Full Title:

A scoping review of qualitative research on perceptions of one’s own alcohol use

Running title:

Perceptions of one’s own alcohol use

Stephanie Morris\*, Duncan Stewart, Mary Madden, Jim McCambridge

Department of Health Sciences, Seebohm Rowntree Building, University of York, Heslington, York, YO10 5DD, UK

\* corresponding author

Email: Stephanie.morris@york.ac.uk

Tel: 01904 321281

**Abstract**

Background: This scoping review aims to map the extent, range and nature of qualitative research on people’s *perceptions* of their own alcohol consumption.

Methods: A systematic search of 5 electronic databases was conducted. A total of 915 abstracts were screened and 452 full texts examined, of which 313 papers met the inclusion criteria (including a report of qualitative data on perceptions, experiences or views of people’s own drinking in peer-reviewed journals published in English).

Results: This study maps the available literature assembled over approximately 30 years, which was found to be extensive and diverse. Many existing studies are focused largely on people’s *experiences* of their own drinking behaviours, particularly when they were drinking in ways commonly understood as heavy, risky or problematic. Fewer studies focused on populations whose drinking was not heavy or was risky in less obvious ways, such as older adults prescribed medications for chronic health conditions. Most studies were conducted since 2010, with the rate of publications increasing since 2014.

Conclusions: This review identifies gaps in the evidence regarding people’s perceptions of their own drinking and opportunities for qualitative studies to make valuable contributions to alcohol research. Gaps discussed include patterns of drinking that are less obviously problematic, and in relation to consumption of alcohol in those parts of the world where overall consumption and harms from alcohol are high. Such studies could usefully be informed by existing studies in the evidence mapping.

**Key words**: Qualitative research; alcohol consumption; scoping review; perceptions

Introduction

 In many, but not all, countries alcohol is deeply embedded in cultures and within many but not all, people’s lives within these countries, and this has been the case for many centuries. Alcohol is used in a variety of settings, in relation to other practices such as leisure, food, and celebrations, and is commonly associated with relaxation and pleasure (1). Despite its affordances within social life, alcohol is now known to be a harmful and addictive psychoactive drug (2). Although legal in many countries, it is known to be a cause of over 200 diseases, injuries and related conditions, including multiple cancers, and drinking even at low levels can be harmful to health (3). Globally alcohol is also implicated directly and indirectly in a number of social harms, including on work and family life and in sexual and violent offenses (4).

Studies using qualitative approaches offer a means to understand how people perceive their own alcohol use, including how people consider the advantages and disadvantages of drinking, and how they negotiate the risks to their own and others’ health and safety. This may be useful in many ways, including for designing health messages around alcohol and other interventions. A recent systematic review of qualitative studies on constructions of drinking practices by non-problematized middle-aged drinkers highlighted that health was not a significant concern in their perceptions of their own drinking, though only 13 studies were included (5). Similarly, a systematic review of qualitative studies regarding older people’s drinking included 14 studies and found that drinking was intertwined with social engagements and there was scepticism about the risks that alcohol posed (6). The extent to which the existing qualitative literature has investigated broader perceptions of one’s own drinking in other populations is unknown. Existing reviews have synthesised a small number of studies but have not mapped the broader literature across populations.

This scoping review (7) aims to map the extent, range and nature of qualitative research on people’s perceptions, experiences and views of their own alcohol consumption. We thus seek to establish what research exists on how people perceive their own drinking behaviours, and to provide an overview characterising its content. We did not in any way seek to restrict the disciplinary basis or content of included studies. It was expected that this study could be useful in highlighting gaps where future research could make valuable contributions, creating the basis for future systematic reviews, and for researchers considering undertaking qualitative studies in other ways.

Methods

This study drew on Arksey and O’Malley’s account of a scoping review (7), in which systematic data collection methods were used for rigour, replicability and reliability. We used the PRISMA guidance on reporting of scoping reviews (8). We did not publish or register our study protocol.

Search Strategy

We searched five electronic databases: Medline, Psych INFO, Web of Science Core Collection, Scopus and CINHAL. The search strategy was developed with the aid of an information specialist in a series of iterations, and search terms were tested against qualitative filters (9). The final searches were conducted on 12th April 2019. The search strategy used for PsychINFO was the following: ((qualitative or ethnograph\*) and ((their or own or personal\* or experience\* or feeling\* or attitud\* or perspective\* or perce\* or thought\* or view\* or opinion\* or narrat\* or account\* or belief\* or understand\*) adj3 (alcohol or drinking))).ti,ab. and (drink\* or alcohol or wine or beer or spirit or whiskey or vodka or gin).m\_titl. The search strategy used for PsychINFO was adapted for other databases. The search was limited to peer reviewed journal articles from 1900 (or the earliest date possible) onwards in English. One author (SM) conducted forward and backward citation searches to locate additional candidates for inclusion.

Selection Criteria

We sought studies that aimed to explore people’s perceptions of their own drinking, not attitudes and beliefs about drinking in general or the drinking of others. We used the umbrella term ‘perceptions’ to include any thoughts, views or experiences of one’s own drinking. Inclusion criteria required that the record included an abstract and that qualitative data or qualitative methods be identified in that abstract. Records were also excluded if they were not published in English or were not in peer-reviewed journals. No quality criteria or alcohol consumption details were included in the selection criteria.

Study Selection

The lead author (SM) screened titles and abstracts, which were retained for full text screening if inclusion criteria were met or if it was not possible to determine this from the abstract text. To screen the full texts, SM read the introduction, methods and first paragraph of the results using the selection criteria described above. A total number of 915 abstracts were screened and 452 full texts examined. Other reviewers (DS and MM) were involved in double screening 75 full texts and came to a consensus on the small number of records where initial assessments differed. We concluded there was no need for further duplication of screening.

Data Charting

Relevant information from the included studies was extracted using a structured form in Microsoft Excel, initially piloted by 2 reviewers on a sub-sample of 10 studies. It included data categories for mapping the extent and range of studies on perceptions of alcohol use including, journal discipline, sex, age, and size of sample, types of drinkers, study location, data collection method and whether the paper reported solely the qualitative study. See appendix 1 for further details of the study characteristics extracted and how they were defined. The bibliographic details of all included studies are presented in Appendix 2, and the basis of categorization of journals in appendix 3.

Text was directly extracted on study aims and results text from abstracts (see appendix 4 and 5 for all data). Study topic categories were inductively developed from the titles and aims text of each study. Categories were clustered and renamed where appropriate. Each publication was mapped to between one and four topic categories. Publications were categorised as having a either a ‘primary aim’ relating to perceptions of one’s own drinking, or a ‘secondary aim’ where such material was identified as relevant to the primary aims of the study. SM charted the data from all included records, with MM duplicating a random sample of 37 studies. There was 89% agreement on study aims categorization, and 100% agreement on all other data. Discussion resolved the discrepancies on aims, and we concluded no further duplication of data collection was necessary.

Data are presented primarily in tables and figures with access to underlying text on aims content and abstract results as described above. We compared the scope of the content in studies primarily aimed at perceptions of one’s own alcohol use with those where this was a secondary aim. In light of observed publication trends we examined whether older publications (pre-2014) were different from more recent ones (2014-onwards).

Results

The extent, range and nature of available studies

A summary of the selection of sources, including the reasons for exclusion at full text screening, is shown in the PRISMA flow diagram in Figure 1. The included publications spanned from 1989 to 2019. A total of 173 (55%) studies concerned people’s perceptions of their own alcohol use as their primary aim, according to our categorization (see appendix 4 for the underlying aims content and contextual information). The other 140 (45%) concerned people’s perceptions of own alcohol use as a secondary, or as part of a wider study, aim. Most (87%) of the papers reported solely a qualitative study, and 13% reported on a mixed methods study, which mostly included results from randomised controlled trials and/or quantitative questionnaires.

INSERT FIGURE 1

Various characteristics of the included literature are summarised in the figures and tables. Table 1 presents study characteristics across the literature as a whole, both overall, and before and after 2014 when the numbers of studies published increased. Table 1 shows that few studies were conducted with older adults. Two thirds of studies were of mixed sex participants, but more studies were conducted with women only than men only. The most commonly studied subgroups of drinkers were heavy drinkers and students. From 2014 onwards fewer studies were conducted with young people and sample sizes tended to decrease. The majority (65%) of studies used semi-structured interviews to explore people’s experiences of their own drinking, usually in isolation, but sometimes combined with focus groups (Table 2). There were no longitudinal studies and few that explored retrospective perceptions of drinking over the life course. Table 2 shows that the studies were mainly conducted in English speaking countries. Table 2 also shows the publication years and journal disciplines across the studies. There is a wealth of literature regarding young people but little of this is published in youth studies journals.

The specific population focus and topics explored in studies where people’s experiences or perceptions of their own alcohol use was the primary aim are detailed in Table 3. The people and topics covered in other included studies (n=140) did not differ greatly to the studies summarised in Table 3, and therefore are presented in appendix 6. As can be seen from Table 3, specific populations and topics studied were diverse and tended to focus on people and types of drinking which were in some way problematic or risky (e.g. pregnant women or mothers, adolescents, and dependent or previously dependent people). Clustering the topics together may be undertaken in various ways to summarise aspects of what is being studied. For example, experiences and perspectives from different professions (e.g. veterans, GPs), various groups who may be particularly vulnerable (e.g. refugees, people with severe mental illness, individuals experiencing homelessness), different stages of the life course (e.g. mid-life, adolescent) and in social contexts (e.g. life stressors, family influences), as well as particular health issues and risks (e.g. pregnancy, severe mental illness, HIV risk)

INSERT TABLES 1-3

The results text in the abstracts provides a crude but nevertheless parsimonious summary of the nature of study findings (see appendix 5). This text identifies a range of influences on perceptions of own drinking, including for example, norms and stigma. Results are derived mainly from descriptive thematic analyses. Other analytic approaches have been used much less commonly. Results data specific to perceptions of one’s own drinking requires interpretation in relation to, and extrication from, reported study findings on alcohol consumption more generally. There is much description of drinking patterns and experiences relating to them, or their circumstances or putative determinants, as well as of reasons for use, with findings often shaped in distinct disciplinary terms. Studies seek to locate the perceptions under study here in relation to peer, familial, contextual or cultural influences and cover identity and relationships, in various ways and to various extents. As a result, there is extensive research available on a wide range of subjects relating to perceptions of one’s own drinking, providing an important foundation for future studies.

Discussion

We included 313 publications of which the majority report on a qualitative study alone. We found that most publications report studies that used semi-structured interviews, many of which had medium sample sizes, suggesting breadth rather than depth of analysis. Most studies have been published since 2010, with many publications focusing on the sub groups of young people and heavy drinkers.

We undertook a scoping review rather than a systematic review because the study aimed to map the literature rather than to undertake a rigorous synthesis of findings. The large number of included studies would make the latter a highly complex endeavour. It should, however, be noted there are some important limitations of the scoping review methodology used. Our search strategy used specific terms such as ‘qualitative’ or ‘ethnography/ethnographic’ in the title or abstract, and did not use terms that would specifically locate studies regarding dependence. The findings indicate that we did not capture older publications (pre -1989) in our search. This may be due to changes in reporting requirements for journal abstracts, which have tended to require more methodological detail over time. This probably also reflects the tradition of publishing qualitative social science and humanities research in books and monographs (10), as well as the distinct increase in publication outputs in recent decades (11). We developed the search strategy in an iterative process, tested the search terms with an information specialist and against qualitative filters (9), and found the most relevant papers were included. Scoping reviews typically do not involve any quality appraisal of the studies or analysis of included study findings. The approach we used required only examination of the abstracts, stated aims and methods, and first paragraph of the results sections to ascertain inclusion. We then investigated the relevance of the study in relation to our research aims, and summarised the topic areas studied, making brief comments on included study findings. Study inclusion may be affected by different disciplinary reporting conventions and the poor reporting of methods and empirical results in some abstracts or full texts. Moreover, the aims of qualitative studies can be broad and the findings presented in the papers may consist of unanticipated themes, which our approach would have missed.

The spread of the international qualitative literature reviewed shows that the South American nations and Central/Southern European nations, which have high alcohol consumption levels (3) are underrepresented, representing a gap in the English language literature.

The apparent increase in the number of studies on perceptions of one’s own alcohol use published over time (1989-2019) probably reflects broader trends in publication of all types of research, rather than an upsurge in the extent of qualitative research in particular. Nonetheless, proportionally there is less of a focus on young people and fewer larger studies in more recent years. Smaller studies may be indicative of less breadth and more depth, which may reflect well on the development of the literature over time. We note that many studies, however, remain focused largely on describing people’s experiences of their own drinking behaviours rather than investigating perceptions more deeply.

Many studies were conducted with people who may be more vulnerable to hazardous or harmful drinking, including adolescents, veterans, refugees, gang members and young offenders. It probably remains the case that researchers tend to be funded to investigate the risks or harms of alcohol, whether directly or indirectly, to the same extent as previously. In this respect the findings of the current study are supported by Muhlack and colleagues whose qualitative systematic review of non-problematised middle-aged drinkers included only 13 studies (5). Drinking which is not regarded as obviously risky or problematic may be an area where further research is needed. The same may be true of the underlying dynamics of problem perceptions.

Interestingly, though men drink at higher levels across the globe (3), more of the studies included in this review which specify a particular sex, were conducted with women. This may partially reflect the closing male-female gap in alcohol consumption (12). The focus on the potential harms of mothers’ drinking and/or drinking during pregnancy seems also a likely explanation, and the absence of any studies on perceptions of own drinking by fathers (though there was data on masculinity) is noteworthy in comparison.

The studies were conducted with diverse participants and covered varying topics concerning people’s health, yet studies with people with chronic alcohol-related health conditions were limited, in contrast to infectious diseases (e.g. HIV), which were often associated with risky sexual behaviours or intravenous drug use. We found few studies of older adults’ experiences of alcohol use in later life. This dearth of research is notable because in countries such as the UK older people (aged 55-64) are now the most likely age group to be drinking at hazardous levels. They are also more likely to be taking multiple prescription medications for chronic health conditions (13), for which alcohol poses additional risks to health and the effectiveness of their medicines (14). Since our systematic search was conducted, another study has been published that describes how older drinkers who take multiple medications conceptualise their risks from alcohol use (15). It may be expected that further studies will continue to be added to the literature at a rate similar to, or faster than, has been seen in recent years.

This scoping review maps the research reported from 30 years of published qualitative studies that aimed to explore people’s perceptions of their own drinking. We found the literature to be extensive and diverse, and the topics of study that were most commonly explored were to do with risky or problematic drinking. For the first time, this study identifies significant gaps in the available qualitative literature based on an overview of what has already been done, with clear directions for how future qualitative research can make valuable contributions to the alcohol literature. More research on how people make sense of, and reflect on, their own drinking would be valuable for informing development of diverse population level alcohol interventions. In particular, we draw attention to the need to further study; 1) perceptions of own alcohol consumption among older adults that seem less obviously problematic, including both those with and without chronic health problems; and 2) perceptions of people’s own drinking in non-English speaking countries, particularly where consumption or harms to health are known to be high.

Funding

This study is funded by the National Institute for Health Research (NIHR) Programme Grants for Applied Research [RP-PG-0216-20002]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Conflict of Interest

We have no conflicts of interest to declare.

Key Points

- This scoping review maps the extent, range and nature of qualitative research on people’s perceptions of their own alcohol consumption.

-This study identifies significant gaps in the available qualitative literature

-This review provides directions for how future qualitative research can make valuable contributions to the alcohol literature

-The existent literature is extensive and diverse, but most commonly explores risky or problematic drinking

-More research on how people make sense of, and reflect on, their own drinking would be valuable.

References

1. Meier, P. S., Warde, A. & Holmes, J. All drinking is not equal: how a social practice theory lens could enhance public health research on alcohol and other health behaviours. Addiction 2018;113:206-213.

2. Kypri K & McCambridge, J. Alcohol must be recognised as a drug. BMJ2018:362:k3944

3. Griswold, M. G., Fullman, N., Hawley, C., et al. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet2018*;*392**:**1015-1035.

4. Burton, R., Henn, C., Lavoie, D., et al. A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. Lancet 2017;389:1558-1580.

5. Muhlack, E., Carter, D., Braunack-Mayer, A., Morfidis, N. & Eliott, J. Constructions of alcohol consumption by non-problematised middle-aged drinkers: a qualitative systematic review. BMC Public Health 2018*;*18**:**1016.

6. Kelly, S., Olanrewaju, O., Cowan, A., Brayne, C., & Lafortune, L. Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design. Plos One 2018;13:e0191189.

7. Arksey, H. & O'Malley, L. 2005. Scoping studies: towards a methodological framework. InternationalJournal of Social Research Methodology 2005;8**:**19-32.

8. Tricco, A. C., Lillie, E., Zarin, W., et al. 2018. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Anl Intern Med 2018;169**:**467-473.

9. Flemming, K. & Briggs, M. Electronic searching to locate qualitative research: evaluation of three strategies. J Adv Nurs 2007;57**:**95-100.

10. Huang, M.. & Chang, Y. Characteristics of research output in social sciences and humanities: From a research evaluation perspective. J Am Soc Inf Sci 2008;59:1819-1828.

11. Ware, M. & Mabe, M. The STM Report: An overview of scientific and scholarly journal publishing. . International Association of Scientific, Technical and Medical Publishers; 2015 March.

12. Slade, T., Chapman, C., Swift, W., Keyes, K., Tonks, Z. & Teesson, M. Birth cohort trends in the global epidemiology of alcohol use and alcohol-related harms in men and women: systematic review and metaregression. BMJ Open2016; 6**:** e011827.

13. NHS Digital. Statistics on Alcohol, England 2020:: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-4 [Accessed 06/02/20].

14. Stewart, D. & McCambridge, J.  Alcohol complicates multimorbidity in older adults BMJ 2019;365:l4304

15. Madden, M., Morris, S., Stewart, D., Atkin, K., Gough, B. & McCambridge, J. Conceptualising alcohol consumption in relation to long-term health conditions: Exploring risk in interviewee accounts of drinking and taking medications. PLos One2019;14**:** e0224706.