


# Home drinking practices among middle-class adults in midlife during the COVID-19 pandemic: Material ubiquity, automatic routines and embodied states

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## Abstract

**Introduction:** Harmful drinking is increasing among mid-life adults. Using social practice theory, this research investigated the knowledge, actions, materials, places and temporalities that comprise home drinking practices among middle-class adults (40–65 years) in Aotearoa New Zealand during 2021–2022 and post the COVID-19 pandemic lockdowns.

**Methods:** Nine friendship groups ( $N = 45$ ; 26 females, 19 males from various life stages and ethnicities) discussed their drinking practices. A subset of 10 participants (8 female, 2 male) shared digital content (photos, screenshots) about alcohol and drinking over 2 weeks, which they subsequently discussed in an individual interview. Group and interview transcripts were thematically analysed using the digital content to inform the analysis.

**Results:** Three themes were identified around home drinking practices, namely: (i) alcohol objects as everywhere, embedded throughout spaces and places in the home; (ii) drinking practices as habitual, automatic and conditioned to mundane everyday domestic chores, routines and times; and (iii) drinking practices intentionally used by participants to achieve desired embodied states to manage feelings linked to domestic and everyday routines.

**Discussion and Conclusions:** Alcohol was normalised and everywhere within the homes of these midlife adults. Alcohol-related objects and products had their own agency, being entangled with domestic routines and activities, affecting drinking in both automatic and intentional ways. Developing alcohol policy that would change its ubiquitous and ordinary status, and the ‘automatic’ nature of many drinking practices, is needed. This includes restricting marketing and availability to disrupt the acceptability and normalisation of alcohol in the everyday domestic lives of adults at midlife.

## KEYWORDS

alcohol, midlife, social practices

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## 1 | INTRODUCTION

Research has demonstrated the importance of alcohol in the everyday lives of early midlife drinkers [1–3], in men's friendships and wellbeing [4], and in women's identity construction processes [5, 6]. Some adults at midlife carefully chose when, where, what and how much to drink to reach particular pleasurable embodied states [7]. Until recently alcohol consumption by midlife adults (defined for the purposes of this research as 40–65) has been largely overlooked by researchers because it frequently happens in homes rather than in public spaces, and is positioned as generally non-problematic and non-hazardous. While the harms from high levels of alcohol consumption (such as injuries and violence) are well-known, the harms from moderate, long-term alcohol consumption is less well-known, such as associations with heart disease or cancer [8, 9].

Research on alcohol consumption among midlife adults commonly conceptualises it as an individual behaviour that people make decisions about independent of their broader social, cultural and environmental contexts. Applying this individualised approach to reducing people's alcohol consumption has had limited success, primarily because it overlooks that human behaviour arises from a range of factors, including habit, automatic responses, conscious decisions, within complex social and cultural environments [10–13]. To make progress in reducing alcohol-related harms caused by moderate and long-term consumption, it is important to view alcohol within the context in which it is consumed, and prioritise the meanings ascribed by drinkers themselves.

Social practice theory is one approach that has gained traction recently for examining alcohol consumption and drinking across a variety of different groups. In this approach, drinking practices are viewed as embedded within people's everyday lives [13, 14]. Reckwitz [15] defined a 'practice' as forms of routinised behaviours, consisting of several interconnected elements, including physical and mental activities, background knowledge and understanding, and states of emotions and motivational knowledge. Applied to alcohol consumption, this approach examines how social practices related to drinking situate routine behaviours within places, as well as considering forms of physical activity, mental activity, context, emotional states, knowledge and the objects involved and how they are used [13, 16]. Viewing drinking as a social practice creates possibilities for change as practices are reconfigurable through their links with other practices. It also has the potential to inform effective policy responses that reduce harms and improve health outcomes [13, 14, 17, 18].

Researchers have used social practice theory for conceptualising alcohol consumption and its associated

meanings, materials, knowledges, timings, structures and contexts [13, 18–21]. Meier et al. [13] suggest studying how drinking practices emerge and how they are sustained or change over time; the configurations with and in competition for other types of practices; and the temporal positioning of the other practices. A social practice approach also calls for understanding the psychosocial, historical, cultural and pleasurable aspects of alcohol [13, 14, 16, 22]. Pleasure is recognised as an important component of alcohol use, therefore understanding pleasure allows researchers to bridge the gap between public health campaigns to reduce drinking and everyday understandings of drinking [23].

While research has provided insightful knowledge regarding the links between people's routine practices and their drinking practices, it has not often explored the emotional meanings of drinking practices, or the feelings and embodied states linked to drinking alcohol with some notable exceptions; for example, see [5, 24, 25]. Alcohol is an intoxicant that has physiological effects, but these effects are understood, experienced and interpreted in different ways by drinkers depending on places, contexts, genders and other social factors (see [26]). Furthermore, drinking practices changed for many people throughout the COVID-19 pandemic and there have been changes in how alcohol consumption has been conceptualised and researched. Previous work on home drinking practices during COVID-19 has noted that as life became largely bound to the home, responsibilities changed and the structures of work-life transformed, new opportunities and times to drink increased, while social norms and disincentives decreased [21, 27]. Simultaneously, drinking was less of an occasion, so it became more mundane, had blurred boundaries of where and when drinking occurred, and was embedded within other daily practices [21]. In their early analysis of home drinking during lockdown, Nicholls and Conroy [27] found drinking habits reduced for those who drank outside of the home, remained the same for those who usually drank at home, and increased for others because social norms about drinking were no longer present and less time was spent on other activities. However, this sample included younger adults (26+ years) and was conducted in the United Kingdom which has a greater pub-oriented culture than Aotearoa New Zealand (NZ). In Australia, research found that drinking practices among parents and caregivers increased for some and decreased for others during the pandemic, yet drinking was constructed generally as rewarding, pleasurable and relaxing [25].

Drawing on aspects of social practice theory, this research aimed to explore home drinking practices among midlife adults (40–65 years) in NZ during the COVID-19 pandemic. We sought to examine this cohort's

drinking practices and how they may have changed through and after COVID-19 lockdowns, focusing on the practices, contexts, feeling states and temporalities that drinking is linked to within the home. Understanding drinking practices may allow us to gain greater insights into how home drinking practices are entangled with other aspects of home life, and consider if they are modifiable, thereby informing policy to potentially reduce alcohol consumption and associated harms.

## 2 | METHODS

Social practice theory informed the research design and methods of this project. It was conducted in a major city in NZ. First, friendship discussion groups with adults at midlife were used to explore shared meanings, knowledges and practices around alcohol consumption. We encouraged people to talk about drinking and alcohol within their own groups of friends, and we attended to what was said, normalised, claimed, objected to, resisted and jointly framed within established social groups in a specific social encounter. Next, a subset of participants took photos and shared them with us digitally over a 2-week period and then discussed these in an individual interview. Photo-elicitation (and comments) in real time, when alcohol was forefront in participants' worlds, enabled us to capture the timings, structures, materialities of alcohol and drinking, and configurations with other practices. The follow-up interviews allowed us to explore the meanings and feelings that participants ascribed to these moments/activities and the broader contexts. The research was approved by the University's Human Ethics Committee.

### 2.1 | Recruitment

We recruited adults aged 40–65 who self-identified as drinking regularly by using snowballing techniques, sending emails through personal networks, on social media, in workplaces, parents and school groups, public notice boards, community groups and book clubs. We asked people who were interested to invite 4–7 friends to participate (a few invited participants were slightly outside the age range specified).

### 2.2 | Phase 1—Friendship discussion groups

Nine friendship discussion groups were conducted during 2021 and 2022; three took place in people's homes, four in private spaces at a workplace or restaurant and two were on Zoom. Two researchers from the team facilitated each

group (the Māori group was co-facilitated by a Māori team member). Consent forms were signed before beginning the discussions. A semi-structured interview schedule asked participants about when, where and what they drink, who they drink with, why they drink and times in which they have actively tried to cut down or stop drinking. In total 45 adults took part; 19 identified as male, 26 identified as female; 33 were of Pākehā (NZ European) ethnicity, 5 were Māori and 7 another ethnicity. They were all middle-class and reasonably well-resourced. Discussions lasted between 90 and 120 min and were audio-recorded. Food was provided and in most groups participants were offered alcohol by their host and some had a drink (we requested they limit their consumption). The discussions were specific social encounters between people who knew each other and often socialised together with two (unknown) researchers. Thus, they had their own tone, were at times lively, with lots of contributions (often overlapping) sharing, agreement and to a lesser extent dissent; participants needed little prompting to keep the discussion going. Participants chose their own pseudonyms. A \$20 supermarket voucher was provided to thank participants. See Table 1 for further participant details.

### 2.3 | Phase 2—Photo elicitation and individual interviews

Ten of the discussion group participants (two males, eight females; all Pākehā, from across five groups) agreed to take photos and screenshots of things related to alcohol in their everyday lives, for a 2-week period. They regularly sent this content through to a researcher via WhatsApp, where it was downloaded and stored in temporal order. We received 127 photos, screenshots or notes, some reproduced here with permission. After the 2-week period, participants were interviewed for approximately 60 min in homes ( $n = 4$ ), a private room at the University ( $n = 2$ ) or on Zoom ( $n = 4$ ), discussing their photos and comments. Participants were given a \$30 supermarket voucher.

### 2.4 | Analyses

Discussions and interviews were transcribed verbatim, de-identified and entered into NVivo software for coding by three team members. We focused on identifying the meanings, motivations, affects, times, places, people, things and links to alcohol and drinking. We identified themes that captured shared knowledges, interpretations and feelings that informed practices, as well as bodies being used in particular ways. We viewed routinised actions as bodily performances that are the 'site of the social' that provide 'visible

TABLE 1 Details of discussion groups and interview participants

Group	Location	N	Ages, years	Ethnicities	Genders	Parent status and brief description	Subgroup of interview participants
1	City; room in restaurant	5	42–46	Australian/European; Pākehā (3); Irish	All female	All parents of 2–3 children each, all children younger than 10. Know each other through school and children	Mel (female, 45) Mercedes (female, 45) Pip (female, 42)
2	Small town; Zoom	6	51–69	All Pākehā	3 females, 3 males	All parents whose children are adults and have left home. Know each other socially.	Zena (female, 55) Zephyr (male, 69)
3	City; university campus	6	39–49	Pasifika (2) Cook Island/Māori (1); Pākehā (3)	All male	5 parents most with children at home; sports group.	
4	City; participant's home	5	46–57	All Pākehā	3 females, 2 males	All parents with teenagers or adult child at home. Book club friends, partners, family (sibling).	
5	City; participant's home	4	41–43	All Pākehā	All female	All parents of children under 10; book club friends.	Catherine (female, 41)
6	City; workplace	3	47–55	All Māori	All female	All parents, two with older children (11+) at home. Work colleagues.	
7	Town; Zoom	6	50–55	All Pākehā	All female	All parents, 3 with older children (11+) at home; 1 children all left home. Old friends and family (siblings).	Mabel (female, 55) Rosie (female, 52) Gayle (female, 50)
8	City; friends' home	4	44–55	All Pākehā	All male	3 parents with children at home (1 with young children, 2 with teenagers). Work friends.	Babs (male, 55)
9	Town; quiet garden bar	5	51–58	Pākehā (5); Māori (1)	1 female, 4 males	All parents with older (11+) or some adult children at home.	

orderliness' in our worlds [15]. We paid attention to 'things' as carriers of practices and objects of knowledge. This involved multiple discussions with team members, checking meaning-making and conceptualisations. We then employed affective, material-discursive analyses [28] to identify the configuration of elements that establish drinking practices, the functions of drinking practices across different groups/times/places, and embodied feeling states around drinking practices. We conceptualised the periods during and following the COVID-19 lockdowns as times when there were breaks in routines and structures, allowing a view into how alcohol and drinking were incorporated into new routinised social practices.

### 3 | RESULTS

Our analyses identified three themes that represented alcohol and drinking in the home: (i) alcohol was everywhere, embedded throughout spaces and places in the home; (ii) drinking practices were habitual and automatic, linked to mundane everyday domestic chores and routines; (iii) drinking practices were intentionally used by participants to achieve desired embodied states to manage feelings. These themes are described in detail below.

#### 3.1 | Everywhere at home: The pervasiveness of alcohol and drinking objects

In the friendship group discussions, photos and interviews, participants highlighted the pervasiveness of things related to alcohol throughout the home. Alcohol bottles and products were kept in kitchens, fridges, laundries, home offices, lounges, in cabinets, on bookcases, on windowsills, on benches, in pantries and in cupboards. Most was ready-to-go and available for drinking; sometimes a bottle was on display because it was pretty (e.g., pink gin), expensive (e.g., a gifted bottle of champagne) or artistic (e.g., craft beer cans). As Group 4 discussed, the ubiquitousness of alcohol products within the home meant that it was available and accessible:

- Florence: 'It's everywhere {laughter}'  
 Researcher: 'It's everywhere? Go on'.  
 Florence: 'Well it's just in a number of rooms. It is in a number of rooms. Yeah, so so-'  
 Researcher: 'The lounge, you mean or?'  
 Florence: 'And upstairs some are away in a cupboard and in a bottle on the fridge, so it's just there, yeah'.

- Elizabeth: 'Totally accessible'.  
 Florence: 'Very, mmm'.  
 Bunny: 'It's kind of mind over matter, like, your decision on-'  
 Florence: 'Deliberate choice. But if I was in the house and there wasn't any in there I'd probably be wondering what went wrong. You know, how did it get to that point?'

Florence comments that not having alcohol products within the house would mean something has gone wrong. This was a humorous interaction within the group, although it highlighted a shared understanding that alcohol is a routine household object, expected to be available. Alcohol products and their place in the home are carriers of knowledge for midlife adults; they are attached to feelings (concern, worry), meanings (essential household items) and behaviours (keeping alcohol supplies well-stocked).

Participants took photos of spaces that were dedicated to storing alcohol (e.g., beer fridges, wine racks) and most talked about having wine in their fridges. The following photo is an example of how wine bottles sit alongside every day foods and drinks (Figure 1).

In discussing this photo, Babs described the wine in the fridge being 'just where it's stored' and noted that he had more wine in the fridge downstairs. He explained



FIGURE 1 Photo taken by Babs (male, 55).



FIGURE 2 Catherine's wine glasses.

that 'we don't have a cellar. We don't store a lot of wine. It's a trip to the supermarket'. The wine bottles in his home are everyday objects, stored in the fridge alongside other ordinary food and drink objects, part of domestic life. As objects, wine bottles are intertwined with routine practices; their presence (or lack) influences going to the supermarket and meanings about everyday commodities.

Participants discussed and took photos of other objects linked to alcohol and drinking practices, including wine, cocktail, spirit and beer glasses and mixing vessels. These were embedded in ordinary home spaces, which imbued alcohol and drinking with meanings that these were part of everyday life. Catherine describes the photo she has taken of her wine glasses (Figure 2):

Catherine: 'And, I never even thought about our wine glasses going with all of our other glasses. [...] I've also found, when we moved, that some of my good wine glasses I just never used 'cause they were in a hidden away sort of drinks cabinet. And, I was just, like, well, what am I waiting for to use these for [...]. Just by moving some of that stuff, and put some of the nice ones, just to enjoy them **every day**' [emphasis added].

Having wine glasses clearly visible alongside children's cups, mugs and other (non-alcohol) drinking objects reinforces alcohol as part of the mundaneness of everyday life, and invites an understanding of alcohol as an ordinary, unexceptional commodity.

The recycling bin was an object mentioned frequently in groups and interviews when participants talked about

the COVID-19 lockdowns. The regular household chore of putting the recycling out—when it was a bin filled with empty alcohol bottles—was linked to feelings of shame, embarrassment, concern and prompted a time for reflection for some participants. These objects and routines invited particular forms of understanding and knowing around drinking practices; participants articulated these clearly but also noted they did not influence their own behaviours, as Panda demonstrates:

'I'll be taking out the recycling, we've got like two bins, and they're full. And it's like oooo there's some spirits in there as well, this is not ... there's a certain amount of concern when I take a step back sometimes, but at the same time, hasn't slowed me down'. (Panda, Group 8)

Ruby in Group 5 also described household drinking practices during lockdown in terms of the recycling bin: 'And when we had to take our recycling bin out, so embarrassing'. The activities surrounding recycling bins, and the meanings and reflections they invited, were drawn on within group discussions as evidence for how alcohol consumption increased during lockdowns. Participants discussed other people's recycling bins and inferred drinking practices in humorous ways:

Florence: 'We got to a stage where we went, Oh, hang on a minute we're drinking each night, and it was only a glass, but you realise when you're putting a bottle of wine in the ... IN THE RECYCLING AT THE END OF THE NIGHT'.

Copey: 'When you walk past and go wow, they nailed that this week, didn't they!' {laughter} (Group 4)

The recycling bin interconnects bodily routines of behaviour (putting the bin out), objects (empty bottles of alcohol), understanding and knowing (drinking a lot), feeling/affect (shame, embarrassment, amusement) in a way that highlights the intertwined components that made up drinking practices during lockdowns.

### 3.2 | Demarcating routines: Habitual and automatic drinking practices within domesticated worlds

Temporalities and the daily, weekly, monthly and annual rhythms of life were a key part of drinking practices. Five o'clock was a significant reason to drink on a workday,



**FIGURE 3** ‘Five o’clock will be drinking, and that’s ... fairly rigidly really. And that’s [photo] just to show the time’. (Babs)

as shown in Figure 3. Many participants linked time of day with feeling like drinking to demarcate the end of the day in a way that is habitual and automatic:

- Researcher: ‘So what makes you feel like drinking?’  
 Thomas: ‘Five o’clock’.  
 Jim: ‘Five o’clock, time’.  
 Garfunkel: ‘Just end of the day. It’s a habit in many ways and it takes quite a lot to break the habit’. (Group 9)

Drinking alcohol was configured strongly with routine household practices, particularly chores. Cooking dinner was mentioned frequently throughout the narratives, for example:

‘I actually drink when I start making dinner. Start getting all the stuff out of the fridge, get the bottle of wine and have a glass of wine. And yeah, I realised that it became like a very Pavlovian thing’. (Jamie, Group 5)

As with the ‘habit’ of drinking at the end of the day, this quote highlights how drinking practices are entwined into routines that are not always rational, intentional or a conscious action. Jamie describes her drinking when cooking dinner as ‘Pavlovian’, automatic behaviour that is cued by getting food out of the fridge rather than an intentional



**FIGURE 4** ‘Decided to go for another glass while I do the dishes and make the kids’ lunchboxes while listening to a podcast’.

decision to have a glass of wine. Drinking often continued through the evening while eating dinner and undertaking other evening chores, as Catherine captured in a photo she sent through with a message, as shown in Figure 4.

Similarly Pip (Group 1) talked about ‘folding the laundry, with a glass of wine’. Many of these activities were gendered, with only female participants discussing after-dinner chores (such as dishes, making lunches and doing laundry). However, both males and females discussed drinking, cooking and parenting. The busyness of cooking, dinner, kids’ bath times and bedtimes were end-of-day routine activities strongly linked to drinking. These were so connected for some parents that getting through these activities without alcohol meant that the time for starting to drink had passed, as Panda (male in Group 8) discussed:

‘I was thinking about those nights where I don’t drink, which is not that often. I find that if I can get to a certain time at night that I haven’t drunk, then I’m like {sigh}, that, that, the impetus is kind of gone away. It’s weird. I don’t know what it is. If I get to like 7.30 and I haven’t had a drink and the kids are asleep. I’m like, I don’t need the reward. I don’t know. It’s hard to put into words’.

Panda’s difficulty in explaining the lack of ‘impetus’ to start drinking once the busy parenting time with two

young children had finished highlights again how drinking practices are not always intentional or able to be explained. Panda's drinking was usually a key part of his end-of-day parenting activities.

Some participants discussed drinking as being associated with specific days. In his interview talking about his photos, Babs described enjoying Sundays because he cooked a roast for the family while enjoying some drinks. For Shazam (Group 2), drinking on Friday is a hard habit to break due to years of Friday work drinks, even though she no longer works:

'The Friday things a big thing, actually, because I have no problem not drinking earlier in the week. But when it came to Friday, it was like 'oh, it's Friday'. Well, it's almost like a Pavlov thing. I haven't worked for five years but I still want to party on Friday'.

Shazam also uses Pavlov to describe drinking habits and routines experienced throughout working life as forms of conditioning that have long lasting effects (she's been retired for 5 years but still links her current desire to drink on a Friday to this conditioning). In this way, previous routinised drinking activities still have automatic (outside awareness) impacts on her drinking practices.

Participants talked about COVID-19 lockdowns lacking daily routines, giving it a weekend feel, so they started drinking earlier in the day, as the participants in Group 5 explained:

Monique: 'I just gave myself designated eating hours. But I would start drinking at three'.

Ruby: 'We had four o'clock, four o'clock was our like, I don't know what you call it but that was like a-'

Catherine: 'The sun's over the yardarm'.

Similarly, Panda (Group 8) described drinking during lockdown as 'insane' and 'waiting' for the time to drink, a habitual practice:

'So the entire family under one roof 24/7. The drinking was insane. It was just a way of coping with, you know, gotta wait until three o'clock and then the first gin, or the beer first and then the gin at four o'clock. Like it was, and it was regularly clockwork'.

In this way the links between drinking and time were intensified during lockdowns (as were other activities, such as working, parenting and home schooling) and

drinking practices were also intensified, as Group 2 discussed:

Harry: '... Yeah, lockdown last year, certainly drinking more. Lovely hot weather, confined to our homes and gardens yeah, five o'clock became three o'clock. Yeah'.

Zephyr: 'And the pours got bigger and bigger'.

Harry: 'It went up certainly, I would say for me certainly sitting in the garden during lockdown in the lovely, late summer weather, you know it was three or four beers a day in the backyard as opposed to maybe one or two now. Probably double'.

Drinking at earlier times of the day provided new routines and habits that were quickly embedded in daily life ('regularly clockwork' for Panda). This highlighted how aspects of practices shifted (waiting for 3 PM rather than 5 PM) and meanings of practices also shifted (coping with lockdown) but participants carried these practices in a way that kept the links between them strong, ensuring they remained habitual and routinised.

### 3.3 | Relaxation and connection: Actively altering embodied states

Social practices are both routinised bodily performances, and routinised ways of understanding the world [15]. Participants talked frequently about drinking to achieve particular desired embodied states, often aligned to the regularity of daily (and end-of-day) activities that occur in stressful lives. As Rosie (Group 7) explained:

'It is not unlike me to have a glass of wine, especially around tea time, when I'm cooking tea to de-stress and help myself relax. End of day, just chill out, I'll often have a wine'.

Here, in contrast to the previous theme, alcohol is an active agent used intentionally to alter feelings and embodied states. Yet this remains linked to times of day and routine domestic activity, where there are shared understandings and meanings about what states are needed (relax/chill out) at these times, with these activities. Alcohol was not always viewed as the best way to achieve calmer states, but it was frequently viewed as the most effective way, as Group 7 participants discussed:

Mabel: 'De-stressing is really something that, for me, I don't wanna use alcohol as a crutch. I try really hard not to but there

are times when you get overloaded, your work's shit, something else is shit and it's just like if I just have a drink it'll go away really quickly'.

Rosie: 'It's amazing how it feels in your body, because, the whole body'.

Alcohol as a substance is agentic, having rapid, positive 'whole body' effects desired by participants. This desire is easily grasped (a routinised understanding), and is very closely linked to particular feelings such as being 'overloaded' and everything being 'shit'. Other participants also described drinking as closely entwined with work pressures and responsibilities, and an effective way of numbing/stopping an active mind, as Jen (Group 1) explained:

'Work was building in pressure and the more that built the more I was trying to, you know, I guess use alcohol to numb myself from all that so we were having more regular cocktail sessions. Now it's more of a roll it back a bit more into just maybe beers. [...] it was that when work was awful, I needed something to stop my mind whirring'.

Alcohol affected change in 'mind' as well as 'body' states; it enabled bodily relaxation and also stopped a 'whirring' mind. There was a shared understanding of the strong connections between alcohol and work, pressure, and feelings of stress, where alcohol was viewed invitingly as a mind-altering substance, as shown by Group 4:

Elizabeth: 'usually on a Friday it would be at home, like I'm tired on a Friday and it's actually really nice. So one or two in front of television and just de-stressing from the week, it's actually really, I really enjoy it, it's really nice'.

Fred: 'You know that, that, that one, well, that's why you come home and have a couple of drinks, I suppose. Isn't it. You just wanna take the edge off and-'

Elizabeth: '-relax'.

Alcohol provided embodied relaxation for participants, a way of 'dropping the shoulders' (Thomas, Group 7) that was linked to specific places, activities and times. This type of drinking was also associated with connecting with one's partner at the end of the day for some:



**FIGURE 5** 'Just a small glass of wine after work with the family. So husband and I having a drink, possibly [name], our teenager having a drink. Possibly a hard day at work and just wanting to just de-stress, sit down, take weight off feet and just yep'. (Rosie)

'Yeah, that first beer together is [...] an interesting bonding experience. It's the moment where you go, how's your day? How was your day? It was shit, it was great, dada da da. That alcohol goes through, you've kind of reconnected'. (Panda, Group 8)

Photographs captured people reconnecting through sharing alcohol over a meal at home, with wider family and friends, sitting on couches with family and partners, as Rosie noted when discussing one of her photos (Figure 5).

As discussed earlier, there was a strong link between cooking and drinking alcohol. The interconnectedness of these two activities was particularly emphasised by male participants who used alcohol to alter their embodied states to manage feelings while cooking:

Eric: 'Yeah, I hate cooking dinner. I don't cook every night, it's the kids they're supposed to have their go. But nah I'll have a beer at home when I'm cooking dinner'.

Stu: 'Turns it into a treat, doesn't it? Like, I'll do the same. If I'm cooking. If I'm cooking dinner, I'll like pour myself a nice whiskey or something have it sitting there ...'.

Eric: 'only because I'm pissed off that I have to come home and cook at the end of the night {laughter} it kinda relaxes me'.  
(Group 3)

The requirement to engage in a routinised bodily performance at the end of the day, namely cooking dinner for the family, was linked to strong feelings (hate) for Eric. Both Eric and Stu drink alcohol to make this task more pleasant (turns it into 'a treat') and manageable (it relaxes Eric). In this way the practice of drinking turns the regular (and traditionally gendered) task of cooking dinner into an activity that is less mundane, more pleasant, enrolling more positive feelings and relaxed bodily states.

Overall, there were strong links between alcohol as a substance, desired changes in embodied states, keenness for connection and relaxation with significant others, that appeared at specific times of the day (after work, cooking) and in particular places (kitchen, couches, backyard). These were shared, routinised ways of understanding the world that needed little explanation and highlighted the multiple components of drinking practices.

#### 4 | DISCUSSION

This study demonstrated that drinking practices were embedded and routinised within everyday home life for participants, consistent with previous research on home drinking [24] and drinking at midlife [29]. While findings showed that some of the specifics of drinking practices changed during COVID-19 lockdowns (e.g., starting to drink earlier, drinking to cope), other aspects were strengthened, such as drinking alcohol to signal the end of the working day, consistent with previous research in both the United Kingdom and Australia [21, 27, 29]. Participants carried home drinking practices within and beyond lockdowns in ways that ensured they remained habitual and routinised. The multiple data collection approaches provided greater insights into these routinised practices. Group discussions identified shared and consistent meanings, practices, objects, feelings and routines around drinking practices. For example, full recycling bins featured heavily in discussions of lockdown drinking; these objects elicited feelings of shame or embarrassment due to their public display on the street, but also mutual understanding of why there were so many empty alcohol bottles. The photographs taken during everyday life and discussed in follow-up interviews provided specific, localised and materially grounded views on alcohol and drinking, and the agency of alcohol-related objects. Alcohol products brought forth

bodily movements and routines (going to supermarkets), meanings (everyday and ordinary) and feelings (relaxation, concern).

Many drinking practices were intentional, linked to rational desires to consume a psychoactive substance to change embodied states and generate altered feelings that were strongly intertwined with domestic routines and activities. Previous UK work has also found that older people discussed links between drinking alcohol and routine, domestic and social practices, allowing them to frame their drinking as non-problematic, not excessive and commonplace [30]. In Australia, MacLean et al. [24] showed that home drinking in light and heavy drinkers was entwined in domestic patterns and wellbeing, producing different affective states to smooth home life. Similarly, in the current study home drinking was a rational, intentional practice that was beneficial for relaxation, destressing and connecting with people. Stressors of daily life, exacerbated during COVID-19, contributed to increased consumption for many of the midlife adults in this study, consistent with research conducted with parents in Australia [25]. Participants welcomed the immediacy of the physiological effects of alcohol to relax and unwind at the end of the day, consistent with a recent review on midlife women's drinking that noted how the psychoactive properties of alcohol were interwoven with social meanings that 'created strong, localised embodied experiences of pleasure, sociability and respite from complicated lives' [6, p. 9].

Yet our findings also showed that drinking practices were automatic, almost beyond awareness, and strongly conditioned to times, places and domestic activities. Participants described 'Pavlovian conditioning' around drinking practices and everyday home objects (e.g., the fridge) or activities (e.g., cooking). Some drinking practices were discussed as strongly conditioned through working lives (e.g., drinking on Friday nights), times of day (e.g., 5 o'clock, similar to 'wine o'clock' discussed by midlife Australian women [29]), and domestic routines. Alcohol-related objects featured everywhere in the home, normalising alcohol and generating their own agency, enrolling behaviours that were conditioned, habitual and automatic.

The methods we employed were effective in gaining shared insights and understandings with friends describing and discussing their drinking practices, and what alcohol meant for them. It is important to remember that these were unique specific social encounters where friends provided each other with understanding around the challenges of parenting, juggling work and caregiving, and finding ways to connect with partners and friends. Alcohol was central to all of these things—not only acceptable [2] but also a key part of midlife. In the second phase the

photographs and screenshots provided extremely valuable content for in-depth interviews, an approach that successfully enabled a view on social practices grounded within the materiality of daily lives. The use of digital media to capture and share practices and their meanings has potential for future research in this field.

Our sample was relatively highly educated, middle-class, and mostly able to work from home during the COVID-19 lockdowns. Their age is relevant to their drinking practices due to changes in the alcohol environment in New Zealand throughout their lives. From 1989, when these adults were reaching early adulthood, alcohol policies in New Zealand were liberalised to provide extended purchasing times and the ability to sell beer and wine in supermarkets [31, 32], which saw the growth of a night-time economy [33] around alcohol consumption that targeted women as a new market [6, 34]. Further liberalisation occurred in 1999 when the legal drinking age was reduced from 20 to 18 [32], reinforcing the social acceptability of alcohol consumption. This generation also grew up during a time of change and more financial, family and social insecurity than the previous ('baby boomer') generation [35]. Our sample was relatively affluent and well-resourced, and do not represent the experiences of adults at midlife living in different socio-economic circumstances. Drinking practices would likely be very different for working class adults at midlife, who have different choices (agency), unequal life opportunities and more stressful life circumstances (structure), as demonstrated among midlife women in different social classes in Australia [36]. Our sample was also quite homogenous in terms of ethnicity, sexuality and other gender identities. Drinking practices are often engrained embodied identity performances that are aged, classed and gendered within particular living and working arrangements [36], and therefore further research with people from a range of backgrounds, identities and classes would be highly valuable.

Overall, these findings demonstrate that alcohol was ordinary, normalised and expected within the homes of a group of middle-class, midlife adults in NZ. When alcohol is everywhere in the home, and drinking at home is conditioned, habitual and automatic, we need to consider the broader factors that have enabled this situation. Alcohol is embedded throughout social and cultural life in NZ. It is easily accessible, strongly marketed and promoted as a product that is ideal for managing parenthood, stressful jobs, busy lives, as well as essential for celebrating, socialising and connecting with family and friends. Despite calls for much tighter regulation and stricter alcohol policies from health professionals, non-government agencies and even governmental review

panels, successive NZ governments have made little change to the liberalised alcohol environment [32].

The alcohol industry has been highly successful in framing alcohol as an ordinary commodity within the home [12], supporting habitual drinking practices among reasonably well-resourced adults during their busy lives. The industry has also been successful in promoting the value of alcohol for end-of-day relief, being seen as effective in providing immediate relief to unwanted bodily states, used explicitly during routine life to 'drop the shoulders' and de-stress from work, parenting and other responsibilities. Simultaneously, the industry works to collaborate in alcohol policy decision-making in ways that take the focus away from factors related to the harmful use of alcohol, such as pervasive marketing, over-availability and affordability [37].

The current findings may help to identify particular points of disruption where drinking practices could be unbundled—with time or other practices—through changing meanings, availability, routines and everyday spaces. To disrupt drinking practices that are ubiquitous and entangled in domestic lives, we need to implement population-level policies that have been shown to be effective [12]. Instead of individualising solutions to reducing alcohol consumption in specific societal groups, interventions need to focus on changing policy to change the determinants of consumption [37]. Specifically, we need to reduce the marketing and unfettered promotion of alcohol that creates and reinforces meanings around home drinking practices. This is particularly important on (unregulated) social media platforms where alcohol can be marketed, purchased and delivered to homes in one smooth online flow (see [38]). By limiting the availability, accessibility and acceptability of alcohol we may disrupt its ubiquitous, ordinary and 'automatic' nature in homes and societies.

#### **AUTHOR CONTRIBUTIONS**

Each author certifies that their contribution to this work meets the standards of the International Committee of Medical Journal Editors.

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#### **CONFLICT OF INTEREST**

There are no conflicts of interest to declare.

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