

EDITORIAL

COVID-19 makes a stronger research focus on home drinking more important than ever

Over the past few decades, enormous research effort has been devoted to understanding drinking in licensed venues such as bars, clubs and pubs. The emergence in many countries of a vibrant but also sometimes perilous night-time economy (NTE) has been explored extensively. This includes quantitative studies of the prevalence and correlates of intoxication and assault [1] and qualitative studies of people's experiences within these settings [2,3]. Much of this research concerns young people, and the cultural value and meanings attached to intoxication for this age cohort [4–6], encouraged by commercial interests in the NTE. This focus on drinking in licensed venues is, at least in part, warranted: drink for drink, consumption at licensed premises is more likely to result in short-term harms than those consumed off licensed premises [7].

However, long-term harms from alcohol are less influenced by environmental factors such as drinking location than short-term harms. In Australia, 63% of all alcohol is consumed in the drinker's own home, with a further 13% in other people's homes. This compares to 12% in pubs, bars and nightclubs [8]. Corresponding figures in Scotland are similar, 73% of alcohol is sold for consumption off-premise [9]. In countries where the majority of consumption occurs in private homes, it follows that much of the long-term harm drinking causes is attributable to drinking that does not occur in licensed venues. There is also evidence that people drink heavily at home. In Australia, 56% of all alcohol consumption in the drinker's own home was found to be above and beyond the average of two standard drinks per day (20 g ethanol) recommended in the current National Health and Medical Research Council long-term risk guidelines [10]. And in 2020, the COVID-19 pandemic prompted countries around the world to issue stay at home orders. Home has become, albeit temporarily, the only place where many people can drink.

Social scientists have argued that policy responses emerge through dominant public understandings of any problem [11]. The problem of alcohol has become understood, through media representation and also through research, as one about public drinking in and

around licensed premises, particularly by young people [12–14]. This dominant alcohol problem construction is matched by policy efforts to restrict excessive alcohol consumption in bars, clubs and the NTE and minimise associated harms. Licensing conditions for on-premise liquor license holders in many countries entail an expectation that drunken and disorderly people will not be served further alcohol and often that they will also be removed from a licensed premise [15]. An example that has prompted much debate in Australia, although one that has already been partially wound back, is the lock out legislation that prohibited people re-entering licensed premises in specified areas of New South Wales and Queensland, implemented alongside mandating earlier closing hours [16].

Far less policy attention has been devoted to reducing drinking at home or associated harms. For example, in Australia a practice note issued by the Victorian state government to support assessment of whether the issuing of a new liquor license would produce excessive cumulative impact was found to have limited applicability to permit applications for packaged liquor [17]. It is particularly difficult to enforce compliance with licensing conditions for alcohol delivery services. Indeed, preliminary evidence suggests that home delivery alcohol services may be flourishing under a weak regulatory scheme [18]. One probable reason for the lack of congruence in policy responses is due to differentials in political capital – efforts to moderate drinking by younger people in the NTE are more politically palatable than attempts to regulate older drinkers consuming alcohol in homes would be. Further, home drinking does not seem to threaten social order or generate the level of political concern that media depictions of extremely intoxicated young people in city streets does [6].

In contrast to the wealth of literature on drinking outside the home, we know relatively little about the social practice of drinking in the home. Much of the existing literature on drinking in private settings concerns pre-drinking or pre-loading – the consumption, largely by young people, of cheaper alcohol in private settings prior to visiting the NTE [19,20]. Yet there are many reasons for people choosing to drink at home

instead of at licensed premises – an English qualitative study found that people listed convenience, cost, safety, child-care, stress and fear of younger drinkers as reasons for drinking at home [21]. Indeed, alcohol is significantly cheaper when purchased to consume at home than it is when purchased on-premise [15]. While intoxication in licensed premises can be quite a deliberate, purposeful act [22], there is evidence to suggest that home drinking is more routinised and habitual [23]. As people reach mid-life and particularly when they become parents, home drinking becomes expedient and provides a way of marking time for adult relaxation [24,25]. Research has demonstrated that the intoxicating effects of alcohol are mediated by places where we drink and the people around us [24,26,27]. The affective or experiential dimensions of home drinking including the meanings it has for people, and how this shapes drinking patterns in the home, is rarely explored, albeit with some valuable exceptions [24–28]. Furthermore, many of the policy levers used to reduce alcohol-related harms in public spaces are not relevant to home drinking, or not likely to be acceptable; people would object strenuously to restrictions on what and when they could drink at home. Indeed, home drinking as a ‘blind spot’ for alcohol policy has been discussed previously [29]. Research to determine the link between home drinking and both price and off-premise availability, and the effects of responses such as these, should be a priority.

As we write this editorial in May 2020, the COVID-19 pandemic has precipitated enormous changes to the lives of people worldwide. Some countries such as Greenland, South Africa and Thailand have banned alcohol sales as part of their lockdown measures [30] and alcohol taxes have been heavily increased in India [31]. In many other countries, the closure of onsite alcohol outlets such as pubs, clubs and restaurants has forced people to make abrupt changes to their drinking patterns. Many of these same outlets have been given temporary licenses to sell alcohol for take-away or delivery [32]. Off-premise suppliers such as bottle shops remain open, often surrounded by shuttered retail outlets. At this point, some industry-led restrictions on alcohol availability have been hurriedly brought into place in Australia [33]. These restrictions appear to be more about ensuring there is enough alcohol to go around, similar to other high demand products such as toilet paper or pasta, rather than a public health measure [34]. Debate over the designation of bottle shops as an essential service rages [35]. While the classification of alcohol outlets as essential is unsettling for some, there are concerns that removing access to alcohol could have severe consequences for dependent drinkers [35]. The ramifications of all this on nondependent drinkers are unclear. Our current

dearth of research evidence on home drinking does not provide the basis we need for sound policy though this period of social isolation. However, as Reynolds and Wilkinson note, the pandemic has highlighted an existing lack of effective policy addressing home drinking [29].

Drinking, as many have observed, is a deeply social activity [5,24,36]. It is also a tried and tested (if not optimal) means of managing stress and uncertainty [37]. Whether all of the drinking that would usually occur in onsite licensed premises will be relocated to people’s homes in the company of only household members, whether drinking will increase or decrease overall while social distancing restrictions operate, and whether home-drinking patterns established though this period will continue in some form once restrictions are lifted, will no doubt be investigated in time.

We make two points here. The first of these is to call for greater research attention to home drinking, in order to instate it as an issue that warrants sustained policy focus. Our second and related argument is that the urgency of doing so has never been greater.

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