

**POSTGRADUATE AND EARLY CAREER
SYMPOSIUM 2017**

Friends House
173-177 Euston Road
London NW1 2BJ

4th April, 2017

10.00 am to 4.30 pm

followed by an evening reception and
debate at

Wallacespace
22 Dukes Road
London WC1H 9PN

6.00 to 9.00 pm

Programme

- 10.00 am** **Registration**
- 10.30 am** **Welcome and opening remarks**
- 10.45 am** **Preventing harm among young people** (brief presentations)

Michelle Hyatt (Southampton Solent University)

*Local intervention to prevent binge drinking with 16 to 18 year olds in Southampton:
a realist evaluation approach*

Joanna Bragg (University of Salford)

*A motivational interviewing approach to universal school-based prevention: eliciting
adolescent behaviour change regarding alcohol consumption*

Dominic Conroy (Birkbeck University)

*Benefits of and strategies for not drinking at social occasions among students: a mixed-
methods study*

Hannah Carver (Edinburgh Napier University)

Communicating with looked after young people about alcohol use

- 11.15 am** **Workout: next steps in alcohol research**

- 11.45 am** **Framing harmful drinking** (brief presentations and debate)

James Morris (London South Bank University)

*Problem framing amongst harmful drinkers: does binary thinking undermine early
recovery?*

Claire Melia (Keele University)

Populist discursive constructions of problematic alcohol use

Katalin Ujhely (University of Bolton)

The will and the ways: positive psychology for dual diagnosis

Discussion and debate

- 12.30 pm** **Lunch, posters and networking**

1.30 - 2.30 pm Parallel sessions	
Parallel session 1: <i>Pathways to, and through, recovery</i>	Parallel session 2: <i>Policy and behaviour change</i>
Kimberley Ross-Houle (Liverpool John Moores University) <i>The relationship between alcohol consumption in the homeless population in relation to significant life events and living population</i>	Linda Somerville (Middlesex University) <i>Public health and alcohol licensing in London: policy, partnership and politics</i>
Lucy Dorey (University of Southampton) <i>Experiences of early recovery following alcohol detoxification in a general hospital</i>	Marianne Erskine-Shaw (Edge Hill University) <i>The influence of social context and alcohol on risk taking</i>
Sarah Wallhed-Finn (Karolinska Institutet) <i>Treatment for alcohol dependence in primary care compared to specialist treatment – a randomised controlled trial</i>	Natasha Clarke (University of Liverpool) <i>The effect of glass labels with calories, units and exercise or food equivalents on alcohol consumption and intention to drink</i>

2.30 pm **Parents and families** (brief presentations)

Cheryl McQuire (Cardiff University)

Fetal alcohol spectrum disorders in the UK: prevalence and risk factors

Joyce Nicholson (University of Glasgow)

'Safe Haven' or 'Nightmare': the experiences of school for alcohol and other drug using mothers and their children

Lisa Schölin (Liverpool John Moores University)

Absolute abstinence? a mixed methods exploration of alcohol and pregnancy in England and Sweden

Emma Geijer-Simpson (University of Newcastle)

Family-involved preventative interventions to reduce co-occurring risky alcohol use and mental health problems in young people aged 12-17 years: a systematic review and meta-analysis

3.00 pm **Break**

3.15 – 4.15 pm Parallel sessions	
Parallel session 3: <i>Alcohol and mental health</i>	Parallel session 4: <i>Violence and trauma</i>
Lorna Hardy (University of Exeter) <i>Depression and sensitivity to negative mood induced alcohol-seeking: what role do coping motives play?</i>	Justin Moorhead (Liverpool John Moores University) <i>The Role of Alcohol Misuse in Military Veterans' Violent Offending</i>
Blessing Marandure (DeMontfort University) <i>Resilience and depression in adolescents: exploring the moderation effects of alcohol use</i>	Karen Bailey (Kings College London) <i>Interventions for reducing post-traumatic stress and substance use among women with experiences of interpersonal violence: what does the current literature tell us about what works, for whom and why?</i>
Brian Beach (International Longevity Centre, UK) <i>Drink Wise, Age Well: alcohol use, work and retirement among people aged 50+ in the UK</i>	Sarah Fox (Manchester Metropolitan University) <i>The missing conversation: women, substance use and domestic abuse</i>

4.15 pm Closing remarks

Posters

Giovanni Aresi (Universita Catolica del Sacro Cuore): A longitudinal study on European Credit Mobility Students' drinking patterns

Beth Collinson (Sheffield Hallam University): Investigating recovery capital, whilst identifying gender similarities and differences in pathways to recovery

Amy Fuller (University of Nottingham): Exploring students' perceptions and experiences of drinking alcohol in the transition to university and across the first academic year

Rob Heirene (University of South Wales): Alcohol-Related Brain Damage in South Wales: An investigation of Prevalence and Associated Hospital Admissions

Kara Holloway (Keele University): Implementing an Institutional Approach to Managing Student Alcohol Consumption in a UK University

Julie McEachern (University of Edinburgh): An examination of equity in alcohol policies in rural and urban Nova Scotia

Adam McNeill (Edge Hill University): Impairing Inhibitory Control Increases Ad Libitum Alcohol Consumption: A Transcranial Magnetic Stimulation Study

Ferrari Valentina (Cardiff University): The effect of acculturation orientation, socio-cultural and psychological adjustment on alcohol consumption of international students

Abstracts

Preventing harm among young people

Michelle Hyatt, Southampton Solent University

Local intervention to address binge drinking with 16 to 18 year olds in Southampton: a realist evaluation approach

The research aims to identify and implement a cost-effective and sustainable intervention that will address binge-drinking with 16 to 18 year olds in Southampton and explore the social norms that reinforce hazardous drinking for young people.

A realist evaluation (Pawson and Tilley 1997) approach will be used as a methodological framework, this is an emerging theory-driven evaluation underpinned by realist inquiry. In contrast to other types of intervention evaluations where the outcomes are compared for participants who have and have not taken part (e.g. randomised controlled trials), a realist evaluation seeks deeper insights from multiple viewpoints addressing 'what works, for whom, under what circumstances, and how' (Pawson, Tilley 1997).

Study design: The study has been designed into 2 phases, the first phase is to understand the intervention need. A realist synthesis and qualitative analysis will be used to develop an initial programme theory, as suggested by (Pawson 2006). The programme theory will describe how an intervention is expected to lead to its outcomes. The realist synthesis will review relevant literature, in order to provide a transferable evidence based framework of successful interventions and how they can work. The review will include studies that can conceptually contribute to developing initial programme theories such as 'social norms and risk taking' with young people.

Qualitative data will then be collected from focus groups in order to understand the factors coming together to cause binge drinking with young people in Southampton. Purposive sampling will be used to provide qualitative data from a wide socio economic background and an equal representation of males/ females aged 16 to 19 year olds. This sampling will inform the programme theory by identifying 'what works, for whom, under what circumstances, and how' (Pawson and Tilley 1997).

Theories of change will be used to further inform the programme theory. The Theory of Planned Behaviour (TPB) (Ajzen 1985), has been selected, as it identifies social norms as a key motivator in behaviour. Social norms are also motivators towards risky behaviour and other behaviours linked to alcohol misuse (Neighbors, Lee et al. 2007, Moreira, Smith et al. 2009). The

Action Theory Model of Consumption (ATMC) has also been selected as it is a micro model of consumption. Young people's drinking is regarded as consumer motivated (Brain, Parker et al. 2000, Measham 2004) and furthermore the alcohol industry targets young people (McCreanor, Barnes et al. 2005). The initial programme theory developed in Phase 1 will provide a framework for the design of an intervention, which will be implemented to work alongside local services within Southampton.

The second phase of this study will involve the implementation and realist evaluation of the intervention. The findings from phase 1 will be presented at the conference.

Joanna Bragg, University of Salford

A motivational interviewing approach to universal school-based prevention: eliciting adolescent behaviour change regarding alcohol consumption

Trends in adolescent alcohol consumption are cause for concern. Research evidences a relationship between alcohol-related mortality and socioeconomic deprivation, more disadvantaged social groups tending to experience disproportionately higher levels of alcohol attributable harm. Amongst adolescents, there is an association between school disengagement and likelihood to engage with risky behaviours followed by poor academic outcomes. Social determinants for health and education overlap considerably, therefore the theory of change for this study proposes that addressing low self-esteem as a trait of low socioeconomic status and predictor of problematic drinking, might not only influence healthier attitudes and behaviours regarding alcohol consumption, but also improve self-esteem and wellbeing, and encourage school engagement leading to positive educational outcomes.

The resultant intervention targets 11-12 year olds and is embedded into the English secondary PSHE curriculum. The six-week programme of activities takes a pupil-focused learning approach, drawing upon motivational interviewing (MI) alongside other successful components from previous studies to encourage intrinsic motivation towards healthier attitudes and behaviour. MI was developed as a therapeutic technique designed to elicit behaviour change specifically relating to substance abuse and has been shown to impact positively on adolescents. Although principally used to address substance misuse MI has also been employed to target other conditions including wellbeing and school disengagement. The technique has been effective when used with individuals and small groups, but this study proposes to trial the MI approach at whole class level as part of a universal programme. The intention is to develop a single multi-component intervention that potentially has multiple

benefits for all pupils, in recognition that schools increasingly struggle to accommodate additional requirements into the curriculum.

Findings will be reported from a pilot randomised control trial methodology conducted in up to 30 schools located in equivalent areas of significant socioeconomic deprivation in the north west of England. The intervention will be delivered in half of the sample (delivered by teachers who will receive training and support from the researcher) between January-March 2017 with the other half acting as a control group. Outcomes include drinking behaviour, attitudes towards alcohol, wellbeing, and acceptability and feasibility of the intervention. Findings will inform further development of a larger scale trial.

Dominic Conroy, Birkbeck University

Benefits of and strategies for not drinking at social occasions among students: a mixed methods study

Background/objectives:- Reduced overall alcohol consumption among young people in the UK over the last decade reflects varied changes in drinking behaviour including a 40% increase in the number of 18-24-year-olds who drink no alcohol at all. These changes raise interesting parallel questions about the motivations/experiences of young adults who routinely drink, yet who may choose to not drink alcohol during some social occasions where other people are drinking. This links with UK government health recommendations which have recently advocated the importance of taking two 'dry days' (i.e., days where no alcohol at all is consumed) each week. In the context of changing drinking patterns among young people, an initial account of how 'dry days' are experienced/anticipated would be timely but might also provide insights into facilitators and barriers for encouraging moderate drinking behaviour among young people. In the current paper, we aimed to: (1) gauge whether young adults routinely take/would consider taking 'dry days'; (2) collate young peoples' identified benefits/downsides of non- drinking during a social occasion and (3) collate young peoples' identified strategies relevant to successfully not drinking during a social occasion; (4) explore how benefits/strategies differed by age, drinking history, drink refusal self-efficacy.

Design and method: An online survey was sent to 80 departments at 45 English universities as part of a broader intervention study. Responses were acquired from 871 university students aged 18-25 years and formed the basis of a data set comprising 1,160 independent statements concerning benefits of non-drinking during social occasions and/or strategies involved in non-drinking during social occasions. Baseline measures of UK alcohol units

consumed in the previous two weeks, drink refusal self-efficacy (DRSE), and intention to heed government drinking recommendations were also recorded.

Results: [in progress] A mixed methods approach was taken. Template analysis provided an appropriate method for coding textual material and identifying thematic categories. Current findings suggest that non-drinking during a social occasion may hold important benefits including: pragmatic benefits (e.g., money saved), self-related benefits (e.g., increased self-esteem/pride in self) and social/relational benefits (e.g., potentially stronger/more authentic friendships) but was also viewed with ambivalence and/or dislike by some students. A range of strategies important for successfully non-drinking during a social occasion have been identified including: having convincing explanations for non-drinking (e.g., "got a busy day tomorrow"), mental preparation (e.g., anticipating peer pressure to drink), in-situation reminders (e.g., recalling negative prior drinking experiences) and being around appropriate social companions during the occasion (e.g., supportive friends or light-/non-drinkers). Quantitative analysis will permit examination of thematic patterns/groupings in relation to relevant correlates including age, sex, recent drinking history, DRSE and intention to heed government drinking recommendations. Additional statistical analyses (e.g., exploring group differences) may be conducted if appropriate.

Hannah Carver, Edinburgh Napier University

Communicating with looked after young people about alcohol use

Background: Good parent-child connectedness, general and substance use specific communication are protective against alcohol use during adolescence. Previous research also suggests that general communication with foster and other statutory carers is associated with more positive outcomes, including relationships with caregivers and siblings. However, no studies have examined substance use specific communication between looked after young people and their carers.

Aims: The aim of this study was to gain an understanding of how carers and looked after young people communicate about alcohol use (and other substances) and the factors that shape communication, including the use of digital media.

Methods: A qualitative study was conducted, using in-depth interviews with 13 looked after young people in foster and residential care; two social workers; six foster carers and eight residential care workers. Interviews were audio-recorded, transcribed verbatim and the data were analysed thematically.

Findings: Relationships between carers and young people were crucial and acted as the antecedent to communication. Carers' role identity influenced their relationships with young people and their approach to and communication about substance use. Shared doing provided a way in which communication about substances could be facilitated in an environment which feels natural. The context in which communication occurred was important, with differences between foster and residential care. Digital media were viewed with caution, as something used to gain information about substances but not as a way of communicating with young people.

Conclusions: The findings have implications for foster carers and residential care staff working with looked after young people, in terms of relationships and communication about substance use. Carers should continue to develop positive relationships with young people, whilst considering the potentially negative effects of conflicts in professional role identity. Techniques such as shared doing and encouraging natural conversations about substance use may help.

Framing harmful drinking

James Morris, London South Bank University

Problem framing amongst harmful drinkers: does binary thinking undermine early recovery?

Little is known about how the framing of alcohol problems amongst harmful drinkers affects change mechanisms. For example, whether personal beliefs about the aetiology of alcohol dependence significantly affect the likelihood of a drinker identifying their own use as problematic. For example, there is an absence of research exploring whether framing alcohol problems as a continuum - or in contrast as a binary or categorical construct - significantly impacts on behaviour change processes.

This may be particularly relevant for harmful drinkers as a group who do not typically seek help for alcohol problems and may be less susceptible to public health messages or interventions than hazardous drinkers.

However rates of 'self-change' or 'natural recovery' may be considered high, and as such, contemplation of alcohol use as problematic may be a crucial facilitator for a positive change in drinking behaviour or 'recovery'¹ processes.

This paper attempts to explore the extent to which problem framing amongst harmful drinkers is a significant influence on self-change or related early recovery processes, and potential implications for policy and practice.

Claire Melia, Keele University

Populist discursive constructions of problematic alcohol use

Alcohol Use Disorder (AUD) is defined as a problematic pattern of alcohol use leading to clinical and significant impairment or distress (American Psychiatric Association, 2013). There are many differing perspectives and ways of talking about alcohol use and its causes. For example, some individuals consider it a social issue, whilst others consider alcohol use a medical or public health issue. The model of *Biological Addiction* is one key perspective to explain persistent and destructive drug use. The rhetoric of 'compulsion' and 'lack of control' associated with biological models of addiction portray the sufferer as unaccountable for their behaviour (Hammersley & Reid, 2002). An alternative viewpoint is that of the *Social Learning Theory* of addiction in which external social factors are identified as the key causes and roots of problematic alcohol use. In contrast to the biological 'lack of control', there is a common discourse of 'choice' and 'making decisions', essentially holding the individual accountable for their alcohol use (Reinarman, 2005). Given that these varied perspectives and explanations for alcohol use must be shared through language, it is relevant to explore the common descriptions and accounts that are available in contemporary discourse. The populist accounts for problematic alcohol use that are prevalent within public conversations, social media and other public forums may not necessarily coincide with professional explanations. Therefore, it is possible that individuals who are concerned about their alcohol use are likely to encounter multiple, and often contradictory, explanations for their behaviour. This study uses Discourse Analysis to identify prevalent discourses about problematic alcohol use. This study will consider the discourses about alcohol use put forward online for both professional and more general public consumption including data from newspapers, policy documents, and academic journals, alongside blogs, Twitter and online newspaper comments. Following a Discourse Analysis approach, the study will identify what contemporary discourses are available to describe problematic alcohol use in contemporary sources designed for both professional and public audiences.

Katalin Ujhelyi

The Will and the Ways: Positive Psychology for Dual Diagnosis

Positive psychology is a relatively new domain within psychology at large and it aims at bringing balance to a field that has been preoccupied with what is wrong with people.

Positive psychology instead focuses on the positive aspects of human life and seeks to discover what is right with us and how it can be facilitated.

There is clear research evidence to show that the rate of substance misuse and dependence is significantly higher among individuals who are mentally ill. This comorbidity appears to be highly prevalent raising major concerns across the services.

Research provides evidence to the effectiveness of positive psychology in addiction treatment, as well as in mental health. The aim of the present research is to explore how positive psychological interventions (PPIs) can be used to help people with the comorbidity of mental illness and substance use problems overcome their addiction, as well as manage their mental health problems and prevent relapse.

Within the scope of a PhD, a PPI has been designed and delivered to a group of individuals with dual diagnosis at the local drug services (BIDAS – Bolton Integrated Drug and Alcohol Service). The next intervention starts in January 2017. It is a holistic approach that focuses on positive aspects such as strengths, gratitude, compassion, hope, meaning, positive emotions, and resilience helping individuals acquire positive skills and resources to be better equipped to cope in times of adversity. It is infused with mindfulness and aims at teaching people how to integrate these aspects into their everyday lives.

It is proposed that without focusing on the problems of substance use and mental illness, the exploration of these positive psychological aspect results in a shift in perspective and attitude towards life. The integration of these aspects into one's life makes it possible to empower individuals through making them more resilient.

The pilot studies are funded by a small grant received from Alcohol Research UK.

Parallel session 1: Pathways to, and through, recovery

Kimberley Ross-Houle, Liverpool John Moores University

The relationship between alcohol consumption in the homeless population in relation to significant life events and living situation

This presentation will discuss an Alcohol Research UK small grant funded project which explored alcohol consumption patterns of the homeless population. The research aimed to provide further context and understanding to changes in consumption patterns for the homeless population in Merseyside.

Homelessness is an increasing issue within the UK. Approximately 10% of the population are estimated to have been homeless at some point in their lifetime (Crisis 2014) and there were 2,744 rough sleepers identified in England in 2014 (Department for Communities and Local Government 2015). Homelessness is associated with poor health outcomes (Crisis 2011) and alcohol misuse is linked with cause and effect of homelessness (Shelter 2007).

A multi-method approach was adopted for this research ensuring participants had multiple ways to express their experiences. Twelve participants took part in a semi-structured interview and completed a life history calendar. The life history calendar is a structured approach that provides a framework and cues to trigger recall through using significant events (e.g. births, relationships, housing, incarcerations, etc.) to use as reference points to link to changes in alcohol consumption (Porcellato et al 2014; Fikowski et al 2014). Life history calendars are a participatory method that allows participants to co-produce data. A further five participants took part in a PhotoVoice activity during which they took photographs of objects that were important to them in their everyday lives.

The data highlighted how a range of adverse significant life events could impact on both alcohol consumption and living situation. These included social events (such as loss through death or relationship breakdown), structural events (such as loss of benefits or employment, or release from prison) and health related events (such as physical and/or mental illness).

Lucy Dorey, University of Southampton

Experiences of early recovery following alcohol detoxification in a general hospital

This PhD study compares two recovery pathways following detoxification from alcohol in a general hospital setting. After detoxification patients living in Portsmouth receive outpatient follow-up appointments from the Alcohol Specialist Nurse Service based in the Queen Alexandra Hospital; while patients in the surrounding areas of Hampshire are referred to community alcohol services. This mixed methods study aims to compare outcomes for these two recovery pathways while also seeking insight into how the different aspects of the pathways support or hinder changes relevant to early recovery.

This presentation will cover the early analysis of Qualitative Semi-structured Interviews with patients for both pathways. Orford (2008) proposed that much addiction research has been too narrowly focused on comparing specific treatment techniques, without taking into account 1) change processes these therapies may have in common or 2) the contribution that wider networks of support make to recovery. This study seeks to describe common processes underlying change in early recovery, and explore the range of supports people

use to make these changes. A longitudinal design aims to interview participants shortly after detox and then at three, six and twelve months. At the time of this presentation approximately twenty participants will have been interviewed for the first and second times.

Interviews are being transcribed and data will be analysed separately for Portsmouth and Hampshire. Thematic Analysis methodology will be employed as described by Braun and Clarke (2013). Thematic Analysis is a qualitative approach unbounded to a particular theoretical position (Braun and Clarke 2006) and thus compatible with the pragmatic and contextual approach adopted in this study.

A “bottom up” or inductive thematic analysis will aim to identify factors facilitating positive changes and factors that pose obstacles to change. A “top down” theoretically driven thematic analysis will follow. This will explore to what extent processes of change from a contextual behavioural theoretical perspective could account for the changes people describe across different types of support.

Sarah Wallhed-Finn, Karolinska Institutet

Treatment for alcohol dependence in primary care compared to specialist treatment - a randomised controlled trial

Background: A minority of all individuals with alcohol dependence seek treatment. A possible way to reduce this treatment gap is to offer treatment in primary care. We have developed a stepped care model, the 15 method, consisting of brief interventions that can be delivered in combination with pharmacological treatment.

Aim: To investigate if treatment for alcohol dependence, with the 15 method, in primary care is as effective as specialist addiction care.

Design: Randomized controlled non-inferiority trial, where 288 adults fulfilling ICD-10 criteria for alcohol dependence were randomized to treatment in primary care or specialist care. General practitioners at 12 primary care centers received one day training in the model.

Measurements: Primary outcome was change in weekly alcohol consumption at six months follow up compared to baseline, measured with Time Line Follow Back. Secondary outcomes were heavy drinking days, severity of dependence, consequences of drinking, psychological health, quality of life, satisfaction with treatment and biomarkers.

Findings: Specialist care was not superior to primary care on any outcome but one, satisfaction with treatment. Intention-to-treat analyses could not confirm non-inferiority for the primary outcome. However, non-inferiority was confirmed for the proportion of

participants consuming below cut off for hazardous drinking and not fulfilling criteria for alcohol dependence. For participants with low severity dependence, primary care was non-inferior to specialist care.

Conclusions: A stepped care model is a promising approach for treatment of alcohol dependence in primary care. This may be a way to broaden the base of treatment for alcohol dependence, reducing the current treatment gap.

Parallel session 2: Policy and behaviour change

Linda Somerville, Middlesex University

Public Health and Alcohol Licensing in London: Policy, Partnership and Politics

Under reforms to licensing by the Police and Social Responsibility Act (2011); Public Health (PH) became a Responsible Authority (RA) in relation to licensing decisions. PH could now review new alcohol license applications, make representations against a license application and ask for a review of an existing licence. Despite this change to policy, there remains wide variation in involvement by PH as RA's. It could be suggested that this is a wasted opportunity; as through licensing and the control of the availability of alcohol; PH could improve levels of health and well-being within their local areas.

This research aims to explore PH involvement in alcohol licensing decisions. The specific research questions are:

- 1) How is national policy and knowledge around alcohol licensing, translated and implemented at a local authority level?
- 2) How does professional ideology and identity impact on the ability to work in partnership around alcohol licensing decisions with other responsible authorities?

The research questions will be answered using data collected in different London boroughs: in depth interviews with key informants will be held and a mini case study of one borough completed. The data gained from the interviews will be triangulated for accuracy by using documentary analysis and observational methods. The resulting data will be analysed to identify theme's using NVivo 10.

The key themes emerging from preliminary data collected to date are:

- Each responsible authority group has differences in regards to their professional identity.
- There is evidence of professional 'silo's' which impacts on partnership working.

- No borough included in the sample has a fully functioning forum to discuss Licensing applications; there are potentially issues with policy implementation and knowledge sharing.

Marianne Erskine-Shaw, Edge Hill University

The effect of glass labels with calories, units and exercise or food equivalents on alcohol consumption and intention to drink

Although mandatory on food products, currently no country in the world requires nutritional information or calories on alcohol packaging. Three studies were conducted to investigate whether, compared to no information and unit and calorie information alone, glass labels containing calories and units, with the addition food or exercise equivalents can change drinking behaviour. The first study investigated whether the labelled glasses reduced consumption of beer during a forty-five-minute ad libitum drink period. One-hundred student social drinkers attended a single experimental session in a semi-naturalistic bar laboratory setting. Validated questionnaires measured drinking habits, alcohol-related problems, readiness to change, dietary and exercise behaviours and alcohol urge. Participants were randomized to drink beer from a pint glass with one of four labels: unit and calorie label, unit and calorie with exercise equivalent label, unit and calorie with food equivalent label, no label (control). The total amount of alcohol consumed was measured (max available alcohol= 2 pints, 5.6 units). The second study was an online study to investigate the effect of engagement with the labels on intention to drink. One-hundred and forty-two participants completed validated questionnaires measuring alcohol-related problems and readiness to change and participants were required to interact with the labels on a variety of drinks before a recall task. The number of drinks participants were intending to consume and likelihood of drunkenness in the next week were measured. Findings from studies one and two showed there were no significant effects of the glass labels on alcohol consumption or intention to drink. The third study was an exploratory qualitative study investigating students' views on the glass labels. It is concluded that in a student population, these labels may not be effective in changing drinking behaviour, suggesting alternative harm-reduction strategies may be necessary for behaviour change.

Parents and Families

Cheryl McQuire, Cardiff University

Fetal alcohol spectrum disorders in the UK: Prevalence and risk factors

Background: Fetal alcohol spectrum disorders (FASD) are a range of lifelong developmental disabilities caused by alcohol use in pregnancy. Research from North America, Italy and Croatia suggests that between 3-5% of children in the general population have FASD, making it one of the leading preventable causes of developmental disability worldwide.

There are no current estimates of the number of children with FASD in the UK. However, there is reason to suspect that FASD may be an issue within this population. The UK has inconsistent guidance on drinking in pregnancy. Some organisations promote an abstinence message and others suggest that low levels of use may be acceptable. In the UK, approximately 75% of women drink while pregnant and, although many reduce their intake later in pregnancy, 33% of women report binge drinking within the first trimester. In 2015 the All Party Parliamentary Group for FASD expressed an urgent need for a UK population-based prevalence study to guide prevention efforts and policy for alcohol use in pregnancy.

Aim: To explore the epidemiology of fetal alcohol spectrum disorders (FASD) within a UK population-based birth cohort.

Objectives:

1. To use the FASD Canadian guidelines for diagnosis to estimate the prevalence of FASD and FASD subtypes within the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort.
2. To use descriptive statistics to summarise the sociodemographic and clinical characteristics of children who meet criteria for FASD.
3. To use logistic regression models to explore how socio-demographic factors, maternal lifestyle factors, antenatal factors, patterns of alcohol consumption and maternal characteristics influence the risk of FASD.

Methods: We analysed data from the ALSPAC population-based birth cohort, which includes children from 14,541 pregnancies. Eligible participants were children from singleton pregnancies with sufficient data to derive a FASD classification including 3D facial scan data, growth data, neurobehavioural data and alcohol exposure data. We used the FASD Canadian Guidelines for diagnosis to categorise participants as: No FASD, FAS, pFAS and ARND. We calculated prevalence estimates for overall FASD and FASD subtypes, summarised participant

characteristics using descriptive statistics and explored risk factors for FASD using multivariable logistic regression models.

Results: Analyses are ongoing and will be finalised by February 2017.

Conclusions: This study provides the first estimate of FASD prevalence and relevant risk factors within the UK. Findings have implications for informing policy on prenatal alcohol use and FASD prevention.

Joyce Nicholson, University of Glasgow

'Safe Haven' or 'Nightmare': The experiences of school for alcohol and other drug using mothers/ caregivers and their children

Alcohol and other drug using women exist on the margins of treatment and research, and simultaneously, are a highly visible and stigmatised group, attracting moral condemnation and concern for their children. They are 'emblematic failures of gendered performativity' (Ettorre 2007:8) who fail in all aspects of social reproduction. Their children form the largest group of looked after and accommodated children and child protection registrations across the UK. Children are 'othered' by responses to maternal alcohol and other drug use and are silenced by secrecy and shame and by love and loyalty (Kroll 2004, Velleman and Templeton 2007).

Children living with substance users are 'amongst the most vulnerable of all children' (Scottish Government 2008:4). One in ten children in the UK are affected by their mothers/ carers use of substances, and affected children account for around three quarters of child protection registrations in the UK (Forrester and Harwin 2011) and two thirds of children in Scotland subject to significant care review due to serious injury or death (Vincent and Petch 2012).

Teachers are in a unique position to identify and respond to neglect and abuse and children are most likely to disclose issues, including neglect/ abuse to school staff. School can be a 'safe haven' for children experiencing abuse or may be 'a nightmare'. Frederick and Goddard (2010:22) for example suggest that children who have experienced neglect /abuse have 'difficulties in dealing with all aspects of the school environment'. Given the policy priority of early intervention, it is timely to examine the experiences of children and their mothers /caregivers, and to consider key issues for teachers in developing proactive responses.

There has been little research around the educational experiences of children affected by alcohol and other drug use. This study will provide a narrative about the day to day lives of children affected by alcohol and other drug use. There will be a focus on the 'dailiness' (Apthekar 1989) of both children's and their mothers/caregivers lived experience. It is critical to understand teachers' experiences in supporting children (Tarr et al 2009). The study seeks then to develop an understanding of how different forms of formal and informal support are developed by children and their mothers/ caregivers and in what ways teachers can, and could, develop supportive strategies to respond to the needs of alcohol and other drugs affected children and their mothers/ caregivers.

A feminist approach is critical to making visible the experiences and needs of both mothers and their children's lives, letting go of assumptions of children and their mothers/caregivers as dangerous, offensive and damaged. Alcohol and other drug use requires to be gendered. As Efforre suggested almost three decades ago, 'if gender was to be recognised as a key concept, the dust collected on uncritical, recalcitrant, patriarchal brains would fly' (1989:593). Let the dust fly.

Lisa Schölin, Liverpool John Moores University

Absolute abstinence? A mixed methods exploration of alcohol and pregnancy in England and Sweden

Alcohol use during pregnancy is widely stated as a public health concern, due to the severe and lifelong effects it can cause to the developing baby. Within the UK the topic has gained significant attention over the last decade and amongst different health bodies the recommendations have changed several times. In other countries, such as Sweden, complete abstinence has since long been the official recommendation. Despite a large body of literature, comparative research in this area is lacking. This mixed methods study explored alcohol use during pregnancy in relation to guidance, attitudes and social norms. The overall aim for this research was to compare and contrast a country where strict abstinence advice to pregnant women (Sweden) was endorsed, with a country where the advice that also included a recommendation for a maximum level of drinking (England). Three studies were undertaken within this research; a survey, completed by 231 women, and semi-structured interviews with 44 parents and 16 midwives. Data from the three strands were synthesised and contrasted using triangulation and mapped into meta-themes. Three meta themes emerged from the three strands; cultural differences, context of drinking during pregnancy, and provision of guidance and advice. Significantly more English women reported any alcohol use during pregnancy, compared to Swedish women. Multivariable logistic regression analysis showed that amongst English women, drinking two times per week

or more before pregnancy and advice in antenatal care that small amounts were okay increased the odds of any alcohol use during pregnancy. The qualitative findings indicated that moral values underpinned discourses of whether prenatal alcohol is acceptable; Swedish parents advocated for the rights of the foetus whilst English parents weighed that right against the woman's right to autonomy. Amongst English parents narratives also situations when alcohol use during pregnancy was wrong (intoxication/'irresponsible drinking') and acceptable (social context or special occasions/'responsible drinking'). Consistent communication of an abstinence message was evident amongst Swedish parents, whereas English parents' experiences varied and some even reported conflicting advice. In contrast, all midwives advised pregnant women to abstain. Furthermore, drinking during pregnancy was seen as uncommon by midwives in both countries, however women's high levels of drinking in general was considered a significant public health problem. The findings suggest that a clear abstinence message may be associated with lower prevalence of drinking during pregnancy, and that future prevention strategies need to consider pre-pregnancy interventions.

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Family-involved preventative interventions to reduce co-occurring risky alcohol use and mental health problems in young people aged 12-17 years: a systematic review and meta-analysis

Background: Up to 75% of young people that engage in alcohol use and wider substance use also have a co-occurring mental health problem. This is associated with multiple and heightened symptoms, as well as a range of detrimental social and behavioural impacts on young people, their families and society. Family-related risk factors have emerged as the strongest and most consistent risk and protective factor for both alcohol use and mental health difficulties. Therefore the family environment acts as the prime opportunity for intervention. At present there is not a review examining the effectiveness of primary, secondary and tertiary preventative family-involved interventions targeting co-occurring alcohol use and mental health difficulties.

Objective: To conduct a systematic review and meta-analysis on the effectiveness of family-involved interventions across primary, secondary and tertiary prevention to prevent risky alcohol use and mental health problems in young people aged 12-17 years.

Methods: The following databases were searched from their inception date until May 2016: MEDLINE, PsycINFO, Web of Science, the Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, ASSIA and Embase. Grey literature was also searched alongside relevant journals. No time or language restrictions were applied. We included randomised controlled trials and quasi-experimental trials evaluating family involved interventions aimed at preventing or reducing co-occurring mental health difficulties and alcohol use in young people aged 12-17. Two reviewers independently screened titles and abstracts and full papers. Two reviewers will continue to independently extract the data against pre-set inclusion and exclusion criteria and appraise the methodological quality of studies.

Results: The search resulted in 9076 papers after deduplication. After screening the titles and abstracts there were 265 papers remaining. Full paper screening has identified 29 papers to date, 11 trials within primary prevention, six within secondary prevention and 12 within tertiary prevention. In total 27 have been carried out in the United States, one in Sweden and one in Ireland. Not all studies reported who delivered the Interventions. Within the primary and secondary preventative interventions it ranged from parental consultants to trained implementers and facilitators. Whereas mainly therapists and psychologists delivered the tertiary interventions. By March a narrative synthesis will have been carried out and If there is a sufficient amount of homogeneity a meta-analysis will also be conducted.

Conclusion: This review will bridge the gap between the fields of mental health and alcohol research and the findings will inform the development of an intervention to be evaluated in a UK context focused on reducing mental health difficulties and risky alcohol use in higher risk adolescents.

Parallel session 3: Alcohol and mental health

Lorna Hardy, University of Exeter

Depression and sensitivity to negative mood induced alcohol-seeking: What role do coping motives play?

Depression confers vulnerability to alcohol use, dependence and relapse. One possible explanation is that drinkers with symptoms of depression acquire negative coping motives – beliefs that alcohol helps cope with negative mood. These coping motives enable acute

spikes in negative mood to exert a greater motivational effect on alcohol-seeking behaviour, driving continued alcohol use and relapse.

This hypothesis was tested in two laboratory experiments. Participants were adult alcohol drinkers, $n=128$ in Experiment 1 and $n=177$ in Experiment 2. Participants completed questionnaires of alcohol dependence, depression, and drinking coping motives. Baseline alcohol-seeking was measured by preferential choice of alcohol over food stimuli. This and similar tasks have been previously validated as sensitive to severity of drug dependence and mood induction. Negative mood was then induced in all participants via depressive-ruminative statements before preferential alcohol choice was measured again. It was predicted that depression symptoms and negative coping motives should increase sensitivity to the effect of negative mood on alcohol preference, and that the effect of depression would be fully mediated by coping motives.

In both experiments, depression symptoms were associated with greater negative coping motives ($r_s > .43$, $p_s < .001$). Both depression symptoms (E1: $p = .04$, $\eta_p^2 = .027$; E2: $p = .009$, $\eta_p^2 = .039$) and negative coping motives (E1: $p = .004$, $\eta_p^2 = .044$; E2: $p = .02$, $\eta_p^2 = .031$) were associated with a greater negative mood induced increase in alcohol-seeking behaviour. Drinking to cope with sadness was the only negative coping scale item to independently predict mood induced alcohol-seeking above other items (E1: $p = .001$, $\eta_p^2 = .060$; E2: $p < .001$, $\eta_p^2 = .078$). Finally, the relationship between depression symptoms and greater mood induced alcohol-seeking was fully mediated by self-reported drinking to cope with sadness (E1: $p = .02$, E2: $p = .008$).

These studies demonstrate that depressed drinkers' beliefs that alcohol helps cope with sadness underpins their greater sensitivity to the motivational effect of acute negative mood on alcohol-seeking behaviour. This finding adds to previous evidence that, firstly, negative coping motives in youth predict a negative trajectory to dependence, and that, secondly, reactivity to negative mood induction in terms of craving predicts relapse to alcohol use. The findings presented here suggest that these two vulnerabilities are linked, and that both coping motives and accompanying mood reactivity should be targeted in prevention and treatment of alcohol use disorders. In practice, this might mean that more emphasis is placed on identifying individuals who self-report drinking to cope with sadness during risk screening. It would also indicate that identifying and undermining negative coping beliefs in behavioural therapy and developing interventions to reduce mood reactivity may be productive means to reduce relapse in drinkers with depression.

Blessing Marandure, DeMontfort University

Resilience and depression in adolescents: Exploring the moderation effects of alcohol use

The resilience literature indicates that resilience factors appear to be protective against mental health and substance use outcomes. However, it is not clear whether adolescent alcohol use disrupts these protective effects. Thus the present study's aim was to assess this disruption of the protective influence of resilience factors by assessing the moderation effects of alcohol use on the relationship between resilience and depression. A convenience sample of 261 adolescents with a mean age of 16.1 years was recruited from four secondary schools. Participants completed a cross-sectional survey consisting of the resilience scale for adolescents (READ), the short version of the depression anxiety stress scales (DASS 21), together with a measure of alcohol use. A total of 138 current alcohol users were identified from the sample. A negative relationship between resilience and depression was identified; however, alcohol use did not moderate this relationship. Of all the resilience factors, personal competence emerged as a significant negative predictor of depression. These results imply that alcohol use at normative developmental levels does not appear to disrupt the protective influence of resilience factors against depression during adolescence. It may be alcohol use at problematic levels that is disruptive. Future research is needed to clarify this assertion. Furthermore, personal competence appears to be a strong candidate to target in prevention and early intervention strategies for addressing depression in adolescents.

Brian Beach, International Longevity Centre, UK

Drink Wise, Age Well: Alcohol Use, Work, and Retirement among People Aged 50+ in the UK

With ever increasing numbers of older people in the UK population, there has been growing interest to understand the extent to which this subgroup consumes alcohol and to identify some of the factors that may place them at higher risk from alcohol-related harm. This presentation will first outline the Drink Wise, Age Well campaign, a seven-year programme of work to address the challenges of alcohol-related harm in older adults. Conducted across ten UK areas, the programme seeks to evaluate an intervention to raise awareness of this issue among people aged 50+, change attitudes, convey harm reduction messages, and influence community norms about the use of alcohol. It also includes a major new survey on the topic covering more than 16,700 respondents aged 50+.

The presentation will then focus on the results from research in the second year of the programme, which examined the relationship between alcohol use and labour market participation among older people. Through a series of three inquiries with stakeholders from government and the private and voluntary sectors, as well as survey data analysis, this work identifies a number of challenges that differentially affect older people depending on their

labour market position: those employed, seeking employment, or transitioning into or currently in retirement. Key findings include:

- People aged 50+ looking for work are more than three times as likely as those still in work to be a higher risk drinker (AUDIT score 16+);
- Nearly 30% of those 50+ in the professional occupational class drink 5-7 days a week, the highest of any occupational class;
- Recent retirees are more likely to drink almost every day than those still in work or longer-term retirees, and retiring before 60 (early exit) is associated with being a higher risk drinker.

Survey findings are also supported and elucidated through further evidence presented at the stakeholder inquiries and subsequent discussions.

The findings suggest that people aged 50+ suffer multiple levels of stigmatisation due to their age, history of alcohol problems, and employment status. The research concludes with recommendations for government, employers, medical professionals, and the third sector to address these barriers in order to reduce and prevent alcohol-related harm among older people in the UK.

Parallel session 4: Alcohol and mental health

Justin Moorhead, Liverpool John Moores University

The Role of Alcohol Misuse in Military Veterans' Violent Offending

There have been emerging concerns, in recent years, around the criminality of military veterans and their involvement within the criminal justice system (CJS) (Murray 2014; Taylor 2010) with some estimates placing the groups number at around 20,000 (NAPO 2008). Veterans have been described by one commentator as the 'new diversity subject' (Murray 2014) and who's offending needs and associated risks are not fully understood.

This population, who have been described as possibly representing the largest occupational subset within the CJS (HMIP, 2014), continue to receive increasing academic, media and political coverage (see; HMIP 2014, Phillips 2014, Ashcroft 2014). This may be on account of evidence suggesting that violence represents the offence type most frequently committed by the military veteran offender (MOD 2010; 2011). Equally alcohol misuse has been identified as a factor strongly associated with violent offending perpetrated by ex-service personnel (McManus, 2013). As such, a closer understanding of the relationship between alcohol and violence for this particular subgroup within the CJS remains pertinent at this stage. Indeed, whilst the association between alcohol use and violence is well established; with alcohol consumption representing a significant risk factor for violent offending generally (Mesham &

South 2012), the unique relationship between the military and its culture around alcohol use necessitates further investigation. Particularly so, as excessive alcohol use has been determined as more common in military than civilian life (Donnelly 2015) and has even been described as an 'occupational hazard' (Henderson et al 2009:25).

Evidence also suggests that military veterans' violent offending has strong associations with exposure to traumatic events, post-traumatic stress disorder and other mental health issues (Zoriçiç et al 2003; McFall et al 1999; Elbogen 2010). With substance misuse often representing a common comorbid diagnosis to other mental health issues experienced by veterans (Iversen et al 2009), the current research seeks to explore the potential multifarious links between the veteran's misuse of alcohol and the impact of this use upon the commission of violent offending post transition from the Armed Forces.

The project seeks to employ a mixed methods approach. Initially, secondary data analysis of military veterans currently being supervised by five Probation contract package areas across England will take place, providing a snapshot of the risk and needs associated with ex-service personnel. Following statistical interpretation, this data will then aid in the process of purposive sampling in which 20-30 veterans, who have been convicted of alcohol related violent offending will be identified and invited to interview. The project will then qualitatively seek to explore this population's use of alcohol and the relationship their substance use has with their violent offending. Equally, it will seek to highlight the wider experiences of the veteran travelling through the CJS, with a view to further comprehend the military veterans' potentially specific and even unique set of needs and risk issues. Finally, it will aim to explore pathways of desistance for the military veteran within the CJS.

Karen Bailey, Kings College London

Interventions for reducing post-traumatic stress and substance use among women with experiences of interpersonal violence: what does the current literature tell us about what works, for whom and why?

Background: Previous reviews have shown the potential effectiveness of psychologically-based integrated treatments to address substance use and post-traumatic stress (PTS). However, what remains unclear from these syntheses is how well these treatments work, for whom and under what circumstances. A recent Cochrane review showed the most promising outcomes were found only in trauma treatments that included a past-focused element involving the processing of trauma memories. The studies included in this review, however, encompassed a wide variety of participants in terms of trauma experienced and substances used - with insufficient data to provide sub-group analysis by gender. The authors

also conclude that there is no evidence to support the use of past-focused treatments without the whole raft of accompanying stabilisation services offered alongside. However, details of these accompanying services are often lacking in effectiveness studies. They are particularly important in contributing to safety and stabilisation for some subgroups of women and may therefore be active components for recovery. Moreover, those with complex PTSD, often resulting from extensive interpersonal violence, may require a greater focus on the coping and safety skills developed in present-focused treatments, with past-focused treatments reporting high drop-out and unsuitable for those facing on-going abuse.

Consideration of moderators and mediators in causal pathways, together with qualitative research exploring process related factors or service user perspectives can help inform what it is about those interventions (mechanisms) and the way they are delivered (context) that may contribute to their effectiveness, and hence supplement the current evidence base.

Methodology: The narrative review will be informed by several systematic search strategies in order to identify 1) the primary studies of relevance to this treatment population and 2) the related process evaluation data and secondary data analyses.

Primary studies will be retrieved from eight pre-identified literature reviews, as well as searches of PsycInfo, PubMed, CINAHL, PILOTS and Clinicaltrials.gov. Included studies must involve a controlled trial of a psychological intervention addressing: 1) co-occurring substance use and PTSD or 2) substance use amongst survivors of interpersonal violence; report on both substance use and PTSD outcome, and include a sample of >50% of adult women. Consideration of quality of studies will be undertaken using the McMaster University Quality Assessment tool. The second stage will comprise searches of PsycINFO, MEDLINE and Embase of process evaluations, secondary data analyses and other qualitative data associated with the primary studies identified in stage one, as well as contacting authors and searching key websites. Peer and non-peer reviewed publications, grey literature and other online material will be considered. Included studies must contribute to the research question "*for whom does the intervention produce change, how and under what contexts?*"

Conclusion: The findings hope to shed light on some of the additional factors, at both the organisational and participant level, that substance misuse services should consider when implementing integrated treatment for this group of women.

Sarah Fox, Manchester Metropolitan University

The Missing Conversation: Women, Substance Use and Domestic Abuse

The relationship between alcohol and other drug (AOD) use and domestic abuse is explored in research and literature predominately with an aim of understanding causality. For both men and women, victims and perpetrators, the role of alcohol and drugs has been examined to understand how substances are manifested in the lives of those who are effecting abuse and, are affected by abuse. However, in trying to answer the question of 'which comes first?', research and literature appears to miss the conversation regarding victims use of substances. Because more research and literature concerning AOD use and domestic abuse focuses on the role of the perpetrator, women's experiences are invisible. What women do, how they feel, and the support they receive is a missing conversation in AOD and domestic abuse research. As such, this PhD research seeks to understand women's experiences of co-occurring AOD use and domestic abuse. A further aim intends to explore how women with these experiences navigate support.

A theme of the ARUK Conference 2017: hearing how researchers bring the lived experience of alcohol use into the research process, will be introduced in this presentation of research. This qualitative research seeks to highlight the lived experiences of women who have contacted support services when affected by dual AOD use and domestic abuse. This presentation will therefore highlight the rationale for conducting qualitative research with women dually affected by AOD and domestic abuse and discuss initial findings from interviews that have taken place. An overview of the methodological underpinnings will be highlighted to encourage discussion among other researchers regarding the use of qualitative approaches to research. This presentation will conclude with an overview of the challenges faced in the data collection stages so far, and highlight the importance of researcher self-care when conducting research focusing on the lived experiences of AOD using research participants.

Overall, this presentation wishes to highlight the importance of listening to the lived experiences of women affected by AOD who are affected by domestic abuse. By listening to these lived experiences, this presentation also wishes to illustrate to postgraduate and early career researchers the importance of self-care and managing challenging situations.

Posters

Giovanni Aresi, Università Cattolica del Sacro Cuore

A longitudinal study on European Credit Mobility Students' drinking patterns

Aims: To investigate whether European credit mobility (e.g., Erasmus) students increase their alcohol consumption, their patterns of alcohol misuse, and alcohol-related negative outcomes while they were studying abroad, compared to pre-departure and following return to their home country. To assess whether demographic and host-country related variables predict change in alcohol use outcomes.

Methods: A longitudinal design collecting data on the frequency and volume of alcohol consumed, alcohol-related outcomes and information regarding the study abroad experience (e.g., host country living cost) at time of arrival (T1; for pre-departure consumption), after four months following arrival (T2), and after four months after their return home (T3). Change in outcomes was assessed using multilevel regression models where individuals were nested within 42 countries of origin. Linear and quadratic effects of time were considered. Data on the 883 (72.0% women, mean age = 22.21 years, SD = 2.30) Credit Mobility Students (CMSs) who participated in at least two waves were analysed. Participants were eligible for inclusion if they were either participating in a study abroad programme, internship or language training programme in a European country for an expected four months or more, and were normally resident in a European country. Participants were excluded if they abstained from alcohol.

Results: Both linear (coefficient 10.22, 95% confidence interval (CI) 8.10, 12.35, $p < 0.001$) and quadratic (coefficient -6.07, 95% confidence interval (CI) -7.16, -4.98, $p < 0.001$) effects of time on number of drinks drunk were significant. Number of drinks drunk weekly increased significantly from T1 to T2, and returned to baseline levels on their return home (T3). Consistent with expectations, all measures increased from pre-departure to the study abroad period, except number of alcohol-related negative consequences experienced. Further analyses showed that number of drinks drunk, binge drinking, drunkenness frequency, as well as alcohol-related consequences decreased at post-return even when compared to pre-departure. Being male, younger, and travelling to a country where living cost was cheaper were positively associated with volume of alcohol consumed.

Conclusions: Participation in credit mobility programmes can expose European university students to additional alcohol-related health risks, though this appears to be related to situational disinhibition taking place in the host country. The observed post-return reduction

in risky drinking can be related to a “bounce back” effect after a 6-month study abroad heavy drinking period.

Beth Collinson, Sheffield Hallam University

Investigating recovery capital, whilst identifying gender similarities and differences in pathways to recovery

Gender is a key aspect in understanding patterns of alcohol use, alcohol careers and experiences within treatment, and problematic alcohol users have overlapping but distinct gender needs (Neale, 2004). This research aims to investigate recovery capital, whilst identifying gender similarities and differences in pathways to recovery.

The study will use a range of data sources to assess gender differences in recovery pathways for problem drinkers in Sheffield. The study will use three primary data collection methods:

1. A secondary analysis of existing data collected by our field partner, Sheffield Alcohol Support Service (SASS)
2. Asset mapping to assess SASS clients' active engagement with community resources
3. Prospective analysis of change in a cohort of clients new to the service to assess patterns of recovery capital change (tracked over 3 phases), mediated by community engagement and examined for gender differences

The main criteria for selection will be individuals who identify themselves in recovery. The benchmarks for ‘in recovery’ will be derived from the Betty Ford Institute (2007): early (1-12 months), sustained (1-5 years) and stable (5+ years). Examining the differences of individuals across these three developmental dimensions and gender, will help demonstrate what may help or hinder recovery efforts.

The aims for the research outlined by Alcohol Research UK are as follows:

1. How well do existing measures capture the three developmental dimensions of recovery capital?
2. To develop adequate measures that assess recovery resources at the social and community level, and establish norms for those measures?
3. To develop tests with populations at different stages of their recovery journeys and map changes in recovery capital in those populations?
4. Assessing and identifying key parameters of community capital; how are they related to stigma and exclusion, and how can we demonstrate impact of community capital on personal recovery pathways?

Stage 1 (which will be underway by April 2017)

The secondary data analysis will look at a user friendly version of the ARC (Groshkova, Best & White, 2012). This data represents a baseline of information collected when service users first access SASS and can be used to assess basic gender differences between service users. Data will be matched up with the hope that service users ARC can be tracked over 3 time stages (entry to service, 4 weeks, 6 months).

Stage 2 (which will be underway by April 2017)

Workshops run with clients, volunteers and staff at SASS will identify assets within Sheffield. Retrospective to these workshops, community connectors will be trained up in order to assertively link individuals into pro-social, meaningful activities identified within the workshop, conducive for increasing levels of social capital. This aims to measure where, when and with who women are connecting with, and how community engagement and social networks help construct and maintain recovery.

Stage 3

The ARC (Groshkova, Best and White, 2012) will be administered to service users who identify themselves as being in 'early recovery'. From this base measure, follow up ARC questionnaires will be administered to the same cohort after 6 and 12 months. Following this, a statistical analysis will be undertaken in order to track an individuals' level of recovery capital in a quantitative method. From this, gender differences will be identified and key changes in both male and females' recovery journeys can be tracked and mapped.

The research aims to provide a richer understanding of the complex gender specific needs within pathways to recovery, which will extend our knowledge on the processes that enhance the accumulation of recovery capital. Furthermore, it is hoped that the research will contribute to improving societal attitudes - reducing stigma and facilitating a growth of community capital, beneficial for community citizens and those in recovery.

Amy Fuller, University of Nottingham

Exploring students' perceptions and experiences of drinking alcohol in the transition to university and across the first academic year

Cross-sectional studies have identified high proportions of heavy, episodic drinking within the student population. As well as the adverse health and social consequences associated with this pattern of drinking, it is suggested to be a predictor for harmful, steady drinking in later adulthood. The transition to university is an important time for many young

adults as they experience, and develop further independence in, a new environment. The aim of this study was to explore students' perceptions and experiences of drinking alcohol as they transition from home to university, and across their first academic year.

Undergraduate students from a large University in the East Midlands (UK) who completed a Students' Union welfare survey in August 2016 were invited to take part in up to three interviews across the academic year. From the 291 students who expressed an interest in taking part, 32 were randomly selected to take part in a face-to-face interview within the two weeks following freshers' week and follow-up interviews at the end of each semester. For the first round of interviews, 30 semi-structured interviews were conducted with 15 current drinkers (7 male, 8 female) and 15 current abstainers (7 male, 8 female). The interviews were digitally audio-recorded, transcribed verbatim and analysed using the Framework method.

After the first round of interviews, five key themes were identified: Students' perceptions of drinking and understanding of harm, Drinking behaviour, Drinking culture, Social events and Social circles. Many students felt alcohol is a prominent feature in UK culture and that it was typical for younger adults to binge drink. Many drinking students had a pattern of heavy, episodic drinking before coming to university and there was a poor understanding of how this drinking pattern may be harmful to health. Abstainers chose not to drink for religious reasons or because they did not like the effects of alcohol. The majority of students came to university with the expectation that the drinking culture would be heavy and some felt nervous about it. During freshers' week many drank more frequently than usual and in similar or greater quantities to a typical drinking occasion before university. However, some reported drinking in smaller quantities than usual to avoid being drunk in front of new peers. Abstainers and those who reported drinking less during freshers' week felt there was too much emphasis on drinking, especially due to the pre-organised Students' Union events, of which clubbing was a more regular feature and heavily promoted than activity-focused events such as bowling or ice-skating. Those attending alcohol-focused events reported doing so as new flatmates were all going and many felt unable to suggest attending activity-focused events. Some abstainers and those who reported drinking less during freshers' week found peers with similar values and spent time relaxing in their flat together without alcohol although some abstainers reported feeling isolated from peers who were drinking heavily.

Second round interviews are currently being conducted and themes from the first and second round of interviews will be presented.

Rob Heirene, University of South Wales

Alcohol-Related Brain Damage in South Wales: An investigation of Prevalence and Associated Hospital Admissions

Subsumed under the umbrella term of Alcohol-Related Brain Damage (ARBD) are several distinct yet overlapping disorders, including Wernicke-Korsakoff's Syndrome (WKS), alcohol-related dementia, alcohol related cerebral and cerebellar atrophy, and comparatively rarer conditions such as Pellagra and Marchiafava-Bignami Disorder. Prevalence data for ARBD in the UK is scarce, and existing studies elsewhere possess a number of limitations. Firstly, they typically focus only on the prevalence of WKS, failing to identify cases of alcohol-related cerebral or cerebellar atrophy, or a general decline in cognitive function associated with alcohol (Wilson, 2014) – the more probable neurological and cognitive manifestations of chronic alcohol abuse. Secondly, studies fail to collect data from multiple sources, often relying purely on hospital admissions or admissions to specific ARBD units. Finally, existing research is yet to explore the prevalence of “suspected” or “probable” ARBD cases. This is a particular concern as it has been suggested most cases of the condition will never receive an official diagnosis (Thomson et al., 2012).

In South Wales, little prevalence data for ARBD exists, despite anecdotal reports of a high number of sufferers in the area. One NHS review of hospital admissions in Wales from 2008 to 2012 reported an average total of 214.4 ARBD-related admissions each year (Emmerson & Smith, 2015), though more comprehensive data on the prevalence of ARBD and the nature of the problem in Wales is absent at present. Consequently, the purpose of the present study will be to investigate ARBD prevalence in South Wales, using a comprehensive and novel method. Anonymised data will be collected for those with ARBD from an array of services involved in the support of this population. At present, 140 individual services (and often multiple professionals within these) across four NHS Health Boards in South Wales have agreed to complete the data collection survey, reflecting on the 2015-16 period. These include multiple NHS hospital based services (neurology, adult and older-adult psychiatry wards, young-onset dementia services), out-patient and community NHS services (memory clinics, addictions units, CMHTs), social service teams, private care homes and third sector organisations such as homeless and recovery centres. Data will be collected for all conditions within the ARBD diagnostic category, as well as for “probable” cases of the disorder (supporting information will be requested in detail for such cases). Surveys are due to be returned in January 2017.

More comprehensive data relating to hospital admissions associated with ARBD for the entirety of Wales for the 2006-2016 period will also be collected and analysed. This data will include both the number of admissions and the number of individuals accounting for these, the geographical location, the specific ICD codes attached to admissions (both ARBD and non-ARBD), the duration of admissions, the demographic details of the admitted individuals and the destination upon discharge. This data will be collected in partnership with Public Health Wales in December 2016 to January 2017.

Both studies will enhance the understanding of the prevalence of ARBD as a conceptual diagnostic category of disorders and the implications of this, including service requirements.

Kara Holloway, Keele University

Implementing an Institutional Approach to Managing Student Alcohol Consumption in a UK University

Background: Alcohol presents the third largest lifestyle related cause of disease in Europe after smoking and obesity, and excessive alcohol consumption costs the NHS an estimated £3.5 billion each year (Alcohol Concern, 2016). The UK Government considers high risk drinking as a social and health priority (HM Government, 2012). Higher education students are at further risk because students have increased consumption compared with similarly aged adults (White, 2006). The harms of high risk drinking for students include death, sexual assault and negative academic performance (WHO, 2011). The research aims to reduce harmful student alcohol consumption at Keele University. The aim of the review was to understand the types of interventions that had been effective at other institutions in order to guide the development of the Keele-specific interventions.

Method: A systematic review of the literature was conducted; in total 23 studies were reviewed. To review the published research on student alcohol interventions the EBSCO search platform was used to access PsycINFO, MEDLINE and Academic Search Complete in December 2015. The following terms were used: alcohol, intervention, students, university, misuse, abuse, drinking, campus, college and prevention.

Results: The review revealed four types of student alcohol interventions: educational (e.g. campaigns that raise awareness of consequences of binge drinking), behavioural (e.g. teaching coping skills so that students do not use alcohol as a stress-reliever), feedback (e.g. receiving personalised feedback about the student's drinking and comparing to others) or environmental (e.g. increasing the price of alcohol). The studies reviewed were

affected by common limitations including: lack of control group, no behavioural outcome measures and recruitment bias.

Discussion: There is no evidence for the use of behavioural interventions in reducing alcohol consumption. There was limited evidence for the use of educational or feedback interventions. There was supporting evidence for the use of environmental interventions. Furthermore, only 3 studies were based in the UK and therefore there is a need for further research on student alcohol interventions to take place in the UK.

Julie McEachern, University of Edinburgh

An examination of equity in alcohol policies in rural and urban Nova Scotia

Nova Scotia's alcohol retail system is split between monopolized and semi-privatized alcohol retail outlets. This divide follows the borders of rural and urban Nova Scotia, leading to a disproportionate amount of semi-privatized alcohol retail outlets in rural areas.

This report is the first to look at the discrepancy in health-protection in rural and urban Nova Scotia, from an alcohol policy perspective.

The report closely compares the varying provincial alcohol retail policies with international evidence to examine the potential impact on public health. The report also draws from internal reports from local alcohol industry actors in order to strengthen the comparison by providing data on alcohol purchasing behaviour.

Findings suggest that rural Nova Scotia is provided with significantly weaker forms of a health protection than urban Nova Scotia, due to the predominate form of alcohol retail occurring in mixed-commodity settings. These mixed-commodity settings are often one of the only points-of-purchase for essential goods in rural Nova Scotia. Retailing alcohol in this method leads to increased exposure to alcohol marketing for both children and adults, have weaker forms of age-purchase monitoring, and exacerbate the normalization of alcohol through selling alcohol alongside ordinary, non-drug commodities.

The report concludes by recommending a moratorium on semi-privatized, or privatized alcohol retail outlets until such time that an independent health impact assessment is conducted regarding the impact of provincial alcohol procurement strategies and policies, on community health.

Adam McNeill, Edge Hill University

Impairing Inhibitory Control Increases Ad Libitum Alcohol Consumption: A Transcranial Magnetic Stimulation Study

The relationship between inhibitory control and alcohol consumption is well established, with research suggesting that impaired inhibitory control is associated with heightened alcohol consumption (e.g. Christiansen, Cole, Goudie, & Field, 2012). Furthermore, it has been demonstrated that acute alcohol intoxication results in inhibitory control impairments and it is suggested that these impairments mediate subsequent alcohol consumption (c.f. Field, Wiers, Christiansen, Fillmore, & Verster, 2010). However, alcohol intoxication has widespread neuro- and psychopharmacological effects (c.f. Koob & Volkow, 2010; Koob, 2014). Therefore, the current study aimed to investigate the specific relationship between acute impairments of inhibitory control and subsequent alcohol consumption. Transcranial Magnetic Stimulation (TMS) was used in a within-participants design to stimulate the right dorsolateral pre-frontal cortex (rDLPFC), in order to impair inhibitory control. Participants underwent TMS in two experimental sessions, once to the rDLPFC and once to the Vertex (control); a measure of inhibitory control was taken using the Stop-Signal task at baseline and both post-stimulations. Subsequent alcohol consumption was measured in the laboratory using a bogus taste task. It was predicted that stimulation to rDLPFC would result in significantly impaired inhibitory control and increased *ad libitum* alcohol consumption. Preliminary analysis has revealed that TMS stimulation to the rDLPFC results in impaired inhibitory control compared to both control stimulation and baseline. Moreover, *ad libitum* consumption was significantly greater in the rDLPFC stimulation condition compared to control and this consumption was associated with acute impairments in inhibitory control. These findings suggest that acute impairments in inhibitory are involved in the maintenance of alcohol consumption behaviour. Wider implications and further research are discussed.

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The effect of acculturation orientation, socio-cultural and psychological adjustment on alcohol consumption of international students

Introduction: During 2014-2015 academic year, 312,010 non-EU international students were enrolled in a higher education institution in the UK. Little is known about students' health related behaviours during this period away from home.

Aims: To investigate whether acculturation or sociocultural and psychological adjustment are related to alcohol consumption and alcohol-related consequences. We hypothesise that a high level of socio-cultural adjustment and low level of psychological adjustment is

associated with risky drinking and related consequences. We explore the role of students' acculturative orientation (towards the host country or the home country – assimilation or separation strategy) on risky drinking.

Methods: A cross-sectional, mixed-method design. All non-EU international students enrolled in any kind of degree in Cardiff University were sent an email from the International Students Support Service with the link to complete an online anonymous questionnaire and offered an opportunity to take part in a focus group. The survey focuses more on alcohol consumption rates and alcohol-related consequences, while the qualitative element examines what it means to be an international student and the adjustment experience.

Results: Two hundred and sixty-seven participants completed the online survey and twenty-two students took part in the focus groups. Both the qualitative and quantitative results will be available in February 2017.