

Active over Alcohol – focus group findings

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Introduction

Alcohol dependency is a significant public health issue within the UK and is responsible for approximately 1 in 5 deaths of UK males aged 16-54 years (NorthWest Public Health Observatory, 2008). More than 270,000 adults are currently undergoing treatment for drug and alcohol use (Public Health England, 2020); while counselling reduces alcohol dependency, 60-90% of patients relapse after 1 year (Miller and Willbourne, 2002; Xie et al., 2005). Regular exercise reduces depression and anxiety (Hearing et al., 2016), improves coping mechanisms, and reduces the risk of cardiovascular disease, stroke and type 2 diabetes. Moreover, exercise-based therapy may be perceived as less stigmatising than traditional treatments options. While a small number of studies have reported that regular exercise improves cardiorespiratory fitness among alcohol-dependent adults, there is a lack of consensus regarding its efficacy to reduce alcohol consumption.

This study was composed of two phases. Phase 1 determined the baseline demographic characteristics of patients currently drinking harmful amounts of alcohol who would be interested in an alternative treatment option to reduce alcohol consumption.

Once baseline data were collected, patients were informed about an intervention involving an exercise programme and those interested offered participation in Phase 2 of this study: a two-arm randomised controlled study. If eligible, patients were randomly assigned to either:

- 1) a 12-week group-based exercise programme, alongside NHS standard care, or
- 2) 12 weeks of NHS standard care only.

The aims are to study the feasibility of conducting an RCT in this cohort and to determine the effectiveness of the exercise programme to reduce alcohol consumption, improve physical and mental health among people drinking harmful amounts of alcohol, compared to standard NHS care. Assessment visits, measuring alcohol consumption, mental health and physical health, were conducted at baseline, and at Weeks 13, 24, 36 and 48 since commencement of the intervention period. Focus groups were planned during the 2nd and 12th week of the exercise programme to obtain qualitative feedback on the exercise programme. The findings from focus groups are reported here.

Participants

Focus groups were held during Week 2 of the programme, with two different cohorts undertaking the programme. Both cohorts reconvened for focus groups during Week 12 of the programme. Individual telephone interviews were conducted with two participants who withdrew from the programme after 2-3 weeks. A further interview was conducted during Week 12 with one individual who was unable to attend a focus group. A facilitator and moderator were present for each discussion and audio recordings were made and transcribed by a professional transcriber. Names of participants were changed to maintain anonymity.

Analysis

Thematic analysis of the transcribed data was managed using QSR NVIVO Version 12. Data relate to the following themes, which were discussed and refined in discussion with other members of the research team:

- Motivation / incentives to take part
- Programme delivery
- Programme content
- Impact of the programme on participants' lives

Findings

Motivation / incentives to take part

Participants were asked in Week 2 what factors influenced them committing to the programme, what incentivised them to take part and in Week 12 they were asked what motivating factors had helped them to complete the programme. The data show that participants were motivated by the anticipated benefits of achieving a 'healthier' lifestyle through the programme: becoming physically fit and more active, learning about and eating a healthier diet and achieving a better sleep pattern. Fitness was especially emphasised in the focus group discussions, with some individuals mentioning periods in their lives when they played sport and considered themselves fit; those who had experienced this previously stated a desire to return to fitness: *"Obviously, to get fitter. I always enjoyed the gym, and I was always happier in the gym..."*. Others discussed an ambition to be more active, and to use their bodies more; some linked this with their bodies being negatively impacted through their ongoing alcohol use.

"I don't go to the gym, I never have been in my life, but I thought maybe that could be something good for me as well, so that was, yeah definitely that was something that I was interested in"

"Just keeping yourself fit is a good thing to do and you've got to look after your body, and my liver is a bit messed up, so I've got to keep an eye on that as well"

The gym pass offered as an incentive when participants joined the programme was successful as a motivating factor to complete all 12 weeks, with all participants discussing how they intended to make use of this. This was seen as a way to stay in touch with those they met during the programme as well as a way of not *"wasting"* what they had gained, in terms of fitness and motivation, during the programme. Knowing the coaches delivering the sessions were affiliated to a football club was motivating for a few participants.

Participants were also motivated to join the programme as a way of acknowledging their addictions and seeking help, with many discussing the intervention as a component in a longer treatment pathway, towards recovery. Some individuals were aware they could not be referred to other services, including mental health services, without addressing their alcohol usage first. These participants expressed a willingness to undertake the programme to achieve their overall goals for better health, it was not approached begrudgingly.

"It's part of my care plan and a set of goals that I have in place. From here I hope to go into residential treatment where I'll be in a more structured environment ... After that I then address my mental health side of things, which are linked in with my addiction and my misuse of alcohol"

Having an 'open mind' was raised as a factor in committing to the programme, the need to try something new in terms of treatment for addiction. Many participants discussed having a

desire to finish the programme, to demonstrate to themselves and others that they could achieve this. Some individuals talked about wanting to show their family that they could be successfully treated and could stop drinking.

“If they think you’re doing it for 12 weeks and you bring them along then it might just give a boost to your family and they’ll like to speak and say, “Well, he is doing well. He is trying. There’s a good group of them there” “

The group format was seen by most of the participants as a motivating factor at the beginning of the programme, as well as those who attended the focus groups in Week 12 commenting on how important the peer support had been. The individual who dropped out of the programme stated the group format was not helpful for her, because the others were not on the same “wavelength” and this led her to leave the group. Many of those who participated found meeting others ‘like them’ as eye opening, particularly meeting others who were sober and managing to address their addictions. The need to not ‘let others down’ was also discussed and this motivated most to turn up each week and was also seen as a factor for sustaining new habits after the end of the programme too.

“Yeah, it does help as well when you get that, you know, “Shall I go or not?” You know, that thought in your head. Because there’s a few of you, for me anyway, that motivates me to come”

“I thought it would be nice to be amongst other people as well in a similar place in their life”

Programme content

The participants were asked how they felt about the content of the programme in terms of the ‘education’ component as well as the sport and physical activity aspects. They focused mostly on talking about the food and nutrition education and the way this benefited them. Most participants reported they had learnt about portion size, food labelling, nutritional content of food and meal/snack planning. Many believed this to be useful, putting it into use when planning, buying or eating food.

“I suppose for me personally, the thing that I’ve found most helpful are the more visual nutritional information. Things that I didn’t know which I now spend a lot more time looking at, like the sandwich, for instance”

“It’s that learning about these different pulses and things, what they actually do and changing to wholegrain. What’s wholegrain? I just like a thick doorstep of fresh bread, loads of butter. It was how you were raised. So, yeah, I’m looking forward to learning the nutritional side and taking on board the changes that I can make, not just for me but for my family to keep them more healthy”

Some expressed surprise about the amount and level of nutrition education that the programme contained, with many unprepared for this taught component: *“I didn’t really think it was about learning about the dietary thing, I thought it was more about just an exercise programme”*. Some said they thought the nutrition education should come later in the programme, as the content could be overwhelming, especially when there was not adequate time for discussion about what was being taught.

“Some of the science behind some of it can be a bit confusing and distracting. Me personally, I’m concentrating on that and then maybe missing something else a little bit further down the line in the session”

The individual who withdrew from the programme stated the 'level' of the nutrition education as being a factor in her dropping out; she already had a good understanding of nutrition prior to the course therefore it was not interesting or beneficial to her.

Those who spoke about the physical activity components generally felt the diversity of activities and level of the sessions was appropriate to their needs. One person, however, felt it was aimed at people who were unfit and had not exercised regularly recently; they felt it was less possible for them personally to benefit, physically.

There was considerable discussion by participants about the lack of information in the structured education component of the programme about the effects of alcohol and how to manage their alcohol use as part of a recovery programme. This was viewed as disappointing, a missed opportunity to better their understanding of their addiction. Many said that the focus group discussions were helpful as it was their only opportunity to sit and discuss everyday life.

"Although we've done the fitness thing and the gym thing, we haven't done...like I said, I had to ask if we were all recovering alcoholics. We haven't just come over the discussion of how alcohols affected us. So, although we're alcoholics we haven't really learnt..."

...how alcohol affects our nutrition and our body within that"

"Also, what you should put in, personally, is like a therapy thing as well where we all do talk to each other and see how you're going...That sounds a bit better. Put an extra session into it. Less time on nutrition. I think you should put nutrition at the end of it once you start seeing the recovery"

Programme delivery

Overall, participants liked the way the programme was delivered and almost all felt 12 weeks was an appropriate time over which the intervention should take place. 'Being monitored' and receiving regular feedback were considered positive aspects of the delivery, including knowing that there would be further follow up and feedback after the programme formally ended. There were mixed views expressed about the length of the sessions, the balance between education and exercise in each session, and the timing of the programme. Some found the times and days they were expected to attend suited them, but many found it demotivating to attend late into the evening, especially during the winter or to attend straight after they left work. The programme that ran on two consecutive weeknights was found to be challenging, with no time in between sessions to recover from the physical exertion. A few individuals felt delivery on a weekend might work better but this was not widely expressed.

"A few people dropped out because of the lateness of this first session. When you've then got to travel home, even if it's only 30 minutes, by the time you finish at 9:00pm, we get out at 9:15pm, some people aren't getting home until 10:00pm.

And then especially if they've got early wake up the next morning, it's too much

Unfortunately, one of the group members can't...well, she came to the first couple of Wednesdays but then she only comes Thursdays now and she still has to leave early because she works and things like that"

Some reported a preference to have less time for the structured education component and more time for exercise. However, it was also widely discussed that there was a lot to 'take in' from the education part and that this could not be achieved in a shorter period each week.

As discussed above, some people wanted less content focused on nutrition but, on balance, most participants said they benefited, wanted to learn more about diet and nutrition and that this should therefore continue to be delivered. Participants talked about some exercise sessions feeling rushed, because they could not start on time if the sports hall was not available (when a previous group were late leaving, for example).

In the previous section on programme delivery it was described how participants felt content ought to be included regarding alcohol addiction and recovery. Related to this, many participants also felt that programme facilitators need to be trained in working with people addicted to alcohol and/or drugs, in order to adequately support them through the programme. There were times participants reported that programme facilitators did not understand their drinking habits and how this impacted on their ability to focus or undertake exercise. Sometimes individuals said they felt they were challenged, physically, and did not know how to inform the facilitator that they were struggling during a session. Participants also felt that they could have been assigned a programme 'key worker', someone they could discuss issues relating to alcohol use with regularly. One suggestion was that someone who had completed the programme could return to support others through it, as a 'buddy'. All mentioned that they benefited from being in regular contact with the study's research fellow, through his 'checking in' with them and sending messages to encourage them to turn up each week.

"I do think it would help if the facilitators did have a better understanding of alcoholism, for sure. I mean you guys are working quite closely with Reset, I'm sure they could put a half day or a day training together for everybody involved because just the lack of understanding of some of the things that we may be experiencing yet still kind of pushed ourselves and are motivated enough to come to the sessions, even though other things are going on for us. It's important.

I don't know, if there was a code word or something that we could give to the facilitator. Just something as simple as that just to, "Back off, I'm here." It would be beneficial to both sides"

To enhance the programme, participants suggested having a 'celebration' or graduation event at the end, when family members could attend and hear about their success. This was talked about positively by many individuals, as a way of demonstrating their commitment to the programme and what they had accomplished. Being presented with a certificate or meeting for a meal in a pub/restaurant were also considered enhancements for the end of the programme.

Impact of the programme on participants' lives

Participants talked about a range of issues in Week 12, in relation to how they perceived the programme had helped them or had influenced their lives. Most people said they had learnt something, particularly about nutrition and food and that this had led to a greater awareness of their diet and what food they bought or ate.

"I mean I've learnt from pretty much every session. I think we've gone back with something that we've learnt from each session. When we did the food diaries, I guess when we look back you realise how unhealthily you're actually eating"

Many felt that they were fitter or had lost weight or gained muscle as a result of the programme. This had spurred on some participants to take up other forms of exercise, to continue when the programme ended and to set further fitness goals.

“My son is trying to get me to do a 10k run. I mean I’m a long way from that, but he can see the vision ...would actually be physically capable of doing it”

There was a general consensus that most had not ‘pushed themselves’ as much as they might have, but this was often because of a concern about how much exertion they could handle. Many participants talked about a positive impact on their sleeping habits, partly as a result of the programme giving them something to do other than turn to alcohol – a new routine was formed.

“I sleep and more relaxed and I think it’s partly because I’m emptying my mind of the things on the merry-go-round”.

Some reported greater confidence through taking part in the programme and many mentioned they now had the confidence or insight into their addiction to move on with their care or treatment plan. The group support and camaraderie were widely reported to be beneficial and would sustain their plans to use their gym passes or to meet up for other activities. Some participants suggested the programme could organise other ‘short courses’ or ways to build on the intervention, to encourage participants to continue with their recovery.

“I’ll feel a huge sense of achievement when I move on to the next part of my care plan”.

“For me it’s been fantastic. Partly the routine, partly having something specific. We’ve made some great friends. We have a good laugh. But we’ve also learnt a lot about what you should be eating and not eating and how your body works and the psychology”

Conclusion

The data show that participants were motivated from the outset to take part in the programme and, despite challenges for some people with timing of the sessions, most were able to take part throughout the 12 weeks and to complete the programme. Views were mixed about the level of nutrition information that was delivered and how this was balanced with the exercise component of the programme. However, on balance, all participants mentioned benefiting from the nutrition education and adjusted to the way it was delivered.

Content was felt to be lacking in the programme regarding the impact of alcohol on participants’ physiologically and the programme also did not consider or explicitly talk about recovery. Participants said this would have been beneficial, along with the programme facilitators being trained to work with people addicted to alcohol, so they could adequately support them when they were challenged by the exercise sessions.

All participants reported positive changes as a result of the programme, including increased fitness, weight loss, greater awareness of good nutrition, and better sleep patterns. They also talked about increased confidence, including to take the next steps in their recovery or treatment plan.

References

Hearing CM, Chang WC, Szuhany KL, Deckersbach T, Nierenberg AA, Sylvia LG. Physical Exercise for Treatment of Mood Disorders: A Critical Review. *Current behavioural neuroscience reports*, 2016; 3:350-9.

Miller W and Wilbourne P. Mesa Grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*, 2002; 97(3), 265-277.

NorthWest Public Health Observatory. Alcohol-attributable fractions for England. Liverpool: NorthWest Public Health Observatory; 2008.

Public Health England. Adult substance misuse treatment statistics 2019 to 2020: report. 2020.

Xie H, McHugo GJ, Fox MB, Drake RE. Substance abuse relapse in a ten-year prospective follow-up of clients with mental and substance use disorders. *Psychiatric Services*, 2005; 56(10):1282-1287.