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SUBSTANCE MISUSE PROGRAMME

Segmenting key target groups in Wales for alcohol related communication

A preliminary strategic approach based on the work of the Public Health Board on Drug and Alcohol Evidence, Policy and Practice

About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities.

The Substance Misuse Programme works to address both the current and emerging public health threats in Wales and in line with the overarching strategic objective to **'reduce health inequalities, and prevent or reduce communicable and non-communicable disease, wider harms and premature death related to drugs and alcohol'**.

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I. Introduction and development

This document develops some of the work carried out by the Public Health Board on Drug and Alcohol Evidence, Policy and Practice (Wales) over the past 8 months. In brief, The Board identified improved communications through effective segmentation as a key strategic element with the potential to improve the co-ordination and effectiveness of public health substance misuse work across Wales. With the support of the Public Health Wales Communications Team and marketing professionals from outside the organisation, a number of segments, defined by behavioural risk, demographics and attitudes to substance misuse were identified at the Board meeting in February 2015. These were then developed in more detail, circulated for comment and a second draft of the segments presented at the Board meeting in April 2015.

Since that April 2015 meeting, a number of additional resources have been identified and reviewed. This process has enabled us to embed this ongoing work within a detailed base of evidence; a central concern of the Board. However, it should be noted at the outset that these resources were developed for specific purposes which may limit their applicability to the Board's aim of improving Public Health substance misuse related communications in Wales. These issues are addressed in more detail below.

The overall aim of the segmentation strategy is, as already noted, to improve the co-ordination and effectiveness of public health substance misuse work across Wales. The objectives of the strategy that contribute to this aim are:

- To define and describe relatable segments of groups within the Welsh population whose substance use puts them at current and/or future risk of health problems
- To provide evidence based profiles of these segments that can drive the development of effective local and national marketing campaigns and materials
- To map segments nationally and locally in a way that supports the effective targeting of communications

In support of those objectives, the current document details:

- The segments as defined by the Public Health Board on Drugs and Alcohol
- How these segments 'map' onto sociodemographic segmentation produced by other organisations and used by other researchers in this area
- An example pen portrait of one identified segment, based on drawing together a number of secondary sources
- An example of how this segment might be described in terms of a Local Health Board area

1.1 What is segmentation?

"Market segmentation is the process of dividing the population of possible customers into distinct groups. Those customers within the same segment share common characteristics that can help a firm in targeting those customers and marketing to them effectively" **Financial Times**

Segmentation is a well established element of marketing, with a considerable history, theory and research. This section provides only the briefest of summaries of this complex area. In terms of public health (and particularly substance misuse), segmentation is a way to describe a group or groups of people whose attitudes and/or behaviour we are trying to change in such a way as to support co-ordinated and effective communication at a population (rather than an individual) level.

Segmentation can use a range of characteristics including demographics (e.g. age, gender, socioeconomic status) behaviours (e.g. types of drinks consumed, location where consumed) and attitudes (e.g. perceptions of alcohol related harms). These segments need to be understood through both metrics and meanings: not just how they are defined by their individual characteristics, but also how their social setting and relationships shapes their attitudes, beliefs and behaviours.

Segments can be defined in a number of ways. The entire population of a geography can be segmented, with age, gender and socioeconomic status usually the defining aspects of those segments. When segments are defined, further research may establish aspects of each segment that can drive specific marketing strategies, such as preferred sources of news and typical shopping patterns.

Small areas within that geography (often down to postcode level) can be identified with specific segments. In addition to allowing organisations to target local and national marketing strategies, this association of specific segments with specific geographies can allow other data that can be analysed by geography (such as hospital admissions) to be associated with specific segments.

1.2 How the Public Health Board on Drugs and Alcohol segments were developed

An alternative approach to segmentation is to define specific groups within the population by behaviour. This 'top down' approach, relying on the experience of practitioners, can be related to whole population segments defined 'from the bottom up' to capture key details of each segment. The goal of the Public Health Board on Drugs and Alcohol was to identify key segments within the population where the current or future risk of substance misuse related health harms was high and where behavioural change was both possible and most likely to make a difference. Therefore a 'top down' starting point that could drive an effective strategic segmentation, rather than an attempt to segment the entire population of Wales was the appropriate approach for this work.

The initial work identified a number of segments of varying size and composition. As this work has developed, a number of identified segments have been set aside as not fitting well within this specific round of development. These set aside segments are:

- **Young people, 11-16 years old**

The Board recognised that this group had very specific needs which, as a group, it was not currently well constituted to identify and address. There was also clearly a need for further segmentation to ensure an effective communications can be developed. This population group will be addressed at

a later stage with support from professionals with appropriate experience of working with this age group.

- **Image enhancers**

The data available for this report was based almost entirely on research on people's consumption of, attitudes towards and harms resulting from alcohol. Scoping the attitudes and needs of the Image Enhancers segment will require segmentation work addressing their specific behaviours, and will therefore be addressed outside of this document.

- **Ageing psychoactive injectors**

This is an important group, but one that is spread in relatively small numbers across geographies and population level marketing segments. Therefore this segment is likely to be best addressed with specific messages developed with specialist agencies.

- **Vulnerable veterans**

As with ageing injectors, this is a specialist segment which, at this stage, is likely to be most effectively communicated with via specific messages and specialist agencies

- **GPs**

As with other groups of 'influencers' (such as politicians) this group does not fit naturally within a segmentation strategy; strategies addressing these groups will be considered separately

Whilst this defines segments that have been set aside for the purposes of this work, it is important to note that other segments may emerge as this work evolves and progresses.

Following the clarification and further development of the core segments, other relevant segmentation work was reviewed. In most cases, this work involved taking existing segments, usually defined 'bottom up' by commercial marketing companies, and analysing them in terms of health and/or substance use specific factors. We have drawn on this research, described in more detail below, to develop more detailed profiles of the core segments and to map them onto specific geographic areas.

1.3 The segments

Following the initial segmentation at the Public Health Board on Drugs and Alcohol in February 2015 and the process of clarifying which segments were meaningful in terms of the initial segmentation strategy, as described above, the following core segments were identified:

Table 1: Core segments

Segment name	Basic demographics	Details	Substances of use
Spontaneity seekers	Younger men and women (17-24)	Those making the transition into young adulthood; strongly social and often spontaneous in their drinking behaviour	Alcohol, cannabis, ATS, NPS and Ecstasy
Lash lads	Men aged 25-34	Disposable income but not yet great family responsibilities; drinking likely to be peer/weekend orientated	Alcohol, possibly also cannabis, stimulants and NPS
The Ravers Return	Middle class men and women aged 35-44	Have grown up in culture where ecstasy and other ATS are commonplace; may now also be drinking more heavily	Alcohol, possibly also cannabis, stimulants, ATS, NPS and Ecstasy
Sauvignon superwomen	Professional women, 45-60	Professionally successful, fewer childcare responsibilities, use alcohol to network and as reward	Alcohol
Evening enjoyers	Older men and women (50+)	Couples who find their leisure time, at home or when socialising, involves increased drinking	Alcohol, possibly also prescription only medication
Challenged aging couples	65+, likely to be lower SES	Retired men and women who have no responsibilities, social drinking, enjoying retirement, may have contra indications with prescribed medications	Alcohol, possibly also prescription only medication
Senior singletons	65+	Older people who live alone, usually having lost a partner	Alcohol, possibly also prescription only medication

It should be noted that the segment names are intended for internal use only. Whilst some companies have renamed their segments for the public sector (e.g. Mosaic), at this stage we have deliberately retained segment names that reflect the ‘spirit’ of the segment in order to highlight the need to think in creative and innovative ways.

1.4 Other health and substance use segmentations: the secondary sources

A number of studies have been carried out using segmentations derived from other (often commercial) organisations. These segmentations include:

- **Census 2011 Output Area Classification.** These were by the Office for National Statistics using information from the 2011 Census. The OAC classifies the whole UK by Output Area (geographically stable units with an average of 125 households). Each output area is classified by supergroup, group and subgroup; there are eight, 26 and 76 of these respectively. Further details of the OAC, which is in the public domain, can be found here: <http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/ns-area-classifications/ns-2011-area-classifications/index.html>. An online map of the whole UK by OAC can be found here:

http://public.cdrc.ac.uk/#datalayer=oac11_s&layers=BTTT&zoom=9&lon=-0.7494&lat=51.2477

- **Mosaic.** Mosaic is a product created by Experian and is available on a commercial basis, although limited access may be available to university researchers through UK Data Store. There have been a number of different versions of Mosaic; the most recent was released in 2010, which replaced the 2004 version. There have also been versions specific to the public sector. The 2010 version of Mosaic segments the population into 11 groups and 61 distinct types. The Mosaic website is here: <http://www.experian.co.uk/marketing-services/products/mosaic-uk.html>
- **P² People and Places.** P² is another commercial segmentation product, offered by Beacon Dodsworth. It describes 13 groups ('trees') with 40 subgroups ('branches'). Outline details of P² classifications can be found here: <http://www.beacon-dodsworth.co.uk/uploads/files/p2-brochure.pdf>
- **Acorn.** Acorn is a tool developed by CACI which segments the population into six categories, 18 groups and 62 types. A user guide for the main Acorn classification system can be found here: <http://acorn.caci.co.uk/downloads/Acorn-User-guide.pdf>. There have also been a number of health specific versions of Acorn. The most recent (2013) version can be accessed here: http://www.caci.co.uk/sites/default/files/resources/Wellbeing_Acorn_UG.pdf. An earlier (2006) version is available here: <http://www.yhpho.org.uk/resource/item.aspx?RID=10140>

In developing this segmentation strategy, we have particularly drawn on four papers produced by Liverpool John Moores University's Centre for Public Health. These papers combined data from a number of sources, including P² People and Places, the 2006 version of the Health Acorn and the 2004 version of Mosaic, to describe attitudes, drinking patterns and hospitalisations amongst different segments. The papers are available here:

<http://www.alcoholpolicy.net/2010/06/jmu-alcohol-segmentation-reports.html>

We are currently unable to locate a detailed version of the 2004 Mosaic. However we have 'mapped' the segments – at the lowest available level of detail, and including the OACs, not included in the Centre for Public Health Studies, but used in our geographical mapping (see below) onto our core segments.

PHW classification	Brief description	Output area classification (OAC, ONS)	P² People and Places	Health ACORN	Mosaic (2004)
Spontaneity seekers	Younger men and women (17-24)	2a1 – Students communal living 2a2 – Student digs 2a3 – Students and professionals 2b1 – Students and commuters 2b2 – Multicultural student neighbourhoods 4a2 – Private renting new arrivals	New starters	4.1 Young mobile population 4.3 Students and young professionals	Educated young single people (partial)
Lash lads	Men aged 25-34	8a1 – Industrious transitions 8a2 – Industrious hardship 8b1 – Deprived blue collar terraces 8b1 – Hard pressed rented terraces 7b2 – Deprived neighbourhoods 7b3 – Endeavouring flat dwellers	New starters	4.2 Younger affluent, healthy professionals 2.2 Multi-ethnic	Educated young single people Inner city and manufacturing communities
The Ravers Return	Middle class men and women aged 35-44	2d1 – Urban cultural mix 2d2 – Highly-qualified quaternary workers 5a1 – White professionals	Blossoming families	3.6 Affluent families	Upwardly mobile families

		6a2 – Comfortable suburbia			
Sauvignon superwomen	Professional women, 45-59	2c3 – Professional service cosmopolitans	Mature oaks	3.4 Affluent professionals	Career professionals
Evening enjoyers	Older men and women (50-69)	5b1 – Delayed retirement 6a3 – Detached retirement living	Mature oaks (urban) Country orchards (rural)	3.3 Home owning older couples 4.6 Affluent towns and villages (rural)	Suburban older families
Challenged aging couples	65-79, likely to be lower SES	1b3 – Ageing rural flat tenants 1c2 Renting rural retirement 6a4 – Ageing in suburbia 7d1 – Ageing communities and families 7d2 – Retired independent city dwellers	Weathered communities Urban challenge (urban areas only)	1.1 Older couples 1.4 Post industrial pensioners 1.6 Elderly	Older people in social housing
Senior singletons	65-79	1b3 – Ageing rural flat tenants 1c2 Renting rural retirement 7d4 – Retired city hardship	Weathered communities Urban challenge (urban areas only)	1.2 Disadvantaged elderly 1.4 Post industrial pensioners 1.6 Elderly	Independent older people Older people in social housing

Table 2: Population segments defined by Public Health Board on Drug and Alcohol Evidence, Policy and Practice as mapped on to selected sociodemographic segments

Using this 'segment map', we have drawn together data from the different segmentation tools, from the Centre for Public Health papers and from UK and NHS Wales data sources such as hospital admissions to build local and national pictures of substance use. The percentages referred to in the segments portraits below are drawn from either Mosaic or P² People and Places as described in the research presented by the Centre for Public Health, noted above. Where segments are mapped by postcode below, these are the postcodes in which that named segment is the most frequently observed amongst residents; they do not show a complete distribution of that segment across Wales.

It should be noted that there are a number of issues that should be borne in mind when reviewing and/or using this data. Whilst care has been taken to 'map' different segmentation tools onto each other, this is a process that requires judgement and an acknowledgement that boundaries of these different segmentations are, by definition, not exact matches. The Centre for Public Health work was carried out some years ago and drew on data gathered in England. With the OAC, used in mapping segments by local areas, the data comes from 2011 and the sociodemographics of small areas may have changed since that time. All of the work that we have access principally addresses alcohol, and there is currently little evidence specific to drug use. Finally none of these segmentation tools have been designed specifically to pick up issues in substance misuse.

1.5 Data on alcohol consumption and harms in Wales

Data for hospital admissions has been drawn from hospital admissions data provided by the Patient Episode Database for Wales. Further detail on these figures is available from 'Reading Between the Lines', the annual profile of substance misuse produced by the Substance Misuse Programme in Public Health Wales. The most recent report can be accessed here:

<http://www.wales.nhs.uk/sitesplus/888/page/72997>

Data on reported drinking patterns has been drawn from analyses carried out by the Public Health Wales Observatory, which can be downloaded here:

<http://www.wales.nhs.uk/sitesplus/922/page/75230>

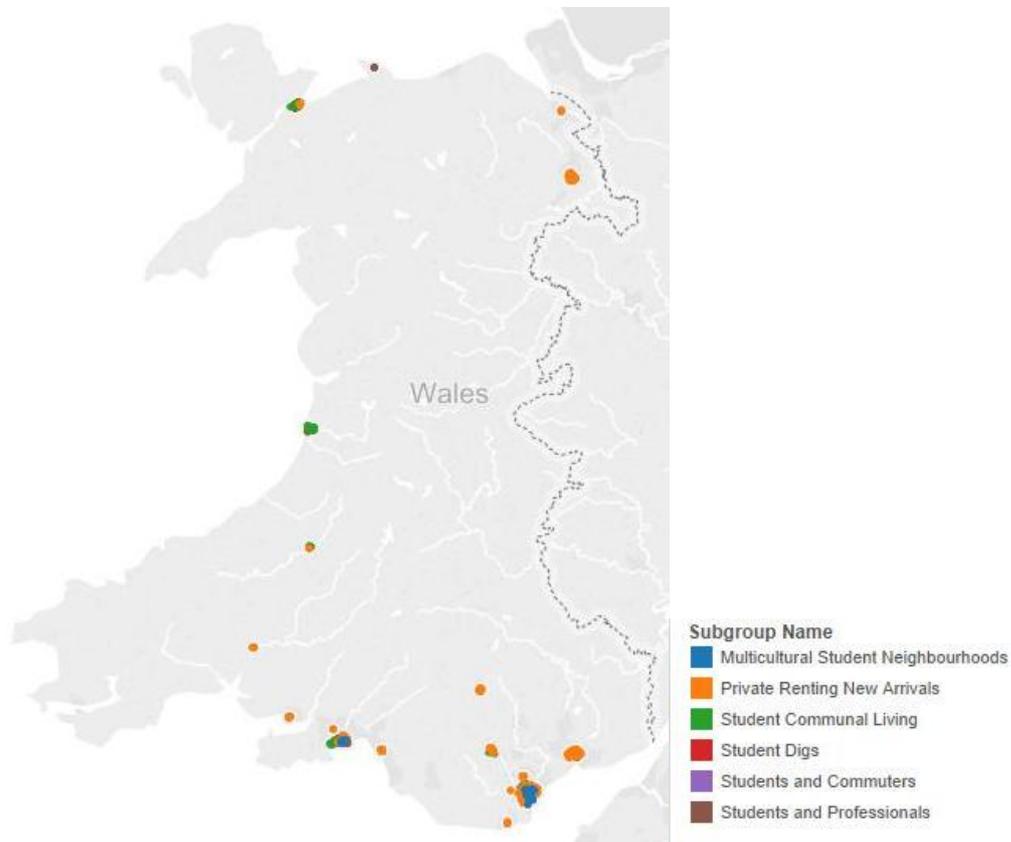
2. Spontaneity seekers

2.1 Overview

Spontaneity seekers are urban living (or in suburbia with opportunities to travel into major centres). Often students, they have no dependents and are most likely to be living in communal halls or houses, or in small flats. They will almost all be in private rented accommodation and overcrowding is not uncommon. As they don't have their own transport, they're likely to shop at local convenience stores or smaller urban supermarkets – Aldi and Lidl for preference, although they may use a Tesco or Sainsbury's if it's handiest.

They are geographically mobile, more likely than other segments to move accommodation regularly, although day-to-day they only travel relatively short distances; 2km or less. They take note of the news and are more likely to read broadsheet newspapers than many other segments. However, that reading is likely to take place online. Although there may be considerable sociodemographic consistency across this segment in some respects (e.g. accommodation type) there may be considerable variation in qualifications, employment and employment prospects. However, where they are in employment, this is more likely to be in low level office work, food and catering and the accommodation services industries. They are also more likely to be working part time than other segments.

Map 1 below shows postcodes in which members of this segment are clustered around Wales.



Map 1: Spontaneity seekers by geographical clusters, Wales, 2011

2.2 Attitudes towards alcohol

Both men and women in this segment are significantly more likely to see alcohol as making socialising more fun and to report that alcohol gives them more confidence. Men in this segment are significantly more likely to see alcohol as a way to relieve boredom. Perhaps surprisingly, they are not particularly more likely to report liking to try new drinks than other groups.

In terms of settings for drinking, 45 per cent of men in this segment report that most of their drinking is done at home, whilst 41 per cent agreed that they really enjoyed a night out at the pub. Perhaps paradoxically, women in this group were both less likely to report doing most of their drinking at home (37 per cent), but also less likely to enjoy a night in the pub (31 per cent).

A third of men in this segment reported drinking beer or cider at home on their own, with 41 per cent drinking beer or cider at home with friends and family; these proportions were considerably smaller for women (16 per cent and 10 per cent respectively). Spirits were considerably less popular for at home drinking, except in the case of women's preferences for white spirits, with 12 per cent reporting drinking these at home alone and 19 per cent drinking at home with friends and family. Wine was preferred for drinking with meals at home by both men and women compared with beer, cider and spirits.

When out for a meal (something this segment is likely to enjoy less often than other segments), men tend to prefer beer or cider and women tend to prefer wine. Women are more concerned about the quality of their wine than men (42 per cent – substantially higher than the levels seen in other sociodemographic groups of comparable age and economic circumstance – versus 35 per cent); half of men feel it is worth paying more to get good beer, compared with less than a quarter of women.

Women in this segment (24 per cent) are more than twice as likely as men in this segment (11 per cent) to drink wine when out socialising (but not having a meal). These figures are comparable to other sociodemographic groups, as are the proportions in this segment drinking beer and cider (46 per cent of men and 19 per cent of women). However, there appears to be a marked preference for white spirits compared with other groups, with 17 per cent of men and 19 per cent of women reporting drinking these when out for the evening, but not eating a meal.

Those in this segment do seem to have a different view of the social harms from alcohol compared with other groups. Men and women are significantly less likely to be concerned about children drinking in parks and men are less likely to worry about others' drunken behaviour or to avoid town centres for fear of such behaviour. In terms of the risks to their own health, they are comparable to other groups, with 13 per cent of men and 5 per cent of women believing the health risks of alcohol are exaggerated and 9 per cent of men and 6 per cent of women believing they don't know enough about those risks. This segment are significantly more likely than other groups to see alcohol as being higher in calories, although they are no more likely than other groups to be dieting or concerned about their weight, with one fifth of men and a third of women agreeing that most of the time they are trying to lose weight.

2.3 Drinking patterns

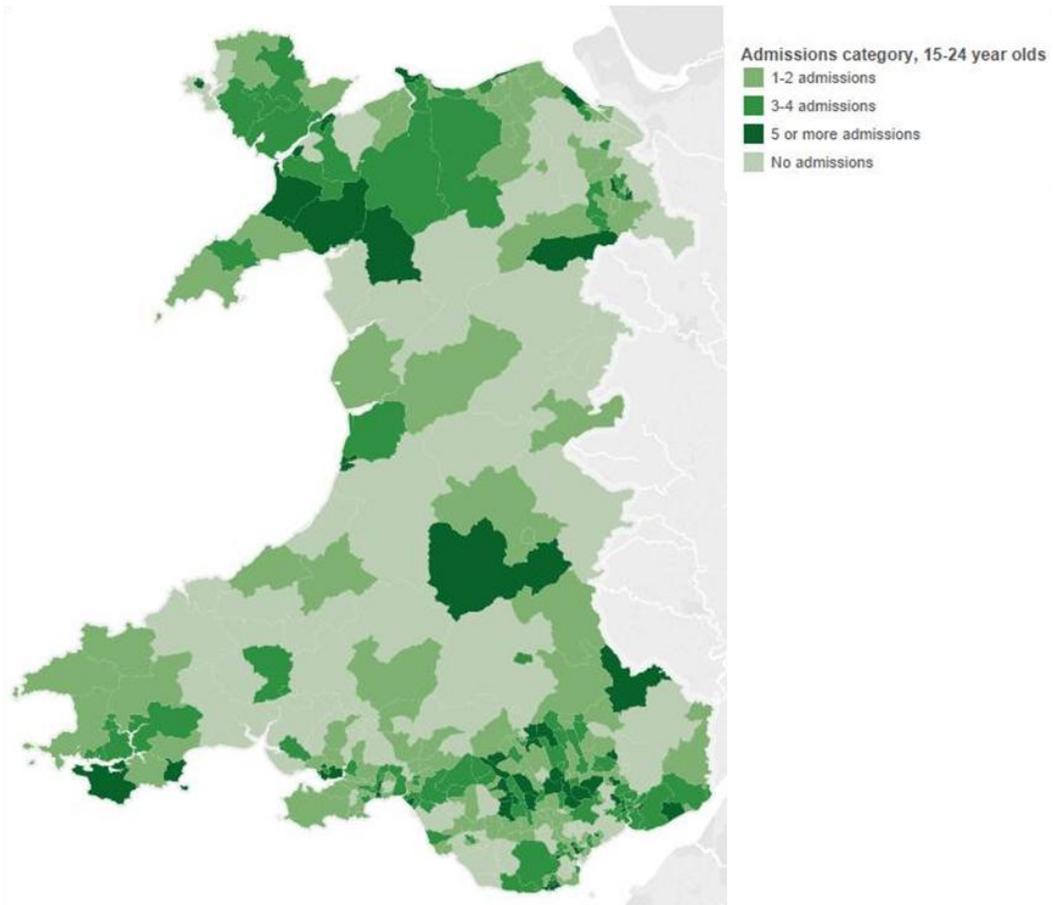
Both men and women in this segment are significantly less likely to be non-drinkers and significantly more likely to be hazardous (i.e. women consuming 15-35 units and men consuming 22-50 units of alcohol per week) and harmful drinkers (i.e. women consuming more than 25 and men consuming more than 50 units of alcohol per week) compared with the general population, with 35 per cent of men and 23 per cent of women falling into one of these latter two categories. There may be some variation within the segment, with students and those at the beginning of more 'professional' careers more likely to be hazardous and harmful drinkers than the segment norm – and, indeed, considerably more hazardous and harmful drinkers than any other segment, an observation true of both men and women. As the section above suggests, this tendency to harmful/hazardous drinking is not confined to any particular type of drink, with both men and women drinking significantly more units of beer, wine and other alcohol than other groups. Figures from the Welsh Health Survey for 2008-12 suggest that 46 per cent of men in the 16-24 age group drink above guidelines on their heaviest drinking day of the week, with 36 per cent binge drinking (more than twice guidelines). The figures for women are 42 per cent and 32 per cent respectively.

2.4 Alcohol harms

In 2014, the ONS estimated that there were 172,300 men and 163,200 women aged between 17 and 24 in Wales, representing 10.9 per cent of the Welsh population.

In 2013-14, there were 236 admissions of men aged 15-19 to hospital in Wales with an alcohol specific diagnosis recorded in any position on their admission record; for the 20-24 age group the figure was 419. These suggest rates of 2.4 admissions per 1,000 population for 15-19 year olds and 3.8 per 1,000 for the 20-24 age group. Amongst women, the figures were 212 in the 15-19 age group (a rate of 2.8 per 1,000) and 261 for 20-24 year olds (2.5 per 1,000). The overall rate for alcohol specific hospitalisations in the 15-24 year age group is 2.8 per 1,000. The number of people in these age groups admitted to hospital with alcohol specific conditions has generally fallen across Wales over the past five years.

Map 2 below shows alcohol specific admissions in 2013-14 by Middle Super Output Area (MSOA) for those aged 15-24 in Wales.



Map 2: Alcohol specific admissions (any diagnostic position) by Middle Super Output Area, 15-24 year olds, Wales, 2013-14

3. Lash lads

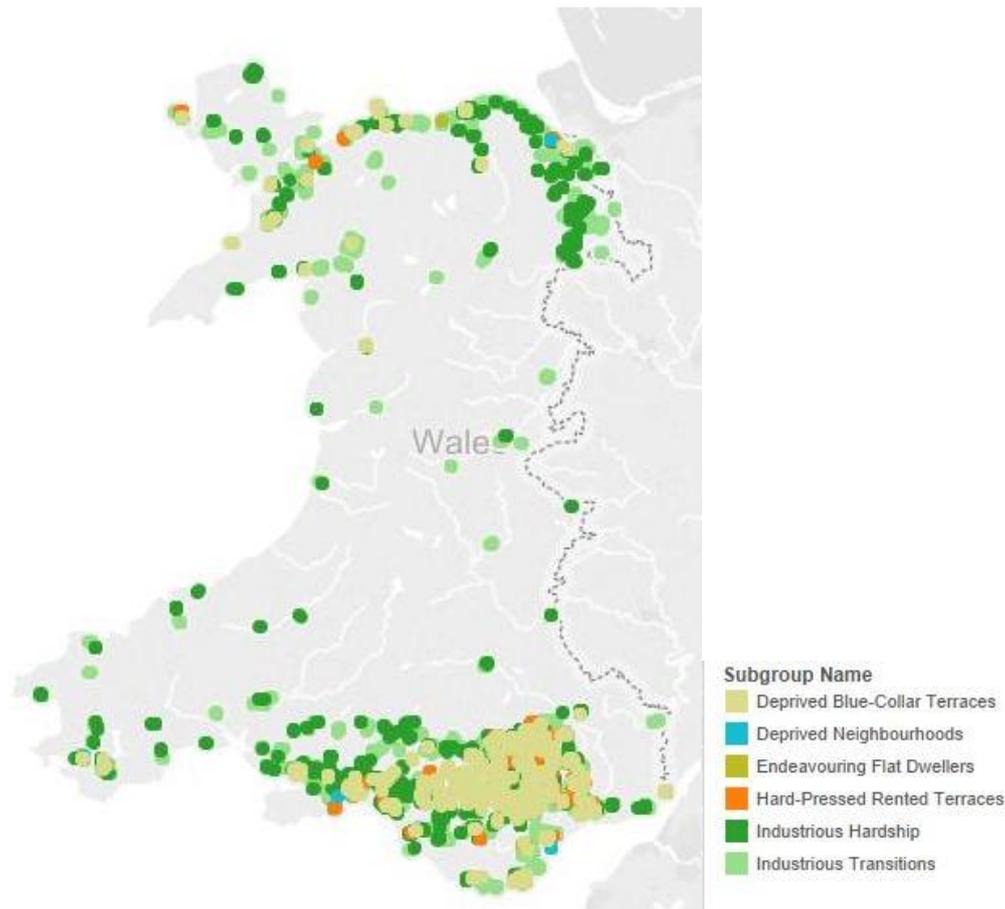
3.1 Overview

Of all the segments, Lash Lads are arguably the most difficult to understand and communicate with effectively as they are defined to a large degree by behaviour rather than demographics. Young men (aged 25-34) drinking heavily in social (and particularly sporting) contexts can be found in urban and rural settings, in affluent and impoverished areas and may equally be highly conscious of their health (where they may overlap with 'Image Enhancers') or view ostentatiously ignoring their health as a badge of honour. Therefore, more than for other segments, effective communications for this segment is likely to require clear understanding of the local context.

In more affluent urban areas, Lash Lads may have some commonality with Spontaneity Seekers; indeed today's Lash Lad may be yesterday's Spontaneity Seeker, post education, with greater disposable income, but still preferring to drink and possibly use other substances, in social groups. This demographic, broadly, is likely to be single or in a childless relationship, living in a private rented flat in or near an urban centre, but also to be more mobile in terms of employment and residency.

In less affluent areas, Lash Lads are more likely to be living at home or with a partner with whom they are more likely to have children; their accommodation is more likely to be social housing. They are more likely to socialise in stable groups of long term friends whom they have known for many years

Map 3 below shows postcodes in which members of this segment clusters around Wales.



Map 3: Lash lads by geographical clusters, Wales, 2011

3.2 Attitudes towards alcohol

The range of demographics encompassed by this segment, and the overlap in a number of segmentation methods with other segments (notably Spontaneity Seekers) can make it challenging to bring out attitudes towards alcohol that are both distinctive and defining for this segment. However, the evidence does strongly suggest that socialising is the main motivation (at least, as expressed) for drinking amongst this segment, with 68 per cent of men in the urban/educated Mosaic categories report that alcohol makes socialising more fun; along with male Spontaneity Seekers, the highest proportion responding positively to this question. The activity of drinking seems to play the roles of both a social ritual and bonding exercise with the psychological experience of drinking (increased confidence – more frequently reported amongst educated urban Lash Lads and sociability) enabling and reinforcing these roles. More urban and affluent Lash Lads will be more open to trying new drinks (41 per cent, a higher proportion than any other male Mosaic segment); however, whilst the details of the settings in which they are drinking may differ, the choice of drinking in locations specifically intended for alcohol consumption (e.g. pubs, social clubs) is common across all those in the segment. ‘Really enjoying a night out in the pub’ is agreed with by 50 per cent of the more affluent, educated and urban males in the relevant segments; the figure is 40 per cent for those of lower socio-

economic status. Whilst total alcohol consumption is lower on average than the younger Spontaneity Seekers, drinking is likely to be regular and to involve bingeing. Drinking without food is reported at higher rates than most other segments, with those less affluent in particular reporting a greater tendency to drink in a way that is not associated with a meal, either at home or out. This segment is predominantly made up of beer/lager and cider drinkers, although at the more well-off and educated end of the segment, other drinks, notably wine may be increasingly drunk; the higher up the socioeconomic scale a Lash Lad is, the more likely they are to care about the quality of their drink, although there is considerable variation within segments on this issue. As a whole, this group do not appear to have any major concerns about their drinking, although there is some evidence of recognition amongst more educated/affluent Lash Lads that they perhaps do not know enough about health risks – and also that alcohol can lead to weight gain, which concerns them.

3.3 Drinking patterns

Lash Lads are significantly more likely to be hazardous drinkers, in particular amongst those higher on the socioeconomic scale, with 24 per cent estimated to fall in this category, the second highest after Spontaneity Seekers. There is some evidence that as they age and become more affluent, drinking increases rather than dropping.

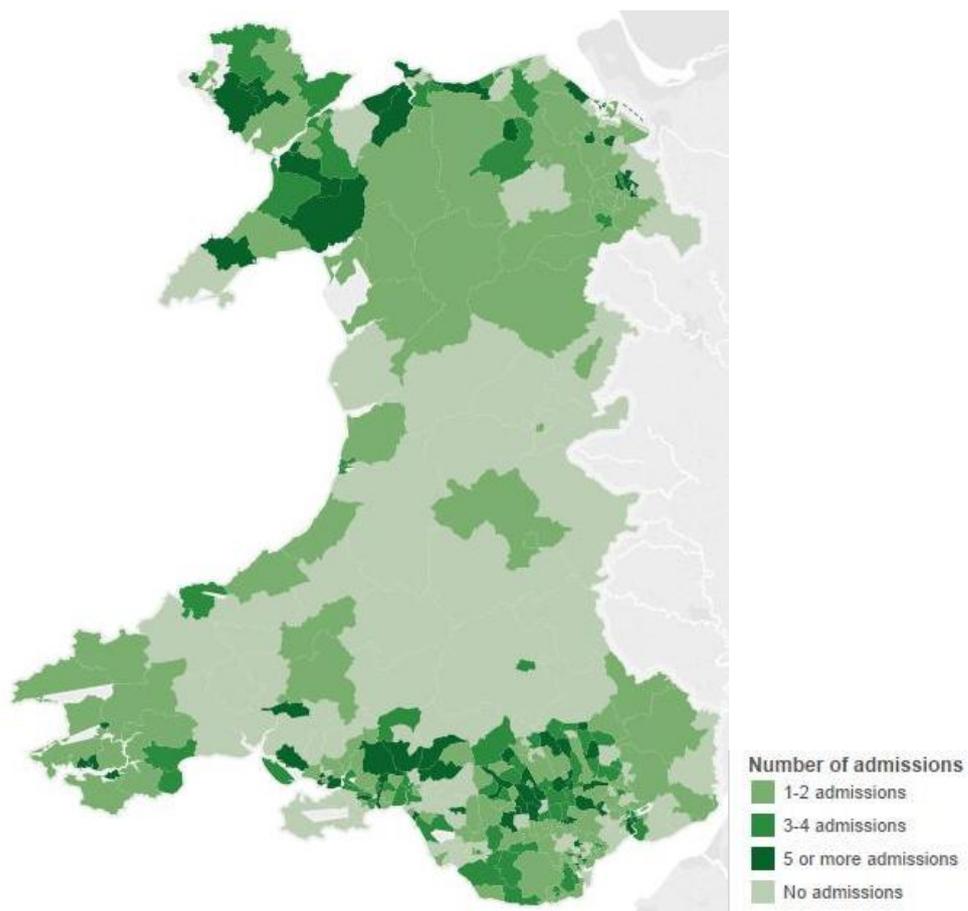
Figures from the Welsh Health Survey for 2008-12 suggest that 57 per cent of men in the 25-44 age group drink above guidelines on their heaviest drinking day of the week, with 42 per cent binge drinking (more than twice guidelines) and 27 per cent drinking at three times the guidelines on their heaviest drinking day. These are the highest rates across age and gender for every measure.

3.4 Alcohol harms

In 2014 there were an estimated 188,410 men aged 25-34 in Wales, representing 6.1 per cent of the Welsh population.

In 2013-14, there were 1,146 admissions of men aged 25-34 in Wales with an alcohol specific diagnosis recorded in any position on their admission record; 501 in the 25-29 age group and 645 in the 30-34 age group. These figures suggest a rate of 6.1 alcohol specific admissions per 1,000 Welsh males aged 25-34. The number of admissions in this age group involving men with alcohol specific conditions has stayed relatively stable over the past five years.

Map 4 below shows alcohol specific admissions in 2013-14 by Middle Super Output Area (MSOA) for men aged 25-34 in Wales.



Map 4: Alcohol specific admissions (any diagnostic position) by Middle Super Output Area, 25-34 year old men, Wales, 2013-14

4. The Ravers Return

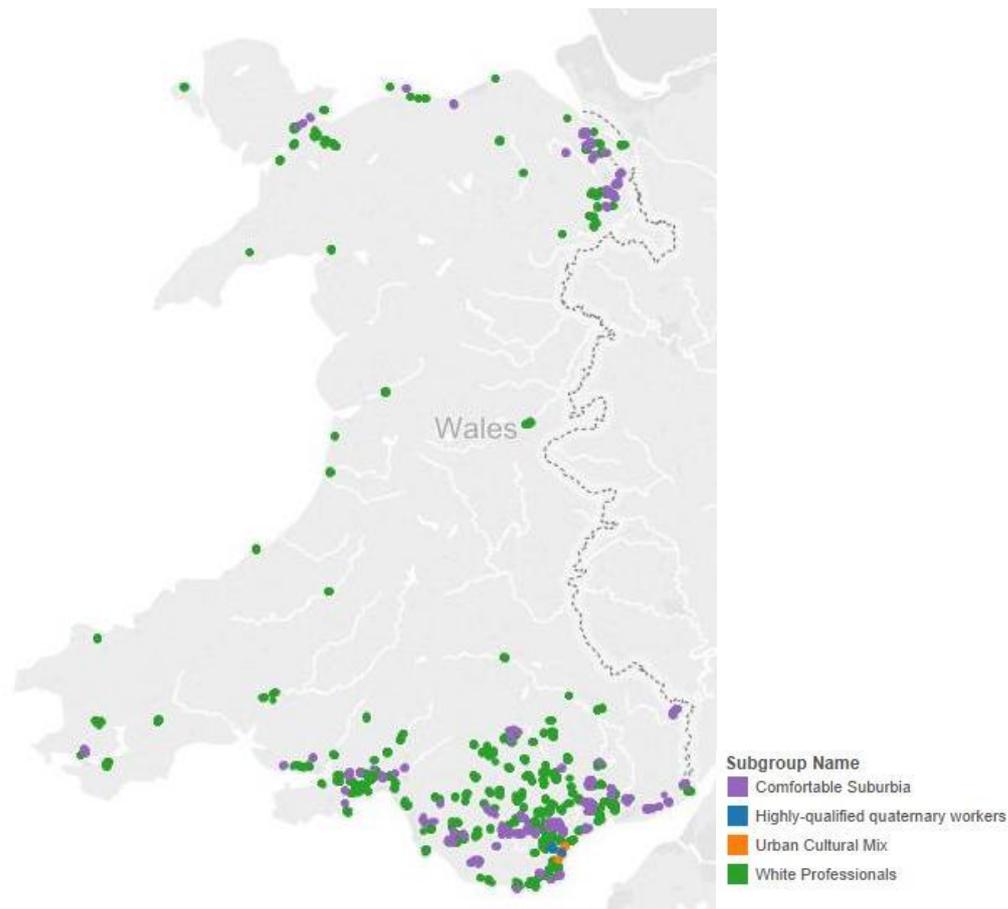
4.1 Overview

The Ravers Return are perhaps best thought of in the context of ‘Generation X’ – that cohort between the Baby Boomers, now entering old age, and the Millennials who make up the teens and young people. A particular focus in defining this segment was those who grew up in the 1980s and 1990s, whose adolescence and twenties encompassed such key developments in the sociology and culture of the recreational use of alcohol and other substances as the popularisation and normalisation of ecstasy and other stimulant use; the expansion of student numbers and the emergence of new student experiences and expectations; increasingly sophisticated alcohol marketing and branding strategies and the blurring of divisions between life-stage categories over the range of childhood and adulthood.

The Ravers Return are a segment who have ‘settled’ down in some senses – we would expect them to have a career with plans for the future, a family, probably with young children and settled long term accommodation – but to still feel themselves in touch with their younger selves. The implications for substance use are that they wish to maintain an active social life and will continue to invest time and money in this maintenance, in a way that differs from their parents’ generation. Alcohol consumption is closely interwoven with their home and social life, and occasional recreational use of illicit drugs (particularly cannabis and possibly ecstasy and other stimulants) may also be part of their substance repertoire. The focus on alcohol in the sources of knowledge that we have mean we are unable to explore this aspect of the segment in any depth in this report.

Concentrated in or near urban centres, where jobs (and support for that social life) are more likely to be found, those in this segment are often buying or actively planning to buy property, it is not uncommon for both partners to work. With two incomes, holidays (perhaps more than one per year) are still an option despite increasing family costs. Their health is generally very good and they are unlikely to have any contact with health services apart from with their children. They are significantly less likely to experience harms from alcohol than the general population. They are active internet users and likely to read national broadsheet newspapers (either print or online) and to shop at a Tesco or Sainsbury’s. They are likely not to travel too far from home on a regular basis, as they are able to live in areas which have the local amenities they want close to hand.

Map 5 below shows postcodes in which members of this segment are clustered around Wales.



Map 5: Ravers Return by geographical clusters, Wales, 2011

4.2 Attitudes towards alcohol

This segment is likely to drink with food both at home and when out, and shows a marked preference for wine over other types of alcohol. Alcohol is part of the fabric of family and social life and is not consciously used in an especially ‘functional’ way (e.g. to enhance socialising or to cope with problems) as it is by some other segments. Four out of five will sit down at home for a meal, even if not every day and drinking happens inside and outside the home, although a much greater proportion happens at home than for younger age groups considered above (56 per cent of P² ‘Blossoming families’ reporting that most of their drinking is done at home compared with 45 per cent of ‘New Starters’). However, a majority of males categorised within ‘Blossoming Families’ (51 per cent) also report drinking beer outside the house without food – a greater proportion than all but one of the other P² segments. This pattern applies to men only, with women (15 per cent) comparable to other segments. The context in which women in ‘Blossoming Families’ do report drinking relatively more than other segments is drinking wine at home with friends and family (i.e. not with a meal); they are the ‘family’ based segment with the highest rate of drinking wine in this context (54 per cent); with twice the reported rate of those from more disadvantaged backgrounds.

It is possible – although this is a point of speculation – that what these figures are describing is a segment that is transitioning from socialising extensively outside the home to spending more time at home with family and entertaining and drinking in that context as well. With signs in

the data that quality of alcohol is becoming more of an area of interest (for both beer and wine) and drinking happening in both contexts (with wine consumption in particular for Blossoming Families higher significantly higher than the population average) those in the Ravers Return segment may consider themselves equally to be social young adults and mature 'grown ups' with drinking patterns associated with both groups.

4.3 Drinking patterns

Overall, women in 'Blossoming Families' may be at greater risk of longer term health problems than men, with significantly higher rates of hazardous drinking. However, it is notable that rates of harmful drinking are lower for this segment amongst both men and women.

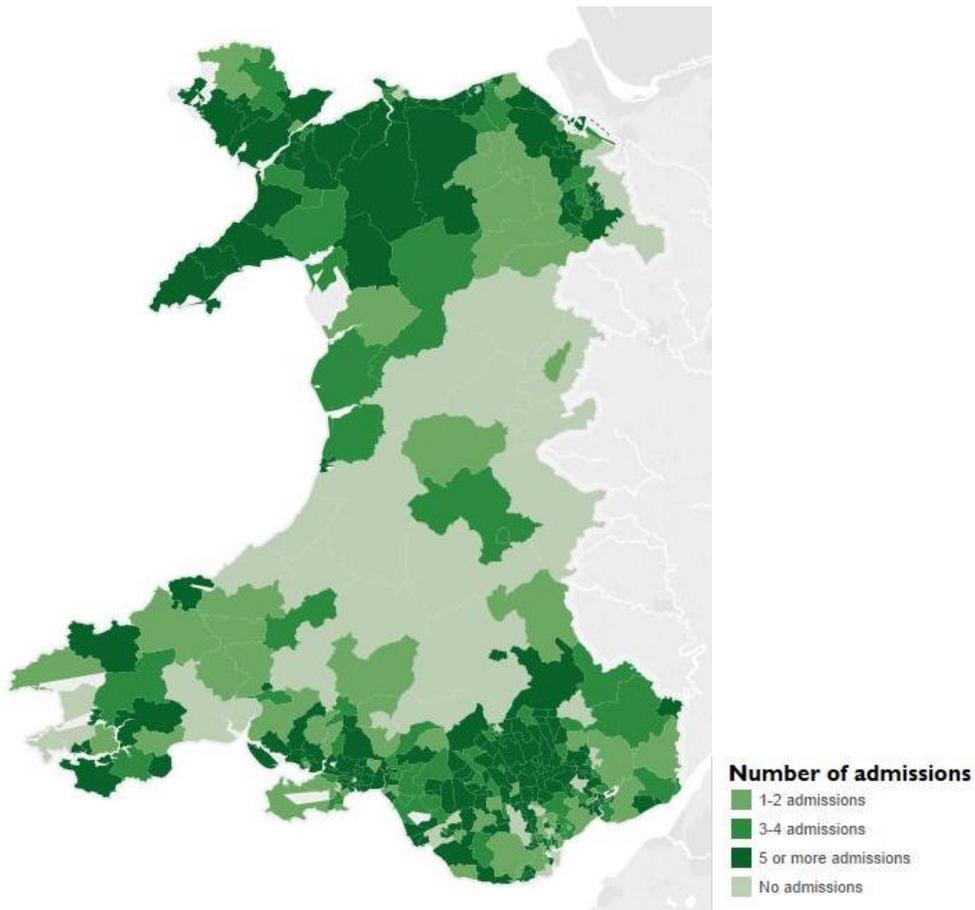
Figures from the Welsh Health Survey for 2008-12 suggest that 57 per cent of men in the 25-44 age group drink above guidelines on their heaviest drinking day of the week, with 42 per cent binge drinking (more than twice guidelines) and 27 per cent drinking at three times the guidelines on their heaviest drinking day. These are the highest rates across age and gender for every measure. The comparable figures for women in this age group are 46 per cent (above guidelines), 29 per cent (binge) and 17 per cent (very heavy drinking, three times guidelines).

4.4 Alcohol harms

In 2014, the ONS estimated that there were 179,508 men and 184,795 women aged between 35 and 44 in Wales, representing 11.8 per cent of the Welsh population.

In 2013-14, there were 793 admissions involving men aged between 35 and 39 with an alcohol specific diagnosis recorded in any position on their admission record; for the 40-44 age group the figure was 1,084. These suggest rates of 9.5 admissions per 1,000 population for 35-39 year olds and 11.3 per 1,000 for the 40-44 age group. Amongst women, the figures were 412 in the 35-39 age group (a rate of 4.9 per 1,000) and 518 for 40-44 year olds (5.2 per 1,000). The overall rate for alcohol specific hospitalisations in the 35-44 year age group is 10.5 per 1,000 for men, 5 for women and 7.7 overall. The number of people in these age groups admitted to hospital with alcohol specific conditions has generally fallen slightly across Wales over the past five years.

Map 6 below shows alcohol specific admissions in 2013-14 by Middle Super Output Area (MSOA) for those aged 35-44 in Wales.



Map 6: Alcohol specific admissions (any diagnostic position) by Middle Super Output Area, 35-44 year olds, Wales, 2013-14

5. Sauvignon superwomen

5.1 Overview

'Sauvignon Superwomen', perhaps more than any other segment identified, represented a social phenomenon that has emerged for the first time within this generational cohort. These are women who have entered and succeeded in the traditional professions (e.g. law and medicine) in particular and are, in middle age, entering a sustained phase of seniority in those careers at the same time as their family life is evolving as children grow up and leave home. These women are likely to be very active in a number of social spheres related to their work, their friendship circles and their family; alcohol may play a substantial role in all of these contexts.

Unsurprisingly, those in this segment are amongst the most affluent in society and are likely to live in large houses, often owned outright. They have substantial assets and spending power and are comfortable with spending money to enjoy high quality goods and services. Intelligent, self confident and cultured, they are likely to stay fairly close to home and work in their daily life, but will take foreign holidays regularly. They are knowledgeable in key areas such as politics and are likely to be readers of broadsheet media, whether in print or online. Their health is likely to be very good, as they have both a good knowledge of health issues compared with other segments and also the resources – psychological, social and financial – to make changes where they feel these are necessary. However, they are also entering a phase of their – very busy, often stressful – life in which they expect to be able to enjoy the fruits of their labours.

Map 7 below shows postcodes in which members of this segment are clustered around Wales.



Map 7: Sauvignon Superwomen by geographical clusters, Wales, 2011

5.2 Attitudes towards alcohol

Alcohol is seen as an essential part of enjoying life; an attitude evidenced by the fact that this group (female Mosaic 'Career Professionals') are the most likely of any segment/gender combination to enjoy alcohol with food. They don't need alcohol to feel good about themselves: they are significantly less likely to feel that alcohol 'gives them confidence' or to use alcohol to 'relieve boredom' or 'forget their problems' than the population average. They enjoy entertaining at home, with the 73 per cent of female Career Professionals agreeing with this statement representing the largest proportion of any segment/gender combination; indeed meals at home also appear important with fewer than ten per cent saying they 'rarely' sit down for a meal together at home. Those meals often involve wine, with 62 per cent drinking wine at home with a meal; 54 per cent also report drinking wine at home without a meal with friends and family, with 35 per cent drinking wine at home on their own; the highest and second highest reported segment/gender combinations respectively.

Most drinking is done at home, according to 56 per cent of female Career Professionals, with only a quarter saying they enjoy a night out in the pub. This segment feel themselves relatively unaffected by others' drinking, with a significantly smaller proportion of female Career Professionals reporting themselves to be concerned at others' drunken behaviour in towns or alcohol related crime in their own area. Whether this is because they are less concerned

about the issue in general or because they live and socialise in areas where they are less likely to be affected by alcohol related social problems is not clear.

5.3 Drinking patterns

Female Career Professionals were significantly less likely to be non-drinkers than the general population (18.8 per cent) and significantly more likely to be drinking at hazardous levels (20.3 per cent). They were no more likely to be drinking at harmful levels than the general population.

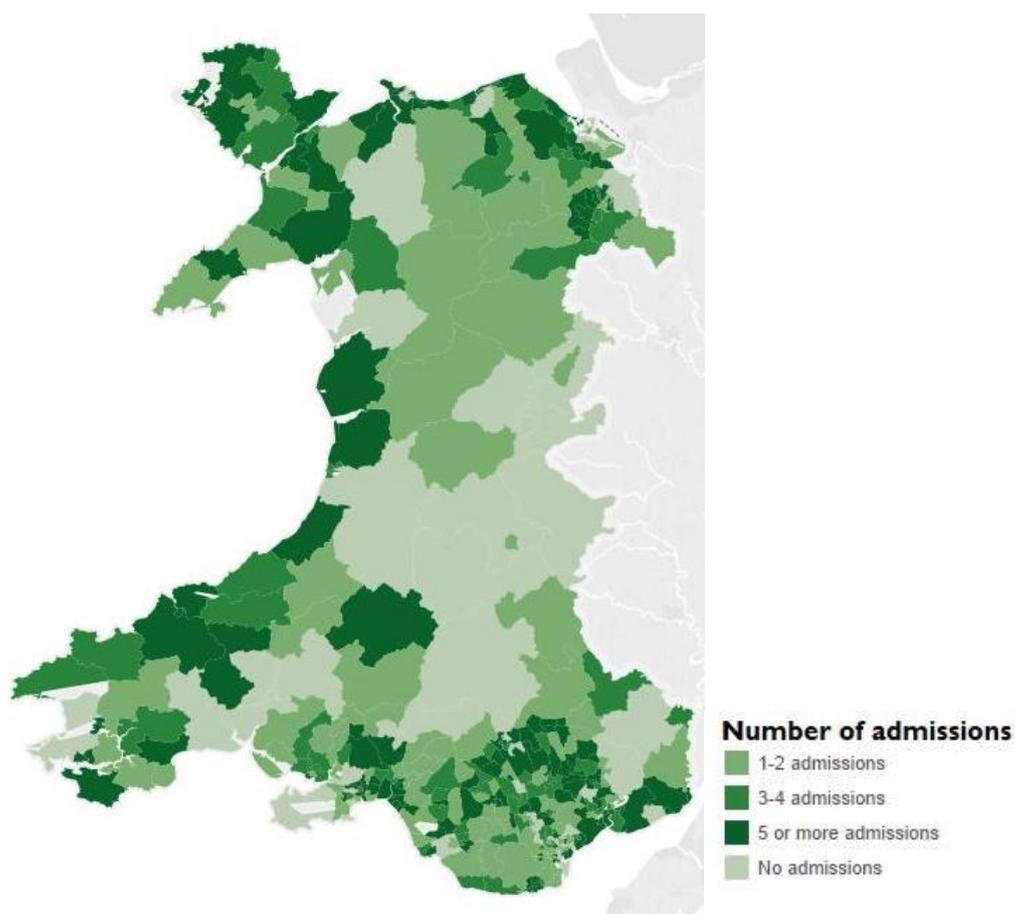
Figures from the Welsh Health Survey for 2008-12 suggest that 43 per cent of women in the 45-64 age group drink above guidelines on their heaviest drinking day of the week, with 21 per cent binge drinking (more than twice guidelines) and 10 per cent 'very heavy drinking' (more than three times guidelines).

5.4 Alcohol harms

In 2014, the ONS estimated that there were 319,399 women aged between 45 and 59 in Wales, representing 10.3 per cent of the Welsh population.

In 2013-14, 640 women aged 45-49 were admitted to hospital in Wales with an alcohol specific diagnosis recorded in any position on their admission record; for the 50-54 age group the figure was 625 and for those aged 60-64 it was 530. These suggest rates of 5.8 admissions per 1,000 women for 45-49 year olds, 5.7 per 1,000 for the 50-54 age group and 5.4 amongst those aged between 55 and 59. The overall rate for alcohol specific hospitalisations in women aged 45-59 was 5.6 per 1,000. The number of people in these age groups admitted to hospital with alcohol specific conditions has generally risen slightly across Wales over the past five years.

Map 8 below shows alcohol specific admissions in 2013-14 by Middle Super Output Area (MSOA) for women aged 45-59 in Wales.



Map 8: Alcohol specific admissions (any diagnostic position) by Middle Super Output Area, women aged 45-59, Wales, 2013-14

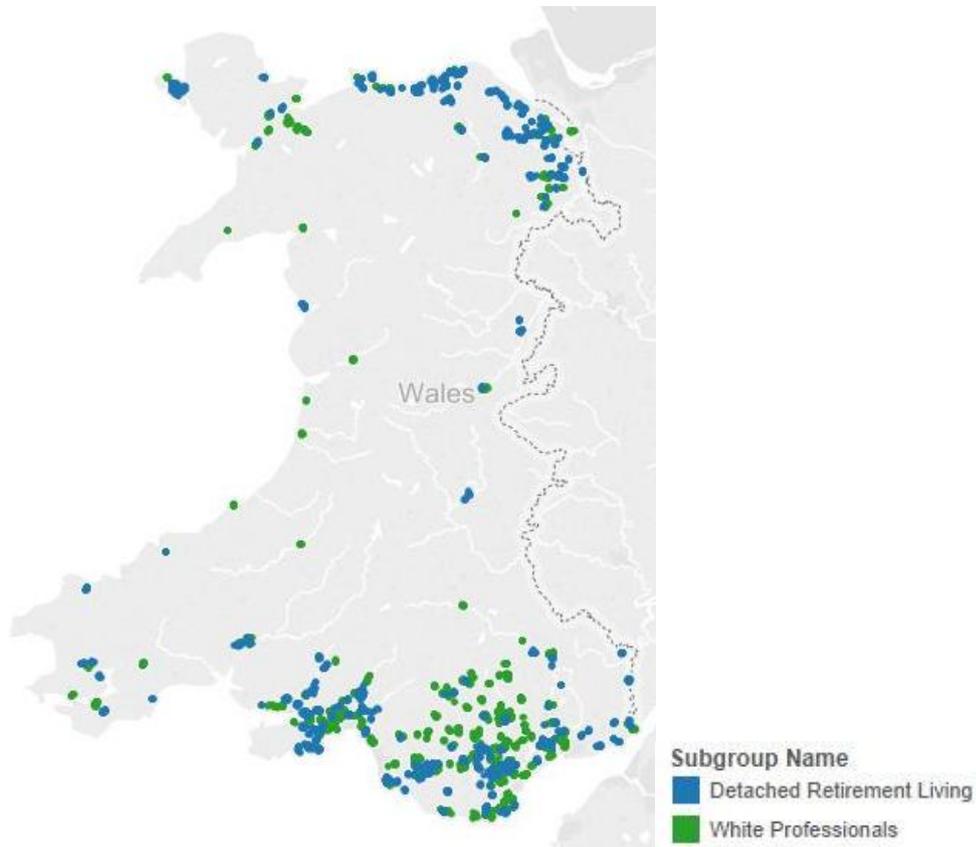
6. Evening enjoyers

6.1 Overview

Evening enjoyers were identified as older couples, probably still working, although including some retirees, who are likely to have seen their children leave home and are able to enjoy their evenings, whether at home or out with friends. Slightly lower on the socioeconomic scale than the Sauvignon Superwomen, but more prosperous (and younger) than the Challenged Aging Couples, they are likely to be extremely settled and keen to enjoy the relative freedom and affluence that late career security and an empty nest can bring.

Whilst many of the other segments are concentrated in urban areas, evening enjoyers are a little more geographically spread. Wherever they live, they are likely to be very settled there and are more likely to have an established group of friends of similar age, life stage and beliefs as themselves with whom they socialise. Their health is generally good. They are likely, if still working, to be at a management level in their work and may run and manage their own small or medium sized business. They may have moved recently to take advantage of their relatively increased economic prosperity and upgrade their house; as a result, although they will continue to socialise with older friends they spend less leisure time outside their home, eating out for example.

Map 9 below shows postcodes in which members of this segment are clustered around Wales.



Map 9: Evening Enjoyers by geographical clusters, Wales, 2011

6.2 Attitudes towards alcohol

As with other segments containing men and women who are older and more affluent than average, this segment ('Suburban older families' in the Mosaic classification and 'Mature Oaks / Country Orchards' in P²) enjoy alcohol with food but do not need it to increase their confidence or to enhance their experience of socialising. They are also significantly less likely than the population as a whole to report using alcohol to combat boredom or forget problems. They enjoy entertaining at home (51 per cent (men) and 63 per cent (women)) but are slightly less likely to report they really enjoy going a night out in the pub than other segments (38 per cent / 24 per cent). Since around half report that the majority of their drinking is done at home, this suggests many are drinking but not in pub environments. They often enjoy wine with a meal, but not in the same proportion as the Sauvignon Superwomen segment; they are slightly more likely than that higher socioeconomic grouping to prefer beer either with or without a meal. Men in this segment may also prefer dark spirits at home, either alone or with friends and family.

6.3 Drinking patterns

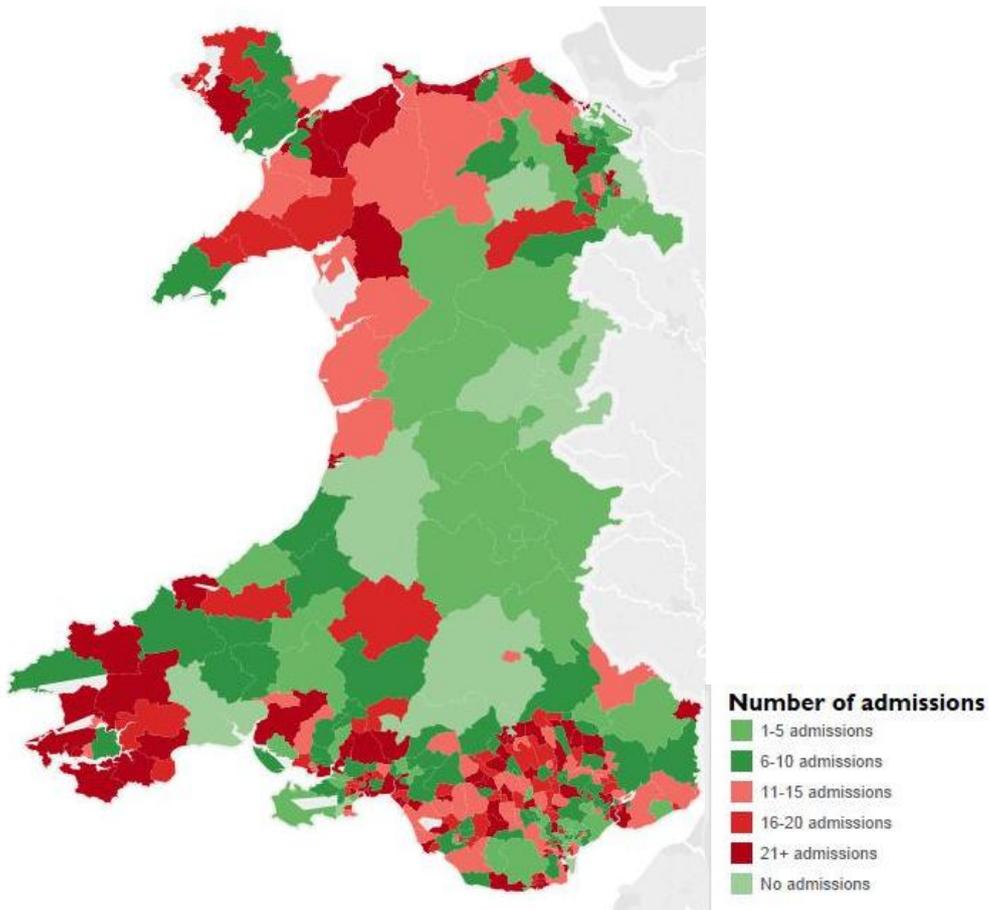
Evening enjoyers are significantly less likely to be non-drinkers than the population average, but men in this segment are also significantly less likely to be harmful drinkers. Figures from the Welsh Health Survey for 2008-12 suggest that 57 per cent of men in the 45-64 age group drink above guidelines on their heaviest drinking day of the week, with 36 per cent binge drinking (more than twice guidelines) and 18 per cent drinking 'very heavily' (three times guidelines) on their heaviest drinking day of the week. The figures for women were 43 per cent, 21 per cent and 10 per cent respectively.

6.4 Alcohol harms

In 2014, the ONS estimated that there were 386,165 men and 402,553 women aged between 50 and 69 in Wales, representing 25.5 per cent of the Welsh population.

In 2013-14, there were 2,302 admissions involving men aged between 50 and 59 with an alcohol specific diagnosis recorded in any position on their admission record; for the 60-69 age group the figure was 1,956. These suggest rates of 11.5 admissions per 1,000 population for 50-59 year olds and 10.5 per 1,000 for the 60-69 age group. Amongst women, the figures were 1,155 in the 50-59 age group (a rate of 5.5 per 1,000) and 758 for 60-69 year olds (3.9 per 1,000). The overall rate for alcohol specific hospitalisations in the 50-69 year age group is 11 per 1,000 for men, 4.8 for women and 7.8 overall. The number of people in these age groups admitted to hospital with alcohol specific conditions has generally risen across Wales over the past five years.

Map 10 below shows alcohol specific admissions in 2013-14 by Middle Super Output Area (MSOA) for those aged 50-69 in Wales.



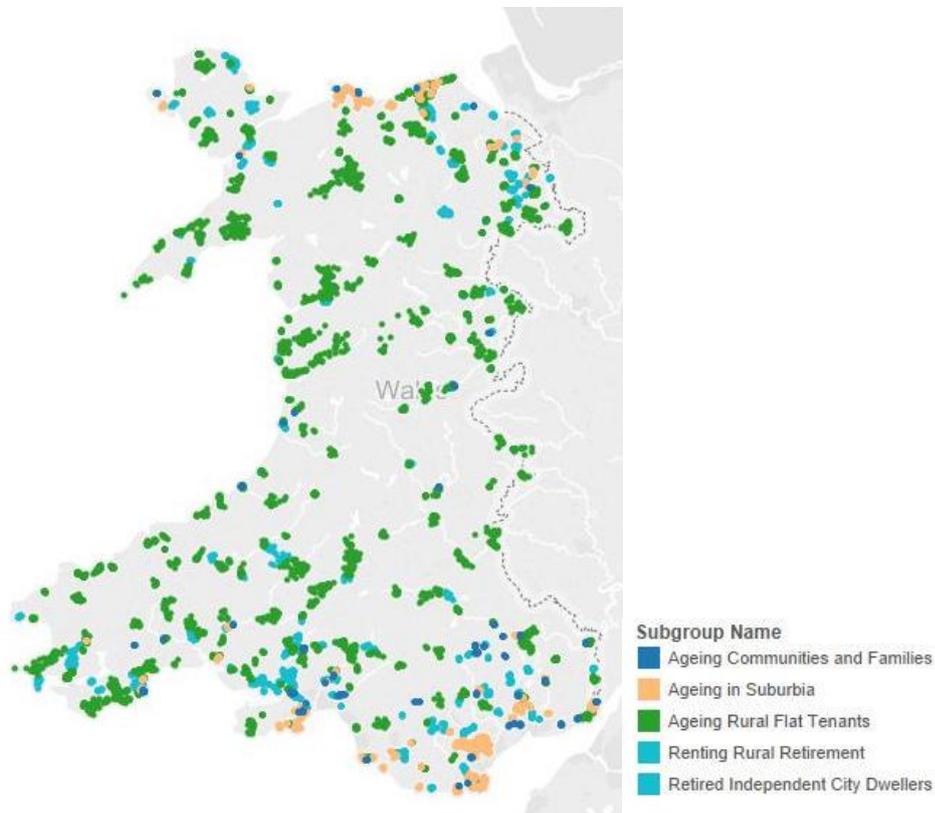
Map 10: Alcohol specific admissions (any diagnostic position) by Middle Super Output Area, all aged 50-69, Wales, 2013-14

7. Challenged aging couples

7.1 Overview

This segment consists of older couples, generally post retirement, who may be struggling economically and socially. Dependent on their pension – often a state pension only – they have few reserves to meet emergencies. Where they are working, this is likely to be lower skilled and insecure employment. They are likely to live in rented accommodation, whether social housing or private sector, and to rely on public transport rather than owning a car. They are therefore likely to shop locally as much as possible and if they do use a larger supermarket it will be at a ‘value’ chain such as Aldi or Lidl. Their general health is likely to be lower than the general population; of particular relevance in terms of intervention planning are their age, their higher likelihood of smoking, lower levels of exercise and their lower socioeconomic status. A relatively high proportion will have long term health conditions. Their primary media are tabloid newspapers and commercial radio, with internet use low; they are relatively uninterested in politics and are more likely to engage with local than national issues. Leisure time is more likely to be spent at home or in their immediate community, which is where their family and friendship circles are likely to be based; they are less likely than other groups to eat out and to take holidays that involve travel.

Map 11 below shows postcodes in which members of this segment are clustered around Wales.



Map 11: Challenged Aging Couples by geographical clusters, Wales, 2011

7.2 Attitudes towards alcohol

They are more likely to see alcohol as something necessary to make socialising enjoyable, and also more likely to see drinking as an activity to be enjoyed in itself rather than as part of a meal or other social occasion. However, they are no more likely than the population as a whole to use alcohol to 'forget problems' or 'relief boredom'; this is in contrast to segments in at a similar socioeconomic level but younger and may reflect generational differences as much as socioeconomic variations. The difference between men's and women's alcohol preferences is slightly more marked in this segment than in others, with men relatively more positive towards opportunities to consume alcohol and showing a greater preference for beer over other available drinks.

Whilst those in this segment are less likely to report that they 'enjoy a night out at the pub' than most of the younger segments discussed above; however they are more likely to agree with this statement than those of a comparable age but different socioeconomic background. They are less likely to entertaining at home as an important element of their social life. The relationship between alcohol and socioeconomic setting may also be reflected in the fact that this segment are significantly more likely than the population as a whole to be concerned about alcohol related crime in their area.

Developing interventions and approaches to improve the health of this segment in relation to alcohol may be particularly challenging. Their self efficacy in terms of changing their life (i.e. their belief that they can make changes when they wish to) is amongst the lowest of all segments, for both men and women.

7.3 Drinking patterns

Female partners in challenged aging couples are significantly less likely to drink at hazardous levels; neither men nor women from this segment are more or less likely to drink at harmful levels. However, relatively high rates of alcohol attributable hospital admissions, whilst clearly to some degree related to age, may also reflect the established evidence that those of lower socioeconomic status experience greater harms from alcohol than of relatively higher SES.

Figures from the Welsh Health Survey for 2008-12 suggest that 35 per cent of men in the 65+ year age group drink above guidelines on their heaviest drinking day of the week, with 15 per cent binge drinking (more than twice guidelines) and 5 per cent drinking 'very heavily' (three times guidelines) on their heaviest drinking day of the week. The figures for women are 16 per cent, 5 per cent and 1 per cent respectively.

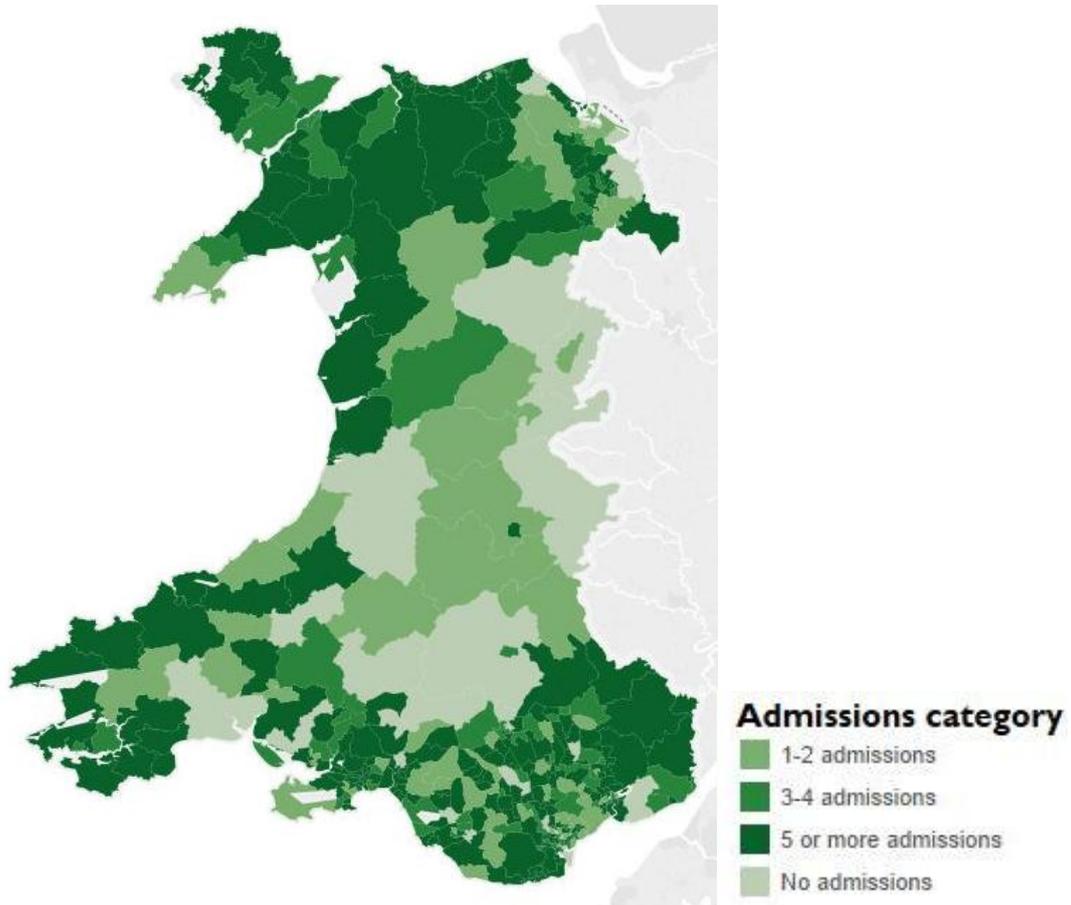
7.4 Alcohol harms

In 2014, the ONS estimated that there were 217,515 men and 235,542 women aged between 65 and 79 in Wales, representing 14.7 per cent of the Welsh population.

In 2013-14, there were 1,801 admissions involving men aged between 65 and 79 with an alcohol specific diagnosis recorded in any position on their admission record, suggesting rates of 8.3 admissions per 1,000 population for men in this age group. Amongst women, the figures were 719, a rate of 3.1 per 1,000. The overall rate for alcohol specific hospitalisations in the 65-79 age group is 5.6 per 1,000. The number of people in these age groups admitted to

hospital with alcohol specific conditions has risen considerably across Wales over the past five years.

Map 12 below shows alcohol specific admissions in 2013-14 by Middle Super Output Area (MSOA) for those aged 65 to 79 in Wales.



Map 12: Alcohol specific admissions (any diagnostic position) by Middle Super Output Area, all aged 65-79, Wales, 2013-14

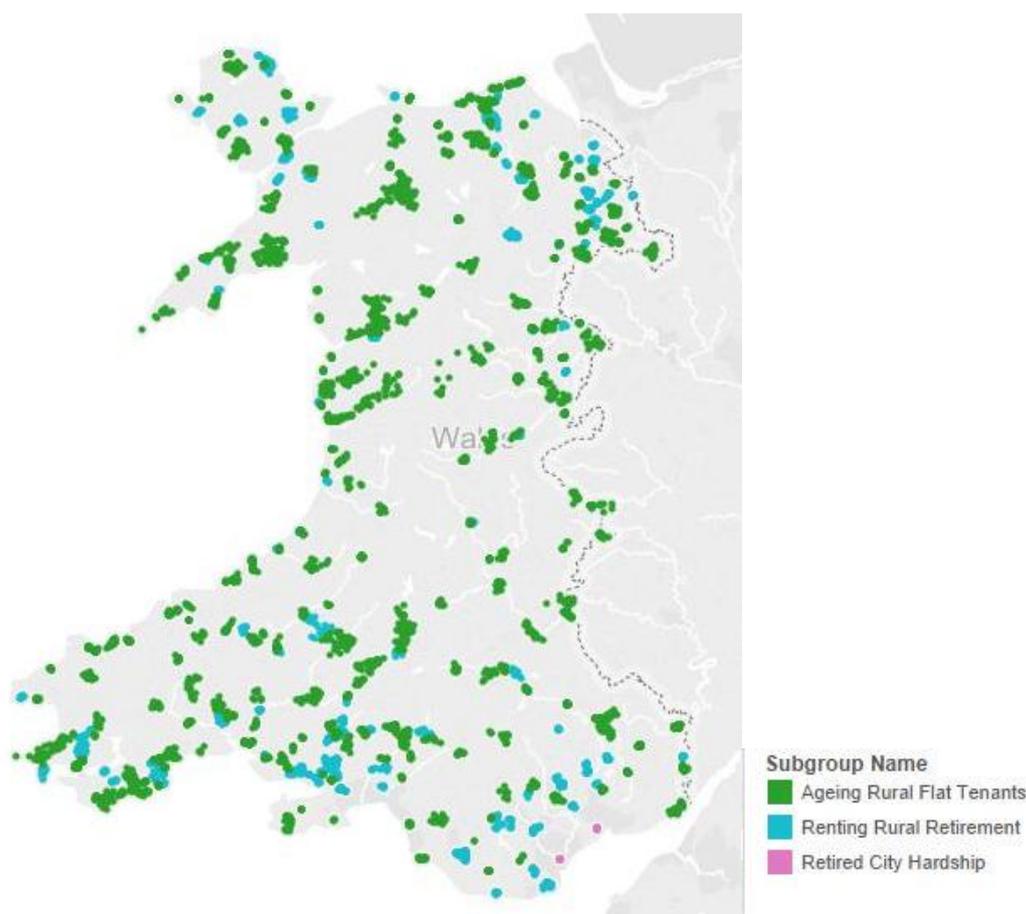
8. Senior singletons

8.1 Overview

There is a considerable overlap between Senior Singletons and the Challenged Aging Couples described above. The Senior Singletons were conceived of as a slightly wider category in terms of socioeconomic range, but, containing only those who are living alone, as a smaller category considered by absolute numbers. Older people living alone may be at a heightened risk of alcohol related harms for a number of reasons, particularly because they may be dealing with the impact of bereavement and because they may be socially isolated with the general physical and mental health challenges that context can bring. This segment is generally described here in relation to Challenged Aging Couples, as they are inter-related and strategies to address one segment are likely to affect the other. Sources on drinking patterns and alcohol harms cannot be broken down between these two segments, therefore the analysis presented above for Challenged Aging Couples is assumed to include Senior Singletons.

Senior Singletons who are in economically and socially challenged environments can face all of the challenges outlined above for Challenged Aging Couples but to a greater degree. Lack of money, transport and opportunities to socialise are all likely affect older single people than older people in couples. Demographics would also indicate that they are disproportionately likely to be female. Whilst in general, women in this age group drink substantially less than men, the challenges of bereavement and aging in difficult circumstances may lead to increased drinking and a consequent increase in certain problems associated with isolated elderly people, such as falls.

Map 13 below shows postcodes in which members of this segment are clustered around Wales.



Map 13: Senior Singletons by geographical clusters, Wales, 2011

8.2 Attitudes towards alcohol

There are some notable differences between socioeconomic classes when looking at attitudes to alcohol. More affluent older adults are considerably more likely to enjoy entertaining at home (for women the figures are 62 per cent for Mosaic class ‘Independent Older People’ compared with 49 per cent for ‘Older People in Social Housing’) and much less likely to look to the pub for a night out (16 per cent versus 28 per cent), although how these figures might divide between couples and singletons for the two segments is not known. Those in higher socioeconomic classes are also markedly more likely to drink wine than beer, but are similar in their preference for either over spirits, either at home or when out. Female ‘Independent Older People’ are also significantly more likely to be concerned about the drunken behaviour of others than those living in more straightened circumstances.

8.3 Drinking patterns and Alcohol harms

See ‘Drinking patterns’ and ‘Alcohol harms’ section for ‘Challenged aging couples’ above.