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# 'I've gone from one extreme to the other': critical junctures in relationships with alcohol during the COVID-19 pandemic

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# 'I've gone from one extreme to the other': critical junctures in relationships with alcohol during the COVID-19 pandemic

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## ABSTRACT

**Background:** With the United Kingdom experiencing a series of 'lockdowns' in 2020 and 2021 that disrupted leisure and socializing, the COVID-19 pandemic presents a 'critical juncture' which has facilitated alterations to – and reflections on – drinking practices.

**Methods:** Drawing on online semi-structured interviews and focus groups conducted between the first and second UK lockdowns, we highlight three stages in the development and maintenance of UK drinking practices using critical junctures as a theoretical framework.

**Discussion:** Firstly, we consider the antecedent conditions – such as dominant drinking cultures – that shape pre-pandemic drinking practices and form the backdrop against which changes to behaviors are made. Secondly, we explore the 'cleavage' or initial moment of disruption which gives rise to shifts in drinking practices and consider how this critical juncture stabilizes and is reproduced. Finally, we examine the possible 'legacy' of the critical juncture.

**Conclusions:** The paper highlights implications for healthcare/policy including the importance of considering wider social context when seeking behavioral change. We also stress that alternative explanations – such as declining drinking rates and the growth of Temporary Abstinence Initiatives – must not be ignored when exploring people's shifting drinking behaviors, even during periods of unprecedented social change.

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## Introduction

Alcohol consumption is embedded in the everyday and often remains unscrutinized by drinkers themselves, by others and by society more widely. Indeed, the UK's drinking culture is one where consumption is often taken for granted, drinking is widely associated with socializing, habits and routine (Gardner et al., 2012) and intoxication is normalized (Griffin et al., 2009). This presents challenges for health behavior change. Whilst the UK is seeing changes to drinking practices – including declining consumption amongst young people (Holmes et al., 2022) and a rise in popularity of Temporary Abstinence Initiatives such as Dry January (Yeomans, 2019) – a refusal to consume or a change to usual drinking routines may still elicit judgement from others, particularly amongst certain groups or during particular social situations (Herman-Kinney & Kinney, 2013). The COVID-19 pandemic and associated lockdowns in 2020 and 2021 represented a significant disruption to everyday routines and practices around socializing, leisure and alcohol consumption (and to routines around work, caregiving and education) (see Mckeown et al., 2021) that may have significantly changed practices of alcohol consumption. With the removal of numerous external factors such as (some) peer pressure and access to drinking settings, lockdown presents an invaluable opportunity to undertake

further research into drinking practices and identities. For example, whilst much alcohol consumption already took place at home before the pandemic (Holloway et al., 2008), the sudden closure of licensed venues and disruption of existing pubbing and clubbing routines further shifted consumption towards domestic spaces (Caluzzi et al., 2022; Hardie et al., 2022). These circumstances may present opportunities to change existing relationships with alcohol, but also possible challenges to doing so (for example, the pandemic may represent a time of stress, anxiety or boredom that could facilitate particular drinking patterns, and may make it more difficult to access support around managing alcohol consumption). The pandemic undoubtedly presented a valuable opportunity to enhance empirical understanding of wider shifts towards domestic drinking – which remain under-researched – but also some of the ways in which practices might shift, fragment or (re)stabilize during times of social and political change. In the context of wider ongoing political instability in the UK and a 'cost of living' crisis, this research clearly has value beyond the immediate lockdown context in terms of enhancing understanding of drinking behaviors and domestic consumption at times of social and political upheaval.

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With the economic and social burden of alcohol harm estimated at 1.3–2.7% of annual UK GDP (£21–£52 billion) in 2016 (Burton et al., 2016), the academic and popular interest in drinking behavior since the start of the COVID-19 pandemic is unsurprising. Much discussion has focused on the possibility of discontinuity of pre-pandemic drinking behavior. Of particular concern has been the possibility of increased ‘high risk’ consumption (Jackson et al., 2021), alongside reports of increased alcohol sales (Finlay & Gilmore, 2020) and increased domestic consumption (Hardie et al., 2022). For example, a survey from Alcohol Change (2020) suggests by July 2020 almost one-third of UK drinkers felt that they were consuming *more* alcohol during lockdown. Other quantitative research suggests that there may be a polarization of lockdown drinking, with those who drank more heavily prior to lockdown consuming more alcohol, and lighter drinkers more likely to have reduced consumption or stopped completely (Oldham et al., 2021). This is echoed by Daly and Robinson (2021), who report an increase in ‘at risk’ drinking amongst midlife British adults during the first 2 months of the Spring 2020 lockdown relative to pre-pandemic consumption levels. The figures attest to concerning patterns of change in the UK; unplanned admissions to hospital for alcohol-related liver disease increased by over 13% between 2019 and 2020, and there was a 20% increase in total alcohol specific deaths in 2020 (Burton et al., 2021). Whilst such changes do form part of a wider and longer-term upwards trend in alcohol harm, it is possible that the pandemic has contributed to these figures *and* made it more difficult for high-risk drinkers to access help and support (Jackson et al., 2021).

Unpicking how and why these broader changes occurred can be enhanced by exploring individual accounts via in-depth qualitative research. Such work can help explain changes (or continuities) in drinking behavior and the implications that these may have for healthcare providers and the development of policy, and there is a rich history of research using qualitative methods to understand lived experiences and ambivalence in relation to drinking practices (e.g. de Visser & Smith, 2007; Douglas, 1987; Emslie et al., 2015). In this article, we contribute to these efforts, adopting an interpretivist epistemology to understand how people make meanings and sense of their drinking practices and drawing on a qualitative dataset exploring individual drinking accounts during the UK’s societal lockdowns in 2020. Whilst recognizing the variation and complexity in specific accounts, we also explore wider patterns across the dataset through adapting and drawing on elements of an existing theoretical framework, that of ‘critical junctures’.

Critical junctures is a term associated closely with historical institutionalism – which emphasizes how the timing, sequences and causal role of previous events impact on subsequent outcomes (Capoccia, 2016; Hogan & Doyle, 2007; Simpson et al., 2018; Soifer, 2012; Thelen, 1999). However, the term has been used across many disciplines including politics, medicine and sociology to define a period of rare, significant and sudden social change which gives rise to a legacy of changed behaviors (Capoccia & Kelemen, 2007). Here, we draw on the definition provided by Collier and Collier (1991).

They suggest that critical junctures can fruitfully assist systematic study of data through consideration of: (1) antecedent (pre-existing) conditions linked to a critical juncture; (2) the ‘cleavage’ or rupture that emerges from these which gives rise to the critical juncture; (3) how a critical juncture is produced, reproduced and its relative stability; (4) rival explanations involving ‘constant causes’ rather than critical junctures; and (5) the duration, end point and legacy of a critical juncture.

Although the definition of a critical juncture has been contested (Munck, 2022), the term has historically provided a framework for examining how factors may exert effects on institutions, and may shape change in social, political, economic or health behaviors (Capoccia, 2016). As others have argued, the COVID-19 pandemic provides an example of a critical juncture (Heo et al., 2021; Marshall-Andon et al., 2021), evidenced by the period of profound societal, political and economic challenges and uncertainties that have followed in its wake (Al-Thaqeb et al., 2022; Delardas et al., 2022). The concept holds intuitive relevance; during the shock of the early pandemic, routines around working and socializing were immediately upended, but there is also potential for longer-term change (at an individual or societal level) as we move into a late or post-pandemic era. Whilst the concept typically focuses on the connections between social change and institutional change, we were particularly interested in the entanglements between the meso and the micro-level i.e. the ways in which wider social changes and ruptures (the pandemic) intersect with changes to individual drinking practices. Here, our interest lies not in considering the pandemic *itself* as a critical juncture (see Twigg, 2020), but in understanding the ruptures or personal/internal changes to practice that emerged in relation to alcohol consumption during – and beyond – the early stages of the pandemic.

In this paper, we apply elements of a critical juncture theoretical framework to a set of interview data collected on the consumption practices of 20 UK drinkers between the first and second 2020 lockdowns, adapting the framework for our purposes. Our original research aim was to understand individuals’ and households’ accounts of their drinking practices and if/how these might be changing during the COVID-19 lockdowns in the UK. Importantly, this held open the possibility of continuity in practices as well as change; we did not specify that participants’ practices must have *changed* during lockdown and – whilst most participants had experienced changing practices – there was also some evidence of stability in drinking practices for a small number. Despite this stability, during data analysis we still identified clear themes around pre-pandemic drinking conditions and the *changes* to practice triggered by the pandemic. This led us to adopt and adapt the framework of ‘critical junctures’ to make interpretive and conceptual sense of what the data was telling us. This framework allowed us to contextualise changes to individual drinking practices against a backdrop of social change and to position the COVID-19 pandemic as front and centre in our understanding of how and why practices might change. Other approaches that explore changing consumption practices, such as turning points theory, tend to neglect

the wider social and political context and focus predominantly on changes to individual practices across the lifecourse (Teruya & Hser, 2010). They might also risk focusing *only* on where changes have occurred, whereas our interest lies in considering the pandemic as a broader contextual factor which may have facilitated both change *and* continuity in drinking practices. Finally, the framework guided us in reflecting on implications for practitioners and possible future policy directions.

In this paper, we draw on Collier and Collier's framework to highlight three features of critical junctures in people's changing relations with alcohol during the pandemic. Firstly, we outline the antecedent conditions that frame pre-pandemic relationships with alcohol. Secondly, we examine the initial 'cleavage' of the pandemic and lockdown, exploring some of the changes to drinking this facilitated and how such practices were then produced/reproduced after the initial shock of lockdown. Finally, we consider the 'legacy' or possible longer-term effects of the pandemic in relation to alcohol-related health behavior change and the possibility that other external causal factors may also contribute to changing drinking behaviors during this period of social upheaval and beyond. We also consider implications of this period of change (and its legacy) for healthcare and policy in a post-pandemic world facing ongoing social and political instability.

## Methods

We studied the lockdown drinking practices of regular drinkers in the UK using interviews and small household focus groups between the first and second national lockdown in England (May–August 2020). All interviews and focus groups were internet-mediated (e.g. via Zoom), recorded and prompted by open-ended questions around drinking/social life before, during and after the pandemic (e.g. 'what did a typical week look like pre-pandemic in terms of drinking?'; 'can you give me a sense of what your drinking has been like during lockdown?'; 'how do you envisage your drinking patterns changing – or not – as lockdown comes to an end?'). Whilst some questions were asked about general experiences of the pandemic, the interviews predominantly explored alcohol consumption.

Our sample included 20 individuals across four household focus group interviews (FGI) (each with two participants) and 12 one-to-one semi-structured interviews (SSI). The same interview guide was used as a template and similar topics were explored across both data collection methods, with the main difference being that in the FGIs household members were able to interact and question or support the statements of others. We gave all participants a choice as to how they would prefer to participate, and whilst the presence of other family members or housemates could have inhibited data collection and reflection on drinking practices, we observed that participants in both SSIs and FGIs seemed to talk openly and reflectively on drinking practices with little hesitation. Data was collected by both authors following ethics approval from the University of Portsmouth and University of East

London. We recruited opportunistically via university circulars (mailing lists) and on social media, obtaining a self-selecting, non-probability sample of light, moderate and heavy drinkers (based on interview questions establishing 'typical' self-reported consumption levels and patterns pre and during lockdown). This was a small-scale and exploratory study designed to contribute to rapidly-emerging and time sensitive discussions around drinking during the pandemic. As a result, a small sample size was appropriate and data collection was ceased after sufficient data had been collected to identify emerging patterns and themes. We specified a desire to talk to 'UK drinkers' about their drinking practices during lockdown, but did not include selection criteria around quantities consumed, in order to capture a snapshot of a range of drinking practices. Having said this, individuals who were accessing (or had historically accessed) support around alcohol use or substance misuse were excluded for ethical reasons (as this cohort might arguably be more likely to experience psychological distress during interviews and the research team lacked the expertise to provide appropriate support). The sample was diverse in terms of age range (26–65) but with a skew towards an older population (for example nine participants in their 30s/40s and nine in their 50s/60s). Almost all participants identified as White British or White English and resided in England (across a range of different regions). 8 participants identified as male and 12 female, and whilst we did not enquire about class specifically, we suspect a bias towards middle-class respondents based on the occupations of our participants. 13 were employed in full-/part-time work, four were full-/part-time students and three were retired.

Participants were supplied with a Project Information Sheet in advance and gave informed consent by completing and returning a written Informed Consent Form electronically. Audio recordings (for both SSIs and FGIs) lasted typically just over an hour ( $M = 60.8$  mins,  $SD = 11.4$ ) and were transcribed verbatim. Optional 'drinks diaries' were also completed by 14 participants to record information (e.g. alcohol units consumed, drinking reflections) pertinent to all drinking occasions one week pre-interview. All interviews took place between May and August 2020, *between* the first and second national lockdown in England. Participants were interviewed over a time period spanning between 59 days post- and 138 days post- the start of the first UK lockdown (with pubs initially closed but re-opening on day 100). Earlier interviews took place as the country was starting to ease lockdown restrictions, whilst later interviews were conducted when the country had opened up to a greater extent (for example with the 'eat out to help out' scheme in August 2020<sup>1</sup>). Licensed venues re-opened on 4 July 2020, with 8 SSIs and 2 FGIs taking place before this and 4 SSIs and 2 FGIs taking place after the re-opening. It is possible this had some impact on data collection, for example in terms of how ready or willing participants felt to return to licensed venues and with the later SSIs and FGIs possibly providing more opportunities for reflection on changing drinking practices, transitions and more medium/long-term changes. However, due to the rapidly evolving and changing pandemic situation, it was necessary to collect data within this window.



Data reported in this article concerns drinking transitions during this period. Our focus here concerns drinking practices occurring synchronously alongside (and perhaps due to) broader reactions to the COVID-19 pandemic, allowing us to interrogate the possible opportunities for both short and long-term reflection on – and changes to – drinking practices during a time of unprecedented social change. The data was subjected to thematic analysis (Braun & Clarke, 2006). Author Two initially coded the data set thematically, identifying patterns within and across the interviews using both a deductive and inductive approach (i.e. starting with a sense of possible themes based on the research aim but remaining open to themes arising organically from the data). This grouping of themes (and associated extracts and text) was then shared with Author One who made additions and tweaks to devise a revised set of themes and highlight key quotes or examples. To encourage analytical rigor, both authors then re-read all transcript data in-depth, checked for the fit and accuracy of codes and themes and adjusted accordingly, and considered several narrative arrangements for presenting an interpretive account of the data. Arrangements were extensively discussed and refined in light of new familiarity with patterns and tensions in the data. Data for the SSIs and FGLs was considered collectively; this was possible as very similar themes and patterns emerged. Author One produced a draft narrative account of our data analysis which was then considered by both authors and cross-referenced back to the data; at this point the possibility of a ‘critical juncture’ lens began to emerge drawing on a reading of the various ways in which participants were talking about change, transition and disruption in their accounts. All data was grouped and analyzed through a ‘critical junctures’ lens, and illustrative quotes are presented here, using pseudonyms. Although our sample size is small, we did not note consistent differences across – for example – age and gender in terms of who had made changes to their drinking practices and where the critical juncture lens could be used.

## Results and findings

### *From ‘the common denominator’ to coping mechanism: Antecedent conditions and initial cleavages around alcohol use in early lockdown*

One of the most prevalent themes across the data was a heightened awareness of the role of alcohol in pre-pandemic socializing and leisure. Over three-quarters of participants recognized alcohol’s important role in relaxation or its function as a ‘treat’ or a way of ‘doing’ friendship. Here, we observe the antecedent conditions (Collier & Collier, 1991) that frame drinking before the pandemic. For example, Damien (aged 38) remarked that pre-pandemic ‘it’s always been the common denominator ... having a beer together is what we do more than anything else’, whilst others also recognized the important role of alcohol in socializing. Indeed, several participants identified a ‘culture of intoxication’ (Griffin et al., 2009); i.e. heavy alcohol consumption is normalized and encouraged in the UK which can make health behavior changes difficult.

These antecedent conditions highlight the ways in which drinking routines become embedded within dominant drinking cultures. Health behaviors such as drinking are always ‘enacted in a social context and carry social meanings’ (Bartram et al., 2019, p. 1121), making existing practices feel quite ‘sticky’ and fixed and possibly restricting opportunities to change behaviors. However, the sudden disruption caused by the COVID-19 pandemic and associated societal lockdowns quickly uprooted these existing routines and practices of socializing, presenting opportunities for change. The initial ‘cleavage’ or moment of change might be identified as March 2020, with the sudden announcement of the first UK societal lockdown, the implementation of ‘stay at home’ mandates, limits on socializing and the closure of licensed venues.

Half of our participants noted the immediate loss of routines and obligations and/or described feelings of stress, worry or uncertainty during early lockdown. This was referenced in Kayla’s (39) description of a sense of a ‘complete change in life’ leaving her feeling ‘completely distanced from the world’ early in the first lockdown. The stress and worry of the early pandemic and the rapid removal of obligations (Kamin et al., 2021) could facilitate a sudden change in how alcohol was used during this initial, unsettled period whilst the pandemic was ‘pervasive in its influence on our daily lives’ (Patrick et al., 2022, p. 6). Quantitative data suggests that off-trade consumption increased in England and Scotland following lockdown (Hardie et al., 2022); for example the prevalence of very frequent weekly consumption (defined as drinking four or more nights a week) doubled two months into the pandemic in a sample of drinkers aged 46–50 (Daly & Robinson, 2021). Our data found similar patterns early in the lockdown period. Almost half of the participants described initial increases in consumption, which is perhaps unsurprising as we know drinking might be used as a coping mechanism during times of stress (Cook et al., 2022) (although it is also worth noting this proportion is higher than those reported by Alcohol Change (2020) and Oldham et al. (2021), where closer to a third reported increases in consumption). As we have discussed elsewhere, whilst some participants expressed caution about increased domestic and/or solitary drinking or felt home drinking was harder to keep in check than public drinking, others created and valued novel drinking opportunities and spaces (such as online ‘virtual pubs’ or garden drinking spaces) (see Conroy & Nicholls, 2022). We also saw evidence of rapid fluctuations in consumption. Rachel described moments of ‘low mood’ and feeling ‘panicky’ early in the pandemic where the lack of structure produced a fatalistic response and a sense there was no point in trying to moderate her consumption or ‘be healthy’:

There’s nothing to lose ... you kind of have this fatalistic ‘what’s the point of it all? What’s the point of trying to be healthy when the whole world’s gone to shit?!’ (Rachel, 52)

This was balanced against attempts to moderate; during early lockdown Rachel swung between heavier drinking, moderation and periods of abstinence, leading her to describe her consumption as swinging ‘from one extreme to another’ during this period. The sudden shift to working

from home also fractured typical morning routines which required participants to get up early, do chores before work and/or commute. Rachel associated this fracturing with increased 'flexibility', which could make it 'easier to drink'. This was also illustrated by participants Kayla (who described letting her 'inhibitions drop' and having an extra glass of wine in the evening as she knew she didn't need to be up early) and Kriss:

If I'm not going to [be] driving in the morning to work then I don't really see that much of a problem with having more to drink in the evening than I would have done before. I practically never drunk Sunday to Thursday in the past whereas now if I know I'm not going to be driving tomorrow I can have... well not as much as I want but have a reasonable amount to drink... I've kind of increased my amount that way (Kriss, 32)

Participants also used alcohol during these uncertain times to (re)establish a sense of routine and structure during a time of social upheaval. For example, the blurring between work and home life associated with homeworking meant that participants sought other ways – such as having a beer – to mark periods of transition or signify the end of the working day (Caluzzi et al., 2022; Nicholls & Conroy, 2021). Such findings may have significance beyond the lockdown period if new patterns of 'working from home' are embedded and endure beyond the immediate pandemic whilst also blurring traditional notions of drinking 'occasions', as Caluzzi et al. (2022) note.

In sum, the fracturing of routines – and associated worry and concern – enabled new ways of drinking, whilst alcohol was also used to (re)establish some of those missing routines. In this sense, the pandemic had an immediate effect on routines and facilitated new ways of drinking – including week-night consumption and/or a shift towards more consumption taking place at home – rather than representing an opportunity for positive behavior change (at least initially). However, these early increases or fluctuations might be short-term, almost knee-jerk reactions and did not necessarily reflect practices at subsequent stages of the pandemic.

### **Time to 'change everything' or 'find normality'? Stabilizing and (re)producing pandemic drinking**

After the early shock and disruption of the pandemic and first lockdown, half of the participants paused to take stock of drinking, make changes and – commonly – seek a sense of stability or 'normality' in their consumption practices. For example, Kayla (39) described a 'red-light moment' where she reflected on her newly-increased consumption and sought to return her drinking patterns and behaviors to something closer to pre-pandemic levels. Similarly, as Rachel realized the pandemic was going to be something more than a very short-term experience, it became important to her to 'manage' or 'get on top of' her drinking, suggesting a desire to (re)adopt drinking practices that felt more sustainable and less reactionary:

I recognized that this isn't a short-term thing.... we're all gonna be in some kind of lockdown state for a long time until we get a vaccine, basically, so there's still gonna be restrictions on where we go and what we do. And I've got to sort of adapt to that accordingly (Rachel, 52)

This was apparent across the data; for example Robert (45) describes becoming 'aware' of unsustainable drinking increases early in lockdown. Like Kayla, he works to return his drinking to 'pre-pandemic' levels, using this as a benchmark for a level of drinking that feels comfortable and appropriate:

I suppose it's been good that I was aware that I was drinking too much [early in the pandemic], and then I've changed my behaviors. I mean, that would be a good change if you like... Yeah, you know, show myself that I'm... able to still be aware and also able to change my drinking habits (Robert, 45)

For some participants, the intention is clearly to *return* to prior drinking practices and levels or use alcohol to 'create a sense of normalcy' (Stephen, 45). However, others framed the pandemic as an opportunity to embed longer-term *changes* to drinking practices. Describing becoming 'very conscious' of an initial increase in her lockdown drinking, Alison decided to stop drinking and embark on a new exercise routine and diet plan:

And I just had this massive switch in lockdown, and I was like 'this is the time to do it. This is the time to change everything'. So I've been doing 'Couch to 5K' and the '90 day plan' so I've completely changed my diet. Well my diet was pretty good anyway, but I'm complete... everything is around... is related around exercise and healthy eating and just healthy mindset... [cut]... I think that a part of it was that alcohol consumption was the driver for making that change. But actually, I think also this.... this is the time.... lockdown is the time to do some things we never normally do (Alison, 41)

For Alison, a sudden, initial increase in her consumption gives rise not to a desire to return to pre-pandemic practices, but rather to what she calls a 'massive switch' in her relationship with alcohol. She suggests there is something distinctive about lockdown itself that might enable change, framing this period as the perfect time to 'change everything' or 'do things we never normally do'. Other participants – particularly those who also took breaks from drinking during lockdown – made similar comments. Indra (32) remarked that lockdown is an 'opportunity to make adjustments to your behaviors or habits'. Damien (38) found the notion of a 'dry lockdown' very appealing, and lamented the fact that he had not done this, reflecting on the lockdown as something of a 'missed opportunity' to make changes. In this way, some participants experienced lockdown as an opportunity – taken or missed – to try out and embed real adjustments to behaviors and practices, echoing quantitative findings suggesting that, in England, high-risk drinkers were more likely to report trying to reduce their consumption levels during the pandemic than before it (Jackson et al., 2021).

These examples illustrate the ways in which drinking practices became stabilized and reproduced after the initial 'cleavage' or shock of the pandemic (Collier & Collier, 1991). The pandemic presented opportunities to make more substantive changes to drinking practices or to implement positive health behavior changes in relation to alcohol consumption. Whilst there was evidence of short-term, almost kneejerk responses to the disruption of lockdown (for example increased consumption), here we see conscious reflection on consumption and – for some – the framing of

lockdown as a pivotal moment in implementing changes that might endure beyond the pandemic. However, two questions arise. Firstly, how likely might any changes be to endure beyond the pandemic? Secondly, might changes such as those made by Alison have happened anyway, or can we attribute them entirely to the pandemic and lockdown?

### ***'A genuine lifestyle change'? Drinking legacies and rival explanations***

It is important to consider the extent to which changes introduced during the pandemic might last beyond it and become enduring, persistent and stable (Collier & Munck, 2017); Collier and Collier (1991) describe this as the *legacy* of a critical juncture. A quarter of participants felt strongly that any changes to practices were relatively short-term and would not last beyond lockdown. For example, Mel (37) described drinking more alcohol during lockdown, particularly when furloughed from work, but felt confident she would return to her pre-pandemic consumption patterns 'when normal life resumes'. Others expressed a degree of ambivalence or uncertainty in this regard. For example, Kriss (32) noted that during lockdown his drinking practices had shifted from the weekly night out to more regular, almost subconscious consumption of a couple of beers at the end of the working day. Whilst he expressed a desire to return to pre-pandemic practices – 'I just kind of want it to go back to where it was before' – in reality he felt the pandemic might lead to wider, longer-term changes in drinking (both societally and for himself):

I really don't know how it's going to change but I imagine that it will be quite different... I think it will be quite difficult to go back to drinking on a Saturday for me at the moment because I've just become used to going to the fridge and having one after work, but at the same time I don't think if I was doing that every day during the week I would probably go out into town on a Saturday (Kriss, 32)

To return to Alison, she emphatically felt that the changes to her drinking practice were longer-term:

I very much would be surprised if I went back to swapping doing the exercise and stuff to just sitting around having a glass of wine. I don't think that's going to happen.

*Interviewer: So it feels like a longer term change?*

Definitely. Well, the whole point of doing the things that I'm doing is meant to be like a change in lifestyle anyway... It's a whole new thing. It's a whole new like outlook on life (Alison, 41)

She went on to refute any suggestion that her health regime might be a 'whimsy kind of hobby', positioning it as 'a genuine lifestyle change'. Thus, whilst the sudden removal of social obligations associated with lockdown might facilitate changes or make them feel easier to initiate, Alison was keen to stress that she wanted these changes to endure beyond lockdown. One way of consolidating this idea was to frame lockdown as an opportunity not for merely changing practices, but for wider shifts in identity. Lockdown was positioned not just as an exceptional set of circumstances, but time to work on the self and – potentially – emerge from lockdown as a changed person. This focus on the type of

person Alison wanted to be further consolidates the idea of longer-term and deeper change whilst also allowing a disruptive and difficult time of change to be reframed as a moment for self-development and growth (of course this is easier for those with a degree of security and stability). Alison, for example, claimed she wanted to emerge from lockdown as a 'better version' of herself and emphatically did *not* want to be 'the person at the end of lockdown who is drinking two bottles of wine a night'. Here, the focus is on identity rather than merely practices, as she immediately emphasizes again in the next sentence 'I don't wanna be that person'. Lois (58) also described feeling 'determined' to emerge from lockdown without gaining weight or drinking more and positioned lockdown as an opportunity to focus on being 'healthy' and 'productive', whilst Indra described wanting to avoid feeling 'less than optimal' during lockdown. An awareness that alcohol could impact her mental health had led her to take short breaks from drinking and make other changes to her personal life that might be associated with wellness, health and self-growth (such as doing yoga more regularly). In this way, changes to drinking practices during the pandemic were tied in with something bigger; with wider 'lifestyle changes', a 'new outlook on life' and with changes to one's sense of self rather than mere changes to practices and behaviors.

A key point Collier and Collier (1991) raise is around acknowledging that changes which feel like they could be attributed to a critical juncture might also be explained by wider or pre-existing causal factors. For example, Alison's decision to stop drinking did not occur in a vacuum. Whilst the pandemic may have encouraged or accelerated her choices, she had also been reflecting on her drinking *before* the pandemic. Indeed, a recent move and new job had already helped her to break one of her old habits of stopping at the pub after work. We must also situate these changes against a wider backdrop of other social changes that were evident before the emergence of COVID-19. These include declining drinking rates (Holmes et al., 2022) and an increase in the popularity of Temporary Abstinence Initiatives such as Dry January (Yeomans, 2019). We have also seen wider moves towards 'healthism', increasing moral imperatives to adopt individual healthy lifestyles (Cederström & Spicer, 2015) pressure to be one's 'best self' (Rose, 1998) and the growth of sobriety as a 'lifestyle movement' (Nicholls, 2021). In sum, whilst the findings presented here highlight the salience of lockdown as a form of critical juncture, it is important to note firstly that reflections on drinking may have been occurring *before* the pandemic and secondly that the cross-sectional nature of this study means we do not know how long any changed consumption practices might persist.

### **Discussion and conclusion**

The COVID-19 pandemic and the associated lockdowns triggered unprecedented social changes that impacted on all aspects of life for UK residents. The initial rupture to social life and leisure presented by lockdown and the closure of hospitality venues not only gave rise to a series of changes in UK drinkers' relationships with alcohol during a window of



sudden disruption, but also presented unprecedented opportunities for researchers to explore drinking practices at a time when a number of external factors influencing drinking were significantly impacted or even removed, with research highlighting ambivalences, fluctuations and nuances around pandemic drinking in contexts such as Australia (Cook et al., 2022), the USA (Grossman et al., 2020) and across Europe (Kilian et al., 2022). Whilst the pandemic itself could be regarded as a 'critical juncture' in its own right (Twigg, 2020), of interest here is the ways in which a critical juncture framework might be adapted and deployed to make sense of UK drinkers' complex and shifting relationships with alcohol during this period. This can help us to understand both initial 'cleavages' to practices and the longer-term 'legacy' (Collier & Collier, 1991), and to understand the detail and nuance behind more quantitative accounts of how drinking practices have changed during the pandemic (Burton et al., 2021; Oldham et al., 2021). Such findings are also of value in enhancing our understanding of the under-researched phenomenon of home drinking more generally (Holloway et al., 2008) and of drinking practices during times of instability or social change. As new patterns of working from home become embedded, alongside wider social and political changes such as the cost of living and environmental crises, our findings have relevance beyond the immediacy of the pandemic and may help to explain shifts in practices during ongoing and future times of stress, anxiety and social and financial uncertainty. Such considerations will be important both for practitioners and for those involved in developing alcohol policy.

It is important to note that the findings presented here are not representative of the experiences of all UK drinkers during lockdown; even within our sample some did not describe much change to their practices. Furthermore, with an opportunistic, self-selecting (and arguably predominantly middle-class) sample, it is unsurprising that those most significantly affected by the pandemic and lockdown - for example through job loss, homelessness or having to 'shield'<sup>2</sup> - are not represented here, and it is likely more difficult for those within these less privileged groups to imagine the pandemic as a positive opportunity for self-growth (for example due to less security over work, housing or finances). Similarly, our sample did not include dependent drinkers accessing support for substance misuse, so does not capture the experiences of those who may have a very challenging relationship with alcohol and be most vulnerable to certain health consequences. Amongst those we did speak to, there is also some risk that participants were aware of stigma around practices such as heavy drinking or drinking alone, and they may have sought to present their drinking habits in a socially desirable way. Finally, our data is limited in the sense that this is not a longitudinal study (and we cannot know for sure how/if practices will endure beyond the pandemic). Indeed, at the time of research and writing it could be argued that the pandemic and its medium to long-term effects were still unfolding. Nevertheless, this article contributes to our understandings of UK drinking practices during a time of unprecedented social change, and the explicit intentions of a number of participants to maintain changes to their drinking

practices beyond the initial pandemic starts to reveal something of the significance of the pandemic as a critical juncture. Relatedly, emerging research suggests that some changes to drinking practices early in the pandemic (e.g. home based drinking) persisted even as lockdown restrictions were eased (Hardie et al., 2022), whilst other work modelling the potential longer-term health impacts of COVID-19 indicates a likely legacy of increasing disease, mortality and healthcare costs (Card-Gowers et al., 2021).

Adapting the work of Collier and Collier (1991) this article has explored; firstly; the antecedent conditions that positioned drinking as a normalized part of socializing before the pandemic. As a consequence of this normalization and alcohol's status as entrenched within existing social routines, empirical work has suggested that it might be difficult to question or change one's consumption (see Cherrier & Gurrieri, 2013; Romo, 2012). Attempts to encourage changes to embedded practices and health behaviors by practitioners and policymakers must be mindful of alcohol's normative status and the challenge and stigma that might come with refusing to 'buy in' to dominant drinking practices (Bartram et al., 2019). Pushing for individual level behavior change whilst ignoring the wider social significance of alcohol and the entrenched nature of social norms around drinking - as clearly highlighted through the critical junctures lens - are strategies that are unlikely to succeed.

Secondly, we have honed in on the initial rupture or 'cleavage' to drinking practices presented by the start of lockdown, exploring the critical changes that might be experienced in relationships with alcohol during times of uncertainty, worry and a lack of routine and stability. The anxiety associated with the pandemic itself gave rise to increased consumption rates (see also Patrick et al., 2022), whilst the closure of licensed venues and the loss of familiar routines, structures and social obligations carved out new spaces (literally and metaphorically) for drinking (see also Caluzzi et al., 2022). At the same time, drinking might be used to attempt to create a sense of 'normalcy' against the backdrop of this sudden rupturing of the familiar and the everyday (Nicholls & Conroy, 2021). In this way, changes arising in the immediate aftermath of the lockdown were often later felt to have been undertaken subconsciously or without thinking i.e. a sort of 'kneejerk' process of 'coping, adjusting and restoring order' (Twigg, 2020, p. 2), which may be reflected in quantitative data indicating increases in UK consumption in a sample of midlife drinkers two months into lockdown (Daly & Robinson, 2021). These findings provide an example of how drinking practices change quickly as a response to periods of stress and uncertainty or a critical juncture, presenting a challenge to practitioners and policymakers around how to respond in a future lockdown/pandemic scenario, but also in other times of rapid social change or instability. Recent work has appealed to the importance of considering longer term fluctuations in alcohol consumption levels alongside other changes (e.g. to mental health) in response to periods of global socio-economic crisis such as economic recession or pandemics (Calina et al., 2021). During the current period of multiple 'crises' (environmental collapse, the legacies of austerity, ongoing precarity, sharp rises in the

cost of living), and projected falls in household incomes (by 2.25% in 2023 for UK households) drinking practices are likely to continue to experience change and disruption (Francis-Devine et al., 2022). For example, domestic drinking practices developed during the pandemic may endure as some drinking venues face closure and consumers cut back on 'non-essential' spending such as public drinking. An important part of the legacy of alcohol consumption patterns during the pandemic may involve greater scrutiny on historically under-explored areas of alcohol research including definitions and occurrence of solitary drinking (Cook et al., 2023) and alcohol as a compounding factor in the occurrence and the severity of domestic abuse in intimate relationships (Wilson et al., 2022). In this way, lockdown has presented an opportunity for and highlighted the value of more context-sensitive and more inclusive approaches to alcohol research.

Our findings also draw on the critical juncture perspective to highlight the contextual nature of alcohol consumption and the complex, reciprocal relationship between external factors (involving potentially abrupt, unpredictable and uncertain events) and individual's subjective states in shaping their drinking practices. Again, policymakers and practitioners must be mindful of the role of alcohol in, for example, managing emotions of stress, worry or concern triggered by external circumstances, instability and change. Similarly, the alcohol industry may pivot rapidly to exploit particular circumstances as opportunities for targeted and specific marketing efforts, as evidenced during the pandemic by the industry's promotion of 'connectedness' and 'togetherness' through drinking (Atkinson et al., 2021). This reframing of difficult external circumstances as potentially new drinking 'opportunities' presents a further challenge to policymakers and practitioners.

Critical junctures endure beyond an initial key moment, and we have also shown here how drinking practices stabilized and reproduced over time as the pandemic continued yet became something of a 'new normal'. This included a return for some to old drinking practices. For others, the pandemic presents an opportunity for new drinking practices (such as 'dry periods'), with a desire to implement broader and ongoing lifestyle changes. Notably, this might coincide with other positive health behavior change such as the implementation of new exercise regimes or dietary changes, findings that are likely to be of interest to policymakers and practitioners alike. These findings suggest that, whilst the shockwaves of the pandemic are arguably still being felt and it may be too soon to draw definitive conclusions about its medium and longer-term impact, there are clear possibilities for 'legacies' here as drinking practices that might have been (formerly) experienced as highly embedded aspects of social routines become (latterly) 'unstuck' or unsettled. This allows drinkers to make short-term changes to their consumption, or even to (re)imagine longer-term futures where the role of alcohol is shifted substantially or their very identity as a 'drinker' is recast. Whilst the pandemic represents an extreme example of social change and disruption, public health messaging should recognize the ways in which drinking is habitual and routinized. In-so-doing, health messages may benefit from making space for drinkers to reflect on, question or

challenge their taken-for-granted existing drinking routines. Consideration of how changes might become longer-term and embedded (for example through encouraging a sense of shifting one's identity rather than merely shifting one's habits) may also be of value for policymakers, particularly as we know other approaches to reducing alcohol consumption can be limited in their effectiveness (Brennan et al., 2021).

In line with Collier and Collier's (1991) framework, we have also cautioned that changes do not take place within a vacuum; wider possible causes that might inform changes to drinking practices have been considered. Participants themselves may have been reflecting on drinking more generally before the COVID-19 pandemic. Changes should also be situated as part of wider social processes and considered against a backdrop of declining drinking rates (Holmes et al., 2022), the development of online communities celebrating sobriety as a positive lifestyle choice (Nicholls, 2021) and the rise in popularity of Temporary Abstinence Initiatives (Yeomans, 2019) in the UK. A key policy takeaway here is that – whilst COVID-19 has undoubtedly impacted upon consumption practices for a number of UK drinkers – alcohol consumption inevitably remains embedded in wider social contexts that persisted before the pandemic and endure beyond it (Patrick et al., 2022). In this sense, it might be naïve to understand periods of lockdown as isolated primary causes of changes to consumption practices, but rather a phenomenon that has acted as something of a catalyst in *accelerating* or encouraging change amongst those already questioning their relationships with alcohol. Furthermore, whilst some have clearly altered consumption during this time of unprecedented social change, over 18% of England's adult population were drinking at levels of 'increasing' or 'higher' risk by the end of 2021 (Brown et al., 2021). Such findings highlight the ongoing work to be done around facilitating change and drawing on global/societal events (like the COVID-19 lockdowns) to challenge entrenched drinking cultures in the UK and beyond.

## Notes

1. This scheme saw the UK government subsidising meal costs to encourage consumers to return to bars and restaurants to enjoy discounted meals, in an attempt to boost the economy and support the hospitality industry
2. Avoid all social contact due to – for example – vulnerabilities caused by pre-existing health conditions

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