

Bristol's Big Drink Debate 2016/17

A promotional poster for Bristol's Big Drink Debate. The background is a blurred image of a restaurant interior. On the left, there is a circular logo with "BRISTOL'S" at the top, "BIG DRINK" in the center, and "DEBATE" at the bottom. To the right of the logo, a black box contains the text "What do you think about alcohol?". At the bottom, a black banner contains white text: "The Big Drink Debate takes place from Monday 14 November 2016 to Monday 30 January 2017. It's your chance to tell us about ways we could be helping to reduce harmful drinking in the future." Below this, on the left, is the text "Complete the survey at: www.bristol.gov.uk/bristolsbigdrinkdebate". On the right, it says "Follow the live debate on Twitter: [#bristoldrinkdebate](https://twitter.com/bristoldrinkdebate)". A small version of the Bristol City Council logo is in the bottom right corner of the banner.

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1. SUMMARIES

The Debate reached thousands of local residents through variety of media coverage and nearly 2000 individuals took part in the survey. It directly engaged with nearly 2,000 people with many more being made aware of the activity and the issues relating to alcohol on which it concentrated by media coverage that it attracted.

Attitudes and opinions about alcohol and its effect on individuals and society were gathered through focus groups, community outreach, social media activity and a paper and web-based survey. The target number of survey responses (1,065) was achieved, enabling us to make statements about the population of Bristol with a 3% margin of error at a 95% confidence level. However there was imperfect stratification of the sample, resulting in the over-representation of adults aged 25-49 and the underrepresentation of young people and the self-employed.

The proportion stating they thought that 'drinking is a problem in Bristol' was potentially quite concerning, given that only just over half (52%) thought that it is. With 23% answering 'don't know', there appears to be a case for raising awareness of the negative impacts that alcohol is having.

15% of all respondents stated they "Never" drink, the Joint Strategic Needs Assessments (JSNA) estimates 16% of the Bristol population (16+) abstain from drinking. The age range 40-49 had the highest percentage of those that did not drink. A large proportion of the sample drink very infrequently. 48% of our respondents drink once a week or less. 49% reported they drink twice a week or more. The snapshot provided by the survey suggests the high level of official concern about emergency admissions due to alcohol-related harm may be due to the harm caused to a relatively small proportion of the population.

The majority of participants reported they drink within Chief Medical Officer Guidelines. The average consumption across all respondents was 1-2 units on a Weekday (36.84% of the total sample) and 3-4 units (24.64% of the total sample) at the weekend. However over 15% reported drinking above CMO guidelines (more than 2-3 units per day) during the week. The percentage rose to over 54% at weekends. 17% of respondents reported an alcohol related injury or illness.

The survey intended to find out opinions on how best to encourage people to drink less. The fact that 'wanting to lose weight' is listed as the third most encouraging factor is notable. Linking alcohol consumption with weight gain will influence the choices of a substantial proportion (between c. 30-50%) of the population. Weight gain was reported as a consequence of drinking that respondents worried about relatively frequently. The high profile of 'financial commitments' suggests that further price increases may provide encouragement to reduce consumption.

The social impact of alcohol concerns people and implies that future campaigns might focus on the antisocial nature of excess drinking, as opposed to the harm that individuals who drink too much may experience. This needs further testing with target audiences - particularly men - who's acceptance of being so drunk as to be out of control is substantially different from women.

The Big Drink Debate achieved its goal of raising the issue of society's relationship with alcohol and involving people in the debate about the benefits and harms caused by drinking and has given us some pointers towards future action that may be required.

1.1 EasyRead Summary

Drinking too much alcohol is bad for you and lots of people are made ill every year.

We want to help people think about how much they are drinking and called our project "Bristol's Big Drink Debate".

Nearly 2,000 people told us what they thought about drinking alcohol.

People came to groups where we talked about alcohol. And 1,065 people who live in Bristol completed our survey. But too few young people sent in their survey forms and we had many more replies from people aged 25-49. This means we have to be careful about how we use the survey results.

People told us that:

- Half of them think that people drinking alcohol is a problem
- They are worried about alcohol making them gain weight
- They think that the National Health Service (NHS) is badly affected by alcohol
- Half of them drink less than once a week
- They are worried about how much alcohol costs
- More men than women think it's OK to be drunk
- Nearly 1 in every 5 people had been made ill or have been injured because of drinking alcohol
- They did not think there were too many places to buy alcohol

We will use what people told us to help people drink less alcohol. This will help them stay healthier for longer.

2. INTRODUCTION

The harm caused by alcohol is a significant concern for public, primary and secondary health and statutory services in Bristol. Alcohol-related hospital admissions in Bristol are significantly higher than the England average for both men and women and alcohol-related deaths in men are significantly higher than the national average (28.5 per 100,000; national 16.1), and are rising. Bristol City Council has identified alcohol as one of the Public Health priorities and has developed a strategy to reduce alcohol consumption in the City. Public Health has identified alcohol as a priority lifestyle behaviour and is working with partners to reduce the harm caused.

Bristol's Big Alcohol Debate was an initiative to get people thinking and talking about alcohol by using a variety of techniques such as online survey, focus groups, workshops, public displays, social media and other communication activity.

Bristol's Big Alcohol Debate was launched on 14th November 2016 and ran to 30th January 2017.

It aimed to inform actions to create an environment and a social consensus about acceptable drinking behaviour and a culture that creates a less harmful relationship with alcohol. More specifically, we aimed to:

1. Understand individual's experience of alcohol related harm in Bristol;
2. Gain an understanding of citizen's knowledge of and attitude to alcohol;
3. Understand the acceptability of drinking behaviour among different groups;
4. Gain the views of the local communities on strategies to address the problems caused by alcohol, and
5. Get people talking about alcohol.

The majority of responses were captured by the online survey site. A variety of other opportunities for participation in the Debate were also provided, especially in localities with diverse and disadvantaged communities in order to engage these communities in thinking and talking about their relationship with alcohol and encourage them to complete the survey to ensure representativeness of responses.

Data from the online survey (Appendix 1) and focus groups (Appendix 6) will be used to support the Alcohol Strategy and future intervention work by the Public Health team.

3. METHODS

The initiative involved a variety of techniques to involve people in thinking and talking about alcohol. These include an online survey, a Twitter campaign and direct community engagement.

3.1 Survey

The survey (see Appendix 3) comprised of 16 questions developed by the Alcohol Strategy Workstream 1 group. It was made available to the public on the council's website and to ensure accessibility, it was also made available in paper format. 1,000 paper copies were made available to libraries, pharmacies and community centres. The link to the online questionnaire was circulated by Public Health and the council's Public Relations team to local organisations and stakeholders and advertised on the Council's internet and intranet sites. The debate was also promoted on Bristol's Customer Service Points TV screens, advertised to members of the Bristol Citizens' Panel, (a representative panel of 2,000 Bristol citizens), Ask Bristol (the Council's consultation hub) and promoted on BCFM, a community radio station. Posters were circulated and displayed in community venues and 1,000 drinks coasters with the Big Drink Debate logo and URL for the survey were distributed to community venues, bars and pubs.

Sample size

The Big Drink Debate's aims were wider than just the production of survey responses, but the survey was a large part of the initiative and was helpful in achieving the aim of getting people talking about alcohol and their relationship with it.

Initially, planning discussions identified an aspiration of being able to compare responses from different wards of Bristol to identify variation in attitudes and behaviours between them, but we calculated that the numbers of responses required to allow this level of comparative analysis would exceed 33,000.

Using mid 2015 population figures for Bristol¹, we used www.surveymonkey.com/mp/sample-size-calculator to calculate the number of responses required to enable us to make statements about the population of Bristol, (see Appendix 2: Sample size calculations). This produced a target figure of 1,065 which would enable us to make statements within a 3% margin of error and at 95% confidence level.

Stratifying the sample

In an attempt to control and understand the bias to which surveys of this kind are subject and to help ensure the sample is truly representative of the Bristol population, we stratified the sample by age, ethnicity and employment status. In all

¹ www.bristol.gov.uk/documents/20182/33904/Population+of+Bristol+July+2016/858ff3e1-a9ca-4632-9f53-c49b8c697c8c

cases, the sample sizes necessary to enable comparison within the layers within each sub-population (comparison between attitudes of different age groups for example) were beyond the maximum response rate we could sensibly envisage, so we did not design the survey to enable us to compare with statistical confidence the attitudes of (for example) employed vs self-employed people or (for example) the different levels of consumption of alcohol between the different age groups in the sample. We have included some discussion about differences that are apparent from the responses, but these comments should be viewed with caution.

Incentives to respond

We incentivised participation in the survey with the offer of entry into a prize draw for all those completing the survey. The prizes were three shopping vouchers for exchange at Cabot Circus, (the largest City Centre Shopping Mall) valued at £100, £75 and £50.

How representative is the sample?

Assuming the population of Bristol is homogenous, within the specified confidence intervals and margin of error the 1,065 sample is sufficiently large to be representative of Bristol's tenants and residents. But the population is not homogenous and the stratification we employed in an attempt to account for the variation in ethnicity, age and employment status was only partly successful. Our analysis of the responses shows that young people, the self-employed and men are under-represented and employees, women and people aged 25-49 are over-represented in our sample. And not all questions were answered by all 1,066 people who returned the survey. This will increase the margin of error.

We did not randomise the sample of individuals from whom we sought a response from within each strata. Bias will have arisen in various ways which should be considered when reading the results. Selection bias arose due to the way in which the electronic links to the Survey Monkey site (which hosted the survey) were circulated. This led to 72% of respondents were fulltime or part-time employed. It is likely that Bristol's largest employers, the NHS and local authority accounted for a disproportionately large number of the employed respondents because of the subject matter and the fact that the survey was designed and promoted by the local authority.

Recall bias is a common problem with self-reporting and alcohol consumption is known to suffer from this problem because people find it difficult to recall accurately the volume and frequency of their drinking and may in some cases be reluctant to personally acknowledge and / or report their level of consumption. Evidence shows surveys typically produce underestimates of alcohol consumption of approximately 40-50%².

The survey as presented was clearly not impartial on the subject of alcohol consumption. The association with 'public health' and the discussion of 'harm' and

² www.ncbi.nlm.nih.gov/pubmed/25486405

ways to minimise the harm caused by drinking will have created a tendency for some responders to answer in ways that they believe the questioner is hoping for, or which are socially acceptable.

The significance of these effects will vary depending on the questions and issues at stake, but they do limit the statements we can make based only on these results.

3.2 Twitter

A Public Health Twitter account was opened to assist the debate with the hashtag, #bristoldrinkdebate to categorise the Tweets. The Twitter account was advertised on all promotional materials and at events and presentations. Tweets were posted weekly to prompt debate and promote the survey. We encouraged discussions around alcohol by posing questions or suggesting new interventions to reducing harm from drinking in Bristol. Some were controversial to instigate debate (Appendix 4). The account was also used to promote Dry January 2017 and share alcohol related articles which were published during the consultation period.

3.3 Community outreach

To promote the debate and to engage with parts of our community that may not appreciate online survey forms or social media we visited community centres and groups across Bristol (Appendix 5). Promotional materials, paper copies of the surveys, demonstration models and other materials to promote the new Chief Medical Officer's guidelines and Dry January 2017 were displayed and given out.



3.4 Focus Groups

To add to the sample, we engaged with over 300 members of the public face-to-face in focus groups and community engagement activities. Focus groups were used to complement the debate, to ensure we engaged all parts of Bristol and to help generate concepts to supplement the material gathered from the surveys and Twitter. Seven Focus Groups / Group Discussions were held (Appendix 6). Groups were run in areas of high deprivation, with young people, older people and with BME

communities. As we collected comments from participants, a number of ideas and concepts emerged repeatedly from the discussions and these are presented in section 4.5 below.

4. RESULTS

The survey generated 1,642 responses. All responses from outside Bristol and where the postcode was unknown were removed. Partial postcodes were included, if we could definitely identify the entry as being within the Bristol City Council area.

Table 1: Number of responses

Total number of responses	1645
Ward Identified (Full Postcode)	910
Bristol (Partial Postcode)	156
Responses from outside Bristol	317
Postcode withheld	262
Sample	1066

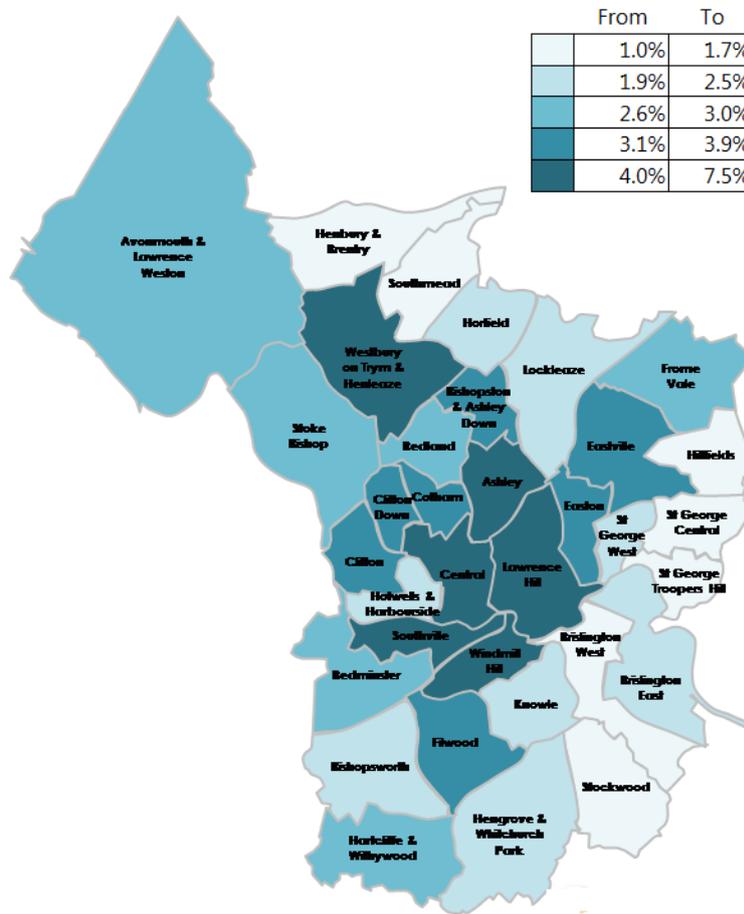
The target number of responses (1,065) was achieved, enabling us to make statements about the population of Bristol. These statements must be read in the light of the qualitative aspects of the sample, (see 3.1 above).

4.1 Where the responses were from

The debate attracted interest from residents across Bristol, with each ward represented to some degree. Map 1 demonstrates distribution of replies.

Map 1: Responses to survey by Ward of residence.

The mapping application used split the wards into 5 equal membership quintiles, each with 20% of the wards in them. This range is more precise, i.e. the colours reflect a true absolute range of values, the quintiles tend to make it easier to differentiate the wards in terms of higher and lower, while not being so influenced by extreme values at either end of the scale.



4.2 Who the responses were from

Demographic details of respondents are included in Appendix 1.

4.2.1 Gender

The population of Bristol is split almost exactly 50/50 by gender, meaning our sample slightly over represents the views of females, who comprise 55% of our respondents.

Table 2: Gender of respondents

Male	434 (41.85%)
Female	568 (54.77%)
Prefer not to say	35 (3.38%)

4.2.2 Ethnicity

79% of our respondents were White British, which is almost exactly the proportion of White British in the population of Bristol, (78%).

There is a minor overrepresentation of people who are not White British in our sample. This is likely to be due to specific outreach work done with inner city communities. Initially responses from the Black / African / Caribbean / Black British communities were too low and we worked with Public Health teams based in the inner city that had good links with these communities to raise the response rate.

4.2.3 Age

Our responses are not representative of Bristolian tenants and residents by age. They over-represent the views of people aged between 25 and 49, who comprised 54.6% of our sample but only 38% of the population. The views of people aged under 25 are under-represented. This is perhaps understandable given the differences in legal status with respect to alcohol purchase and consumption, but is nevertheless a bias in the sample that has to be noted.

4.2.4 Economic status

Our sample is over-represents the views of the employed and unemployed and slightly under-represents the views of the self-employed.

Table 3: Responses by economic status

	Target number of responses	Actual number of responses
Unemployed	31(2.9%)	39 (3.71%)
Self employed	82 (7.7%)	60 (5.7%)
Employees	466 (43.8%)	772 (72.4%)

4.3 What the respondents said

We have presented the results at Appendix 1 and in sections 4.3.1 to 4.3.10 we have highlighted some of the responses.

4.3.1 How much do people drink?

We asked: “How many units of alcohol do you consume when you are drinking?” and “How many units of alcohol were drunk on a weekday and at weekends”?

Results are shown in Table 5.

Table 4: How many units of alcohol do you consume?

n=907		Answered	893 (98.46%)
	Week Day	Weekend	
	Response Total	Response Total	
1-2	329 (36.84%)	195 (21.84%)	
3-4	205 (22.96%)	220 (24.64%)	
5-6	80 (8.96%)	198 (22.17%)	
7-9	34 (3.81%)	154 (17.24%)	
10+	22 (2.46%)	130 (14.56%)	

The highest response to this question was from age group 30-39 (23.35%). Age ranges up to 29 reported similar drinking levels. From age 30 onwards, levels of reported drinking start to lower at weekends as demonstrated in Table 5: Units consumed when drinking.

Table 5: Units consumed when drinking

Age Range	Highest % of units reported	
	Weekday	Weekend
18-24	1-2 Units (36.9%)	5-6 Units (26.19%)
25-29	1-2 Units (36.11%)	5-6 Units (27.78%)
30-39	1-2 Units (43.4%)	3-4 Units (26.41%)
40-49	1-2 Units (28.9%)	3-4 Units (18.48%)
50-59	1-2 Units (33.52%)	1-2 Units (27.37%)
60+	1-2 Units (33.64%)	1-2 Units (34.55%)

The majority of participants reported they drink within Chief Medical Officer Guidelines; consumption reported was 1-2 units on a Weekday (36.84%) and 3-4 units (24.64%) at the weekend. However over 15% reported drinking above CMO guidelines during the week, over 14 units per week. The percentage rose to over 54% at weekends.

We also asked, “Why do you drink?”. The highest response to this question was, “To socialise” (82.76%) as their reason to drink.

To gain an understanding of citizen’s attitude of alcohol and compare the drinking behaviour among different groups, we compared reported drinking levels of the genders. We found they didn’t noticeably differ during the week. However Men reported drinking slightly more than women at weekends, where on average women reported 3-4 units and men reported drinking 5-6 units.

Qualitative assessment of the responses indicate that generally, those who are concerned less about the impact of drinking in Bristol are consuming more.

4.3.2 How often do people drink?

We asked: “How often do you have an alcoholic drink?”

Frequency	Response (Number and %)
Never	159 (15.04%)
Monthly or less	134 (12.68%)
2-4 times per month	231 (21.85%)
2-4 times per week	400 (37.84%)
5+ times per week	133 (12.58%)
No answer	9 (0.8%)
Total	1057 (99.1%)

The sample answering this question (1057) gives a 4% margin of error at a 95% confidence level. This means that if we asked the same question to the same number of Bristol tenants and residents 100 times, 95 times their answers would tell us that between 11% and 19% of people never drink. The five times the answers lie outside this range will be due to random chance.

The age range 40-49 had the highest percentage of those reporting they do not drink.

48% of our respondents drink once a week or less. Approximately the same proportion drink more than twice a week.

4.3.3 Where do you prefer to drink?

We asked: “Where do you prefer to drink?”

Overwhelmingly, the two most commonly reported locations were ‘at home’ (91%) and in a ‘pub / bar’ (94%).

This result provides useful guidance for targeting our future work and interventions to help influence drinking patterns and behaviour.

4.3.4 Where is it acceptable to be drunk?

We asked: “Where do you think it is acceptable to be drunk, to the extent of losing control of one’s behaviour or faculties?”

70% of our respondents thought that it is not acceptable to be out of control due to alcohol anywhere. Applied to the population of Bristol it may be an overestimate given the over-representation of older people and underrepresentation of younger people in the sample.

There were differences in the attitudes to being drunk between the genders (see Table 6).

Table 6: Acceptability of being drunk

% that responded "Not acceptable anywhere"		
All responses	Male	Female
70.03%	59.53%	73.4%

4.3.5 Is drinking a problem in Bristol?

We asked: *Do you think drinking is a problem in Bristol?* and the responses are presented in Table 7.

Table 7: Do you think drinking is a problem in Bristol?

Answered by 1054 (98.87%)	
Is drinking a problem in Bristol?	Number (%)
Yes	557 (52.85%)
No	251 (23.81%)
Don't Know	241 (23.34%)

Responses to this question were assessed to explore the association between whether respondents believed Bristol had a drinking problem and their drinking behaviour. The numbers of responses are insufficient to calculate robust association, but it appears that the frequency with which people drink is unaffected by their view of whether Bristol has a drink problem or not and *vice versa*. However, those that do not think drinking is a problem in Bristol reported higher levels of drinking at weekends. Comparing other responses, those that thought there was a drinking problem in Bristol were also likely to agree that alcohol should be less visible in retail outlets and there were too many retail outlets selling alcohol where they live.

The following are examples of the comments made by participants that think drinking is a problem in Bristol.

"The amount of glass (alcohol related) found on the streets of Bristol in the early morning, particularly weekends and is totally unacceptable. It is dangerous for kids and animals in particular."

"Too many very drunk stag and hen parties with public nudity and inflatable dolls/penises even in broad daylight. Harbourside is to be avoided at night, especially but not exclusively at weekends. King Street is a disgrace not just in the evenings, but the following mornings with litter strewn across the street plus food waste and vomit. The licensing needs to be sorted out - it's too much."

"I really don't like going out in the city centre any more. It seems to have got worse over the last 10 years. I've sat on the bus or walked past people who are visiting the city from abroad and overheard horrified conversations about the scenes I've described above."

Respondents that referred to having experience of alcohol issues personally, or with friends or family, were more likely to believe Bristol has a drinking problem. They also reported lower drinking levels and a healthier attitude to alcohol.

Those that confirmed they do not believe drinking is a problem in Bristol were more positive about alcohol. There were still some negative comments about alcohol, but they were more likely to promote drinking “in moderation” or criticise the debate.

“As long as a person's drinking does not negatively influence anyone else they should be allowed to do what they want to.”

“The lines of questioning in this survey appear to be based on the underlying principle that drinking is bad - it only focused on the perceived "negative" effects, what the respondent thought was "unacceptable", what measures would make the respondent reduce", etc - the clear standpoint being that alcohol consumption is a bad thing. Most people drink sensibly and responsibly and in these circumstances, alcohol can be a pleasurable experience without significant side-effects - but the survey fails to address this. I would suggest, for this to genuinely be a "debate", such obvious bias from our Public Health team should be less evident.”

“It is important to recognise the positive health benefits that are provided by a welcoming local community pub, to the mental health of single people who would otherwise have limited opportunities for socialising.”

“Not a problem, there are far more important things to worry about in Bristol.”

4.3.6 Retail of alcohol

We included two questions about the retail of alcohol: “*Do you think there are too many retail outlets that sell alcohol where you live?*” and “*Should alcohol be less visible in retail outlets and only in one section?*”

Table 8: Visibility of alcohol in shops

Alcohol should be less visible in retail outlets and only in one section?	
Answered by 1055 (98.97%)	
Agree	551 (52.23%)
Disagree	362 (34.31%)
Don't Know	142 (13.47%)

Table 9: Too many shops selling alcohol?

Do you think there are too many retail outlets that sell alcohol where you live?	
Answered by 1051 (98.59%)	
Yes	377 (35.87%)
No	575 (54.71%)
Don't Know	99 (9.42%)

The results do not demonstrate a high degree of concern about the availability of alcohol, although this may vary considerable at a local level and between groups of respondents who considered there to be a problem with drinking in Bristol and those who did not. Overall respondents are not convincingly supportive of proposals to reduce the visibility of alcohol in shops where it is sold.

4.3.7 Attitudes to drinking

We asked “*Which of the following situations do you think are acceptable / not acceptable?*”

Hypothetical alcohol-related scenarios were tested for acceptability. All of the scenarios describe level of drinking that are in excess of the UK Chief Medical Officers’ guidelines. Some scenarios were seen as more acceptable than others, indicating how attitudes to alcohol consumption are influenced by more than the quantity of alcohol being consumed.

Table 10: Does situation affect acceptability?

Answered by 1049 (98.4%)			
	Acceptable	Not acceptable	No Opinion
A person in their 20s or 30s drinking a bottle of wine when out with friends.	696 (67.12%)	221 (21.31%)	120 (11.57%)
A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends.	394 (38.03%)	487 (47.01%)	155 (14.96%)
Two couples out for dinner drinking three bottles of wine between them.	583 (56.27%)	319 (30.79%)	134 (12.93%)
A person over 18 regularly drinking two glasses of wine, five nights a week.	402 (38.95%)	467 (45.25%)	163 (15.79%)
A 14 year old having a glass of wine with a family meal	625 (60.44%)	299 (28.92%)	110 (10.64%)
Taking a day off work because of a hangover	54 (5.2%)	922 (88.74%)	63 (6.06%)
Taking a day off school, college or university because of a hangover	67 (6.49%)	902 (87.32%)	64 (6.2%)

4.3.8 What would encourage people to drink less?

We asked: “Which of the following would encourage you to drink less?” and presented the options listed in Question 9, Appendix 1.

The top results are presented in Table 11.

Table 11: What would encourage you to drink less?

Answered by 895 (83.96%)	
Option	Response Total
Change in health status / diagnosed with health condition	618 (69.05%)
To be more healthy	537 (60.00%)
Wanting to lose weight	459 (51.28%)
I don't enjoy it anymore / as much	436 (48.72%)
Became or planning to become pregnant	337 (37.65%)
Financial commitments	278 (31.06%)
Not able to meet family commitments / responsibilities	230 (25.7%)
Impact on pastimes and recreation / sports commitments	218 (24.36%)
Not able to meet work / study commitments	213 (23.8%)

The fact that 'Wanting to lose weight' is listed as the third most encouraging factor (and by over half of the respondents) is notable, given the low profile that calorific content of alcoholic drinks is afforded by marketing and branding materials. This response might be explained in a number of ways: awareness of the calorific content of alcohol might already be high; the concern might also be explained by a perception that consuming alcohol has an adverse impact on weight loss activities that burn calories; the respondents may be reflecting a generic concern about their weight in their responses to this question and drinking may be associated with eating in ways that tend towards weight gain.

We asked "*Do you think that information on the number of calories contained in an alcoholic drink would influence the amount you drink?*" 57% of respondents replied "no" with 35% saying "yes" and 7% "don't know". The "no's" included those who do not drink at all.

Considering these two questions, it seems likely that linking alcohol consumption with weight gain will influence the choices of a substantial proportion (between c. 30-50%) of the population.

The high profile of 'financial commitments' suggests that further price increases may provide encouragement to reduce consumption.

4.3.9 What worries people about drinking

We asked: "*Have you ever worried about any of the following?*" and listed a number of possibilities asking individuals to rank the frequency with which they worried about the factor from 'never' to 'all the time' on a sliding scale from 1-5. 907 people answered this question and the percentages reported below are of this number.

The factor generating the highest number of 'all the time' responses was 'Costs to the NHS' at 40.3%. We should be cautious of this result, as stated above due to the nature of circulation of the online survey we believe a large number of responses are from NHS staff. 366 respondents worried about this at a level of 4-5. The next most frequent concerns were "Children and young people drinking in parks or on street corners" and "People being drunk and rowdy in public" (for both, 31% worried with 4-5 level of frequency). "Drinking alcohol will make me put on weight" was the next most frequent worry. 29.8% of people worried 'all the time' or at level 4 about putting on weight. Respondents expressed the lowest levels of concern about "The negative impact on my job" and "The negative impact on my friends and family", for which 84% and 77% of responses were 1's and 2's.

4.3.10 Other comments about alcohol.

We asked "*Do you have any other comments you'd like to make about alcohol?*"

We received 340 other comments, the comments can be categorised under the following themes.

- Social context / Alcohol / drinking is a social norm
- Licensing/Legislation is required

- Pricing/Minimum pricing
- Negative Personal or Family History
- Binge Drinking / Anti-social behaviour is a problem
- More Education needed is necessary
- Comment about the impact on NHS/Services
- Referred to alcohol as a drug

The following are examples of comments received, which demonstrate common attitudes to social acceptability, availability of alcohol, experiences of alcohol issues and legislation.

Social context / Alcohol / drinking is a social norm

“Our society makes (heavy) drinking seem attractive, socially acceptable and the only way to have a good time. People who do things they shouldn't because of drink are seen as funny, heroes or are let off the hook because they were drinking. People who don't drink are treated as strange killjoys.”

“It has become socially acceptable to become a social alcoholic in this country, in fact almost a national duty to become one. This must stop, through the education of young people, that the long term effects of alcohol are not attractive big or clever.”

Licensing/Legislation is required

“Too many licenced venues, too close together. Overlong opening hour and too many sales promotions in supermarkets and retail 'outlets'.”

“I think that we should reduce the number of 24 hour licensing, maybe make licensed premises in Bristol pay towards policing and clean up.”

Pricing/Minimum pricing

“Bad cheap alcohol should be less readily available - make it difficult for 'budget booze ' type shops to become established”

“Minimum unit pricing is a proven and effective strategy for reducing alcohol relate harm. It has the greatest impact on those who currently consume amounts of alcohol that are detrimental to their health and wellbeing. It has been shown to save lives and should be introduced without further delay.”

Negative Personal or Family History

“I was brought up with one alcoholic parent. It is important young people are taught about the negative impacts of all drugs - smoking, drinking and healthy eating - as a package! However, we are a university city and there is only so much the council can do in isolation. I also disagree with punishing respectable drinkers because of the behaviour of a minority (the prohibition did not work, neither will hiding alcohol in shops.) issues with alcohol in the UK, are predominately a UK issue. In Europe, alcohol abuse exists but is less prevalent - due to culture.”

“My family history of alcoholism has a big effect on my own relationship with alcohol. Their openness about it is a part of that.”

Binge Drinking / Anti-social behaviour is a problem

“The white British culture historically has not encouraged responsible drinking as children grow up, as on the continent, therefore teenagers start to binge as soon as they are aware of it. The behaviour of young people in town centres all over the country, drunk and making the areas they are in unpleasant for others who may be out for dinner or other activities, is unacceptable.”

“A distinction needs to be made between safe "normal" drinking practice and excessive/anti-social drinking. It is the latter which is so destructive and society needs to be made to understand what is "normal" compared with when drinking gets out of control and develops into a bad habit. I spend a lot of time in France. Binge drinking and drinking to excess is very rare there (although it appears to be on a slight upwards trend), yet most people drink wine with their meals. The distinction between the 2 drinking "situations" is very clear in France.”

More Education needed is necessary

“More education about alcohol and the affects it has on physical and mental health, needs to be provided as young people reach adolescence and the positive and negative effects of alcohol so that young people can make up their own minds about how they want to live, the impression they want to give out and the effects on their health.”

“It has become socially acceptable to become a social alcoholic in this country, in fact almost a national duty to become one. This must stop, through the education of young people, that the long term effects of alcohol are not attractive big or clever.”

Comment about the impact on NHS/Services

“I find it shocking how much the NHS has to spend its time and funds on alcohol-related treatments. While I think it's right they do so if necessary, I'd support higher taxes on alcohol to go towards this.”

“Alcohol consumption is out of hand (and I'm someone who has enjoyed drinking in her lifetime), and causes untold damage to individuals, communities, costing NHS, police etc. too much time and money.”

Referred to alcohol as a drug

“Alcohol is seen as an accepted drug in society, but it can result in worrying issues.”

“Alcohol should be band it is a legal drug and it wrecks peoples and family lives 3 men in my family were alcoholics - and all they care about is were the next drink is coming from not there family's like they should ”

4.4 #bristoldrinkdebate

A Twitter account was set up to support the debate and we gained over 100 followers during the course of the debate. The account was more likely to be followed by organisations than individuals. The number of followers was relatively low; but some of those that did follow us in turn had thousands of followers. They supported the debate by re-tweeting our tweets and encouraging their followers to participate.

Twitter became a successful way of directing participants to the online survey. 10.6% of respondents came from Twitter or social media. It was the 4th highest way respondents stated where they had heard about the online survey. Appendix 1 includes a table of how all respondents found the survey.

We posted weekly tweets to encourage discussions around alcohol, by posing questions or suggesting new interventions to reduce harm from drinking in Bristol. Twitter followers were generally not enticed by these tweets; we didn't see very much debate online.

4.5 Focus Group Feedback

We used formal and informal focus groups to help generate concepts to complement the data gathered from the surveys and Twitter. Appendix 6 gives further details of the groups we ran. Nearly 100 Bristol residents were directly involved in this way. Staff mainly attended existing meetings to run sessions, it was found to be more efficient and beneficial to attend established groups rather go through the lengthy process of recruiting individuals to participate. The following themes developed.

- Alcohol is socially acceptable

Many participants highlighted how socially acceptable they considered heavy drinking and public drunkenness to be.

- The British drinking culture/Europe

Many participants compared British drinking culture to drinking on the continent, believing it would be better if we adopted a similar culture in this country to resolve some of the issues caused by alcohol.

- Street drinking and antisocial behaviour

All groups voiced concern about antisocial behaviour caused by alcohol. In particular groups based in Stapleton Road and Avonmouth were concerned about how street drinking was affecting their neighbourhoods. We found there was a difference in the type of public drinking and antisocial behaviour. Participants from Stapleton Road complained about drunken behaviour, violence and crime. However in Avonmouth, their concerns were about excess noise and litter caused in public parks. The people drinking in public spaces in Avonmouth were identified as Eastern European shift workers gathering at the end of their working day to socialise and drink. Stapleton Road street drinkers were described as marginally housed or homeless, with alcohol and other substance dependence.

- Other comments, which were repeated at focus groups
 - Alcohol is fine, as long as it is in moderation
 - Alcohol is too easily to obtain
 - Alcohol shouldn't be available 24/7
 - Alcohol is too cheap
 - Alcohol is the main social lubricant in our society, but what are the alternatives for socialising, especially for men?
 - Lack of community and social support is exacerbating issues.
 - Closure of Public Houses is causing people to drink more at home, behind closed doors.
- Younger person's groups

We held very informal focus groups at two youth groups; it was felt the survey may not be entirely appropriate to under 18's. Additional questions were devised using the Key Stages 3/4 resource pack to supplement discussions with these groups.

We asked the participants to Agree or Disagree with the following statements:

- Everybody drinks alcohol.
- Drinking alcohol makes you look cool.
- Less younger people are drinking alcohol.
- A party's no good without alcohol.
- There's no point in drinking, unless it's to get drunk.
- It's OK for 'boys' / 'girls' to get drunk.
- The more you can drink the more respect you get from others.
- There are no consequences to getting drunk.
- You should always look after your mates when they are drunk.

Overwhelmingly the views expressed by the youth groups were that "everybody drinks alcohol" and they noted that alcohol wasn't hard to obtain for underage drinkers. Many explained how their parents purchased alcohol for them; it was described as a form of harm reduction. The parents would buy them alcohol so they knew what their children were drinking and it wasn't stronger drinks.

There was no noticeable difference in attitude between the genders, both boys and girls drank to get drunk and have a good time.

We found generally that knowledge of alcohol was very varied. Those with a mature outlook had discussed alcohol with their parents. Whilst others had no understanding of the health impacts of alcohol or that alcohol had calories.

Generally, attitudes towards alcohol were hedonistic with no concern for any consequences. But participants were very open to discussing the issues and why Public Health is promoting low-risk drinking.

5. DISCUSSION

The Big Drink debate had 5 aims. The extent to which each aim was met has been varied.

1. Understand individual's experience of alcohol related harm in Bristol.

The survey results gave us some insight into what people living in Bristol think about alcohol and alcohol use. The strength of the conclusions we can draw is tempered by the nature of the survey and the analysis that has been possible on the responses. The work with individuals who gave us their views through the focus groups and the survey has provided a colourful snapshot from those individuals who chose to participate.

The survey and engagement exercise covered a much wider field than just alcohol related harm, but has highlighted that just over half of respondents thought that Bristol 'has a drink problem'.

Respondents focused on the night time economy and the anti-social behaviour rather than the impact on an individual's health.

2. Gain an understanding of citizen's attitude to alcohol.

The questions allowed us to elaborate on Bristol's attitude to drinking and drunkenness.

The proportion stating they thought that 'drinking is a problem in Bristol' was potentially quite concerning, given that only just over half (52%) thought that it was. With 23% answering 'don't know', there appears to be a case for raising awareness of the negative impacts that alcohol is having.

A number of people referred to the "European" way of drinking as being appropriate. This does not take into account the health harms associated with alcohol.

Over 60% of respondents said it was acceptable for a 14 year to have alcohol with their meal.

From focus group and survey work we have found that concerns about alcohol's impact on healthcare services are a significant concern. Prior to the survey, the assumption was that in Bristol more people would have expressed concern about impacts on individual health and reductions in quality of life and ultimately life expectancy. While it is possible that respondents to this question conflated individual health impacts with impact on the NHS, concern about wider societal impacts was also reflected in the response to the question about acceptability of drinking in different scenarios. Responses established that the least acceptable of the scenarios was taking time off work, school, college or university as a result of drinking too much, irrespective of the quantity consumed. Therefore it may be that focussing future campaigns on wider social impacts will have an impact on people's attitude to drinking. For this to be true, we would have to assume that people who reported being concerned about social impacts are also drinking at harmful levels and we would need to explain why "The negative impact on my job" and "The negative impact on my friends and family", were the 'worries' people thought about with the lowest frequency.

3. Understanding the acceptability of drinking behaviour among different groups.

The sample is not large enough to draw conclusions about variation between specific groups, however our analysis found some interesting comparisons. The Debate enabled us to divide the sample into two groups, based on their beliefs whether Bristol has a drink problem or not.

Responses to this question were analysed to see if would demonstrate a difference in attitudes to alcohol in Bristol. We explored the association between whether respondents believed Bristol had a drinking problem and their responses to other questions.

Comparing responses, what stood out most was that those that believe there is a problem tended to agree that there are too many retail outlets that sell alcohol where there live and alcohol should be less visible in retail outlets and only in one section.

Comparing genders, females were more likely to state there is a problem. We looked at other comments to see if we could gain insight into why they would think this. The majority of the comments criticised how socially or culturally acceptable drinking and drunken behaviour is and challenged attitudes towards excessive alcohol consumption. The comments were also more likely to describe negative personal or family experiences of alcohol.

4. Gain the views of the local communities on strategies to address the problems caused by alcohol.

The Big Drink Debate provided some useful reflections on strategies to address alcohol problems. Regarding restriction of supply, the survey revealed that a low proportion of respondents (36%) believed that there were too many alcohol outlets locally. More people supported the idea of restricting the visibility of alcohol where it is sold.

One of the leading responses to the question about ‘what would encourage you to drink less’ related to financial considerations. This indicates that Bristol does not appear to be different from the country as a whole in so far as alcohol pricing is considered to be an effective means to restrict demand.

The survey did not invite comments on early intervention and treatment services.

5. To get people talking about alcohol.

Nearly 2,000 people were directly involved in the Big Drink Debate through the survey, focus groups and by visiting stalls at outreach events.

While the “Twitterstorm” we hoped to stimulate did not materialise to the degree that we had hoped, around 100 people became followers of #bristoldrinkdebate.

The press coverage that the debate generated will have reached a large but unquantifiable number of people in Bristol and beyond.

6. RECOMMENDATIONS

Public health campaigns

- Ensure local public health campaigns to reflect the issues identified in this debate and evidence based guidance. This could include focusing on health impact of alcohol and weight gain
- Consider communicating the fact that nearly half of the population on average drink no more than once a week. This will help re-normalise low levels of drinking and challenge erroneous perceptions that the majority are drinking a lot of alcohol frequently.
- Target interventions and campaigns at the at risk groups such as men
- Develop ways of further engagement with the public so there is a continuous debate about the issues linked to alcohol consumption. Include people who do not live but study and work in the City.

Community safety

- Public health to work with licensing to explore how to work with licensed premises to encourage alcohol free drinks and tailored evidence based interventions.
- Continue partnership with organisations to reduce the impact on quality of life of anti-social behaviour caused by drinking

Further research

- Explore the possibility of a larger sample to enable more detailed analysis to be completed
- Gain an understanding of the attitudes of children and young people.

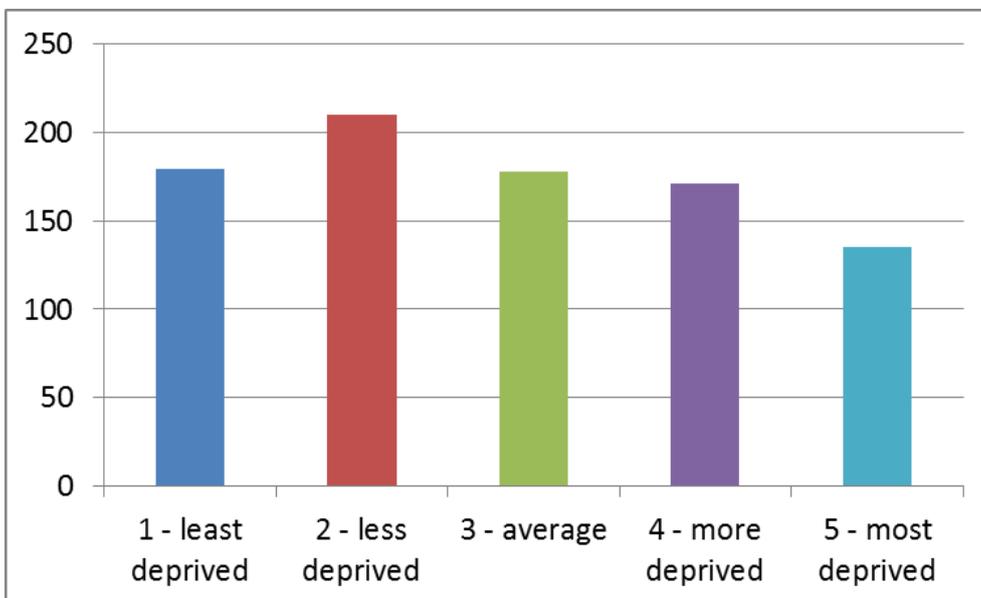
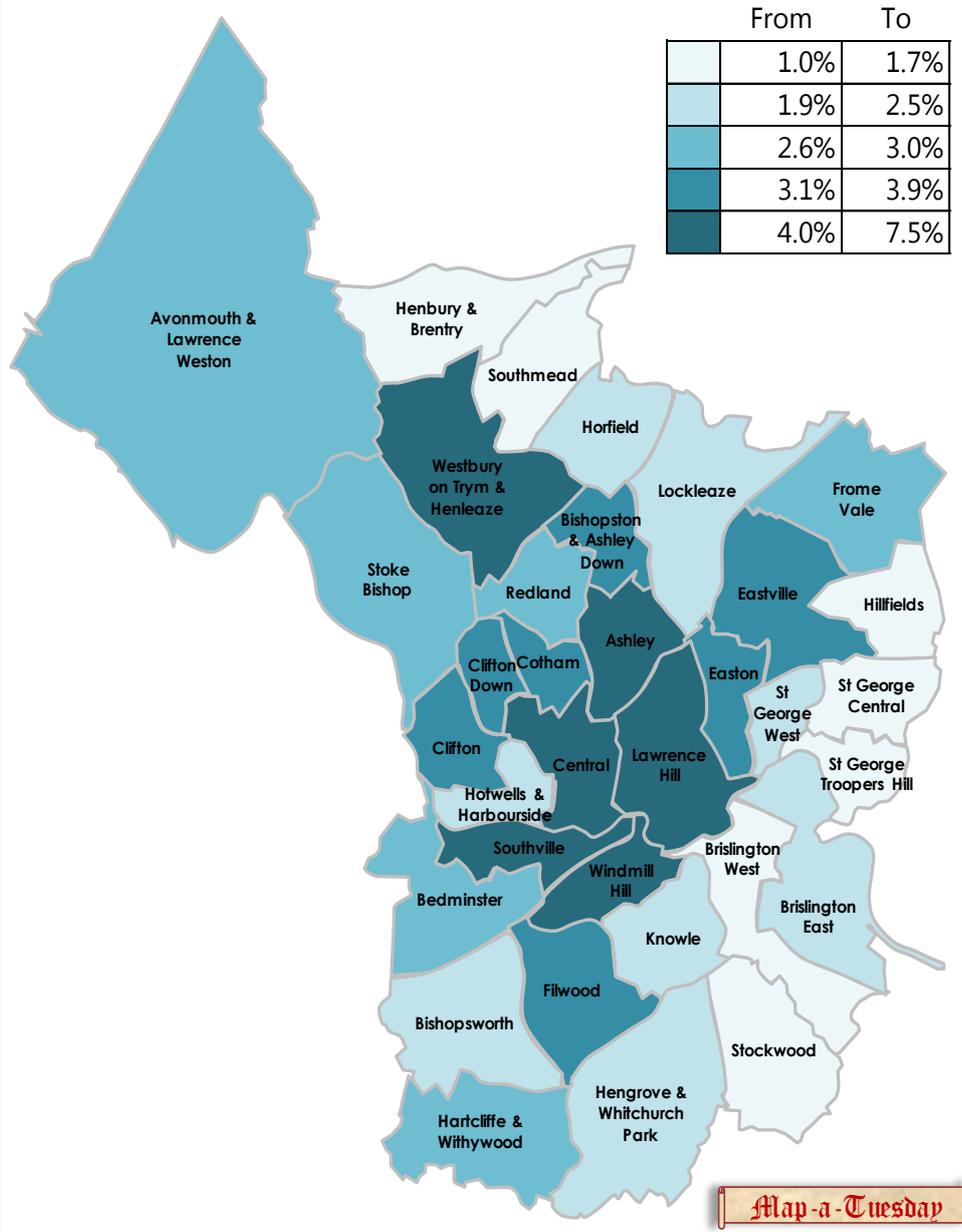
Appendix 1: Data

Results from the survey

The survey generated 1642 responses. The data was filtered to ensure presentation of the attitudes of Bristol residents. Using all postcode information provided, all entries from outside Bristol and where the postcode was withheld were removed from the data file. Partial postcodes were included, if they could be definitely identified as being from within the Bristol City Council area.

Total number of responses	1642
Ward Identified (Full Postcode)	910
Bristol (Partial Postcode)	156
Postcode withheld	317
Responses from outside Bristol	262
Sample	1066

Responses to survey by ward of residence (% of all responses with postcode that can be matched to a Bristol ward of residence, n = 896)



1. How often do you have an alcoholic drink?		
n=1066	Answered	1057 (99.15%)
		Response Total
Never		159 (15.04%)
Monthly or less		134 (12.68%)
2-4 times per month		231 (21.85%)
2-4 times per week		400 (37.84%)
5+ times per week		133 (12.58%)

2. How many units of alcohol do you consume when you are drinking?		
n=907 (1066-159 Never)	Answered	893 (98.46%)
	Week Day	Weekend
	Response Total	Response Total
1-2	329 (36.84%)	195 (21.84%)
3-4	205 (22.96%)	220 (24.64%)
5-6	80 (8.96%)	198 (22.17%)
7-9	34 (3.81%)	154 (17.24%)
10+	22 (2.46%)	130 (14.56%)

3. Where do you prefer to drink? (Tick all that apply)		
n=907 (1066-159 Never)	Answered	748 (82.47%)
		Response Total
Pub / bar		701 (93.72%)
At home		684 (91.44%)
Friend's house		459 (61.36%)
Café or restaurant		458 (61.23%)
Relative's house		213 (28.48%)
Dance club / nightclub		176 (23.53%)
Sports club		40 (5.35%)
Out and about (on the street, parks, malls, etc.)		36 (4.81%)
At work		11 (1.47%)
Don't know		0
Other: 25 (3.34%)		

4. Why do you drink? (Tick all that apply)		
n=907 (1066-159 Never)	Answered	905 (99.78%)
		Response Total
To socialise		749 (82.76%)
To relax and unwind		661 (73.04%)
To forget my worries and concerns		135 (14.92%)
To get drunk		118 (13.04%)
To give me confidence		112 (12.38%)
Because of work-related stress		100 (11.05%)
Because all my friends do		80 (8.84%)
To relieve boredom		65 (7.18%)
Because of personal issues (for example, relationships)		53 (5.86%)
Because there's nothing else to do.		27 (2.98%)
Other: 148 (16.35%)		

5. Do you think that information on the number of calories contained in an alcoholic drink would influence the amount you drink?		
n= 908	Answered	896 (98.68%)
Yes		318 (35.49%)
No		513 (57.25%)
Don't Know		65 (7.25%)

6. Have you ever worried about any of the following? Scale from 1-5, 1 being never, 5 being all the time.					
n= 1066	Answered			907 (85.08%)	
	1	2	3	4	5
The negative effects it could have on my health?	165	221	283	182	49
Drinking alcohol will make me put on weight?	211	191	220	199	72
If I drink too much or too often, I might become dependent?	369	202	165	101	47
The way alcohol affects my behaviour?	257	255	210	120	47
Violence caused by people drinking where you live?	338	220	153	94	77
People being drunk and rowdy in public?	135	208	260	180	106
The costs to the NHS?	150	151	227	214	152
Children and young people drinking in parks or in the street corners?	143	221	231	177	108
Alcohol related litter in my community?	192	247	197	148	99
The negative impact on my job?	606	159	72	26	17
The negative impact on my friends and family?	508	192	93	47	40

7. Which of the following would encourage you to drink less? (Tick all that apply)		
n= 1066	Answered	895 (83.96%)
		Response Total
Change in health status / diagnosed with health condition		618 (69.05%)
To be more healthy		537 (60.00%)
Wanting to lose weight		459 (51.28%)
I don't enjoy it anymore / as much		436 (48.72%)
Became or planning to become pregnant		337 (37.65%)
Financial commitments		278 (31.06%)
Not able to meet family commitments / responsibilities		230 (25.7%)
Impact on pastimes and recreation / sports commitments		218 (24.36%)
Not able to meet work / study commitments		213 (23.8%)
Decided I was too old to drink so much		156 (17.43%)
Encouraged by family or friends		154 (17.21%)
Personal safety reasons		139 (15.53%)
Seen health promotion advertising		58 (6.48%)
Support from my employer		29 (3.24%)
Friends and family are drinking less		25 (2.79%)
Decided I was too young to drink so much		25 (2.79%)
Don't know		28 (3.13%)
Other: 88 (9.83%)		

8. Whose responsibility should it be to introduce children and young people to ideas about a sensible and healthy approach to drinking alcohol? (Tick all that apply)		
n=1066	Answered	1062 (99.62%)
Parents / carers / families		1041 (98.02%)
Schools / colleges		823 (77.5%)
Media/advertising		636 (59.89%)
Health services		613 (57.72%)
Universities		580 (54.61%)
Youth services		531 (50%)
Social services		371 (34.93%)
Friends		328 (30.89%)
Employers/employment services		246 (23.16%)
Other: 40 (3.77%)		

9. Do you think drinking is a problem in Bristol?

n=1066	Answered	1054 (98.87%)
Yes	557 (52.85%)	
No	251 (23.81%)	
Don't Know	246 (23.34%)	

10. Alcohol should be less visible in retail outlets and only in one section?

n=1066	Answered	1055 (98.97%)
Agree	551 (52.23%)	
Disagree	362 (34.31%)	
Don't Know	142 (13.47%)	

11. Do you think there are too many retail outlets that sell alcohol where you live?

n=1066	Answered	1051 (98.59%)
Yes	377 (35.87%)	
No	575 (54.71%)	
Don't Know	99 (9.42%)	

12. Which of the following situations do you think are acceptable / not acceptable?			
n=1066	Answered		1049 (98.4%)
	Acceptable	Not acceptable	No Opinion
A person in their 20s or 30s drinking a bottle of wine when out with friends.	696	221	120
A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends.	394	487	155
Two couples out for dinner drinking three bottles of wine between them.	583	319	134
A person over 18 regularly drinking two glasses of wine, five nights a week.	402	467	163
A 14 year old having a glass of wine with a family meal	625	299	110
Taking a day off work because of a hangover	54	922	63
Taking a day off school, college or university because of a hangover	67	902	64

13. Where do you think it is acceptable to be drunk, to the extent of losing control of one's behaviour or faculties?	
n=1066	Answered 1029 (96.53%)
Not acceptable anywhere	721 (70.07%)
At home	284 (27.6%)
Family member / relative's house	161 (15.65%)
Friend's house	181 (17.59%)
Pub / bar	90 (8.75%)
Café or restaurant	21 (2.04%)
Dance club / nightclub	92 (8.94%)
Sports club	21 (2.04%)
At work	13 (1.26%)
Out and about (on the street, parks, shopping centres, etc.)	24 (2.33%)
Don't know	15 (1.46%)

14. Have you ever had an alcohol related injury or illness that required medical treatment?

n=1066	Answered	1054 (98.87%)
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Yes	182 (17.27%)
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No	866 (82.16%)
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Don't Know	6 (0.6%)
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15. Would you feel comfortable challenging a friend or member of your family about their drinking?

n=1066	Answered	1053 (98.78%)
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Yes	653 (62.01%)
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No	255 (24.22%)
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Don't Know	145 (13.77%)
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Where did you find out about this survey?		
n=1066	Answered	1036 (97.18%)
Ask Bristol e-bulletin	185 (17.86%)	
Via work	127 (12.26%)	
Word of mouth	114 (11%)	
Social media	109 (10.52%)	
Via Public Health Staff	111 (10.71%)	
Library	53 (5.12%)	
Via Email	44 (4.25%)	
BCC, The Source	43 (4.15%)	
Advertisement	39 (3.76%)	
Bristol City Council Website	36 (3.47%)	
NHS - email circulated	28 (2.7%)	
GP Practice/Health Centre	23 (2.22%)	
Media	22 (2.12%)	
Via Email Footer	17 (1.64%)	
University Email	16 (1.54%)	
Pharmacy	12 (1.16%)	
Voscur	8 (0.77%)	
Bar/Public House	6 (0.58%)	
CAMRA	6 (0.58%)	
Our City email	6 (0.58%)	
UHBristol newsbeat	6 (0.58%)	
BDP	4 (0.39%)	
Citizenspace	3 (0.29%)	
Via Email	22 (2.12%)	
Other	16 (1.54%)	

Demographic Data

What is your gender?		
n=1066	Answered	1037 (97.28%)
Male	434 (41.85%)	
Female	568 (54.77%)	
Prefer not to say	35 (3.37%)	

What is your age group?		
n=1066	Answered	1053 (98.78%)
Under 15	1 (0.09%)	
15-17	7 (0.66%)	
18-24	98 (9.31%)	
25-29	115 (10.92%)	
30-39	244 (23.17%)	
40-49	224 (21.27%)	
50-59	214 (20.32%)	
60 or older	135 (12.82%)	
Prefer not to say	15 (1.42%)	

What is your ethnicity?		
n=1066	Answered	1050 (98.5%)
Asian / Asian British	15 (1.43%)	
Black / African / Caribbean / Black British	44 (4.19%)	
Mixed / multiple ethnic groups	17 (1.62%)	
Other ethnic group	10 (0.95%)	
White British	831 (79.14%)	
White Other	86 (8.19%)	
Prefer not to say	47 (4.48%)	

What is your sexual orientation?		
n=1066	Answered	1036 (97.18%)
Heterosexual	826 (77.48%)	
Lesbian, gay or bisexual	86 (8.07%)	
Prefer not to say	124 (11.63%)	

Are you transgender?		
n=1066	Answered	952 (89.31%)
Yes	4 (0.42%)	
No	871 (91.49%)	
Prefer not to say	77 (8.09%)	

Do you consider yourself to be a disabled person?		
n=1066	Answered	957 (89.77%)
Yes	70 (7.31%)	
No	818 (85.48%)	
Prefer not to say	69 (7.21%)	

Do you have a religion or belief?		
n=1066	Answered	972 (91.18%)
Yes	258 (24.20%)	
No	614 (57.6%)	
Prefer not to say	100 (9.38%)	

Occupation?		
n=1066	Answered	1052 (98.69%)
Employed full-time	600 (57.03%)	
Employed part-time	162 (15.4%)	
Retired	94 (8.94%)	
Self-employed	60 (5.7%)	
In training / education	42 (3.99%)	
Unemployed	39 (3.71%)	
Apprentice	2 (0.19%)	
Other	26 (2.47%)	
Prefer not to say	27 (2.57%)	

Appendix 2: Sample size calculations

Group	Population size	% (and number) required for 1,065 sample to be representative of Bristol	Sample size giving 95% CI and 3% margin of error representative of the group	Sample Method/Strategy
Population of Bristol	449,300	n/a	1065	All
			1065	
Age				
0-15?	83,800	18.6% (198)	1054	Work Children and Young people team. Engage with our Neighbourhood team's
16-24	70,500	15.7% (167)	1052	
25-49	170,500	38% (404)	1061	Engage with our network of groups and individuals.
50-64	65,300	14.5% (154)	1050	
65+	59,300	13.2% (141)	1049	Engage with our network of groups and individuals, including Bristol Older People's Partnership board.
Sample size enabling comparison between age groups			5,266	
Ethnicity				
White British	333,432	78% (830)	1064	Engage with our Neighbourhood team's and network of groups and individuals.
Black African and Black Other inc Somali	19,007	4.4% (47)	1011	
Pakistani	6,863	1.6% (17)	924	
Caribbean	6,727	1.6% (17)	922	
Indian	6,547	1.5% (16)	918	
Chinese	3,886	0.9% (10)	838	
Sample size enabling comparison between ethnic groups listed above			5,667	
Economic activity www.nomisweb.co.uk/reports/lmp/la/1946157348/report.aspx?town=bristol#tabempunemp				
Unemployed	13,400	2.9% (31)	989	Engage with our

Group	Population size	% (and number) required for 1,065 sample to be representative of Bristol	Sample size giving 95% CI and 3% margin of error representative of the group	Sample Method/Strategy
Self employed	34,400	7.7% (82)	1036	Neighbourhood team's and network of groups and individuals.
Employees	196,700	43.8% (466)	1062	
Sample size enabling comparison between employment groups listed			3,087	

Appendix 3: Survey questions

1. How often do you have an alcoholic drink?

- Never (*Jump to question 8*)
- Monthly or less
- 2-4 times per month
- 2-4 times per week
- 5+ times per week

2. How many units of alcohol do you consume when you are drinking?

(One alcohol unit is equal to a single measure of spirit, e.g. whisky (ABV 40%), or a third of a pint of beer or cider (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV 12%))

	Week Day	Weekend
1-2		
3-4		
5-6		
7-9		
10+		

3. Where do you prefer to drink? (Tick all that apply)

- At home
- Relative's house
- Friend's house
- Pub / bar
- Café or restaurant
- Dance club / nightclub
- Sports club
- At work
- Out and about (on the street, parks, malls, etc.)
- Don't know
- Other Please specify:

4. Why do you drink? (Tick all that apply)

- To relax and unwind
- To socialise
- To forget my worries and concerns
- To get drunk
- To relieve boredom
- To give me confidence
- Because all my friends do
- Because of work-related stress
- Because of personal issues (for example, relationships)
- Because there's nothing else to do
- Other Please specify:

5. Do you think that information on the number of calories contained in an alcoholic drink would influence the amount you drink?

- Yes
- No
- Don't Know

6. Have you ever worried about any of the following?

(Never, Sometimes, Always)

- The negative effects it could have on my health
- Drinking alcohol will make me put on weight
- If I drink too much or too often, I might become dependent
- The way alcohol affects my behaviour
- Violence caused by people drinking where you live
- People being drunk and rowdy in public
- The costs to the NHS
- Children and young people drinking in parks or in the street corners
- Alcohol related litter in my community
- The negative impact on my job
- The negative impact on my friends and family

7. Which of the following would encourage you to drink less?

(Tick all that apply)

- Became or planning to become pregnant
- Wanting to lose weight
- Change in health status / diagnosed with health condition
- To be more healthy
- Personal safety reasons
- Friends and family are drinking less
- Decided I was too young to drink so much
- Decided I was too old to drink so much
- Not able to meet family commitments / responsibilities
- Encouraged by family or friends
- Financial commitments (mortgage, car, household expenses, etc.)
- I don't enjoy it anymore / as much
- Impact on pastimes and recreation / sports commitments
- Seen health promotion advertising
- Not able to meet work / study commitments
- Support from my employer
- Don't know
- Other

8. Whose responsibility should it be to introduce children and young people to ideas about a sensible and healthy approach to drinking alcohol? (Tick all that apply)

- Parents / carers / families
- Friends
- Employers/employment services
- Schools / colleges

- Universities
- Youth services
- Health services
- Social services
- Media/advertising
- Other

9. Do you think drinking is a problem in Bristol?

- Yes
- No
- Don't Know

10. Alcohol should be less visible in retail outlets and only in one section.

- Agree
- Disagree
- Don't Know

11. Do you think there are too many retail outlets that sell alcohol where you live?

- Yes
- No
- Don't Know

12. Which of the following situations do you think are acceptable/not acceptable? (Acceptable / Not acceptable / No Opinion)

- A person in their 20s or 30s drinking a bottle of wine when out with friends.
- A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends.
- Two couples out for dinner drinking three bottles of wine between them.
- A person over 18 regularly drinking two glasses of wine, five nights a week.
- A 14 year old having a glass of wine with a family meal.
- Taking a day off work because of a hangover.
- Taking a day off school, college or university because of a hangover.

13. Where do you think it is acceptable to be drunk, to the extent of losing control of one's behaviour or faculties?

- Not acceptable anywhere
- At home
- Family member / relative's house
- Friend's house
- Pub / bar
- Café or restaurant
- Dance club / nightclub
- Sports club
- At work
- Out and about (on the street, parks, shopping centres, etc.)
- Don't know
- Other

14. Have you ever had an alcohol related injury or illness that required medical treatment?

- Yes
- No
- Don't Know

15. Would you feel comfortable challenging a friend or member of your family about their drinking?

- Yes
- No
- Don't Know

Do you have any other comments you'd like to make about alcohol?

Appendix 4: Twitter questions used to prompt debate

01 st October 2016	Public Health Twitter account live
12 th October 2016	Debate Launch Tweet: Do you think Bristol has a problem with alcohol
19 th October 2016	Tweet: Is counting units the easiest way to monitor how much you drink?
26 th October 2016	Tweet: Do you think there should be a minimum unit price for alcohol?
02 nd November 2016	Tweet: Should alcohol advertising on TV and in cinemas be banned?
09 th November 2016	Tweet: Would it be a good idea if alcohol was only sold in standardised plain packaging?
16 th November 2016	Tweet: Should the age that you can buy alcohol be raised from 18 to 21?
23 rd November 2016	Tweet: Do you think all alcohol should carry health warnings, similar to those on cigarettes?
30 th November 2016	Tweet: What if drink companies were banned from sponsoring local public events?
7 th December 2016	Tweet: Should happy hours and special offers on alcohol be banned?
14 th December 2016	Tweet: Is Bristol drinking within national recognised guidelines?
21 st December 2016	Tweet: Is too much alcohol drunk at Christmas?
28 th December 2016	Tweet: How much is "Too Much"?

Appendix 5: List of outreach activities

Stapleton Road

A major thoroughfare in Bristol, it is known for being culturally diverse with varied shops, cafes and restaurants.



Bartonhill Settlement

Barton Hill Settlement provides services, facilities and community development to Barton Hill and surrounding areas of East Bristol.

Easton Community Centre

Easton Community Centre provides facilities and services for people who live or work in Easton, Bristol BS5.

Greenway Centre

Greenway Centre is a local community hub and business centre in north Bristol, in Southmead run by the Southmead Development Trust as a centre for the community, as well as providing business facilities.

Withywood Centre

The Withywood Centre is a multifunctional community asset run by South Bristol Church and Community Trust.

Hartcliffe Health Centre

A family practice situated in Hartcliffe, South Bristol.

Computershare, The Pavilions

A “global financial administration company” with 1000+ staff, based in South Bristol.

Appendix 6: Focus Groups/Group Discussions

Stapleton Road

Members of the community recruited by Inner City Health Champions.

- 8, Male and, 25-49, Asian / Asian British & Black / African / Caribbean / Black British.

Fit and Fab, Knowle West Health Park

A women's support group, based in South Bristol

- 8 members, Female, 30-60, White British.

The Station Youth Hub, Central Bristol

- 14 members and staff. Male and Female, 15-30, White British, Asian / Asian British & Black / African / Caribbean / Black British.

Knitting Group, Avonmouth Community Centre

- 12 members, Female, 40+, White British.

Icon Films

Icon Films is an internationally established production company based in College Green, Bristol.

- Presentation and discussions with 10 Staff.

Knowle West Men's Platform, Men's Breakfast Group

Springfield Allotments, Knowle West

- Informal discussions with group

Hanham Youth Club, Bristol

Hanham Youth Centre is the busiest youth centre in Bristol and South Gloucestershire, with more than 500 young people coming here every week.

- 21 Members, Male & Female, 12-17, White British.

Agree / Disagree Questions for Youth Clubs?

- Everybody drinks alcohol.
- Drinking alcohol makes you look cool.
- Less younger people are drinking alcohol.
- A party's no good without alcohol.
- There's no point in drinking, unless it's to get drunk.
- It's OK for 'boys' / 'girls' to get drunk.
- The more you can drink the more respect you get from others.
- There are no consequences to getting drunk.
- You should always look after your mates when they are drunk.