‘Why can’t I just not drink?’ A qualitative study of adults’ social experiences of stopping or reducing alcohol consumption

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Abstract

Introduction and Aims. Alcohol is ingrained in Australian culture, playing an important role in many social occasions. This can make reducing or stopping alcohol consumption challenging, as one risks rejecting, not just a drink but also the valued social norms that drink represents. This study aimed to investigate the social experiences of adults who stop or reduce their alcohol consumption.

Design and Methods. Sixteen semi-structured interviews were conducted with people aged over 25 years who had stopped or significantly reduced their alcohol consumption for at least 3 months in the past year and were thematically analysed.

Results. Participants found themselves stigmatised for violating expectations around alcohol consumption when they tried to stop or reduce their own drinking. Although most were able to either conceal their change in alcohol consumption or present it so that it did not challenge norms around drinking, this approach was seen as a temporary measure and not one to employ with people with whom they socialised regularly. Instead, many participants sought to change their interactions with their social group to focus on activities with which alcohol consumption was not strongly associated.

Discussion and Conclusions. Reducing or stopping alcohol consumption can have positive consequences for health, yet it can also raise social challenges that individuals need to negotiate in order to maintain their social well-being. This tension suggests a need for health promotion campaigns to address the social as well as health consequences of reducing alcohol consumption.

Key words: alcohol abstinence, social norms, health promotion, qualitative research, Australia.

Introduction

Alcohol consumption is ingrained in Australian culture, playing an important role in many social occasions. Drinking is culturally normative—according to the 2013 National Drug Strategy Household Survey, approximately four-fifths of Australians over the age of 14 years consumed alcohol in the past year [1]. However, there are compelling health reasons to limit or abstain from consumption of alcohol: alcohol increases risks of injury, contributes to social problems and increases the risk of chronic diseases [2]. Many Australians drink at levels above those recommended by the National Health and Medical Research Council; 18% exceed the lifetime risk guideline by consuming more than two standard drinks per day on average, and 38% exceed the single occasion risk guideline by consuming more than four standard drinks on a single occasion at least once in the past year [1] (in Australia, a standard drink is equivalent to 10 g of alcohol [1]). As such, it is imperative to consider how individuals can be supported to change their drinking behaviour, specifically reducing their alcohol consumption, despite its cultural normativity.

There is some interest among Australians in reducing or stopping drinking, at least temporarily. In the 2013 National Drug Strategy Household Survey, 49% of drinkers reported taking action to reduce alcohol intake in the last year, mainly by reducing the amount drunk per session (30% of drinkers) or reducing the number of drinking occasions (29% of drinkers) [1]. Participation in events in which people pledge to give up alcohol for a limited period of time (e.g. FebFast, Dry July, Ocsober and Hello Sunday Morning) are growing rapidly in popularity [3–6].

Despite this interest, reducing alcohol consumption poses some social challenges, given the dominant drinking culture in Australia. Those who decline a drink risk rejecting, not just the drink, but all the symbolic meanings attached to that drink. In a study of FebFast participants, Cherrier and Gurrieri investigated the cultural norms that work to constrain people’s
choices (not) to drink alcohol: identifying norms of sharing, reciprocity and conformity [7]. Sharing alcohol was seen as symbolic of sharing experiences and nurturing personal relationships, a way to celebrate positive occasions (e.g. weddings) and to show solidarity and share pain (e.g. after a death). Alcohol contributed to social solidarity through the norm of reciprocity, where certain social interactions feature an obligation to provide or consume alcohol. People are also expected to conform to group norms of alcohol consumption; diverging from these norms can be seen as ‘letting the team down’ [7].

Studies of people who do not drink alcohol in Australia, as well as in countries with similar drinking cultures—New Zealand, the UK and the USA—suggest that not drinking is regarded as strange or deviant. Non-drinkers report experiencing negative reactions from drinkers, ranging from weird looks and questions requiring them to account for their behaviour to name-calling and verbal or physical attempts to compel them to drink [8–15]. Paton-Simpson argues that these reactions show that not drinking is a stigmatised behaviour, leading to potential costs such as feelings of awkwardness and embarrassment, as well as exclusion from social groups and activities [8]. For individuals who stop drinking alcohol, these costs of diverging from social norms can disrupt their sense of self, making it difficult to maintain their change in behaviour [16].

These potential costs have received limited attention in Australian health promotion interventions aimed at reducing alcohol consumption, which tend to focus on increasing awareness of health consequences and exhorting people to ‘drink responsibly’. These interventions thus locate responsibility for alcohol consumption with individuals, construing drinking as a rational, cognitive, independent decision [7]. In so doing, they ignore the social context, which can make reducing alcohol consumption difficult. If individuals are not able to manage this social context, they risk trading off their social well-being for their physical health.

Authors such as Fry [11] and Conroy and de Visser [9] argue that a greater understanding of the social experiences of non-drinkers may inform health promotion efforts to better address the social consequences of changing drinking behaviour. Several studies have investigated the experiences of young adult non-drinkers, particularly in university settings where heavy drinking is culturally normative [9–15]. These non-drinkers reported developing and employing a range of what Herman-Kinney and Kinney [10] referred to as ‘stigma management strategies’ to lessen their exposure to negative reactions, including those reported earlier. A commonly reported strategy involved concealing their non-drinking status (e.g. passing off a non-alcoholic beverage as an alcoholic one) or providing an excuse for not drinking (e.g. being on antibiotics). Those who chose to reveal their non-drinking status, or had it revealed by others, employed strategies such as making light of it, asserting that it was a personal, not moral, choice, and that they did not judge others for drinking. Many non-drinkers adopted roles of value to the group such as designated driver or carer. Some non-drinkers also reported trying to reduce their exposure to drinking situations—arriving at parties late or leaving early, or encouraging friends to participate in social activities less focused on alcohol [9–15].

Although the research to date on the social experiences of non-drinkers has identified some consistent themes, most studies have not explicitly distinguished between lifetime non-drinkers and former drinkers—yet it is people who make a change in their established drinking behaviour that can provide the most useful guidance for motivating others to reduce their drinking. This conflation may be reasonable in studies focused on young people; young non-drinkers and former drinkers have been found to be similar in terms of personality, alcohol-related attitudes and beliefs [17]. This similarity does not persist across the lifespan, however, with research on older adults showing large differences in demographic and personality characteristics between lifetime non-drinkers and former drinkers [18]. In addition, a youth focus has been justifiable as this cohort is seen as ‘at risk’ of high rates of alcohol consumption [19,20], but, in Australia at least, the proportion of young adults drinking at levels exceeding the guidelines for lifetime risk has fallen in recent years and is now similar to that of older age groups [1]. Furthermore, strong social norms around drinking continue into older ages; for example, a study of middle-aged men from the UK (which has a similar drinking culture to Australia) found that drinking was seen as crucial to forging and maintaining friendships and social support [21]. As such, there is value in examining how adults over the age of 25 years who stop or reduce their drinking manage this in social situations.

Previous research has explored how adults individually negotiate the implications of stopping drinking for their sense of self [16], yet, to our knowledge, no study has explicitly focused on how adults negotiate this change within their social groups. We sought to address this gap by investigating the social experiences of people aged over 25 years who have recently stopped or reduced their alcohol consumption. We aimed to understand how these people experienced social situations involving alcohol and to identify techniques or strategies they developed to manage the social implications of diverging from norms around alcohol consumption.
Method

Participants

We sought to recruit people aged 25 years or older who had recently stopped or significantly reduced their alcohol consumption for at least 3 months within the last year. These time limits were imposed to ensure that participants had sufficient experience in changing their drinking, and that this experience was recent enough to permit in-depth discussion. Recruitment occurred via a range of approaches including flyers posted around the researchers’ community, a Facebook event, a media release and personal contacts. People expressing an interest in the study were provided with further information; those meeting study criteria were invited to a face-to-face interview at a time and place convenient for them. Recruitment continued until information provided by participants about their social experiences became repetitive, corroborating data collected in previous interviews—an indication that data saturation had been reached [22].

Sixteen participants (10 women and six men) aged from 25 to 65 years (M=39.8 years) were interviewed. Eight participants identified as Australian, two as British-Australian, three as other European-Australian, one as Indian-Australian, one as Colombian-Australian and one as Ethiopian. Thirteen participants were employed and/or studying, with the remaining three retired (one) or unable to work for health reasons (two). Participants’ reasons for stopping or reducing their drinking were individual and complex; however, some common themes included to support the pursuit of other activities (44% of participants), to bring their drinking under control (38%), because they disliked drinking/drunkenness (31%), to manage a health condition (31%), to feel healthier generally (25%) and for a personal challenge (13%). Some participants gave multiple reasons within these categories.

Despite initially indicating that they met the study criteria, during interviews, it emerged that two participants had significantly reduced their drinking outside of the desired time frame (in both cases, approximately 4 years prior to the interview). As these participants were nonetheless able to reflect in detail about their experiences, these interviews were included in analysis.

Procedure

This research was approved by the authors’ university ethics committee. Semi-structured interviews were conducted face to face, audio recorded and transcribed verbatim by the first author. At the beginning of each interview, the interviewer reiterated study aims and obtained written consent for participation. Open-ended questions and additional probing questions covered topics including participants’ drinking patterns, their decision to make a change, their experience of becoming a non-drinker or lighter drinker, their approaches to managing social situations and their use of support or resources. At the end of the interview, participants completed a short demographic questionnaire. All names, places and other potentially identifying information were changed during transcription.

We acknowledge that the dynamic of interaction between the interviewer and participant will have had some influence on the interview. To manage this, the interviewer was mindful to foreground participants’ experiences, showing a genuine curiosity about what participants had to say. The interview schedule was structured to minimise leading questions and provide opportunities for the participant to dictate the flow of conversation. After each interview, the interviewer and co-authors reflected on the interviewer’s contribution, modifying subsequent iterations of the interview schedule where appropriate.

Analysis

Transcripts were entered into the NVIVO 10 software package [23] and thematically analysed. Thematic analysis enables identification, description, analysis and reporting of themes or patterns of meaning within qualitative data [24]. The epistemological framework for analysis was essentialist or realist: it aimed to understand and report the experiences, meaning and reality of participants with regard to changing their drinking in social situations [24]. Following guidelines suggested by Braun and Clark [24], the first author initially read and re-read the transcripts to gain familiarity with the data and then systematically coded features of the data relating to the research focus across the entire data set. She examined the extracts of data related to each code and collated these codes into broader themes, as shown in Table 1. All

<table>
<thead>
<tr>
<th>Code</th>
<th>Theme</th>
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<tbody>
<tr>
<td>Social pressure to drink</td>
<td>Violating expectations around drinking</td>
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<tr>
<td>What’s wrong with you?</td>
<td></td>
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<tr>
<td>No does not mean no</td>
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<tr>
<td>Feeling like an outsider</td>
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<tr>
<td>Associations with drinking</td>
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<td>Noticing the drinking culture</td>
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<td>Making change not obvious</td>
<td>Fitting in with expectations around drinking</td>
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<tr>
<td>Justifying decision not to drink</td>
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<tr>
<td>Planning ahead to reduce pressure</td>
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<tr>
<td>Leaving early</td>
<td>Changing social interactions to avoid drinking situations</td>
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<td>Avoiding situations</td>
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<td>Finding replacements</td>
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authors reviewed these themes and the related data, resolving any disagreements through discussion, to ensure that interpretations were grounded in the data. We acknowledge that this is nonetheless our interpretation and have provided excerpts to illustrate each theme, allowing readers to assess our argument. Excerpts were selected as the most concise and/or archetypical examples of each theme [25]. To aid readability, speech elements such as false starts and repetitions have been removed and punctuation added [26].

**Results**

Three key themes reflecting the social experiences of adults who stop or reduce their drinking were identified: violating expectations around drinking; fitting in with expectations around drinking; and changing social interactions to avoid drinking situations. These themes were prevalent across the data set, with no systematic differences apparent by participants’ age or gender.

**Violating expectations around drinking**

Participants consistently reported that drinking was seen as normative among their peers, with alcohol consumption expected at many social events. Failing to meet this expectation was treated as a deviant behaviour, with participants feeling stigmatised for not drinking.

Participants reported feeling a sense of discomfort when they violated expectations by not drinking when others were, describing this as ‘pressure’, ‘disconnection’ or ‘feeling like an outsider’. As Dan (45–49 years old) explained, participants sometimes felt they were missing out on the meaning or emotions they used to get from events involving alcohol:

> I used to do a fishing trip with a few mates—that was a big drinking weekend, far out. And we would occasionally catch fish... When I think about [going on] that trip [now I’ve stopped drinking], it’s a bit shallow, it’s a hollow sort of feeling. It won’t have that camaraderie. Whatever used to come with the drinking won’t be there.

Other drinkers would reportedly challenge participants about their failure to meet expectations around consuming alcohol at social events. These challenges took the form of pressing participants to have a drink when they had declined or demanding an account for their refusal. Bridget (25–29 years old) described how she experienced these challenges as a constant pressure:

> The pressure to [drink]... you feel an expectation that you should be drinking at certain events and it’s just constant. And if you’re not drinking it’s a constant ‘Why aren’t you drinking?’ You have to give a reason and that’s the annoying thing. Why can’t I just not drink?

In violating social expectations by not drinking, participants sometimes found their behaviour stigmatised. Drinkers would make derogatory assertions about participants on the basis of their non-drinking, reportedly labelling participants ‘boring’, ‘wrong’ or having a ‘problem’ with alcohol. Paloma (30–34 years old) described these aspersions as hurtful, intensifying her sense of discomfort in drinking situations:

> I really feel bad when someone tells me ‘What’s wrong with you that you’re not drinking?’, and I’m like ‘Oh yeah maybe I’m wrong, maybe I shouldn’t be here’, or ‘Yeah, I’m such a boring person’.

To minimise their experience of stigma, participants reported developing strategies to manage their social lives while reducing their alcohol consumption. As discussed in the following sections, participants favoured two overarching approaches: seeking to fit in with expectations around drinking and seeking to change the way they socialise to avoid triggering these expectations.

**Fitting in with expectations around drinking**

One of the ways participants sought to avoid sanctions for not drinking was by working to minimise the extent to which they challenged expectations that drinking was a normal and central part of many social occasions. To do this, they would obscure that they were not drinking (much) or provide excuses for refusing a drink that were accepted without further question. Participants reported several techniques for masking their lack of alcohol consumption: volunteering to buy drinks; drinking non-alcoholic drinks that resembled alcoholic ones; making alcoholic drinks they did consume last; handing alcoholic drinks to others; and subtly pouring them out. This helped them to ‘pass’ as drinkers and avoid feeling stigmatised, as Amanda (35–39 years old) explained:

> I did find that I was probably pretending I was still drinking a little bit when I was out socially. Like if I was at a bar, I’d go and order just soda and lime and make sure it was served in the same sort of cup as other people that were ordering vodka and soda, so it didn’t look like I wasn’t drinking. I think I consciously made an effort to do that because I was aware that there may be social stigma around me not drinking when other people were.

By actively avoiding drawing attention to their change in drinking, participants were able to fit in with social
situations without challenging group norms and thus threatening the group’s integrity or their own membership within it [27].

When participants did decline a drink, if they provided a socially acceptable reason for their refusal, this could be sufficient to justify their violation at that point in time: ‘an easy way to shut off the questioning and happily sit there with my ginger beer’ (Geri, 40–44 years old). Reasons participants reported as less likely to provoke further reactions included having to drive, being on medication, having a health condition, having a prior commitment or taking part in a charity fundraiser such as Dry July [4]. In contrast, simply not wanting a drink was insufficient, as Bridget (25–29 years old) observed:

It feels like you need to have a reason, over and beyond I just don’t want to drink. [It] feels like you need to have some sort of health condition or you’re on antibiotics or you’re pregnant.

Having such a health condition did not necessarily remove the need for participants to manage social situations, as they were sometimes unwilling to disclose this condition. Geri (40–44 years old), for example, regularly passed as a drinker while pregnant:

I didn’t tell work people for a long time, until I was probably about five months pregnant, and so, you know, the high ball glass with soda and a lime wedge could be a vodka very easily.

Although fitting in by passing as a drinker or providing acceptable excuses could serve to make social situations more comfortable, ultimately, these strategies provided only a temporary reprieve, needing to be carried out anew on each social occasion, or with each person within an occasion. They could involve a degree of deception, which as Kyle (55–59 years old) described, brought him further discomfort:

I have fibbed in the past and said I just don’t feel well and things like that. That’s a lie and I don’t like the deceit that comes with that, so I’m not comfortable with that.

Practising a deception can violate friendship norms around honesty and thus trigger sanctions or exclusion from a group [28]. Given this, most participants attempted to pass or provide excuses only with larger groups or people they did not know well, because ‘if you’re not going to see them again… it doesn’t really matter’ (Olive, 50–54 years old). In contrast, participants were more likely to seek an enduring solution to socialising with their closer friends and family as a non-drinker or lighter drinker, by changing the way they socialised, as discussed next.

Changing social interactions to avoid drinking situations

Given the need to constantly disguise or defend non-drinking, and the lack of connection participants felt with others who were drinking, many began to avoid drinking occasions, replacing these with other activities. Several participants reported that, although they initially attended drinking occasions, increasingly they would leave these events early or not attend them at all. As Paloma (30–34 years old) discussed in the succeeding excerpt, she originally employed the strategy previously described of presenting acceptable explanations for not drinking, but the need to constantly repeat herself discouraged her from this approach, leading her instead to avoid these interactions:

I’ve been going out less, to that sort of thing. At the beginning I was trying to explain myself but then I go ‘What’s the point?’ People are going to keep asking and they’re not going to be happy with anything. At some point they expect you to drink.

Participants often talked about this avoidance as somewhat positive, giving them time to pursue other goals and activities. For Farouk (25–29 years old), eschewing nights out with his friends meant he could sleep well and thus better focus on his studies:

When I go out with friends, I didn’t care about the time of sleep, I could sleep at 3 or 4 and wake up at 12. But now I have regular sleep patterns, I could sleep at 12 and wake up at 6… [This helps] with my study as well, because I have to focus and it’s [a critical period in my degree]. So it works with that, not going out, not that kind of night out.

Nevertheless, avoiding drinking occasions could mean spending less time with friends and had the potential to weaken relationships, as Olive (50–54 years old) described:

If you stop going to functions, then you stop getting invited to functions. And so then you find that you’re very lonely. And I still don’t have those friends, that support-network.

To avoid losing valued relationships, many participants sought to replace the drinking occasions in which they had previously socialised with different social activities, those with which alcohol had little normative association, such as going for a walk or sharing breakfast. As Bridget (25–29 years old) explained, moving her catch-ups with friends to earlier in the day reduced the expectation that she, or anyone else, would be drinking alcohol:

I think the time of day has changed… I have a lot more breakfasts and lunches rather than dinners with people now. And that’s because no-one expects to be drinking at

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breakfast and lunch but when it’s dinner it can roll on to drinks.

For some participants, the move to socialising without alcohol actually improved the quality of the time they spent with friends. According to Cassie (30–34 years old), spending time with friends while sober improved the quality of their conversations:

“It’s just nice, you can have proper conversations because you’re not slowly getting a little bit more drunk, a bit sillier, and saying stupid things.”

Participants deeply valued the support of partners, friends and family who were willing to accommodate changes in socialising. Those who changed their own alcohol consumption, at least in the presence of participants, were particularly appreciated. For example, Bridget’s partner both took part in other activities with her and cut back on his own drinking. Bridget (25–29 years old) viewed this as critical to continuing with her non-drinking:

“I don’t even know if I would still not be drinking if he were drinking, to be honest. I think he’s been a really great support, and we’ve been a great support for each other. And we both get more out of our weekends and we can spend more time with each other.”

Discussion

This paper makes a unique contribution to the literature on non-drinkers by demonstrating that adults of a wide range of ages need to actively manage social occasions to avoid experiencing stigma when they stop or reduce their drinking: this is not just the experience of young adults or long-term non-drinkers, as previous research has shown [8–15]. Stopping or reducing drinking was more than a matter of individual choice, with participants finding themselves stigmatised for diverging from drinking norms, thus negatively impacting social interactions. To minimise these impacts, participants worked either to avoid challenging drinking norms and fit in with drinking situations or to change their interactions with social groups so that they avoided normative expectations around drinking. These approaches enabled participants to successfully negotiate reducing their alcohol consumption in the context of a culture that expects people to drink when others do.

Participants tailored their approach to managing social situations depending on whether the situation involved close friends or larger groups of acquaintances, a finding similar to research with younger non-drinkers [9,10,12,15]. One study of non-drinking students at a US college reported that these students initially tried to ‘pass’ as drinkers with everyone but found this difficult, moving to disclosing their non-drinking status to select individuals over time [10]. In another study of UK undergraduate non-drinkers, neither concealing nor revealing their non-drinking status was a completely satisfactory choice for participants, the former because of its deceptive nature and the latter because it rendered them ‘outsiders’ [9]. Interestingly, participants in the current study were able to sidestep this choice by changing their social activities. Discussing their decision to stop or reduce their drinking was not a necessary precursor for participants to encourage their friends and family to engage in different activities, meaning they could avoid violating norms around both drinking and honesty in social interactions.

The strong preference shown by participants for changing how they socialised to support their reduction or cessation of alcohol is consistent with research suggesting that self-control is a limited resource [29]. Making a change to your environment can be more effective in changing behaviour than relying solely on your ability to continually resist normative pressures to drink [30]. This has implications for health promotion: initiatives that encourage individuals not just to reduce their drinking but also to replace this with other social activities may be more effective in encouraging long-term changes in alcohol consumption than initiatives that provide no guidance on managing the social implications of diverging from norms. By replacing drinking situations with other social occasions, individuals both maintain their social relations and remove the temptation to conform to expectations by drinking.

Findings from this and other studies on non-drinkers or lighter drinkers may also provide guidance on the skills useful for refusing alcohol within drinking situations [31]. This study provides insight into how people can strategically deploy socially acceptable explanations to justify drink refusal, and the types of reasons for not drinking deemed socially acceptable within Australian drinking culture: reasons such as needing to drive, having a health condition or a prior commitment. Conroy and de Visser proposed a distinction between reasons for non-drinking that are culturally sanctioned (e.g. physical illness or prior dependence) and those that are culturally unsanctioned (e.g. not liking the effects of alcohol) [9]. Other research has highlighted that non-drinkers take care to present their drink refusal in ways that do not appear to judge others for drinking [15,32]. Socially acceptable reasons for drink refusal appear to be those that present the refusal as due to a constraint on one’s freedom to comply with drinking norms, rather than a judgment about the value of those norms. These explanations thus work to maintain, rather than threaten, the group’s norms, so individuals employing them are less likely to face sanctions [27].

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It is interesting that a self-imposed constraint such as taking part in a fundraiser was accepted as a reason to avoid alcohol. This concurs with research with *FebFast* participants, suggesting that these events have become acceptable reasons for (temporarily) violating drinking norms [7,33]—perhaps because such participation is viewed as altruistic. Participation in these events can also lead to longer-term reductions in alcohol consumption [34,35], providing a ‘safe’ environment for people to trial a change in behaviour and explore the implications of this for their sense of self [16], without experiencing all the social implications of violating norms around drinking.

We acknowledge that the participants in this study may not reflect all people who stop or reduce their drinking. Participants may have been highly motivated to take part because they had exceptionally notable or problematic social experiences in stopping or reducing their alcohol consumption. However, the similarity in how participants managed the social implications of their change in drinking, despite their diversity in age and gender, as well as the consistency between our findings and research on younger and long-term non-drinkers, gives confidence that these findings may be transferable to other contexts, potentially assisting other individuals who diverge from cultural norms to manage the implications of this divergence.

Although the participants in this study did not find it impossible to stop or reduce their alcohol consumption, their divergence from norms raised social challenges that they were required to negotiate with their drinking friends in order to maintain their social relations. We argue that health promotion initiatives that pay greater attention to the social consequences of changing drinking behaviour—or else attempt to change the drinking culture itself—are more likely to be effective than initiatives seeking to achieve individual behaviour change by focusing solely on the negative health consequences of drinking alcohol.

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