

MENTAL HEALTH OF MEN AND BOYS INQUIRY WRITTEN EVIDENCE SUBMITTED BY THE INSTITUTE OF ALCOHOL STUDIES

1. Executive summary:

- Alcohol use interacts with a person's mental health, and their ability to access support. As men have been demonstrated to drink more, and in more risky ways, this link is of particular concern to this inquiry.
- It has long been recognised that those experiencing co-occurring alcohol misuse and mental health difficulties often fail to find effective help from statutory services. Access to treatment for those experiencing co-occurring alcohol use disorders and mental health difficulties needs to be improved to support men.
- The deployment of regressive gendered stereotypes, associating masculinity and excess consumption, perpetuated in alcohol advertising in order to sell product may be producing harmful outcomes for men and boys. This is troubling in and of itself, but it is also concerning that such practice extends to the marketing of alcohol to younger men.
- It is important in these discussions that the experiences of gay, bisexual and transgender men are considered; these groups experience unique barriers to accessing treatment for alcohol use disorders.
- Action on alcohol marketing, price and availability is also required to address the consumption trends exposing men to these difficulties.

2. What are the most pressing issues that affect men and boys' mental health, and how are these different to the wider population?

2.1 Alcohol use interacts with a person's mental health, and their ability to access support.

2.2 Firstly, alcohol use can affect a person's mental health: Public Health England report that many mental health difficulties, such as depression and bipolar disorder are associated with alcohol use disorders.¹ Antisocial personality disorder has also been linked to alcohol use disorders.² This is reflected in hospital admission statistics; during 2014/15, there were more than 200,000 admissions "for mental and behavioural disorders due to alcohol use, accounting for almost 19% of all alcohol-related hospital admissions" in English hospitals.³ It has also been suggested that experiencing an alcohol use disorder might delay recovery from co-occurring psychiatric conditions.⁴

2.3 Secondly, experiencing mental health problems can affect a person's relationship with alcohol, with the University of Stirling reporting that alcohol use is a common response to experiencing mental health difficulties.⁵

2.4 Thirdly, experiencing an alcohol use disorder might restrict a person's ability to access treatment for any mental health difficulties. Indeed, it has long been recognised that those experiencing co-occurring alcohol misuse and mental health difficulties often fail

¹ Public Health England. 2016. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review.](#)

² Moeller, F.G., Dougherty, D.M., [Antisocial Personality Disorder, Alcohol, and Aggression.](#) National Institute on Alcohol Abuse and Alcoholism (NIAAA).

³ Public Health England. 2016. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review.](#)

⁴ Greenfield, T.K. Individual Risk of Alcohol-Related Disease and Problems, Chapter 21 in Heather N., Peter T.J., Stockwell T. (eds) (2001), *International Handbook Alcohol Dependence and Problems*, John Wiley & Sons Ltd, pp. 413–439.

⁵ University of Stirling. 2013. [Health First: an evidence-based alcohol strategy for the UK.](#)

to find effective help from statutory services in England. Research conducted by the Institute of Alcohol Studies and Centre for Mental Health in 2018, surveying workers in both the alcohol and mental health treatment fields, found:

“that most staff, in both alcohol and mental health services, felt that support for people with co-occurring conditions was poor...[and] that trust and understanding between alcohol and mental health services were weak...”⁶

2.5 Having a ‘dual diagnosis’ of alcohol use- and mental disorders in this way is not rare. Public Health England estimate that 86% of those accessing alcohol treatment services have a co-occurring mental health difficulty,⁷ while “an estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year”.⁸ Not only this, but alcohol use disorders are associated with poorer treatment outcomes for those experiencing mental health difficulties, including suicide.⁹

2.6 This is of particular concern to the mental health of men and boys because, as a group, men drink more and in riskier ways than women. As ONS note:

“Men are more likely to drink alcohol than women. When looking at self-reported drinking behaviour by sex, the latest data show that 61.9% of men and 52.4% of women drank alcohol in the week prior to interview.”¹⁰

Further, 18% of men vs 13% of women binge drank on their heaviest drinking day in the last week, while 12% men vs 8% women drank on five or more days in the last week.¹¹

2.7 It is clear, any concerns surrounding alcohol’s impact on mental health should be carefully considered regarding men.

3. What is the effect of the following on men and boys’ mental health: Gender stereotyping in childhood; Media portrayals of masculinity?

3.1 The deployment of regressive gendered stereotypes perpetuated in alcohol advertising in order to sell product may be producing harmful outcomes for men and boys.

3.2 Research has repeatedly demonstrated that alcohol advertising can be highly gendered. Research examining internal alcohol industry marketing documents obtained by the Health Select Committee in 2009 found repeated instances of brands attempting to link notions of masculinity with harmful drinking behaviour. A particularly concerning instance of this regarding the Carling brand is recounted:

“...one of Carling’s agencies goes as far as to develop a set of “Carling Commandments” for its male consumers. These commandments draw upon stereotypical notions of masculinity such as respect and loyalty to male friends over and above women (“Thou shalt never abandon your mates in favour of a girl”). References are also made to which women it is appropriate to target sexually, and behaviours which are stereotypically associated with femininity are mocked (“Thou shalt never been [sic] seen at a ‘musical’”). Within these commandments, drunkenness is alluded to (“thou shalt never desert thy mates

⁶ Institute of Alcohol Studies and Centre for Mental Health. 2018. Alcohol and Mental Health: Policy and practice in England. p. 4.

⁷ Public Health England. 2017. Better care for people with co-occurring mental health and alcohol/drug use conditions.

⁸ Public Health England. 2016. [Health matters: harmful drinking and alcohol dependence.](#)

⁹ Ibid

¹⁰ ONS. 2018. [Adult drinking habits in Great Britain 2017.](#)

¹¹ Ibid

in drunken distress”), and, despite the CAP codes¹² clearly stating that “references to, or suggestions of, buying repeat rounds of drinks are not acceptable”, these commandments state that “thou shalt never miss a round”.¹³

3.3 As well as this, the research notes that “Concerning associations are drawn between masculinity and maleness and the strength of alcoholic drinks” offering the example of Smirnoff’s attempts to link potency and masculinity.¹⁴ Excess consumption also appears as a theme, as “advertising agency Cheethambell JWT suggests that a ‘macho’ ethos can be presented by the Sidekick brand “Kick starting the night... macho competitiveness; game playing – how much can you take?”¹⁵

3.4 Further to this work, a report published following a seminar series on issues relating to women and alcohol held by Scottish Health Action on Alcohol Problems (SHAAP) and the Institute of Alcohol Studies (IAS) noted similar findings; “When marketing is targeted at women...the aim is to establish a link between alcohol and empowerment...Marketing targeted at men often depicts women as sexual objects...”.¹⁶

3.5 This is troubling in and of itself, but it is also concerning that such practice extends to the marketing of alcohol to younger men. The same research already discussed, examining internal marketing documents from alcohol producers and their advertising agencies obtained by the Health Select Committee in 2009, found that young people are targets for alcohol advertisers (with market research data from 15-16 year olds used to develop campaigns, and campaigns intended to be “a cross between Myspace and High School Musical”) and that gendered stereotypes appear here also. The report notes that not only did Carling hope to “become the most respected youth brand...”, but that one Carling executive suggested “[Young men] think about 4 things, we brew 1 and sponsor 2 of them”¹⁷.

3.6 This link between regressive gender norms and excess alcohol consumption may serve to leave men feeling compelled to drink and drink in riskier ways, leaving them exposed to greater risk of developing mental health difficulties. Further, the impact should be considered of portrayals of women that serve to objectify and dehumanise which can only damage gender relations overall, at the detriment to all in society.

4. Which groups of men and boys are particularly at risk of poor mental health and what is leading to this?

4.1 It is important in these discussions that the experiences of gay and transgender men are considered. Research suggests that compared to the population, gay and bisexual men are more likely to drink alcohol and to drink excessively.^{18, 19, 20, 21, 22} Recent

¹² Codes governing the marketing of alcohol.

¹³ Memorandum by Professor Gerard Hastings. 2010.

¹⁴ [“They’ll Drink Bucket Loads of the Stuff”: An Analysis of Internal Alcohol Industry Advertising Documents](#), to the House of Commons Health Select Committee Inquiry. p. 28.

¹⁵ Ibid. p. 29.

¹⁶ Ibid. p. 29.

¹⁷ SHAAP and IAS. 2018. [Women and Alcohol: Key Issues](#). p. 7.

¹⁸ Memorandum by Professor Gerard Hastings. 2010.

¹⁹ [“They’ll Drink Bucket Loads of the Stuff”: An Analysis of Internal Alcohol Industry Advertising Documents](#), to the House of Commons Health Select Committee Inquiry. p. 1 & p. 3

²⁰ Emslie, C., Lennox, J.C. and Ireland, L., 2015. The social context of LGBT people’s drinking in Scotland. Glasgow Caledonian University/Scottish Health Action on Alcohol Problems: Glasgow, UK. p. 6

²¹ Guasp, A. 2011. Gay and Bisexual Men’s Health Survey: Stonewall

²² Keogh, P., Reid, D., Bourne, A., Weatherburn, P., Hickson, F., Jessup, K., & Hammond, G. (2009). Wasted opportunities. Problematic alcohol and drug use among gay men and bisexual men. London: Sigma Research

²³ Meads, C., Pennant, M., McManus, J., & Bayliss, S. 2009. A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research. Birmingham: University of Birmingham. DPH report number 71.

²⁴ Varney, J. 2008. A review of drugs and alcohol use amongst the lesbian, gay, bisexual and transgender community in London. London: Metropolitan Police lesbian, gay, bisexual and transgender independent advisory.

research examining “how LGBT people experience and understand alcohol consumption in Scotland”²³ has not only emphasised “the centrality of alcohol on the commercial gay scene...the habitual promotion of drinks such as alcopops, spirits and shots in gay venues, and strong peer pressure to drink across the lifecourse” but also noted “a range of barriers for LGBT people who needed to access alcohol services...[including] service providers assuming that all patients were heterosexual, and the perception that alcohol services and peer support groups would not provide a safe or welcoming space for LGBT people because they were ‘macho’ and ‘intimidating’.”²⁴ Further, research has also suggested that these communities are a target for alcohol marketing; Drabble suggests alcohol companies “have increased marketing strategies that are targeted specifically to lesbian and gay communities.”²⁵ Indeed, Smirnoff is a 2019 sponsor of Birmingham Pride,²⁶ while Pride in London’s 2018 sponsors included London Pride.²⁷

5. What measures are needed to most effectively tackle poor mental health in men and boys and what are the barriers that prevent these being implemented?

5.1 Restrictions should be in place for all forms of alcohol marketing, including online, to prevent regressive gendered stereotypes of men encouraging excess and risky consumption, in order to sell products. Legislation similar to France's ‘Loi Évin’ would address this, by limiting alcohol advertising content to characteristics of products only. Under this type of legislation images celebrating men’s excess and risky drinking practices would not be permitted.²⁸ The self-regulation of alcohol marketing in the UK has been demonstrated to be ineffective. Governed through a mix of co-regulation and self-regulation, administered by the Advertising Standards Authority, Ofcom, and the Portman Group (with the Advertising Standards Authority and the Portman Group funded by the advertising industry²⁹ and the alcohol industry³⁰ respectively). The current system has been criticised for: “major shortcomings...Specifically, the codes do not...prevent the promotion of drunkenness and excess; or the linking of alcohol with social and sexual success...[and] the codes are extremely weak in their treatment of new media which are rapidly becoming the biggest channel for alcohol promotion”.³¹ Public Health England have also raised concerns regarding a self-regulatory model, noting in their 2016 evidence review examining the effectiveness of alcohol control policies that systematic reviews have repeatedly found such approaches to fail to meet “their intended goal of protecting vulnerable populations”³² noting that alcohol industry tactics – such as “promoting ineffective voluntary codes and non-regulatory initiatives” – to influence policy on the regulation of alcohol marketing “are similar to the strategies used by the tobacco industry”³³.

5.2 Further, the upcoming alcohol strategy presents an opportunity to address alcohol’s affordability and availability. Alcohol has become increasingly affordable in the UK in

²³ Emslie, C., Lennox, J.C. and Ireland, L., 2015. The social context of LGBT people’s drinking in Scotland. Glasgow Caledonian University/Scottish Health Action on Alcohol Problems: Glasgow, UK. p. 7

²⁴ Ibid.. p. 5

²⁵ Drabble, L., 2000. Alcohol, tobacco, and pharmaceutical industry funding: Considerations for organizations serving lesbian, gay, bisexual, and transgender communities. *Journal of Gay & Lesbian Social Services*, 11(1), p. 2.

²⁶ Birmingham Pride. 2019. [Home](#).

²⁷ Pride in London. 2019. [Sponsor us](#).

²⁸ Institute of Alcohol Studies. 2017. [Policies to regulate alcohol marketing](#).

²⁹ Advertising Standards Authority. 2018. [What we spend and how we spend it](#).

³⁰ Portman Group. 2017. [History and Mission](#).

³¹ Memorandum by Professor Gerard Hastings. op. cit. p. 1.

³² Public Health England. 2016. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#). p. 110.

³³ Public Health England. 2016. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#). p. 109.

recent years, with alcohol 60% more affordable in 2018 than it was in 1980.³⁴ This trend is even more pronounced in the off-trade with beer 188% more affordable than it was in 1987.³⁵ Minimum unit pricing would tackle this extreme affordability. This policy selectively raises the price of the cheapest alcohol products – those most responsible for harm – above a floor price, while most products would see no change in price. Reducing the affordability of alcohol to prevent harm is supported by both NICE³⁶ and Public Health England.³⁷ Reviews to current licensing legislation should also be conducted to counter the substantial increases in availability of alcohol that have occurred in recent years. The number of licensed premises doubled between the 1950s and the 21st century in the UK,³⁸ while Home Office data has charted an increase not only in the number of premises licenses (of 8% between 2008 and 2017), but also a 16% increase in those premises with 24-hour licenses.³⁹ Policies to reduce the availability of alcohol as a method of reducing alcohol harm are supported by Public Health England.⁴⁰

6. How effective are local authorities at tackling poor mental health in men and boys?

6.1 Access to treatment for those experiencing co-occurring alcohol use disorders and mental health difficulties needs to be improved to support men. Research conducted by the Institute of Alcohol Studies and Centre for Mental Health in 2018, surveying workers in both the alcohol and mental health treatment fields found that a lack of understanding and join-up between services, stigma that those with co-morbidities face, and funding and workforce shortages, were seen as major barriers to improved provision for those experiencing co-occurring alcohol use disorders and mental health difficulties.⁴¹ Notably, funding shortages were considered problematic by more than 90% of respondents.⁴²

6.2 Funding shortages to the alcohol treatment sector overall may inhibit any improvement to this picture. Public Health England have estimated that only a fifth of the alcohol dependent individuals in England accessed treatment in 2016-17,⁴³ a shortfall many blame on funding. Currently, alcohol treatment commissioning is “overseen by local authority Public Health teams, with support from Public Health England...[funded] through a ring-fenced local authority public health grant” – however, this grant does not ring-fence funds for alcohol treatment specifically.⁴⁴ This has resulted in local authorities reducing funding to these services, sometimes by as much as 58%, leading one clinical specialist to label the environment as an “assault on funding”.⁴⁵ As the public health grant is set to have its ring-fence removed altogether in 2020, this situation appears unlikely to improve.⁴⁶ Further, and particularly concerning for men experiencing co-occurring mental health difficulties and alcohol use disorders, the “payment by results” model implemented by some local authorities in attempts to save funds has been shown to fail patients with complex needs, instead favouring patients who represent quicker wins.⁴⁷

³⁴ NHS Digital. 2017. [Statistics on Alcohol](#).

³⁵ Institute of Alcohol Studies. 2018. [The rising affordability of alcohol](#), p. 1.

³⁶ NICE. 2010. [Alcohol-use disorders: prevention](#). NICE Public Health Guidance 24.

³⁷ Public Health England. 2016. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#).

³⁸ British Medical Association Board of Science. 2008. Alcohol misuse: tackling the UK epidemic. London: British Medical Association. p. 50.

³⁹ Home Office and ONS. 2017. [Alcohol and Late Night Refreshment Licensing England and Wales](#). Table 1.

⁴⁰ Public Health England. 2016. [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#).

⁴¹ The Institute of Alcohol Studies. 2018. [Alcohol and Mental Health: Policy and practice in England](#), p. 13.

⁴² Ibid.

⁴³ Public Health England. 2017. [Adult substance misuse statistics from the National Drug Treatment Monitoring System: 1st April 2016 to 31st March 2017](#), p. 5.

⁴⁴ Alcohol Concern / Alcohol Research UK. 2018. [The Hardest Hit: Addressing the crisis in alcohol treatment services](#), p. 6.

⁴⁵ Ibid p. 7.

⁴⁶ Ibid p. 6.

⁴⁷ Drummond, C. 2017. [Cuts to addiction services are a false economy](#).

7. About the Institute of Alcohol Studies

7.1 The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. For more information, visit www.ias.org.uk