash exclusively, such as distrust of banks or the desire to avoid using electronic banking and transfer systems. Much like alcohol consumption, not all cash transactions are considered problematic, and the reasons for using cash over electronic transactions may be socially or culturally significant in ways that we do not yet understand. To better understand this, and to ensure that any changes to the way cash transactions are permitted do not create ethical problems, methods of qualitative analysis might provide insights into how and why the shadow economy exists and is used and then inform an analysis such as that conducted in Chapter 5.2 in determining whether intervention in this economy is justifiable, and by what means.

6.4 Concluding remarks

I began this PhD journey because my (soon-to-be) primary supervisor Jaklin Elliott, off-handedly mentioned (after twenty minutes of exploring research options) that I might be

interested in working with her research group “Alcohol causes cancer!” as they were looking for a student to undertake some ethical analysis of discourses regarding cancer and alcohol. I decided that this would be an extremely interesting project and dove in with enthusiasm, sure that if only people *knew* about this relationship, it would be a game-changer.

Over the last four years, I have come to see that simple ways of constructing autonomy are patently insufficient for understanding the ways in which we make decisions. We often make choices that, on the surface, appear to be irrational and do not produce the “prudent” result one would expect. It is only when consider the social nature of our lives and choices that these seemingly “irrational” choices become explicable. I have come to include an understanding of the social significance of alcohol consumption as one of the foundational elements of my ethical reasoning in this project, providing a means by which to engage with the social and interconnected nature of decisions around drinking. This more clearly captures the context within which Australians drink, perhaps providing opportunity to promote changes in drinking that might reduce overall harms associated with current levels and patterns of consumption.

Appendices

Appendix 1: Search matrix exemplar

Within 3 words		AND NOT	
ALCOHOL	CONSTRUCTION	EXCLUSIONS (title, key)	
alcohol OR drinking OR drinker* OR beer OR wine OR liquor	"pattern*" OR "consumption" OR "practice*" OR "attitude*" OR "identi*" OR "social" OR "sociali?ation" OR "socially" OR "norm*" OR "cultur*" OR "perception*" OR "experience*" OR "context*" OR "motivat*" OR "account*" OR "moderat*"	Alcoholism OR chronic OR heavy drink* OR drunken* OR abus* OR problem* OR dependenc* OR tobacco OR smok* OR nicotine OR marijuana OR pregnan* OR f*etal OR f*etus OR diabet* OR cirrho* OR HIV OR AIDS OR cancer* OR cardiovascular OR disease*	OR injury OR assault* OR violen* OR crim* OR aggress* OR depress* OR "mental illness" OR drug* OR risk OR risky OR hazard* OR adolescen* OR "controlled study"

Appendix 2: Qualitative Systematic Review: Quality Assessment and Data Extraction Tool

Bibliographic Details

Title	
Author(s)	
Journal Title	
Vol/Issue/pg/yr	

Quality Assessment

- Is there a clear statement of research goals?
 - What is the stated research goal? How is this research important?
- Is the methodology appropriate?
 - Has the methodology been outlined? Is it appropriate to the research goal?
- Is the research design appropriate to the aims?
 - Has the research design been justified/is there discussion of the method selection process?
- Is the recruitment strategy appropriate to the aims?
 - How were participants selected? Why were these participants appropriate to the aims? What additional background information is given about recruitment? What data is given about participants? (NB check alcohol consumption levels)

- Was data collected in a way that addressed the research issue?
 - Is it clear how data was collected? Have collection methods been justified? Have methods been made explicit? Were methods modified, and if so then why? What form was data collected in? Is saturation discussed?
- Has the relationship between researcher and participants been adequately considered?
 - Has the researcher critically considered their own role and potential bias/influence at any stage of data collection and analysis?
- Have ethical issues been considered?
 - Was ethical clearance given for the project? Are any of the “mechanics” of ethics (e.g. consent, data storage, confidentiality) discussed?
- Was data analysis sufficiently rigorous?
 - Is there an in-depth description of the analysis process? Is it clear how any data presented was selected (i.e. quotes)? Is there sufficient data presented to support findings? Are contradictory data taken into account? Is reflexivity factored into analysis?
- Is there a clear statement of findings?
 - Are findings made explicit? Is credibility addressed? Are findings discussed in relation to the research question? Is evidence for/against researcher arguments discussed (if appropriate)
- How valuable is the research?
 - What is the contribution to current knowledge or understanding? Are new areas of research identified? Are results transferable or useable in other ways than the initial intention?

Bibliographic Details (Vanc.)	Stated research goal (direct quote)	Population (geography, gender, profession etc)		methodology	data collection method	data analysis method	Relationship between researcher and subjects/data	
			Lens					Summary
Brierley-Jones L, Ling J, McCabe KE, Wilson GB, Crosland A, Kaner EF, et al. Habitus of home and traditional drinking: A qualitative analysis of reported middle-class alcohol use. <i>Social Health Illn.</i> 2014.	The aim of this study was to explore the attitudes, meanings and reported behaviour in relation to alcohol consumption of professional, managerial and clerical employees who worked full time – at least 35 hours per week. (1057)	full-time white collar workers in England	Bordeau's <i>habitus</i>		focus groups	Unclear - possibly thematic analysis	Not discussed	Home drinking = respectable and unproblematic, weekday, wine valued for form, dominated by women, associated with domesticity Traditional (pub) drinking = fun and excess, weekend, beer/lager/spirits valued for function, dominated by men, associated with socialisation
Buvik K, Sagvaag H. Women, work and wine. <i>NAT Nordisk alkohol & narkotikatidskrift.</i> 2012;29(5):497-518.	In this study we highlight women's reflections on their work-related use of alcohol as female leaders. We are interested in the relevance of their position as leaders, as women and as female leaders: What, according to the interviewees, regulates their work-related drinking?	Female managers in Norway	gender	Unknown	Interviews	Some sort of content or thematic analysis? Not explicit.	Short mention of developing rapport between interviewer and interviewees	Work-related alcohol consumption moderated by the need for control. Control over alcohol consumption confers control over identity Work-related alcohol consumption moderated by concern about stigma (gender - high visibility as both woman, manager, and woman manager) Work-related alcohol consumption moderated by caring responsibilities (family) Alcohol is considered to be "backstage" (appropriate when away from scrutiny) rather than "frontstage" (on view, performative) in a work context. Alcohol consumption closely aligned with dominant discourses of femininity (control, care) and position (managerial control)
Emslie C, Hunt K, Lyons A. Older and wiser? Men's and women's accounts of drinking in early mid-life. <i>Social Health Illn.</i> 2012;34(4):481-96.	...it is important to understand how men and women in early mid-life themselves perceive drinking and excessive alcohol consumption. This study seeks to fill this gap in the literature by using focus groups to explore the accounts of men and women living in the west of Scotland.	midlife men and women in the west of Scotland	Social constructionist (impl.)	discourse analysis (impl.)	Focus groups	thematic analysis? Not explicit.	Not discussed	Alcohol consumption in midlife as relaxing, sociable, civilised, connoisseurship (contrasted to youthful binge drinking) Alcohol consumption reducing due to lifecycle transitions Alcohol consumption planned around responsibilities (work, children, driving) Alcohol consumption gendered; women more likely to discuss childcare responsibilities influencing alcohol consumption, discuss methods of refusing drinks. Challenges to dominant discourses made (e.g. connoisseurship of wine, nonhegemonic behaviour in private with friends)
Emslie C, Hunt K, Lyons A. The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife. <i>Health Psychology.</i> 2013;32(1):33-41.	Our study uses a qualitative approach to explore how men in midlife represent their alcohol consumption and how cultural constructions of gender influence drinking in the west of Scotland, United Kingdom.	Men in midlife in the west of Scotland	deliberate gender framework, social constructionist	discourse analysis (impl.)	Focus groups	thematic analysis	Not discussed	Alcohol consumption as gender performance: Pints at the pub one of the few acceptable ways of making and maintaining male friendships; other methods of socialisation associated with femininity and thus "required" elaboration, comment or humour Alcohol consumption allows for emotional labour Friendship gives space for non-hegemonic behaviour.
Emslie C, Hunt K, Lyons A. Transformation and time-out: The role of alcohol in identity construction among Scottish women in early midlife. <i>Int J Drug Policy.</i> 2015;26(5):437-45.	Here, we focus solely on the female respondents to explore how alcohol is associated with 'doing' femininity in early midlife.	Women in early midlife in the west of Scotland	deliberate gender framework, social constructionist	discourse analysis (impl.)	Focus groups	thematic analysis	Not discussed	Alcohol consumption as a vehicle for the "performances of gender" through choice of beverage and context of consumption Alcohol consumption as "time out" from responsibilities" (NB incomplete separation for women with children) Alcohol consumption as a "declaration of adulthood" with partners" Alcohol consumption as a "return to a 'carefree' youthful self"
Ho SL. 'License to drink': White-collar female workers and Japan's urban night space. <i>Ethnography.</i> 2015;16(1):25-50.	This article traces these transformations [to Japan's urban nightspace] by following the after-work drinking activities of 56 white-collar female workers in several cities across Japan during 80 months of fieldwork since January 2002.	female white-collar workers in Japan	gender	Ethnography	observation, formal and informal discussion	unknown - assume linked to ethnography	Not discussed	Alcohol consumption a necessary part of workplace relations Alcohol consumption as gendered: time off from domestic responsibilities, claiming drinking spaces previously restricted to men, new form of serving nihonshu as a means of declaring egalitarian relations, still self-policed Alcohol consumption as identity forming Alcohol consumption as connoisseurship
Holloway SL, Jayne M, Valentine G. 'Sainsbury's is my local': English alcohol policy, domestic drinking practices and the meaning of home. <i>Trans Inst Br Geogr.</i> 2008;33(4):532-47.	Our aim is to challenge the contemporary geographical imaginaries of problem drinking as a city-centre issue by focusing on the home drinking practices of a diverse cross-section of the population from two locations in Britain. It is to details of these locations, and our research there, that the paper now turns.	Mixed age, gender, class - England	Geography of Home		Surveys and interviews	"conventional social science techniques"	Not discussed	Alcohol is necessary for hospitality Alcohol consumption as relaxing, WINE (and knowledge thereof) associated with cultural capital - connoisseurship Alcohol consumption limited by responsibilities Limits to alcohol consumption determined by bodily responses (e.g. intoxication, hangover) Alcohol consumption is embedded in everyday life
Holloway SL, Valentine G, Jayne M. Masculinities, femininities and the geographies of public and private drinking landscapes. <i>Geoforum.</i> 2009;40(5):821-31.	Our reading of the literature informs the aim of this paper which is to explore inter- and intra-gender differences in the use of public and private drinking landscapes.	Mixed gender and occupation - England (mixed age, information from 30+ only included)	Gender	?	Surveys and interviews	"conventional social science techniques"	Not discussed	Alcohol consumption as sociability - being barred from social drinking venues (e.g. pub) compromises social life Alcohol consumption gendered; men more likely to drink at the pub, women at home; women's drinking more proscribed (levels of drinking, places of drinking) Alcohol consumption affected by responsibilities
Killingsworth B. 'Drinking stories' from a playgroup Alcohol in the lives of middle-class mothers in Australia. <i>Ethnography.</i> 2006 Sep 1;7(3):357-84.	"an attempt to shift the boundaries of ethnographically focused accounts of drinking to, at least in some small way, more accurately account for the construction and deployment of female identities within contemporary (urban) contexts." p358	mothers in Melbourne playgroups - all ages given are over 30.	Feminist	Ethnography	observation, formal and informal discussion	ethnographic (not made explicit)	touched on p376 - how respondents' viewed the (slightly) younger male, childless researcher as more likely to understand certain aspects than others of their stories	Alcohol consumption (and stories thereof) as a means of establishing identity apart from that of stay-at-home-mother - equal (to partners), independent. Consumption does not have to be performed to be meaningful middle-aged consumption as "respectable" Alcohol allows construction of identity that both encompasses and rejects highly gendered expectations of motherhood
Ling J, Smith KE, Wilson GB, Brierley-Jones L, Crosland A, Kaner EF, et al. The 'other' in patterns of drinking: A qualitative study of attitudes towards alcohol use among professional, managerial and clerical workers. <i>BMC public health.</i> 2012;12(1):1.	"This study explored white collar workers' views of alcohol use. Going beyond a discussion of consumption, we sought to develop an understanding of how public health alcohol messages were viewed, as well as exploring contextually the role of alcohol within the personal and professional lives of white collar workers." (2/7)	white-collar workers in the UK, 21-55; age not identified as a relevant factor in results		Uncertain. Perhaps grounded theory?	Focus groups	constant comparison	not made explicit, although pp (2-3/7) discusses using researchers uninvolved in data collection as a check on analysis	the importance of control in alcohol consumption responsible drinking consumption = meeting responsibilities (work, family, driving) problematic drinking in the domain of youth (other)

Bibliographic Details (Vanc.)	Stated research goal (direct quote)	Population (geography, gender, profession etc)		methodology	data collection method	data analysis method	Relationship between researcher and subjects/data	
			Lens				Summary	
Lyons AC, Emslie C, Hunt K. Staying 'in the zone' but not passing the 'point of no return': Embodiment, gender and drinking in mid-life. <i>Sociology of health & illness</i> . 2014;36(2):264-77.	Our research was designed to address the call for a 'richer and fuller understanding of the relationship between embodiment, emotions and alcohol, drinking and drinking practices' (Leyshon 2008: 285) and provide further knowledge of men's and women's drinking in midlife.	midlife men and women in the west of scotland	Social constructionist (impl.), gender	discourse analysis (impl.)	Focus groups	thematic analysis	Not discussed	Alcohol consumption as relaxing, Alcohol consumption deliniating between everyday life and rest time Alcohol consumption as respite from domestic responsibilities (for women) Alcohol consumption gendered - women's drinking associated with emotions and relationships, men with "external work lives" Alcohol consumption limits determined through monitoring embodied responses to alcohol - knowing when "enough" is reached, control over self
Nesvåg S, Duckert F. Work-related drinking and processes of social integration and marginalization in two Norwegian workplaces. <i>Cult Organ</i> . 2015.	This article explores how the drinking of alcohol has become an integrated part of the social life in two Norwegian workplaces, addressing both the perceived functional and problematic aspects of the drinking. The following research questions are addressed: (1) What kind of occasions for drinking existed in the two workplaces? (2) What roles did drinking play in the rituals of work-related social events? (3) What meaning did drinking have in the social relationship of the employees? (4) What were the rules regulating the drinking behaviour and how did employees comply with these rules? (5) What happened to employees who disobeyed these rules?	Employees of a norwegian oil company and norwegian library. Ages unknown, but given the presence of managers it is reasonable to assume that middle-aged participants are included. Age is not identified as an impacting factor.	Workplace culture	Grounded Theory	Observation, interviews, informal conv, participant observer fieldwork	constant comparison	relationship between researcher and participants/orgs p6-7, reflexivity process outlined p8	Alcohol consumption as ritual for transitions (christmas parties, employees beginning and leaving) Alcohol consumption as ritual for belonging ("Integration rituals") Alcohol consumption as marginalisation (when challenging the dominant rules for drinking in some circumstances) Alcohol consumption expressing cultural ideals - continental european traditions (oil co), authenticity and creativity (library) Alcohol consumption is controlled Alcohol consumption as convivial
Thurnell-Read T. 'Real Ale' Enthusiasts, Serious Leisure and the Costs of Getting 'Too Serious' About Beer. <i>Leisure Sciences</i> . 2016;38(1):68-84.	Following a conceptual outline of the serious leisure perspective and a review of the methodological context of the research, this article will demonstrate how the leisure practices of CAMRA members specifically, and Real Ale enthusiasts and beer connoisseurs more generally, do indeed amount to a form of serious leisure.	CAMRA members - various ages. Data from under 30s excluded, general conclusions not noted as being dependent on age.	"Theory of Serious Leisure" after Stebbins, 2007	Ethnography	Ethnographic methods (participant observation, informal and formal conv.)	Thematic analysis? Not explicit.	Author "embedded" activities described	CAMRA as connoisseurship - effort expended to develop knowledge and taste CAMRA as a long-term pursuit Connoisseurship as a means to acquire social capital CAMRA as identity - members consider themselves "ale drinkers" with specific rituals of tasting and appreciation unlikely to be seen outside the group CAMRA members deliniate "real ale" alcohol consumption from other, social alcohol consumption

Appendix 4: Works included in analysis for “Ethical Justifications in Alcohol-Related Health Warning Discourses”

- Agostinelli G, Grube JW. Alcohol counter-advertising and the media - A review of recent research. *Alcohol Research & Health*. 2002;26(1):15-21.
- Al-hamdani M. The case for stringent alcohol warning labels: Lessons from the tobacco control experience. *Journal of Public Health Policy*. 2014;35:10.
- Andrews J, Netemeyer R, Durvasula S. Believability and Attitudes Toward Alcohol Warning Label Information: The Role of Persuasive Communications Theory. *Journal of Public Policy & Marketing*. 1990;9(1):1-15.
- Andrews J, Netemeyer R, Durvasula S. Effects of consumption frequency on believability and attitudes toward alcohol warning labels. *Journal of Consumer Affairs*. 1991;25(2):323-338.
- Andrews JC, Netemeyer RG, Durvasula S. The Role of Cognitive Responses as Mediators of Alcohol Warning Label Effects. *Journal of Public Policy & Marketing*. 1993;12(1):57-68.
- Barrett ME, Smith JM. Self-reported alcohol use among women of childbearing age and their knowledge of alcohol warning. *JAMA: Journal of the American Medical Association*. 1994;271(5):330e.
- Bell E, Zizzo N, Racine E. Caution! Warning Labels About Alcohol and Pregnancy: Unintended Consequences and Questionable Effectiveness. *American Journal of Bioethics*. 2015;15(3):18-20.
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