

***“Because I just think if you wake up with a pizza box on your bedroom floor you’ve had a good night”***

**Is there a role for a dually focused intervention in young adults to tackle unhealthy eating and risky drinking and effectively reduce future health inequalities?**

**Dr Steph Scott, Teesside University, on behalf of the FOrwaRD team**



# Background

- ❑ Alcohol use peaks in early adulthood and can contribute directly and indirectly to unhealthy weight gain.
- ❑ Eating rituals are strongly linked to the use of alcohol and vice versa.
- ❑ ‘Restriction of excess’ - certain food compounds may show similarities with the addictive nature of substances i.e. sugar, salt and fat.
- ❑ BOTH continue to be a source of pleasure and a valued component of social life, status and identity.
- ❑ BOTH take place within a wider ‘complex system’ which can adversely shape health behaviours but are not always consciously recognised as doing so.
- ❑ Recognised as ‘obesogenic’ or ‘intoxigenic’ environments - where physical, urban spaces come together with social, cultural and commercial influences.

# Background

- ❑ HOWEVER, we still know little about the specific relationship between alcohol consumption and unhealthy eating behaviour in this population group – in particular, no qualitative work to date.
- ❑ Unhealthy weight-control methods linked to problematic alcohol use can emerge as early as mid-adolescence, with some individuals conflicted by a wish to stay slim but also to drink alcohol as part of developing a social identity.
- ❑ Some may choose not to eat prior to socialising, so that they can drink alcohol and avoid weight gain - a phenomenon that has been termed ‘Drunkorexia’.



**23 HANGOVER  
BREAKFASTS THAT WILL  
SAVE YOUR LIFE**



# Project Objectives

- To **explore** the links between unhealthy eating behaviour and risky alcohol use in the social, emotional and cultural lives of young adults (aged 18-25).
- To **understand** the contribution these behaviours play in excessive weight gain and obesity.
- To **determine** whether an intervention in early adulthood which integrates awareness of alcohol and food behaviours and their interaction with each other is more effective than an intervention examining the impact of either behaviour alone.
- To **work** with young adults to co-design a dually focused intervention to help reduce health risk and social inequalities due to excess weight gain and alcohol consumption.

# Overview

A mixed methods programme of work:

- ❑ WP1: A systematic review of interventions designed to reduce health risks due to unhealthy eating behaviour and risky or excessive drinking
- ❑ WP2: Secondary quantitative data analysis of national datasets
- ❑ WP3: In-depth qualitative interview work
- ❑ WP4: Co-design workshops to develop, refine and ‘road-test’ a complex intervention focused on nutrition and risky alcohol use in young adults.

# Systematic Review

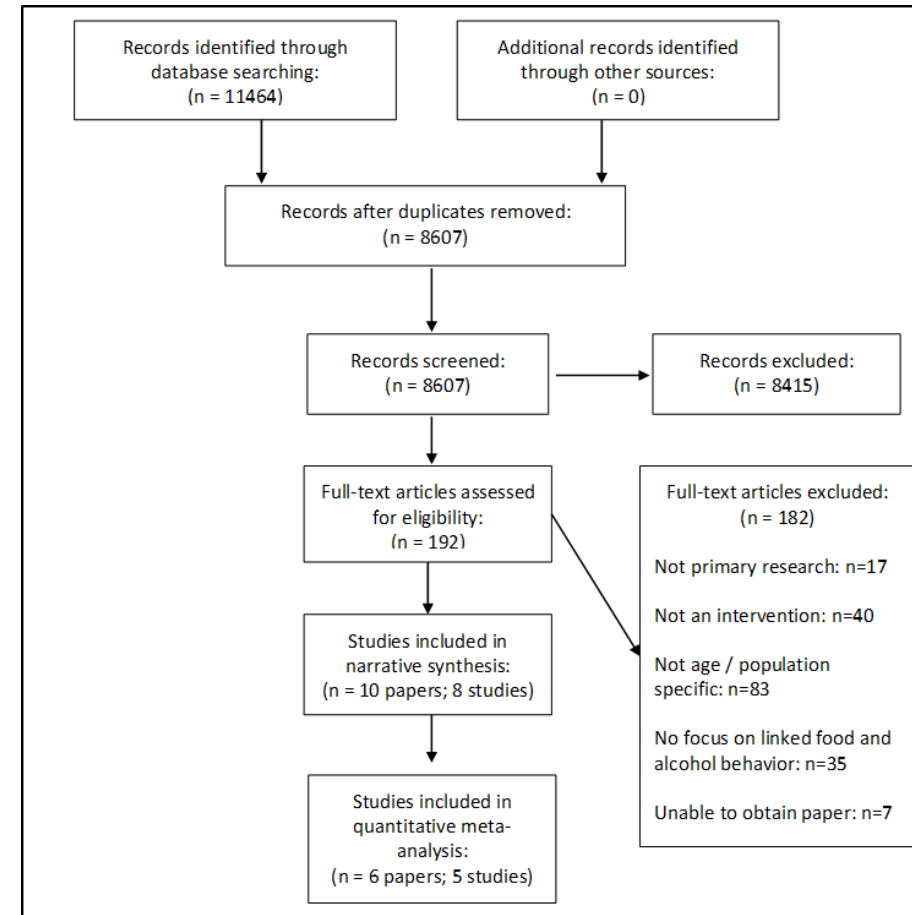
## □ Aim:

REVIEW



to address the evidence gap by systematically evaluating the current evidence-base in order to determine the effectiveness of preventative targeted interventions focused on reducing unhealthy eating behaviour and linked risky alcohol use and their health consequences in adults aged 18-25 years.

## Flow chart showing study selection process:



# Systematic Review

## □ Descriptive Results:

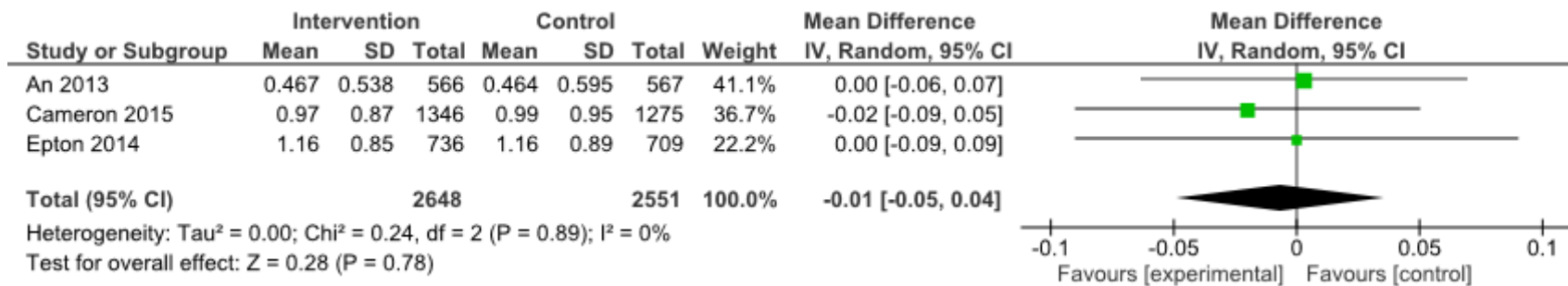
- Four studies originated in the USA; with one study from the UK, New Zealand, Australia and Chile.
- Six studies were RCTs; one was a quasi-experimental pre / post study and one was defined to be pseudo experimental (two-arm).
- Interventions tended to be modular, web-based, health psychology theory-driven and tailored / 'personalised'.
- All reported significant change for either food or alcohol behaviours
- Diet and eating behaviours show greater propensity to change than alcohol
- Biological changes i.e. blood pressure, cholesterol etc. were more prevalent than behavioural alterations i.e. reductions in reported alcohol consumption.



# Systematic Review

## Meta-analysis:

- Pooled estimates demonstrated inconclusive evidence that receiving an intervention resulted in changes to fruit and vegetable consumption (mean change in daily servings: 0.22; CI -0.22 to 0.65) and alcohol consumption (4.64 grams/week; CI -10.81 to 1.53).
- There was little difference in number of binge drinking episodes per week between intervention and control groups (-0.01 sessions; CI -0.05 to 0.04).





# Secondary Data Analysis

- Aim: to understand the potential role that alcohol intake plays in contributing to overweight and obesity in young adults aged between 18 and 25 years.
- Pooled data on BMI and alcohol intake from the Health Survey for England and the Scottish Health survey from 2008 to 2014. Alcohol intake measured as percentage of total recommended daily allowance (RDA) of energy from alcohol on the heaviest drinking day.
- Used linear regression with BMI as the outcome variable, and categories of energy from alcohol ('no intake' to  $> 75\%$  RDA) as explanatory variable. Controlled for a wide set of potential confounders (e.g. physical activity, smoking, ill-health, etc.)
- Found significant associations of BMI with the highest levels of alcohol intake - implies that young adults with high levels of alcohol consumption are at higher risk of increased BMI.
- The consumption of spirits and beer, but not wine, appeared to be driving this relationship.

# In-depth qualitative interviews

## Aim:

- to explore the links between unhealthy eating behaviour and risky alcohol use in the social, emotional and cultural lives of young adults (aged 18-25), including perceptions of risks, benefits, costs and consequences of these behaviours in early adulthood.
- 45 young adults aged 18–25 recruited from community organisations that support young adults into employment, young apprentice schemes, university and further education colleges, and residential care for the recently homeless in NE England.
- Transcripts and field notes were analysed thematically.

Demographics		N (45)	%
Age	18	7	16
	19	7	16
	20	6	13
	21	10	22
	22	4	9
	23	6	13
	24	2	4
	25	3	7
Gender	Female	24	53
	Male	21	47
Ethnicity	White British	41	92
	Chinese	1	2
	Asian	1	2
	Arab	1	2
	Dual	1	2
IMD decile	1	16	37
	2	4	9
	3	2	4
	4 low SES (52%)	1	2
	5	4	9
	6	0	0
	7	1	2
	8	5	11
	9	6	13
	10	6	13
Employment / Education	Employed	13	29
	In Education	14	31
	Trainee	8	18
	NEET	9	20
	Unknown	1	2

# In-depth qualitative interviews

- Data derived from qualitative enquiry situated within a broader research project.
- 45 in-depth interviews conducted with young adults aged 18–25 in North East England.
- Recruited from community organisations that support young adults into employment, young apprentice schemes, university and further education colleges, and residential care for the recently homeless.
- Transcripts and field notes were analysed thematically.

Demographics		N (45)	%
Age	18	7	16
	19	7	16
	20	6	13
	21	10	22
	22	4	9
	23	6	13
	24	2	4
	25	3	7
Gender	Female	24	53
	Male	21	47
Ethnicity	White British	41	92
	Chinese	1	2
	Asian	1	2
	Arab	1	2
	Dual	1	2
IMD decile	1	16	37
	2	4	9
	3	2	4
	4 low SES (52%)	1	2
	5	4	9
	6	0	0
	7	1	2
	8	5	11
	9	6	13
	10	6	13
Employment / Education	Employed	13	29
	In Education	14	31
	Trainee	8	18
	NEET	9	20
	Unknown	1	2

# Findings

## (1) Eating practices before, during and after alcohol consumption:

- ▣ Before: balancing act between ‘lining your stomach’ and not being bloated for the night ahead.
- ▣ During: significance of takeaway food - held social and cultural meaning to young adults interviewed.
- ▣ Natural extension of the evening, a sign of a good night, more exciting than cooking when you get home and as a preferred way to end the night.
- ▣ Having a ‘blowout’ and planning to ‘fall off the wagon’ ahead of time.
- ▣ After: ‘binge eating’ as an accepted norm or practice and often used as a means to sober up.

*“It is often you come to the end of the night, you don’t really want the night to end and everyone is still raring to go. It is definitely a social thing I think.” – Female, aged 21.*

*“Last week we went out and my friend and I were saying, “We can’t wait for the cheesy chips later” and we hadn’t even started drinking yet. We were already in that mind-set to start with.” – Female, aged 25.*

*“I’ve never known one person to be on a heavy drink and say, “Oh, shall we make a salad?” I’ve never heard that before.” – Male, aged 20.*

# Findings

## (2) Socio-cultural links between food and alcohol

- ▣ Most interviewees recognised that their eating and drinking behaviours were linked in distinct ways.
- ▣ 1. Difficult to visualise the impact of alcohol on their body and do not afford alcohol calories and food calories equal weighting; doing so ruins the fun
- ▣ 2. Health-conscious when it comes to food but care far less when it comes to alcohol consumption
- ▣ 3. Linked for heavy or regular drinkers only, or that being unhealthy in both respects was indicative of a generally negative attitude towards health
- ▣ 4. ‘Weight-conscious drinking’ – tailored consumption practices to facilitate continued alcohol use

*“I don’t visualise it the same and I know it’s just as bad, but I still don’t look at it and think, “Oh...” To me, I would think having a cake would be worse than having a glass of wine.” – Female, aged 20.*

*“I’ve got so many different friends who are so healthy but then drinking is another matter. I’d say the ones who eat the healthiest, would probably drink some of the most.” – Male, aged 21.*

# Findings

## (3) Image and identity

- ▣ Taken for granted assumptions, norms and rules which young adults were expected to learn
- ▣ Allowed young adults to demonstrate cultural competency and ‘fit in’ within their social circles, at this early stage of adulthood.
- ▣ Those who didn’t risked exclusion.
- ▣ Young adults who lived alone articulated a sense of isolation and loneliness by suggesting that there was ‘no point’ in wasting their time by cooking for one or making the effort to eat healthily.

*“I know one of my friends who is dieting... She’s allowed one treat a day all week, and a treat is a certain amount of alcohol, or a chocolate or something. What she’s doing, she says that she’s fine not having any of the chocolate or anything, and then she’ll just save up all the alcohol and have it on one night...” – Male, aged 21.*

*“I used to cook for people... I used to make their Sunday dinners for them but since I have come here [residential housing] I haven’t really cooked...I mean, I could freeze it but I would still rather make something and share it with everyone.” – Male, aged 19.*

# Findings

## (3) Image and identity

- ▣ Different social ‘groups’ embraced different identities.
- ▣ Some values and behaviours drew young adults in this study together, others pulled them apart, leading to social authorisation of certain practices and others becoming ‘frowned upon’.
- ▣ Some found distinction in the ‘traditional’ norms and values of young adulthood (e.g. episodic drinking and linked fast food consumption). Other interviewees derived distinction in ‘difference’ (e.g. matching alcohol to their food choices).

*“We’re not cultured enough to go for a meal and then going out afterwards.” – Male, aged 23.*

*“I wouldn’t say I’m a big cheesy chips at the end of the night person.” – Female, aged 21.*

*“In the first three years it was great but less and less people go out when you’re doing your Masters.” – Male, aged 23.*



# Concluding Remarks

- ❑ ‘Following a thread’ – what take home messages can we see across these three work packages?
- ❑ 1. Inconclusive evidence from a small body of evidence from preventative interventions focused on reducing unhealthy eating behaviour and linked risky alcohol use in 18-25-year-olds, with most studies conducted among student populations.
- ❑ 2. Commensality - eating and drinking for young adults is about togetherness, socialising and it is this act of being together that cements their status and relationship with one another.
- ❑ 3. Interpersonal factors are supported by wider cultural shaping, including that which comes from the food and alcohol industry, population-level policy and the urban landscape – links to complex systems work (see work of Petticrew, Rutter).
- ❑ **Anatomy of a night out** – food AND alcohol are both part of this landscape and this must be recognised.
- ❑ **What does this mean for intervention development?**
- ❑ **Biggest barriers:** the links between food and alcohol consumption are an unquestioned norm; the risk that young adults see themselves facing is that which is associated with appearance, social status and identity and NOT health harms.

# Thank you – any questions?

