



Attitudes to Alcohol & Alcohol Services In Blackpool

Full Report

2025

Contents

About Healthwatch Blackpool.....	1
Introduction	2
Methodology.....	3-5
Engagement at a glance	6
Women	7-24
Older Adults 55+	25-41
LGBT+	42-53
Conclusion & References.....	54-55
Recommendations	56-57



Our Approach

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, government, and the voluntary sector – serving as the public's independent advocate.

About Healthwatch Blackpool

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.



We listen to local views to drive improvements in partnership with health services and government bodies.

THANK YOU!

Healthwatch Blackpool extends a heartfelt thank you to everyone who participated in our project.

Introduction

Background

Blackpool experiences significant challenges related to alcohol consumption and the wider impact on the community. Blackpool has higher rates of alcohol related harm, increased alcohol related hospital admissions and alcohol related mortality rates that are higher than the national average¹.

In response to these challenges, JSNA Blackpool have implemented the Blackpool Alcohol Prevention and Harm Reduction Strategy 2024–2027², which builds on previous strategy aims to reduce alcohol related harm. Specific focus has been placed on understanding attitudes to accessing services and potential barriers among women, older adults and the LGBT+ community to align with the strategy's equity audit. This report highlights the experiences and voices of these groups who are currently underrepresented within treatment services, providing valuable insights into the ongoing challenges and gaps in current service provision for alcohol.

Introduction to the project

At present, the prominent alcohol service in Blackpool is The Lighthouse, part of Horizon, funded through Public Health Blackpool. One of the key aims of the Blackpool Alcohol Prevention and Harm Reduction Strategy is to improve access to, and engagement with, alcohol treatment, recovery, and aftercare services.

Currently, treatment numbers are significantly lower than they were at the turn of the century, and successful outcomes have declined. To reverse this trend, Public Health Blackpool aim to expand evidence-based treatment options, particularly for underrepresented groups including women, older adults and LGBT+ people. Healthwatch Blackpool were therefore commissioned by Public Health Blackpool to engage with these underrepresented groups to understand their views on alcohol behaviours and their experiences of services locally. In addition, through Healthwatch Blackpool's Priority Wards engagement, issues with services and general alcohol consumption were raised throughout each of the wards. For some individuals struggling with their alcohol intake, this was having a direct impact on unplanned hospitalisations and deteriorating health outcomes. As a result, gathering further insight has been identified as a priority for Healthwatch Blackpool, to ensure alcohol services are meeting the needs of our local community.

While surveys and focus groups were the main methods used to engage with the community, early insights suggested that we were not reaching our older adult demographic who may be drinking at home. Due to this, Healthwatch Blackpool opted for a 'door knocking' approach in order to engage with older adults living in sheltered accommodation to better capture the voices of this demographic.

Our Aims

- Assess the general attitude towards alcohol support across our community.
- Understand perception of an individual's own behaviour and habits with alcohol.
- Establish the attitudes of women, older adults and LGBT+ community towards the existing alcohol support offer in Blackpool.
- Understand any barriers to accessing alcohol services, specific to each demographic group.
- Establish what women, older adults and LGBT+ community feel requires prioritisation, with the aim of developing a set of recommendations for future service improvements.
- Determine what could encourage more individuals to access alcohol services.

Methodology

To understand local alcohol culture and experiences of support, Healthwatch Blackpool, in partnership with Public Health Blackpool, developed a mixed-methods research approach. This involved three online surveys, focus groups, and face-to-face interviews.

The first comprehensive survey, incorporating both quantitative and qualitative questions, was widely promoted online and via postcards. The design was shaped by consultations with local alcohol service providers and support groups, ensuring ethical language was used and survey questions were relevant and appropriate. The refined survey was then shared with key contacts representing diverse communities for further feedback.

A second, shorter survey, derived from Empowerment's Lived Experience Team input, was used by the team during community engagements. This was specifically targeted at those experiencing multiple disadvantage.

The third brief survey, focused on general perceptions of local alcohol culture and service experiences. QR codes for this survey were printed on beer mats and distributed to 21 bars and pubs across Blackpool, as well as being shared on social media.

Healthwatch Blackpool implemented this approach between September 2024 and February 2025 engaging 218 residents through the online surveys. We also engaged with a further 156 residents within 23 focus groups, 6 community events, and face-to-face interviews. Focus groups provided deeper insights into themes emerging from the survey data. Posters featured contact details, a project overview, and a QR code to access the survey directly on smart phones or other devices. These were distributed to key stakeholders, GP waiting rooms, pharmacies and community centres. Postcards were also distributed at events and displayed in other community locations. The project was further promoted through the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, local healthcare partners, and social media via sponsored ads (detailed below).

Social media impressions

	Older Adults 55+	Women 18+	LGBT+
Impressions	54,055	37,970	44,511
Reach	28,633	13,513	20,250
Link Clicks	388	220	237

During the engagement period, Healthwatch Blackpool adapted the methodology to address challenges in reaching older adults, who were identified from early feedback as primarily consuming alcohol at home. A 'door knocking' approach was implemented, involving hand-delivered postcards to sheltered housing accommodation, informing residents of the project and upcoming visits by engagement officers. This was followed up with a door knock from two engagement officers within a week aiming to capture the views and experiences of an often isolated community group.

Social media comms



@ Empowerment Charity

Have your say on Alcohol Support Services in Blackpool

We want to hear what everyone
has to say,
but we know that especially

- Women
- People over 65
- The LGBTQIA+ Community

are hugely under
represented.

Please share your views with us.




@ Empowerment Charity

Have your say on Alcohol Support Services in Blackpool

We want to hear what **everyone**
has to say,
but we know that especially

- Women
- People over 65
- The LGBTQIA+ Community

are hugely under
represented.

Please share your views with us.



Limitations

Online surveys, particularly those promoted through social media and beer mats, are prone to self-selection bias. As a result, this could potentially overrepresent individuals with strong opinions on alcohol, those directly affected by alcohol-related issues, or those comfortable with technology. While adopting the beer mat strategy to widen our reach, this focused only on those frequenting bars and pubs, potentially excluding other members of the population. In addition, some feedback related to services in their previous form that no longer exist, and are therefore not reflective of the current service. Equally, historic experiences of local services may not be representative of the current efficacy of service provision.

All data collection methods (surveys, interviews, and focus groups) are susceptible to recall bias, and may not capture entirely objective experiences. Furthermore, social desirability bias may have influenced responses in focus groups and interviews, leading to potential underreporting of some drinking behaviours or challenges with services, particularly in those focus groups which took place within alcohol services. It was evident from engagement that the stigma around drinking behaviours was inhibiting conversation, and preventing people from being open and honest about their behaviours or experiences.

Despite employing diverse outreach strategies, all demographics may not have been reached equally. Both door-knocking observations and focus group/interview discussions revealed a reluctance to discuss alcohol, especially personal relationships with it, likely due to the topic's sensitivity. This reluctance was particularly pronounced among LGBT+ individuals, as corroborated by professionals supporting this demographic during focus group recruitment.

The reliance on online surveys and smartphone access could have underrepresented individuals without internet access. While focus groups were scheduled across different times, engaging the working population remains challenging. Additionally, the survey data lacks analysis by demographic factors such as deprivation level or disability status, preventing an understanding of how experiences may differ across these groups.

The sample size of 218 residents completing the survey and 156 engaged through focus groups/ face to face discussions, may be a limitation in itself. While qualitative methods of data collection aimed to capture the lived experiences of those affected by alcohol related issues, this is not representative of the entire Blackpool population. It is important to note that not all respondents answered every question in the online survey. Consequently, some totals may not perfectly align with the overall sample size. Missing data can occur for various reasons, including respondents choosing not to answer sensitive questions or inadvertently skipping items in the survey.

Finally, the door-knocking approach, while valuable, presents challenges. It is a time-consuming and resource-intensive method, and despite efforts to maintain consistency across the three residential areas targeted, timing inconsistencies may have influenced engagement feedback. Moreover, this method focused on sheltered housing and therefore did not incorporate feedback from older adults living in other rented accommodation or who own their own homes.



Engagement at a glance



218 People engaged through online surveys



29 Engaged through door knocking



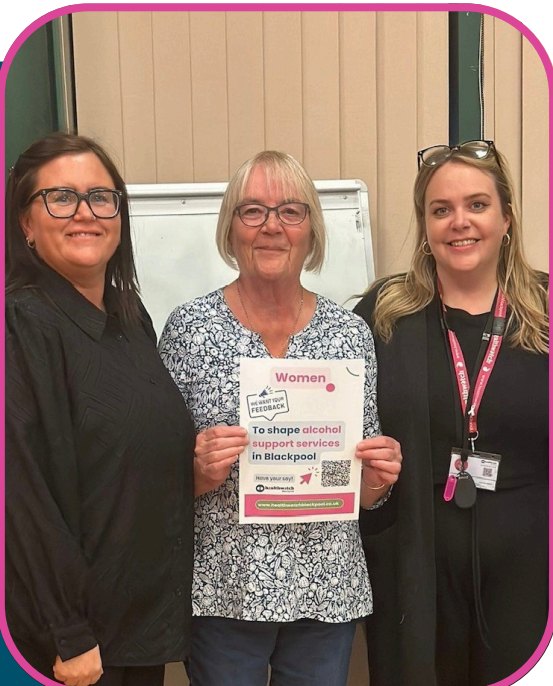
21 Postcard drops at pubs and bars across Blackpool



6 Community events attended



156 Engaged through 23 focus groups



Women

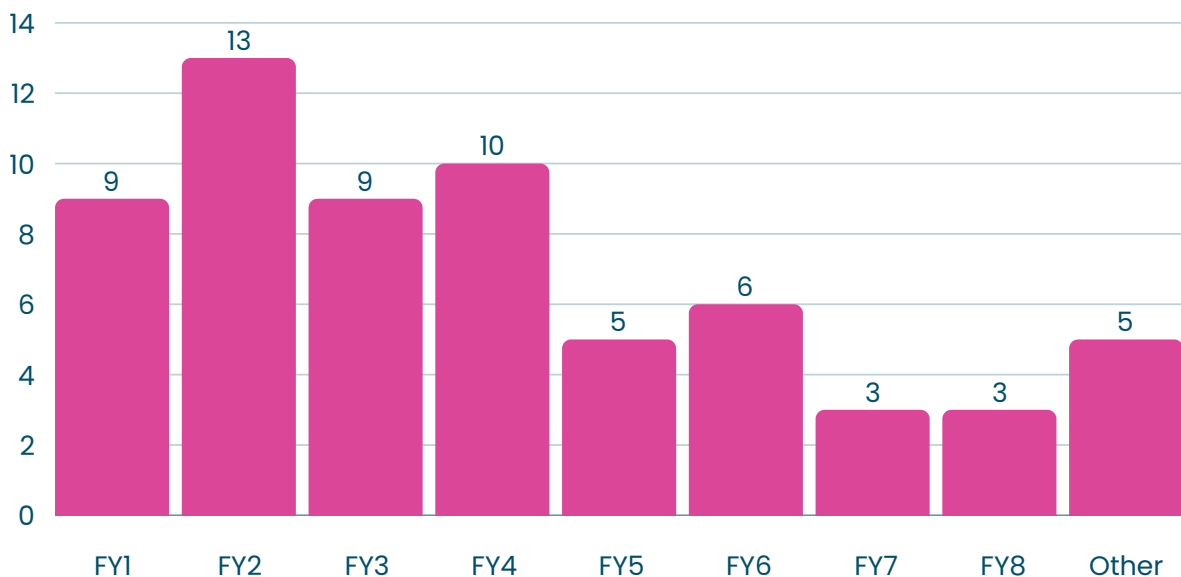
This section highlights the voices of women locally, deriving themes from their feedback exploring drinking culture, personal relationships with alcohol, and experiences with local support services. Women who spoke to Healthwatch share how they abstain from alcohol due to past issues or familial predisposition to addiction, while others share their experiences with binge drinking and consuming alcohol in secret. This section also explores the link between alcohol consumption and underlying mental health issues, including trauma, anxiety, and menopause.

It also examines the normalisation of “wine culture” and the stigma surrounding women’s alcohol consumption, particularly for “high-achieving” individuals. Furthermore, this section discusses awareness and accessibility of local alcohol services, detailing both positive and negative experiences, and providing insights into the barriers to seeking help, such as stigma, fear of judgment, and concerns about child protection. Key suggestions for improvement are also shared by women, including the need for female-only spaces, enhanced awareness and education, improved service accessibility, and a focus on prevention.

Survey Demographics

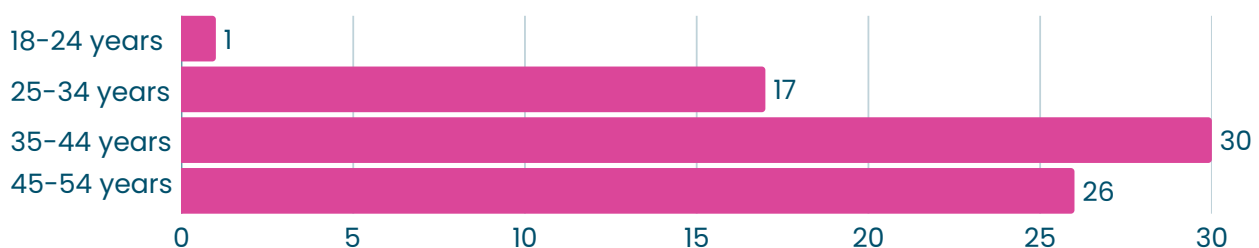
The below demographics are derived from the women who completed our online surveys only.

Please enter the first half of your postcode, e.g. FY2:

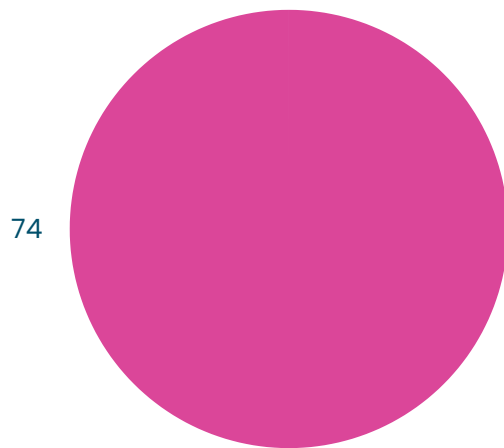


** Only Blackpool residents reported experiences with alcohol support services. Therefore, all related comments reflect their perspectives.*

How old are you?

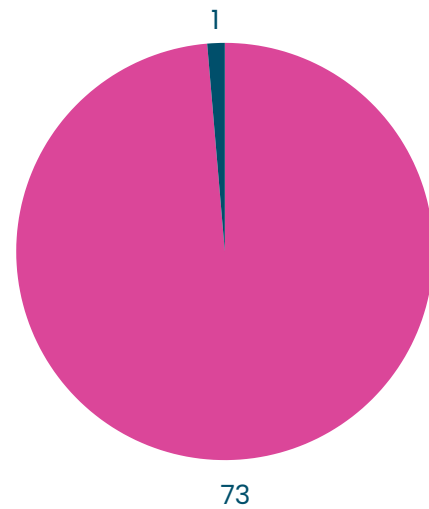


How would you describe your gender?



● Woman (including trans women)

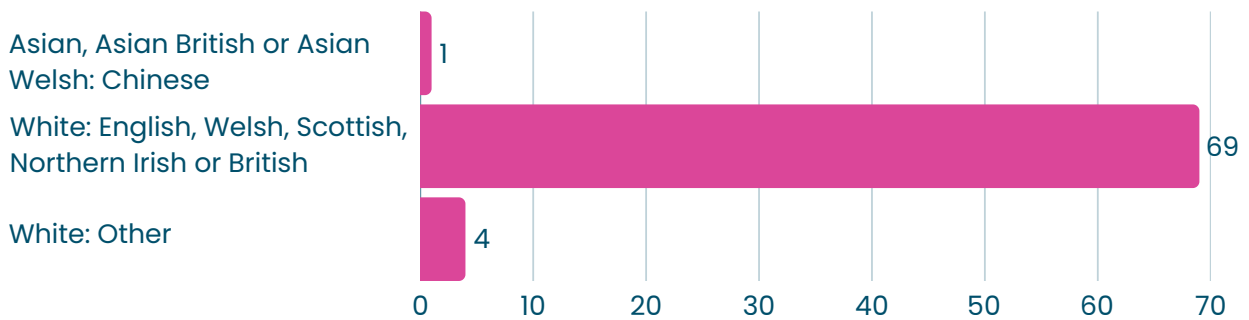
How would you describe your sexual orientation?



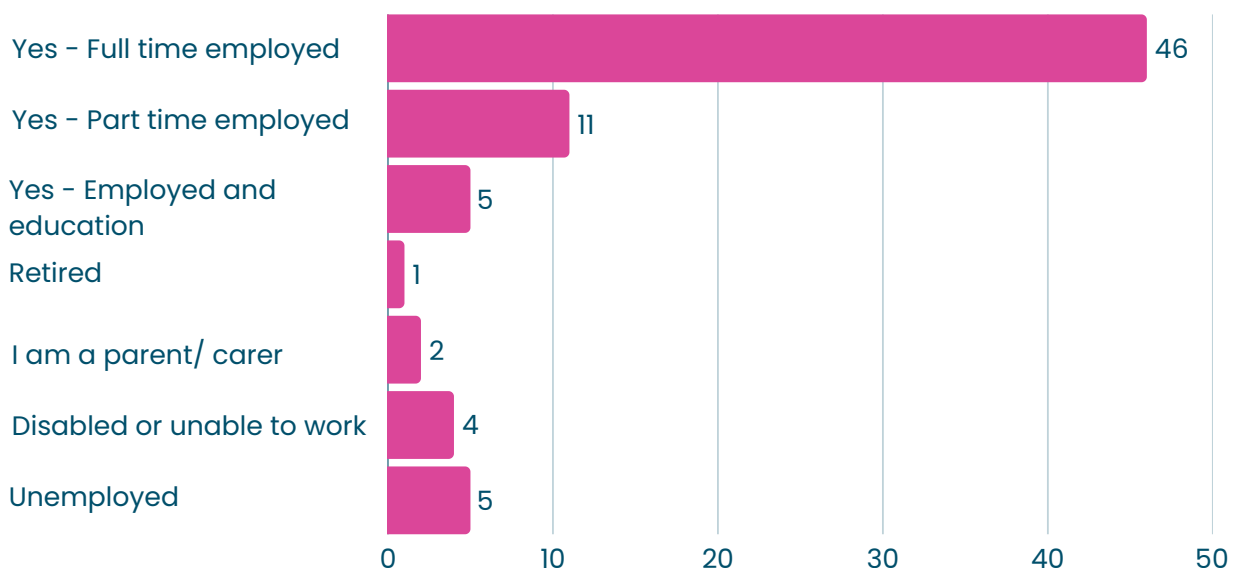
● Heterosexual or straight

● Prefer not to say

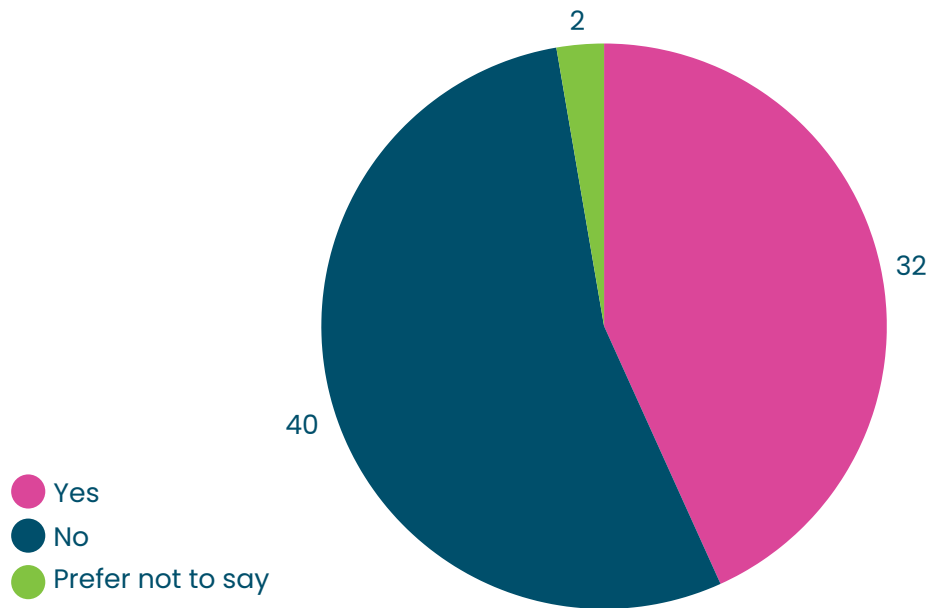
What is your ethnicity?



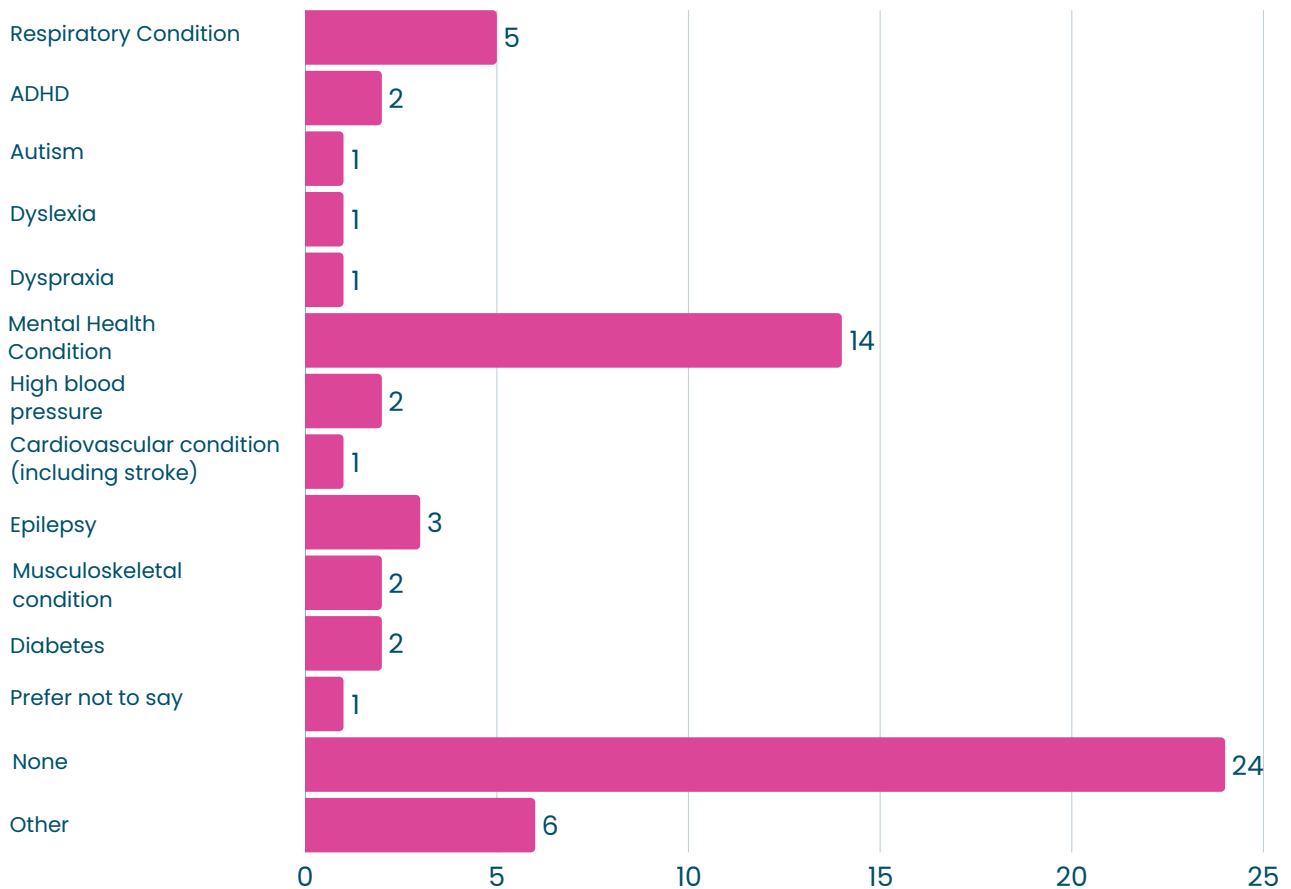
Are you in employment or education



Do you have a long term health condition or disability?



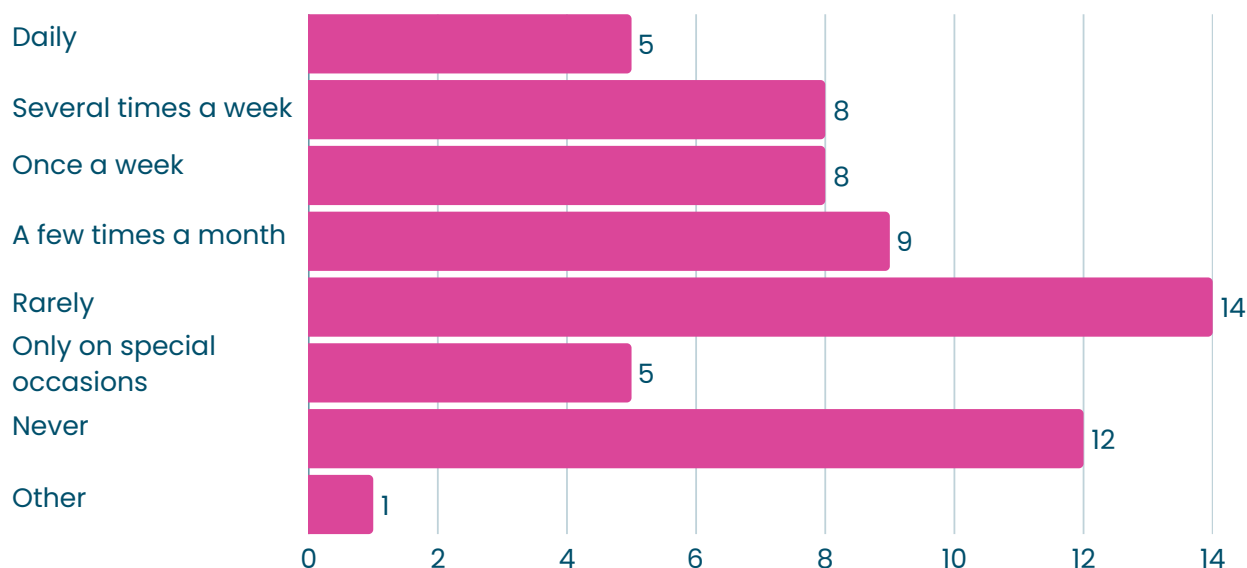
Which of the following long-term conditions or disabilities do you have?



Relationships with alcohol

23% of women who responded to our online survey shared that they “rarely” consume alcohol, with the second most popular response being “never” at 19%. 14% consumed alcohol “a few times a month”, with 12% consuming alcohol “once” or “several times a week.”

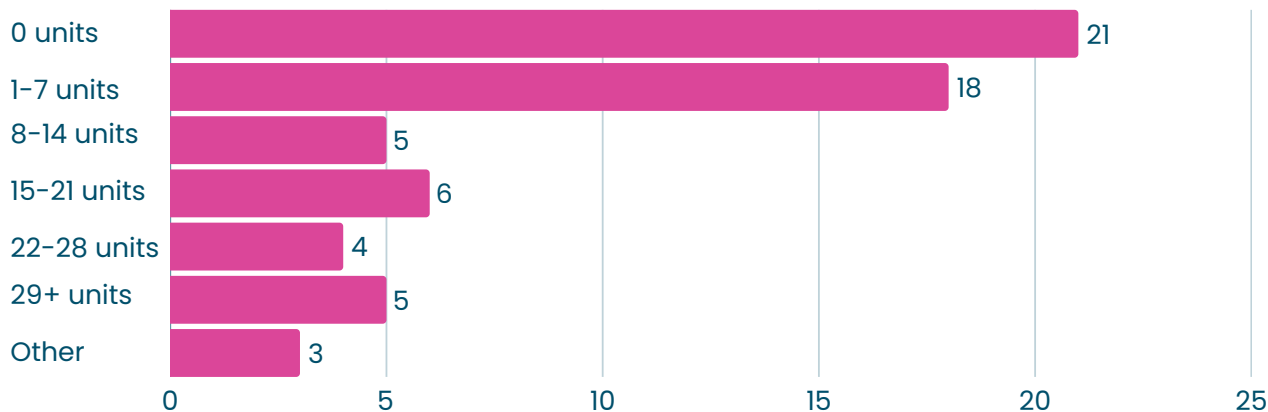
How often do you consume alcohol?



Other comment included 'depends on mood'.

34% of women who completed our survey shared that they typically consume 0 units of alcohol in a week. The second popular response was “1-7” units per week at 29% and just over 10% consuming 15-21 units per week.

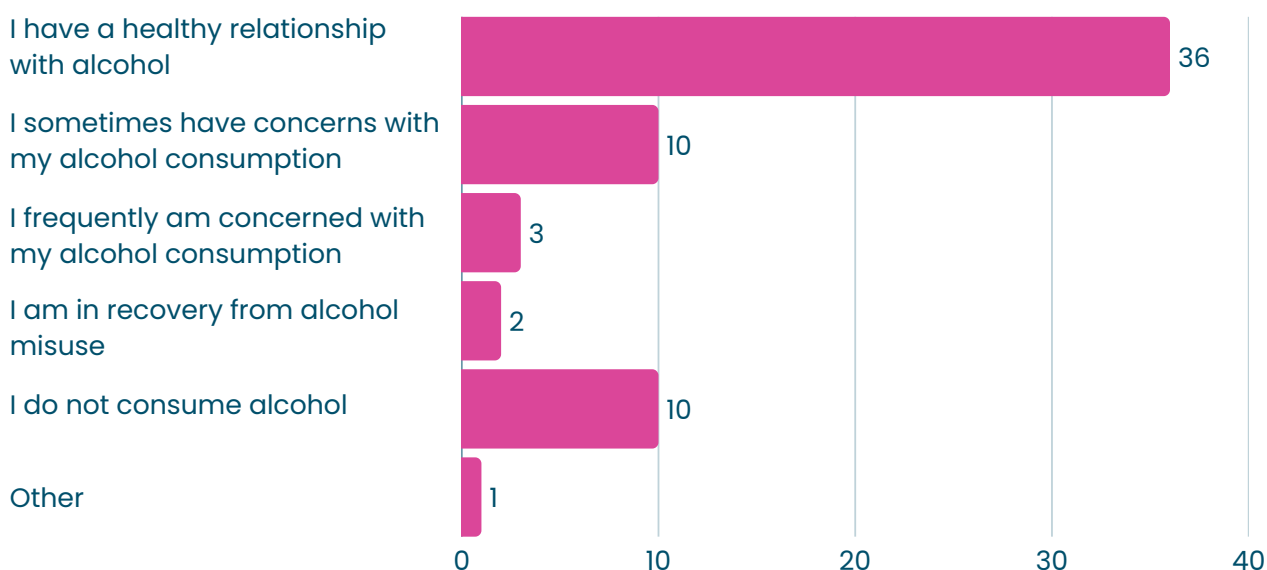
How many units of alcohol do you typically consume in a week?



Other comments included "1-14 units probably twice a year", "If I do go out I may have a glass of wine or half a pint of larger" and "When I drink on a rare occasion it would be 8-14 units".

58% of survey responses from women stated they have a healthy relationship with alcohol, with 16% sharing they do not consume alcohol. A further 16% shared that they are sometimes concerned about their alcohol consumption.

How would you describe your current relationship with alcohol?



22% of women who engaged with Healthwatch Blackpool within focus groups shared that they do not drink. For some, this was due to previously having an issues around alcohol use. For others, this was due to fears of being predisposed to alcohol addiction due to parents having problematic drinking.

“Completely sober.”

“I don’t drink at home, my dad was an alcoholic and it scares me – addiction is in the family. I only drink when it’s an event. Healthy relationship.”

“I don’t drink but still fantasise about it. I wouldn’t drink though. I’m still not over it. I’ve stopped now for 8 months.”

“I don’t drink at all – I am in my third year of recovery.”

“We have very addictive personalities in my family. My sister was a drinker too but she’s stopped now like me.”

A number of women who engaged with Healthwatch Blackpool felt that they had issues around alcohol use. Issues were largely attributed to 'binge drinking', drinking 'every night' and 'drinking in secret'.

"Not very good. I'm drinking more than I should at home , secretly. It's hit and miss – I always have some in the house. I socially drink but just a couple."

"I'm a binge drinker, only on weekends but I drink a lot in one go."

"I have wine every night."

"I went on a 6 month bender, drink and drugs every day after a break up. My mum was an alcoholic and my brother is, I was drinking 3 bottles of jager and a crate of beer a day."

Interestingly, when discussing relationships with alcohol, some women who shared their views highlighted that issues around alcohol use are often linked to wider health issues with women. In particular, participants felt that mental health issues were a significant contributing factor to the emergence of problematic drinking. One woman felt it important that menopause is more widely recognised, as she believed that when left untreated, this can be a contributing factor to women having issues with alcohol.

"A lot of people with addiction have a lot of trauma or mental health conditions. My family member used the drink as a social anxiety thing. They had a dependency to the alcohol. When they stopped drinking, the mental health conditions were prominent."

"You drink because you've had a bad day, you drink because you have a good day."

"I was in an abusive relationship and lost my little boy, he was adopted. That was my coping mechanism."

"Mental health problems increase further with alcohol."

"I recognised pre-menopausal issues, but mental health issues that aren't recognised as menopause and start to become recognised may alleviate drinking."

Drinking culture

During focus groups and face to face discussions, 14% of women identified the prevalence of 'wine culture', whereby wine consumption is normalised. Women shared that the notion of having a glass of wine is often 'romanticised' and that one glass can often lead to increased consumption. Women felt this was further exacerbated by the media often portraying women drinking wine, which subsequently normalises this behaviour.

"Wine culture – people don't realise they have a problem, just 'having a glass of wine'."

"When they start having a glass but its then turning into a bottle – it can become a problem."

"It's a romantic notion, sitting there with a glass of wine."

"A lot of the narrative is about men drinking, but I come from a line of aunt and mum drinking too much, and my nan. You don't see a lot of this portrayed – 'I'm just a wine aunt, it's not alcoholism.' They don't recognise they have a problem so don't seek support – there isn't the recognition for women. A glass of wine every night is normalised."

"TV makes it sexy – but it is every day."

8% of women who engaged with Healthwatch, shared that there remains a stigma surrounding women and alcohol consumption, which often results in women consuming alcohol secretly. In particular, it was highlighted that many women who are considered 'high achieving' or successful professionally may be consuming high levels of alcohol, which goes unnoticed, as they are able to function day to day. This suggests that the severity of their alcohol consumption can often go unidentified, leading to delayed support and treatment.

"Women drinking in secret."

"Buying cooking wine but not having it in her food – just has it by drinking it."

"There seems to be a stigma around alcohol and women. There are many functioning high achieving working women who drink because it is socially acceptable."

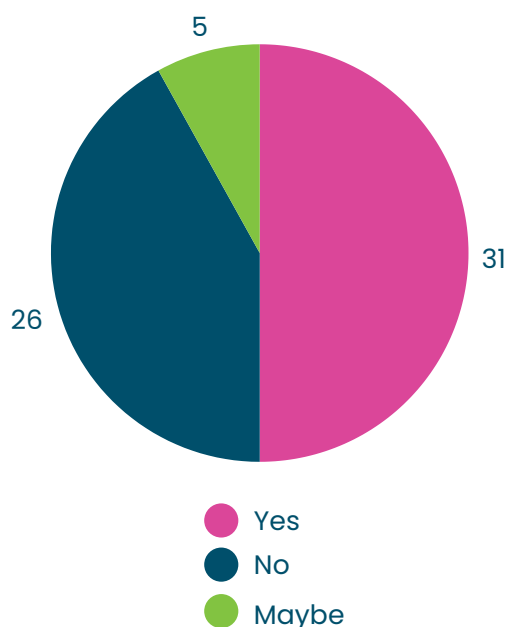
"There must be so many women who are functioning alcoholics. I've watched my friends who a few years ago would have one or 2 wines, but that slippery slope – every single adult on my street drinks bar me. Some with very high powered jobs."



Awareness of services

Survey responses showed women were the most well informed of our key demographics when it came to awareness of local alcohol services with 50% responding 'Yes'

Are you aware of the alcohol support services in Blackpool?



Answers highlighted knowledge of a wide range of local services including Renaissance, the NHS, their GP, the Salvation Army, the Harbour, Street Angels, Talk To Frank, Alcohol Liaison, the Lived Experience Team and the YMCA.

"Self-referral through GP."

"Alcohol Liaison."

"The Harbour."

"Street angels."

From the answers we received, women highlighted Horizon/ Lighthouse as the most well-known alcohol service, with 26% of women highlighting this in their responses. Women mentioned family members attending whilst others mentioned that they were not fully sure what the service was or how to access the service.

"Horizon and Lighthouse – I don't know which bit is which."

"I'm aware of Horizon but I wouldn't know where to direct a friend if they were struggling to be honest, I'd probably just say go to the doctors."

"I'm only aware of horizon."

11% of women we spoke with highlighted Alcoholics Anonymous as a known local alcohol service, with one person indicating a need for increased meetings.

"The only place I've heard of is AA."

"Alcoholic anonymous – request more meetings."

17% of women indicated that there was a lack of awareness of local alcohol services amongst female residents. Some comments highlighted a lack of advertising, whilst others mentioned services feeling solely crisis focused.

"Off the back of this questionnaire I googled them – it was almost as if there's only ones for if you're a raving alcoholic but I wouldn't have gone to any of them."

"Do they have AA meetings in Blackpool? I've never heard of them if they have?"

"Seek help in many places but don't necessarily advertise."

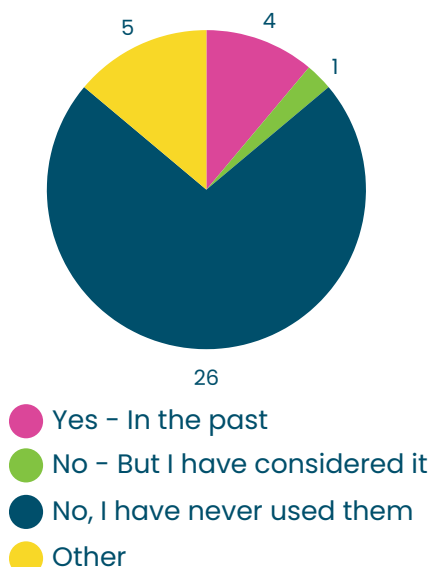
Experiences of alcohol services

Survey responses showed that 34% of women felt that it was “somewhat difficult” to get help for alcohol problems in Blackpool. A further 28% selected “neutral” and 22% felt it was “somewhat easy.”

How easy do you think it is to get help for alcohol problems in Blackpool?



Have you ever used alcohol support services in Blackpool?



Other comments included “family member-ended up going private”, “I have lived experience”, “I haven’t but my partner has”.

72% of female survey respondents had never used an alcohol support service in Blackpool. When asked what stopped them from reaching out and seeking support for alcohol, 9% of women who had tried to seek support mentioned that they stopped due to embarrassment and shame. Women felt that alcohol services were not appropriate for their needs or were hesitant due to fear of health and social service involvement. Furthermore, some preferred self-management, managing their alcohol consumption independently.

“Embarrassment.”

“Fear of involvement from services and admitted I need help. I knew more and it was informal so it felt like a choice and not mandatory.”

“Shame.”

“I used to drink and when I stopped I did it on my own. I did not feel there were services that would fit with my needs. I was not addicted so did not feel alcohol recovery services would be ‘right’ for me, I did not want to access a service that was mixed men and women. I did not want to speak to GP as did not want my queries/support requests on my record. I would have felt encouraged to access support by women only ‘lower level’ peer led support that was not by formal referral routes but could be accessed through women’s groups/drop in as and when I would like to go.”

“In my late 20’s I decided that I was able to manage my alcohol consumption myself and adopt healthier choices and behaviours surrounding alcohol.”

How satisfied were/ are you with the alcohol support services in Blackpool?



What is working well?

25% of respondents were unsure or unable to answer the question due to a lack of recent engagement with alcohol services. However, 40% of individuals expressed the supportive nature of the services, specifically through all stages of addiction, and peer support within the sessions. 13% of individuals felt comfortable to open up within group settings as there was no shame or judgement. Moreover, 13% emphasised the need for more services, especially for females, and suggested further expansion for community and residential detox services. Other respondents highlighted that staff with lived experience were beneficial in their support provision, however more gender specific support would be advantageous.

"Lived experience."

"It's the social aspect – it is building friendships and the socialising. It is quite isolating when you stop drinking."

"Inclusion, all levels of addiction, helping each other."

"Just need more females."

"More needs to be done with community and residential detox."

"The reason this forum works for me is that there is no shame, no judgement, we can talk about alcohol – why we had it, why we don't have it now."

"Peer support groups are good when they have different focuses every week and you can come until you feel ready to leave. When all the support is removed, that's when you're probably likely to relapse so it's good when it's on your terms."

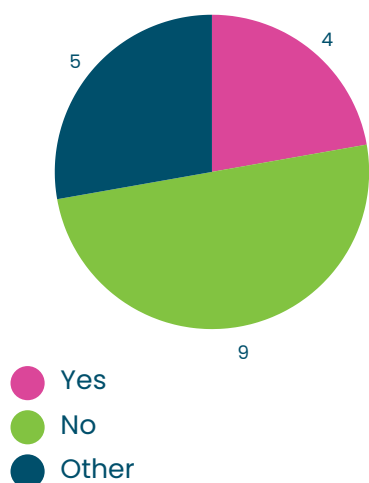
"Unsure at the moment as I have not worked with them for a while."

"My coping mechanism now is making good friends at this peer support group, if I walk past a pub now and smell it I think I don't know how I went there every day."



What are the barriers?

Have you faced any barriers in accessing alcohol support services in Blackpool?



Other comments included "Not used but wouldn't there is a lot of judgement in services at times", "Waiting list" and "Not personally, but my ex-partner did because of the waiting times."

Findings from women in surveys and focus groups revealed significant barriers to accessing alcohol support services. The main barriers identified included concerns around eligibility criteria, perceived long waiting times, and a lack of tailored support. Stigma and fear of judgement also prevented many from seeking help, with concerns about being labelled or recognised. Women raised specific concerns around the fear of child removal and the lack of female only services. Lack of awareness and education around alcohol use were also noted. While some women shared positive experiences, the findings highlight the need for more accessible, inclusive, and supportive services.

Accessibility

40% of individuals expressed significant barriers to accessing alcohol support services, including perceptions of long waiting times, strict eligibility criteria, and a lack of support groups. Some individuals highlighted that they were denied support for drinking either "too much" or "not enough", while others faced delays in public services, and had to pay privately.

It is important to note that some of the experiences captured below may be historic and may not accurately reflect current levels of service delivery. It was also noted that a lack of support for those with dual diagnoses, such as ADHD and alcohol dependency, further limited access to care. As well as this, women felt that services were only available for those who are at 'crisis point', and there are no services for those who have unhealthy drinking habits but are otherwise 'functioning'. 6% of women explained issues obtaining information surrounding available services and support workers failing to communicate and schedule appointments.

"I did not feel there were services that would fit with my needs."

"They've got a group called paces but it's too far away for me to go to because I'm pregnant. My key worker also said I'm too vulnerable to be around others in that group whilst being pregnant. My worker doesn't want to let me go but her manager is telling her to. I've been with Horizon almost 2 years."

"People might not be local and maybe can't access these services due to transport and also they may not receive enough signposting to other services."

"I find it difficult to access services – I had to pay privately."

"A gap of people wanting the service but then there is a wait – can have a knock on effect."

"Someone I know who was accessing support services, was turned away for not drinking enough. It was like the person needed to be drinking over a certain amount to gain support."

“Waiting times at the GP. This limits access and a person isn’t actually able to speak to anyone about their struggles with alcohol.”

“I have asked for information and what support is offered, experienced poor feedback if any.”

“I also didn’t expect to find myself with a support worker who failed to contact me let alone ever meet me.”

“Appointments that she actually hadn’t bothered to send me!”

Stigma and Shame

20% of women reported that fear of judgment discouraged them from being honest about their drinking habits to healthcare professionals. Many individuals stated that they avoided seeking support due to concerns about being labelled an “alcoholic,” while others feared being seen by family or friends at support meetings. These factors created significant barriers to accessing help. Stigma, shame and a lack of trust in services were identified as a significant barrier when accessing alcohol support. Stigma was felt both internally, with people feeling ashamed, embarrassed and fearful of judgement, as well as externally, fearing being ‘labelled’ from others.

“My daughters liver is really high and she doesn’t drink. They accuse her of lying about how much she is drinking. A woman doctor said how much do you drink? You must drink.”

“I think shame is the biggest barrier to people accessing support.”

“At AA you can’t share because you get judged.”

“Massive stigma in people asking for help– more people to interact with it and get help from lived experienced team.”

“A service user I have been working with, but they look like an alcoholic (the perception) but the doctor didn’t want to know because they were too far gone. What is the benchmark?”

“The stigma with alcohol is worse.”

“Shame is probably the main barrier.”

“Someone who is a functioning alcoholic tackled it on her own and when she stopped that’s when she spoke about it. Because it was hidden.”



Female Specific Barriers

20% of women discussed female specific barriers when accessing alcohol support services. Many women were reluctant to access alcohol support due to concerns about being labelled as 'bad mothers'. Women also shared an overwhelming fear of child removal by social services as a prominent barrier to them accessing alcohol support. In addition, some women voiced feelings of shame and stigma, however this was particularly within the context of motherhood. Some women expressed a need for more female workers, discussing that they would feel uncomfortable attending mixed gender groups, and struggled to be fully open where men were present.

"Women are scared of losing them 9 times out of 10. Women who are alcoholics, social care just look at everyone as if they are bad. A lot of the time they are good parents."

"If you go to the doctors, they are scared of them contacting social care."

"Barrier for mums as we wouldn't want people thinking we're unstable and potential worries surrounding child being taken away."

"I didn't access any services because I was terrified I'd lose my kids. I wouldn't even go to alcoholics anonymous."

"My sister went to the doctors for alcohol and mental health. She now has to have blood tests to check her alcohol consumption by social care."

"If you've got children, you probably don't want to tell anyone you're struggling with drinking because it would get social care involved. They might feel if they've got problems in their life, that's how they cope. If you offer a confidential service, they might be more likely to get help."

"I think the main one is thinking their kids are going to get taken off them whereas men don't think like that. I associate social services with wanting to take the kids off you. 9/10 of the time the children are with the mum. It's the men that work and the women stay at home and look after them. It's the worst fear."

"I worked in domestic abuse – women wouldn't disclose about it due to the fear of their kids being taken off them."

"I wouldn't go to a group if I knew there were men there."

"I wasn't truly open in the online forum, and it was mixed – I'll be truly honest it was the men."

Awareness and Education

Awareness and education were identified as key barriers by 15% of respondents. The majority felt that alcohol-related issues are not discussed enough, causing a lack of understanding, specifically amongst young people. 3 respondents highlighted gaps in knowledge amongst health professionals, with some stating that healthcare providers fail to ask questions or signpost individuals to support services. It was recognised that implementation of specialised staff could aid further guidance.

"There is a lack of knowledge because it's not spoken about often or enough."

"A lack of education and awareness."

"Teenagers don't understand that they are starting something that can be very addictive."

"Knowledge is the barrier – knowledge of healthcare or professionals. Lack of awareness within local services."

"GP's need to be aware of where to signpost to. Not just give you a piece of paper. Ask questions – what do you need?"

"I had anxiety – I don't remember them ever saying to me about drinking or having that professional curiosity. No one asked if I was self-medicating. It's almost as if it isn't a serious issue and just prescribe anti-depressants."

"Maybe they need to have a practice nurse specifically trained to support."



Personal barriers

15% of respondents highlighted that many individuals do not recognise their drinking habits as an issue and believe they can manage it independently. One individual acknowledged their alcohol habits but never thought to access an alcohol support service as they were able to function in work and daily life. Others expressed that some people may think that they do not deserve help or lack self-recognition.

"Some people won't admit there's a problem."

"Not identifying that there is an issue."

"It never crossed my mind to go to a service as such because I work full time, never missed work, feeling ropery but getting on with it and I'd not drink Monday, Tuesday. I knew inside it wasn't right, I never vocalised it to anyone. I don't even think it's the shame or embarrassment, I think it is just because I wanted to sort it myself."

"It isn't something I have looked into. I still don't fully understand what my relationship with alcohol was. Although I had an inclination my relationship was going the wrong way I didn't think I needed an intervention."

"High functioning – normal jobs, normal lives but they just can't cope."

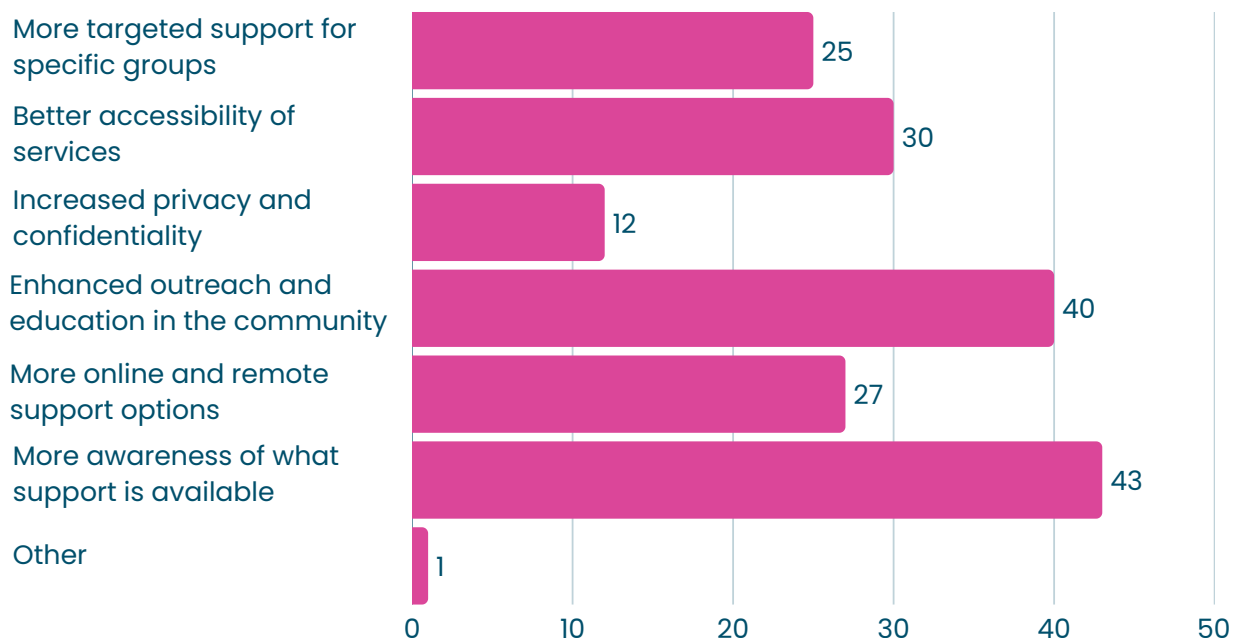
"Might think they don't deserve the help."

"Knowing it is a problem – some people have a blasé outlook."

Suggestions for improvement

From the women who engaged with Healthwatch, the most popular suggestion for improvement selected within online surveys was awareness and support, followed by enhanced outreach and education within the community.

What improvements would you like to see in the alcohol support services in Blackpool? Please select any that apply.



Other comment included "More 121 and peer support groups."

Female only spaces in person and online

Within focus groups, 19% of women felt that female only groups, both in person and online, would increase access to alcohol services. Online groups would also aid accessibility and provide a flexible approach for people with additional responsibilities

"I wouldn't go somewhere where it is mixed gender – I am really risk conscious. I don't trust men very much, being vulnerable."

"What I like about female groups is I feel safe. This has been my only experience – if this wasn't here I'd go it alone – I wouldn't seek it out."

"I don't think I'd come if it was mixed – I'm only here tonight because it is women".

"There needs to be more groups like this (female only), or a service like this."

"If there were more women's groups that would help."

"There needs to be better support groups with a nice atmosphere where people aren't judgmental, just a safe place."

"I think online group sessions would be better for some people as a starting point. If you can get help in private when your kids are in bed then that would be a good option to have, but ultimately you need face to face with things like this."

"Online meetings – beneficial to have that peer support online – more accessible, remote can be more beneficial. Access is better if a person has got the physical issues, some people cannot get to the groups and have no means of transport."

Increased awareness & education

It was clear from the women we engaged with that one of their main suggestions for improvement was increasing the levels of awareness and education in society, both at a school and community level. A stronger promotion of services and more service materials on hand, as well as the need to educate from a younger age, were highlighted from their responses. As well as this, some respondents mentioned that it would be beneficial for people to hear real stories of positive change, shared from people within our community.

"Myth busting and more education – understanding of why you want the drink. I wish I'd known years ago – don't drink through the week, don't use it as a treat on a Saturday because it creeps up at you."

"More needs to be done in schools from a young age, there needs to be more awareness around alcohol and the damage it causes. Things that matter like alcohol abuse, domestic abuse you don't learn at school."

"More knowledge on what services are available."

"Incorporating education into school as well as support for young children."

"Narrative from service users – advertising their stories and speaking to the public. Speaker bootcamp – stand up and speak for 3 minutes and speak about their stories."

"People sharing their journeys and successes, there is not enough of that."

"Knowing other ways to cope and being informed about this."

"Promotion of the services. We handed leaflets on the streets to get ourselves known. It's a shame smaller organisations aren't heard."

"Increased awareness – handing out support service information to local off-licences."

Improved access and availability of services

As a suggestion for improvement, women who spoke with Healthwatch also highlighted the need for better access and availability of services. Some of the key points were wrap around support for families, out of hours and crisis phone lines/text services and more discreet locations offering a range of services for differing levels of alcohol consumption.

"Accessible appointments."

"I think there should be more accessible rehabs for people who don't have a lot of money, because there isn't – and good ones."

"Support systems for families and those living with them – it could be quite isolating."

"Drop-in centres."

"Quick crisis line and out of hour drop ins."

"Follow up services – text message, phone call."

"Walking into buildings that are alcohol support services can be a barrier, maybe community centres where it's not obvious."

"There should be different level of service, NHS, groups, high level, low level."

"Practical help where people can go somewhere to say how to cut down."

"Text support service for alcohol support – might be the only person they can speak to."

Prevention and culture

Women also shared some alternative thoughts about alcohol culture within society and spoke about the ease of drinking and the need for preventative measures.

“Alcohol should be treated the same as drugs, it shouldn’t be freely available. It’s far too easy to get alcohol. I’ve just seen it all of my life and there’s so much hidden damage.”

“Less encouraging people to attend things such as bottomless brunch.”

“How accessible it is to get a drink – family member found it hard to say no.”

“Designated drivers – could get free soft drinks to eliminate drink driving.”

“More preventable services to stop the problem getting worse.”

“I think we should hide alcohol behind a counter like we do with cigarettes.”



Top priorities

One of the top priorities identified by 17% of women was the need for greater awareness of alcohol services, alongside improved education about problematic drinking. Women felt that where possible, this should be taught from a young age and preferably by those who have lived experience.

"Awareness around the impact."

"Awareness of support services locally - advertisement of this."

"More promotion of what is considered as an alcohol issue. Those who do not drink excessively but still use it as a soother or crutch."

"Educate more about unhealthy relationships with alcohol and that it does not just look like the stereotypical alcoholic who needs to drink from the minute they wake up!"

"Targeting education - teenage ages. Lived experience of those that have been through it. Breaking that cycle."

15% of women felt it was equally important that the accessibility and availability of services is improved, due to perceptions of long wait times. The women who spoke to Healthwatch felt that in particular, services needed to provide anonymity and also be accessible to 'grey area' drinkers, who do not have a physical dependency on alcohol, but whose relationships have the potential to worsen if left unsupported.

"Making sure people can access services."

"Waiting times too long then people give up on accessing support."

"Making them more accessible and separate from drug services."

"Anonymity."

"I think there is a massive stigma attached to seeking support from alcohol services. Many people feel shame or fear that they will be judged by their peers/social groups, they may feel apprehensive around attending venues in case they are seen or spotted and then labelled. Maybe access to online groups or teams? Whatsapp groups/ video chats that sort of thing?"

"Support for grey area drinkers where the likelihood of dependency and addiction is increasing every year."

17% of women also felt that services needed to be much more person-centred as a priority, taking into account other health and social issues surrounding the alcohol issues, such as housing. In particular, it was felt that co-occurring mental health and alcohol use disorder should be prioritised within service delivery.

"Dual diagnosis, a one stop shop."

"Addiction support and mental health support."

"More concentration on the mental side of alcoholism - the hard bit isn't getting sober - it's staying sober!"

"Housing stability and reduction."

"I used to work in a GP surgery in Blackpool town centre (after my Dad passed) and so often I saw that mental health organisations wouldn't help whilst you weren't sober. This seemed so backwards to me, mental health and substance abuse go hand in hand, how is anyone supposed to conquer their substance demons if their mental health is poor? I truly believe more people could be saved (people like my dad) if the 2 worked in unison."

Older adults 55+

Healthwatch Blackpool also spoke to older adults aged 55+ through online surveys, focus groups and door knocking, gathering feedback regarding their relationships with alcohol, examining drinking habits, cultural influences, and access to support services. Alcohol consumption among older adults who spoke to Healthwatch is varied, from complete abstinence due to health concerns or past issues, to regular social drinking and excessive alcohol use linked to loneliness and coping mechanisms.

Older adults who spoke to Healthwatch shared that drinking is often normalised within their demographic, making it difficult to recognise problematic drinking. Feedback also suggests that social isolation plays a significant role in alcohol consumption for those who spoke to us, as well as generational drinking habits shaping consumption.

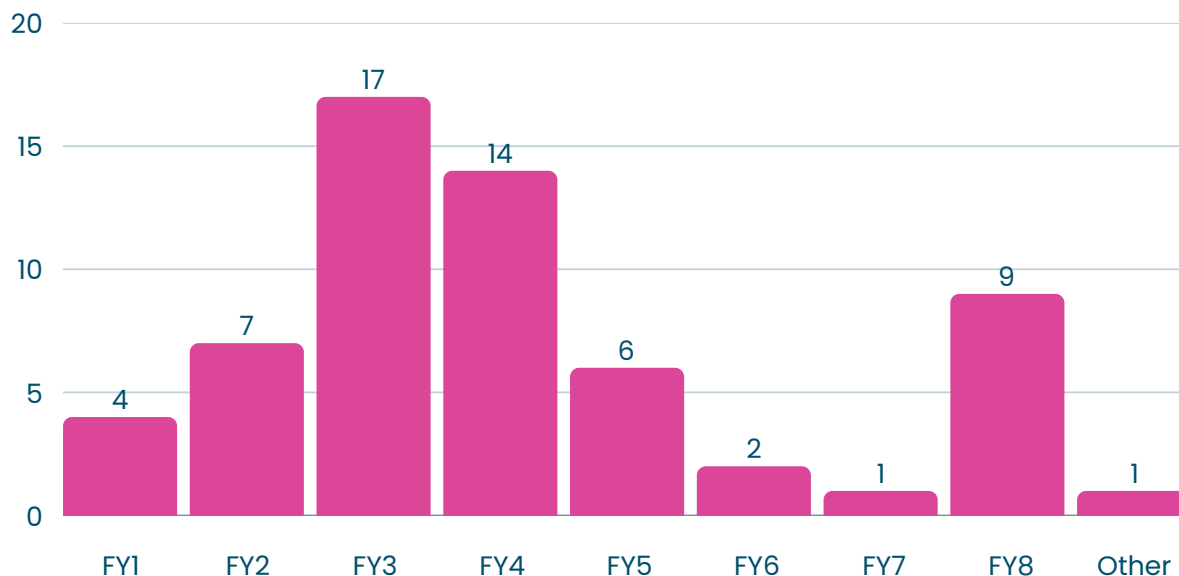
Furthermore, older adults shared feedback on awareness and experiences of services, detailing both positive and negative experiences and providing insights into barriers to seeking help, such as stigma, denial, and systemic issues. Finally, older adults who engaged with Healthwatch Blackpool suggested improvements to services, including the need for better service integration, addressing loneliness through community engagement, and increased education and awareness.



Survey Demographics

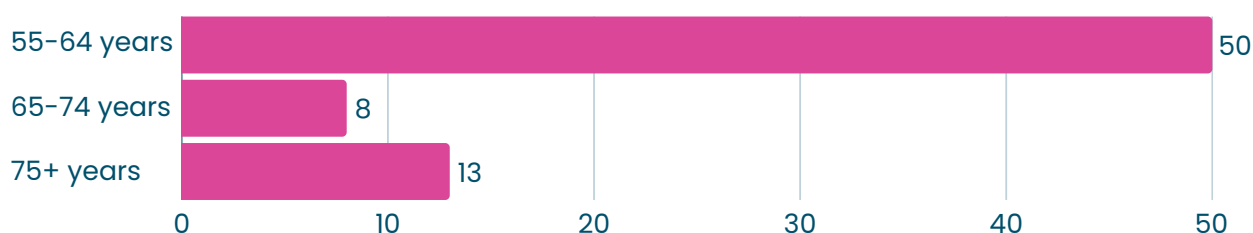
The below demographics are derived from the older adults who completed our online surveys only.

Please enter the first half of your postcode, e.g. FY2:

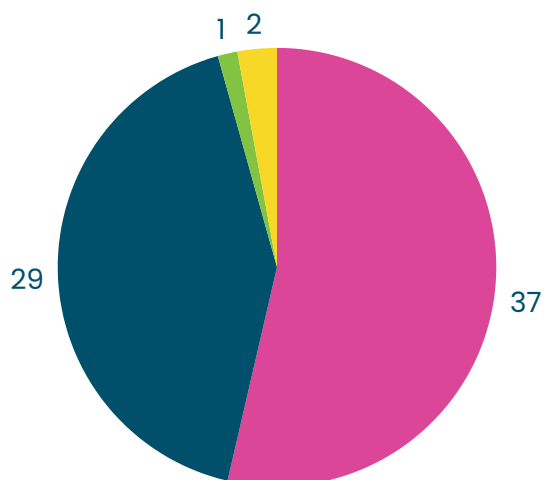


** Only Blackpool residents reported experiences with alcohol support services. Therefore, all related comments reflect their perspectives.*

How old are you?

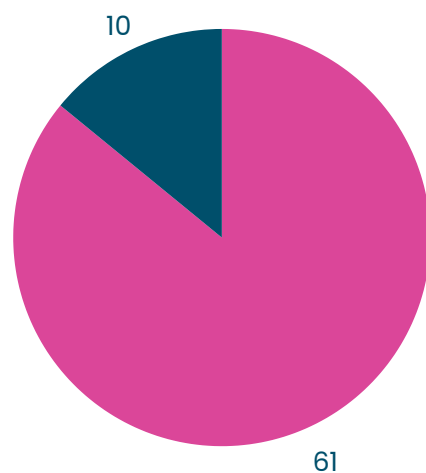


How would you describe your gender?

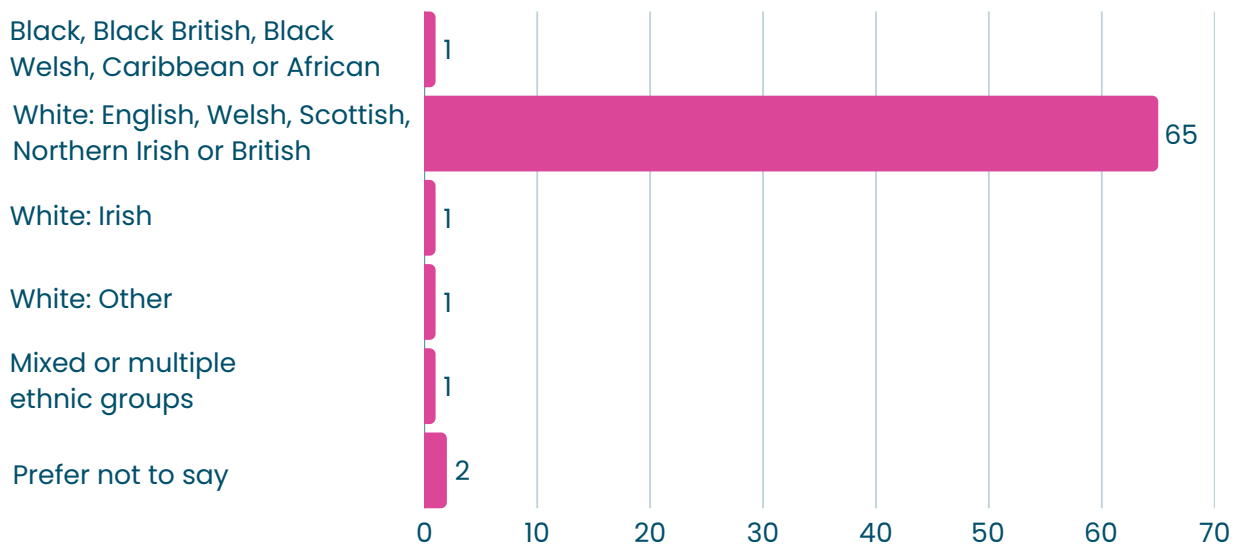
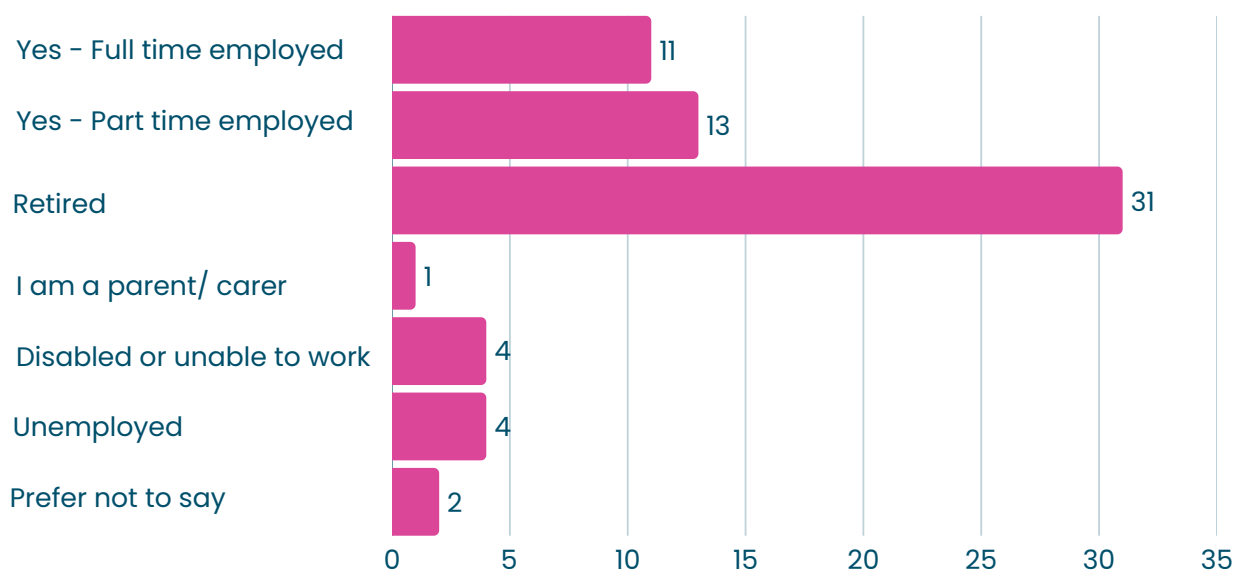


- Women (Including trans woman)
- Man (Including trans man)
- Prefer not to say
- Not known

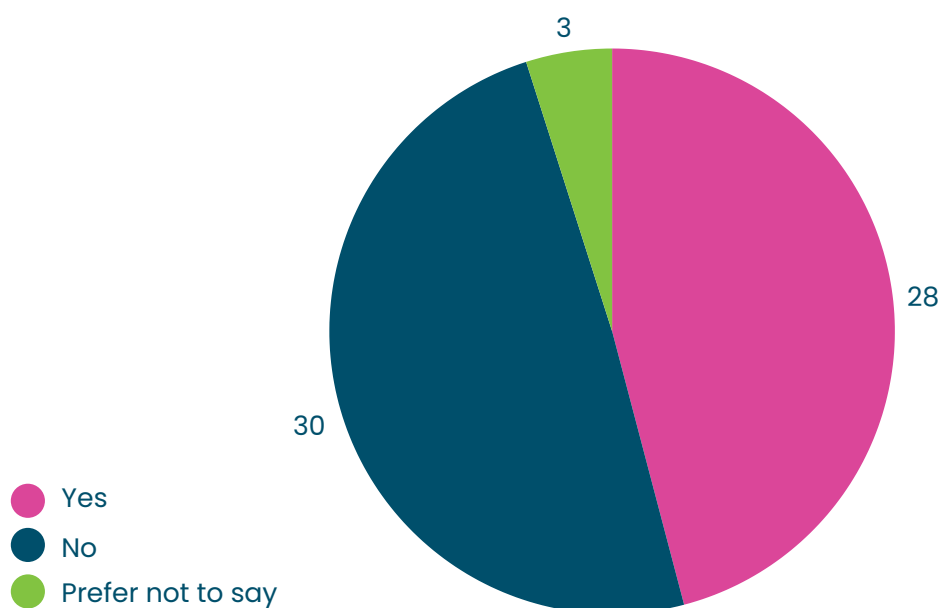
How would you describe your sexual orientation?



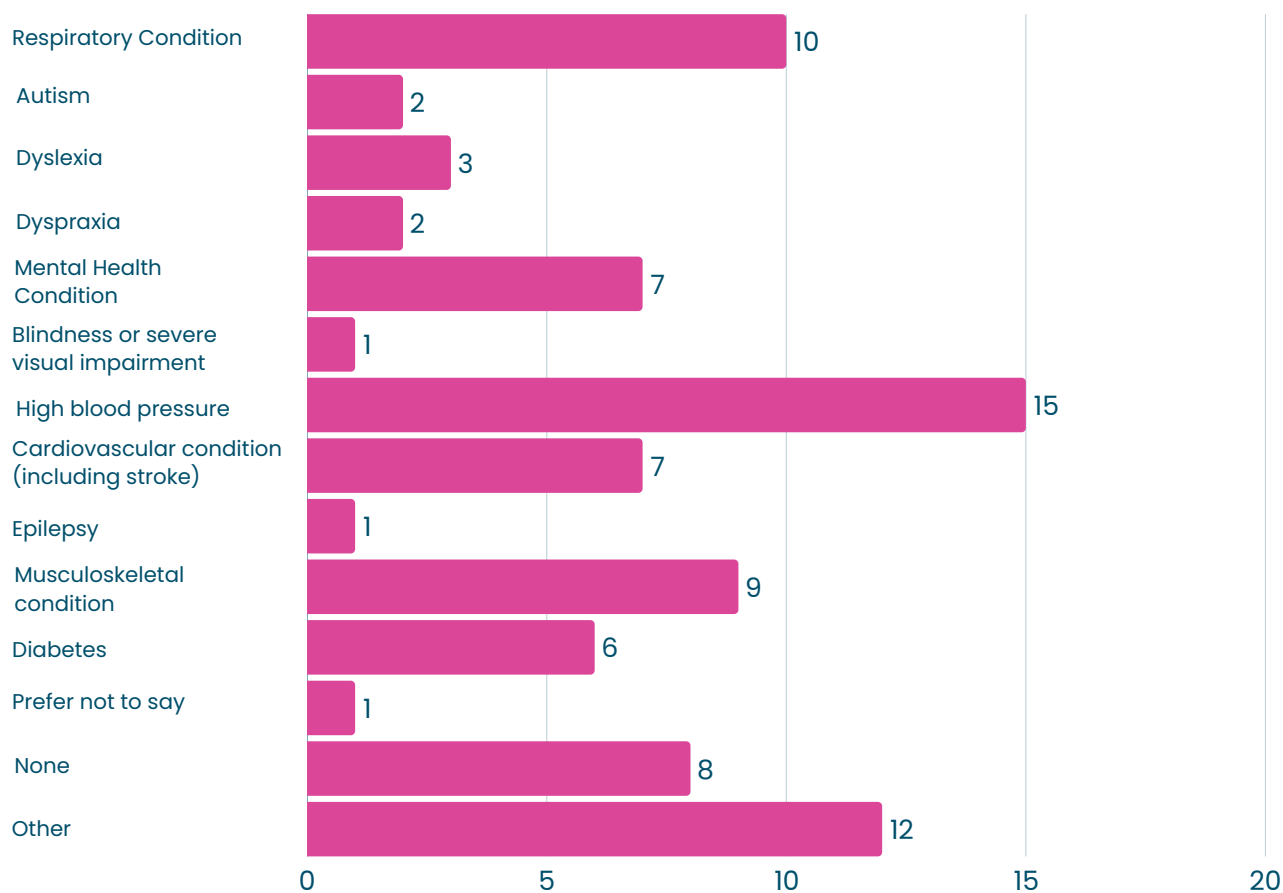
- Heterosexual or straight
- Prefer not to say

What is your ethnicity?*Are you in employment or education*

Do you have a long term health condition or disability?



Which of the following long-term conditions or disabilities do you have?



Relationships with alcohol

When asked how often they consume alcohol, the most common response selected by older adults via online surveys was equally split between “rarely” and “several times a week.”

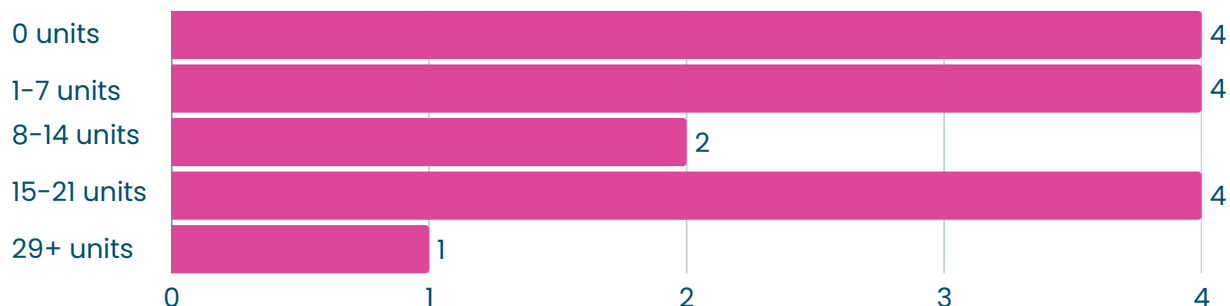
How often do you consume alcohol?



Other comments included “weekends only” and “experience with a family member”

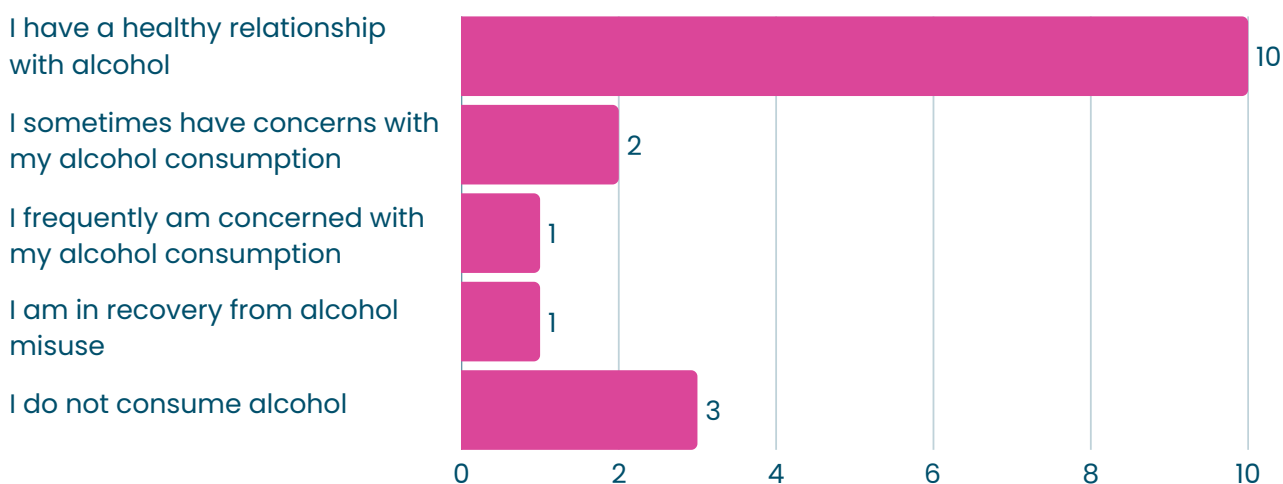
When asked how many unit of alcohol are typically consumed weekly, there were an equal number of responses from “0 units”, “1-7 units” and “15-21 units.”

How many units of alcohol do you typically consume in a week?



Survey responses from older adults indicate that the majority feel they have a healthy relationship with alcohol.

How would you describe your current relationship with alcohol?



Within focus groups and door knocking, 30% of older adults shared that they abstain completely from alcohol, often due to past problematic drinking, health concerns such as acid reflux or simply no longer liking the taste. 18% of older adults shared that they drink alcohol between 1-3 times a week, often socially or with meals. 14% of individuals shared that they consume alcohol infrequently, mainly on special occasions or very rarely relaxing at home or dependant on the time of year, such as Christmas. 10% shared that they consumed alcohol 4-6 times a week and discussed drinking with meals or socially drinking throughout the week or weekends.

"I don't drink anymore. I was a public licensee for 40 years. Pot of tea's fine for me, I'll have a drink at Christmas but if there's any left it can stay there till next year."

"I might have a night cap if I'm chesty but nothing more."

"Social drinking on average 2 alcohol drinks a week."

"I drink 1 bottle of wine a week."

"Very occasionally. Just special events and sometimes just to add to a meal. Definitely less than once a week."

"I don't drink. Only a small bevvy at Xmas."

"I have not drank since 1971. I don't like the taste of it. You're in the right place though here. There's asbo teams about because of alcohol."

"No I don't drink. The family does. I used to drink. I stopped because of my age and I've got acid reflux."

"Once a week about 2.5 litres."

"I usually have two or three gin and tonics at the weekend."

"Occasionally have a drink. I'd have a meal at home and a bottle of wine. My father was an alcoholic so for many years I never drank to prove I wouldn't be an alcoholic."

"2-3 times per week."

"I just have a social drink now, but my wife died not long ago and we'd have a drink. Sometimes I do a raffle at the church and I win a bottle of wine. If it's red I keep it if it's white I give it to someone else."

"Don't drink. Never really been a drinker. There are a few people near me that drink a lot."

13% of older adults reported that they used to drink but have since stopped. Some cited personal struggles and wanting to improve their alcohol habits as reasons they have reduced their alcohol intake.

"Not at the minute- alcoholic all my life in the past."

"I had a bad habit but now I'm fighting. You have want to give up yourself."

"Was drinking about 2 bottles of wine each week."

"Since Xmas alcohol free."

Several older adults shared they do have issues around alcohol use, and this was largely linked to drinking alcohol as a method of socialising. Some shared that they do drink above the recommended amount, but do not see this as an 'issue'. In some people's cases, their problematic drinking was in reaction to other life events, such as significant loss or becoming homeless.

"It's hard to not drink as I am in a continuous cycle. My friends drink and I find that it is a social aspect. I drank heavily as I had a lot of deaths and lost people very close to me."

"I got an eviction letter and went back to the bottle. I was dry for 4 weeks."

"I exceed my limits but don't regard my drinking as problematic."

Drinking Culture

Some older adults felt that alcohol consumption within their demographic is due to drinking being 'normalised' in their generation, leading to older adults being less likely to recognise when the relationship is unhealthy. A key theme identified in the data was socialisation, with 31% of older adults reporting that alcohol is used as a means to connect with others, particularly in a town where social activities often revolve around drinking. Loneliness and the absence of family or social support were significant factors, with many older adults sharing that they live alone, and use alcohol to create social connections.

"Because they think there's nothing else to do. Also a lot of people are on their own, due to loneliness. Some of the residents where I live they will drink together to socialise."

"I don't think Blackpool is any better or any worse. I think it's a more lonely town. Years ago there were local pubs and they were always full of older people."

"Loneliness is a main cause of drinking, boredom, fed up, majority of people with a problem in Blackpool are taking drugs."

"To make them feel good socially drinking."

"For people my age, it's a culture that has always been there."

"There's no jobs, or there is jobs and no motivation. A lot don't want to, no one to turn to. No families, loneliness. The government and benefits and they are turning to the drink."

Some older adults felt that many people within this demographic will often drink at home, in particular those who live in 'retirement communities', as a way of socialising with one another.

"To relax and enjoy themselves."

"Don't drink. Never really been a drinker. There is a few people near me that drink a lot."

"Older people are drinking at home. Imagine you go for years to the same place and suddenly you're too old, different music you don't know, all trendy."

"Any excuse for a social occasion my neighbours over 55 residents have parties, any excuse to drink. One will start on a bottle of wine then it will be a brandy. The average age is 75. We had 2 80th birthday parties. More likely to drink at home."

40% of respondents mentioned using alcohol as a coping mechanism to manage stress, loneliness, or boredom. This was emphasised among older adults, who described alcohol as a means of escaping negative emotion linked to living alone, feeling disconnected, or personal challenges. Some respondents expressed that alcohol provided a temporary relief from their daily struggles.

"Relieve the stress of life and a desire to escape for a while from problems."

"As an escape from their situation."

"Because they come to live in Blackpool because something has gone wrong in their life and they remember coming here when young and having a good time. However living here isn't the same and alcohol is an escape/excuse to deal with their problems."

"Can't live on the streets straight headed, cheapest thing to get off your head as an escape."

It was also recognised that accessibility played a significant role in alcohol consumption amongst older adults in Blackpool, with 18% of respondents feeling that alcohol was easily available and affordable in the town.

"Easy access, bars everywhere."

"Widely available, cheap and poverty."

"On holiday and hen and stag dos."

"There are historical issues associated with Blackpool that has led to a large transient community of people who drink alcohol excessively."

"I would probably think because it's a holiday resort and there's more places available to get a drink plus longer opening times."

Respondents shared that family history also influences alcohol use, with many older adults reflecting on generational drinking habits. Some mentioned that heavy drinking was normalised within their family environment when they were growing up, making it challenging to recognise when their relationship with alcohol became unhealthy.

"Done it all my life and self-medicated with alcohol since a child."

"Predisposition through genetics."

"My father drank heavily."

"Copied family habits."





As a result of early insights within this demographic, Healthwatch Blackpool representatives opted for a 'door knocking' approach in order to engage with older adults who may be drinking at home. Healthwatch representatives attended 3 sheltered accommodation neighbourhoods across the north, central and south areas of Blackpool over the course of one week in order to better reach this demographic. Unfortunately, representatives were unable to engage with older adults who had a potential alcohol use disorder despite these efforts.

However, Healthwatch Blackpool felt it important to share some observations from this method of engagement:

- There were multiple reports across all locations of people with a potential alcohol use disorder living in the residential area. However when door knocking, the majority of people Healthwatch spoke to stated that they did not drink. This suggests that those who may have issues around alcohol use were either not answering the door, may not have felt comfortable disclosing this information or equally that these allegations could be unfounded stigma present within the local community.
- Two older adults shared that they have issues around alcohol use. One shared that this was due to the recent loss of his wife and the subsequent financial pressures of having his benefits as her carer removed. When support was offered to these individuals, it was refused and they did not wish to engage in any further discussions.

Interestingly, adults aged between 55–64 shared a slightly different drinking culture than that of older adults 65+ who have retired. For this age range in particular, individuals who spoke to Healthwatch shared that alcohol consumption is often tied to significant life changes, such as divorce, children leaving home or semi-retirement. Some shared that stress, boredom, and loneliness are often triggers, with alcohol serving as an escape from day-to-day issues. Older adults in this age range shared that there is still a social influence, such as 'peer pressure' and the desire to 'fit in', which further contributes to alcohol consumption. Beyond social aspects, alcohol is also used as a form of 'relaxation' from their daily stresses.

"For my age range, a lot of them haven't got anything better to do, they are semi-retired, kids have left and they've got no hobbies. They are just stuck in a routine and they are going there (the pub) and that's their social life."

"When I divorced I was hitting the bottle every weekend but then I got bored of it."

"Peer pressure. To relieve stress and forget their problems."

"Stress, habit, boredom, to fit in with friends, escapism."

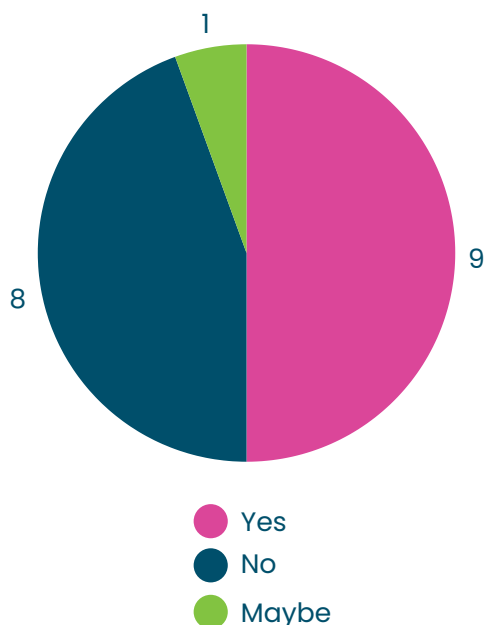
"To escape reality. Some drink to be sociable. Some probably peer pressure."

"Entertainment when out and relaxation at home."

Awareness of services

Within the online survey, responses from older adults regarding their awareness of services in Blackpool was mixed, with 50% sharing that they are aware of the services available, and 44% sharing that they are unaware of local alcohol services

Are you aware of the alcohol support services in Blackpool?



From the older adults who responded, 25% indicated that they were aware of Horizon/Lighthouse specifically, making Horizon the most well-known local alcohol support among older adults.

"Horizon, I don't know about the services but thankful we have got them. A lot of people need them and I wish we had more."

"I know Horizon offer support but it would be good to see what the service actually is. I wouldn't know what to expect and don't see it promoted anywhere in drinking places."

14% of older adults we spoke with were aware of some form of alcohol specific or alcohol related support. Answers highlighted a range of responses including the Lived Experience Team, Jobs Friends and Houses, Mulberry Community Project, Winstone House and the Salvation Army. A further 8% of older adults we spoke with highlighted that they were aware of Alcoholics Anonymous specifically.

When speaking with older adults within focus groups and door knocking, 53% were not aware of any alcohol service at all.

"Not aware of any support services."

"I have no idea what the services are."

"I don't know because I don't drink. I'm unaware of what services there are."

"Because my son wasn't asking for help I couldn't get any help. The doctors couldn't help him because he wasn't accessing help. I don't know what help they could have given him. I didn't go to any other services other than the GP because I didn't know where they were."

"I knew quite a few people who had gone to AA."

"At the church where I used to work AA was called 'book club' on the timetable. I thought this was really good and really discreet."

"Alcoholics Anonymous great but their methods didn't appeal to me."

Finally, a lack of advertising was highlighted as a key area for improvement by older adults.

"I can't say I have seen them advertised as you do with other types of addiction."

"GP's should give more information about what's available."

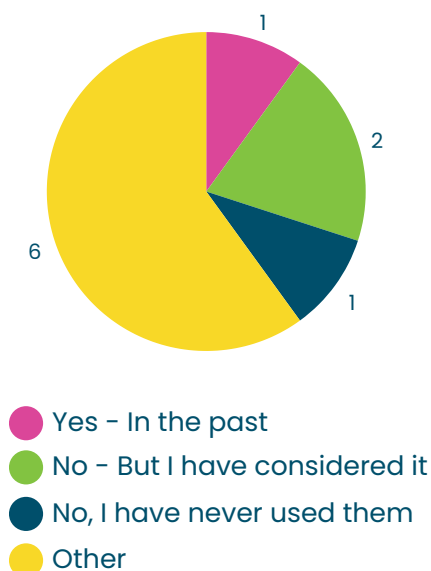
Experiences of alcohol services

The majority of older adults felt that it was “somewhat difficult” to get help for alcohol problems in Blackpool. The second most popular responses from older adults who spoke to us was “somewhat easy” and “neutral”.

How easy do you think it is to get help for alcohol problems in Blackpool?



Have you ever used alcohol support services in Blackpool?



Healthwatch Blackpool spoke with older adults to understand their experiences with alcohol support services. 50% of individuals within focus groups shared that they had engaged with services like Horizon and The Lighthouse. Some had positive engagement with services, such as progression through their support, while others felt judged or were concerned about approaches to medication, for example.

“They said to start on the highest dose of medication to help and work way down with dosage but he doesn’t want to do them as he feels gradually increasing dosage would help him.”

“Actively using horizon – telephone appointment with them.”

“I know someone who goes to alcohol services. It works for him to a point.”

“Stigmatised when accessing treatment.”

“Stigma of being seen attending groups/services.”

What is working well?

Individuals shared several positive aspects of using alcohol support services in Blackpool, particularly the knowledge and variety of topics covered in support sessions, providing valuable insights and learning for their recovery journeys. Others valued their relationship with their key worker and shared the benefits of one-to-one sessions which provided them with personalised support.

"Lots of knowledge they provide – new topic every time."

"Introductions, an update on how you've got on."

"The counselling sessions for individual support."

"I have a good relationship with my key worker."

What are the barriers?

Healthwatch Blackpool engaged with older adults to explore barriers in accessing alcohol support services. Individuals revealed challenges in personal barriers, systematic issues, accessibility, and staff attitude. Individuals perceived there to be long waits for support, while negative staff experiences discouraged engagement. Others shared stigma, shame, and fear of judgement prevented them from seeking help.

Personal Barriers

43% of individuals shared that older adults struggle to acknowledge their drinking as an issue, with some mentioning that they have drunk for years without consequence. Others shared that pride, embarrassment, stigma, shame, and fear of judgement from family and peers were a contributing factor in not seeking support.

"It's them wanting to access support and how you get them there if they don't think there's a problem."

"Embarrassment, pride knocked, fear of judgement from family, not admitting problems. Denial. Might be thing in people's past. Men don't want to accept the problem."

"It's getting that particular person to admit drinking."

"Shame."

"The barrier is older adults admitting they have a problem. I know someone who drinks every night and she says I've got to nearly 80 and it hasn't killed me yet. At the doctors they ask "do you want counselling for that" and she says no I'm fine."

Systematic issues

Systematic barriers were highlighted as playing a significant role in preventing older adults from accessing alcohol support services, with 36% of individuals expressing their perceptions of organisations focusing on 'ticking boxes'. Others shared that the stigma surrounding alcohol dependency is associated with homelessness and stereotypical views, further discouraging older adults from seeking support. A lack of trust in services was another key factor.

"When I had help it was alright about 10 years ago at Horizon I just didn't like being with drug users then but not sure how it is now."

"Organisations trying to tick boxes for their providers/commissioners."

"Stigmatised. Lack of trust."

"Typically older adults associate alcohol problems as being on the streets begging."

"Stigma of being seen attending groups/services."

"RAMP – didn't enjoy the group due to not liking to admit how much he was drinking. He said he did a diary – but went on to saying "that's not me."

"We have to reduce stigma. People think all alcoholics are "down and outs", they have stereotypical views that need changing. The people we get coming to AA, some of them are doctors and nurses. I think a lot of the public would be very surprised."

"Male currently using Horizon services – said that police and hospital is his second home."

"I'd prefer a home detox – but can't give Librium when homeless, but when in the cells, can have Librium."

"The doctors couldn't help him because he wasn't accessing help."

"It's them wanting to access support and how you get them there if they don't think there's a problem."

"I believe there can be lengthy waiting times to get proper support."

"In general it does seem hard to get help with issues and often help seems to be short lived."

"Accessibility to these services."

A further 7% of individuals shared negative experiences with staff, causing significant barriers when accessing alcohol support services. It was highlighted that individuals felt uncomfortable receiving advice from staff younger than their own children. Another described negative interactions with hospital staff, further exacerbating their willingness to seek help.

Accessibility

14% of respondents shared that alcohol support services are difficult to access, explaining that there are not enough available spaces, and perceptions of long waiting times which further prolongs access to support. One individual highlighted that doctors were unable to help due to not currently accessing alcohol support.

"Services are hard to access. The individual had to fight for access and there's no space usually."

"I know quite a few people who had gone to a service but I didn't want to be preached at. I think the barriers are loneliness. The only reason I go out is because I'm lonely. When you are older you won't go out at night."

"Terrible addiction and hard to go somewhere to stop drinking."

"When he has accessed the service, he found a barrier was that a 22 year old case worker telling him what to do at his age. He didn't like this as he said he has kids that age and doesn't want to be told what to do by someone younger."

"My husband went to hospital and was referred back home on multiple occasions due to nurses attitude. He would occasionally get medications to help the withdrawal."

Suggestions for improvement

Older adults who responded to our survey felt that more awareness of services and better accessibility/availability of services were equally important when suggesting improvements.

What improvements would you like to see in the alcohol support services in Blackpool? Please select any that apply:



Other comments include "a better join up between treatment and recovery services" and "happy with what is received."

Service and system improvements

Older adults and some professionals who support older adults, highlighted a number of practical factors at a systems level that could potentially aid and increase service delivery. In particular, older adults felt that services needed to promote earlier intervention by being more proactive, widening eligibility criteria and working in a multi-agency way to create clearer referral pathways.

"As a support worker, I have signposted people to alcohol services who, after speaking with a telephone advisor, have been told 'I don't think you need our help'. - This has happened on more than one occasion where people have been 'triaged' over the phone. I feel if someone is reaching out for help they most likely need it. They are often looking for prevention rather than cure, as in they are drinking more than they would like to but don't look nor feel like an alcoholic yet feel they are heading in that direction and are seeking support in preventing themselves losing everything to alcohol."

"I run a recovery house and yet we get very few referrals from alcohol services, which is a massive gap in a person's recovery journey. This has been mentioned many times in all kinds of meetings and yet nothing ever seems to improve. It's a shame when someone is put on a treatment path but the recovery stage is not sorted out first. It leads to relapse and a waste of money and possible death of the person."

"We had an alcohol worker in our GP practice- she was very good but funding was cut. She was just badged as a support worker/ counsellor which was good as there was no stigma."

"When I reached a certain age the doctors rang me and asked all different questions and offering me services. Doctors need to do that more and ask about alcohol specifically when doing things like over 65 health checks."

"More open days, more accessible services."

"Expanding support groups to rural areas where access is limited."

"Easily accessible service in private maybe at gyms libraries etc."

Perceived issues with eligibility criteria and the current service provision offered was particularly highlighted by those older adults who were 'functioning'. Individuals believed that criteria for alcohol services are "strict", and shared that options for lower level support via groups are limited.

"My mother was a functioning alcoholic, she was 91 years old and used to drink whiskey. Still in denial. Criteria for services is very strict to meet."

"I attend a group which is very relaxed and a great place to attend, but prior to that I felt it was limited other than AA and I didn't feel I was that bad."

"Separate services for different groups."

"Friendly personnel / outreach services putting services in the heart of each community."

"More recovering alcoholics out and about to lightly chat and give them some understanding."

Tackling loneliness

Amongst the older adults who spoke to us, there were many responses highlighting loneliness as a contributing factor. There were suggestions that more focus is needed on alcohol consumption linked to this. People mentioned their isolation, the impacts of covid/lockdown, fear of going out and how some of these things can lead older adults to drink. Suggestions for greater outreach support, taking support to older adults within the community is needed to both tackle isolation and identify those in need of support more effectively. The comments below are from a range of sources, although they were particularly prevalent through our outreach efforts door knocking.

"When you're older you're frightened of going out at night so older adults are more likely to drink during the day. Services have no chance of getting in touch with older adults. Once my door closes I don't see anyone."

"A lot of it is fear as well, so older people are just drinking at home. Lots of gangs, I'm the same when I go to the cash point."

"Help older people to build the courage up to talk."

"Addressing loneliness..."

"In 18 months not one neighbour has knocked on my door, things have changed so much."

"I lost confidence after covid. I'd put my coat on and panic and go back into the house."

"Outreach support for alcohol support services. Mithering the person and keeping in regular contact."

Community and community centres

In relation to the above, many older adults highlighted the positives of community centres and hubs, recognising how these can be better utilised for alcohol support. In addition, people mentioned trusted members of the community, while others eluded to earlier times when people were more neighbourly and spoke of how society has changed in this regard.

“The only people who are keeping people together are in the churches, that’s where older people are. For older women it’s easier because they are in mother’s groups or church groups. Women have been used to being mothers, going to meetings. A lot of social committees are ladies. For older men it’s a lot harder for them to go out and find places to talk.”

“There could be community spaces like if people go for bingo, have people there who can offer help for alcohol. It’s whether the government are going to fund it.”

“We get support from key people we trust and people at the local community centre.”

“Some sort of a social club where people can meet up.”

“I prefer a craft group like Claremont Park.”

“They don’t care about older people. They used to have Working Men’s Clubs.”

Awareness and education

Finally, the need for greater awareness of services, and for these to be advertised in a variety of accessible ways was raised by several older adults. Some also noted the need for better messaging and education in schools for young people around the dangers of drinking, with one person suggesting the education around interfamily drinking being an area of focus.

“Apart from AA, would not know where to advise a person with alcohol issues to go for help. Maybe it needs to be more visible generally”

“Make it well known, perhaps on billboards.”

“More promotion on the radio, TV and GPs.”

“Good messaging, education and understanding the dangers and the dangers being shown to younger people. Telling people the dangers of enabling.”

“More done for the young people. Better levels of education for young people around interfamily drinking.”

“Schools to bring more awareness and have repetitive sessions.”

“I would like to see more teaching in schools of the long term affects to the brain of alcohol. The dangers that it can put you in.”

Top priorities

19% of older adults expressed the need to address systematic issues such as improved communication and collaboration between organisations, and exploring better treatment options.

"Better treatment options – Scandinavia way ahead."

"I think research on the most effective treatments. There is a drug whose name I forget which modifies the pleasure reaction. I think that's worth exploring."

"Closer working between organisations."

"Bridge the gap between those people being taken to A&E for alcohol intoxication, instead have a service they are redirected to like a specific unit rather than turning up to A&E."

12% of older adults felt that awareness and education should be equally prioritised. Some felt that increased education within schools to embed understanding of the impact of alcohol from an early age is particularly important. Others felt that increasing the awareness of the support available in Blackpool for alcohol is needed, with some sharing ideas such as a pop up stand or having those with lived experience sharing their stories.

"More aware of alcohol in schools early."

"More awareness and information about available services."

"Education in schools with videos of lived experience and illness. Channel 4/5 on 24 hours in A and E always show the alcoholic as an aggressive person."

"Very difficult job to sort out Blackpool. People are human beings and we need to listen to people's stories about how they got to where they are. Having positive stories of change and good examples."

"I think you need a pop up stand in the community where you think people might be. Raise awareness of services."

In addition, 10% of older adults felt that improved access to alcohol support should be a priority. In particular, increased availability of services and appointments across Blackpool and being seen quickly were most important to this demographic.

"Better access."

"Accessibility across the town, less waiting time for an appointment."

"More availability for help. Cut waiting times."

A small number of older adults felt that greater support systems for the wider family unit should be prioritised, to equip those around the older adult to better support their loved one.

"Better support for the family unit – effects the partner, the kids."

"A lot of fallout in families because of alcohol."

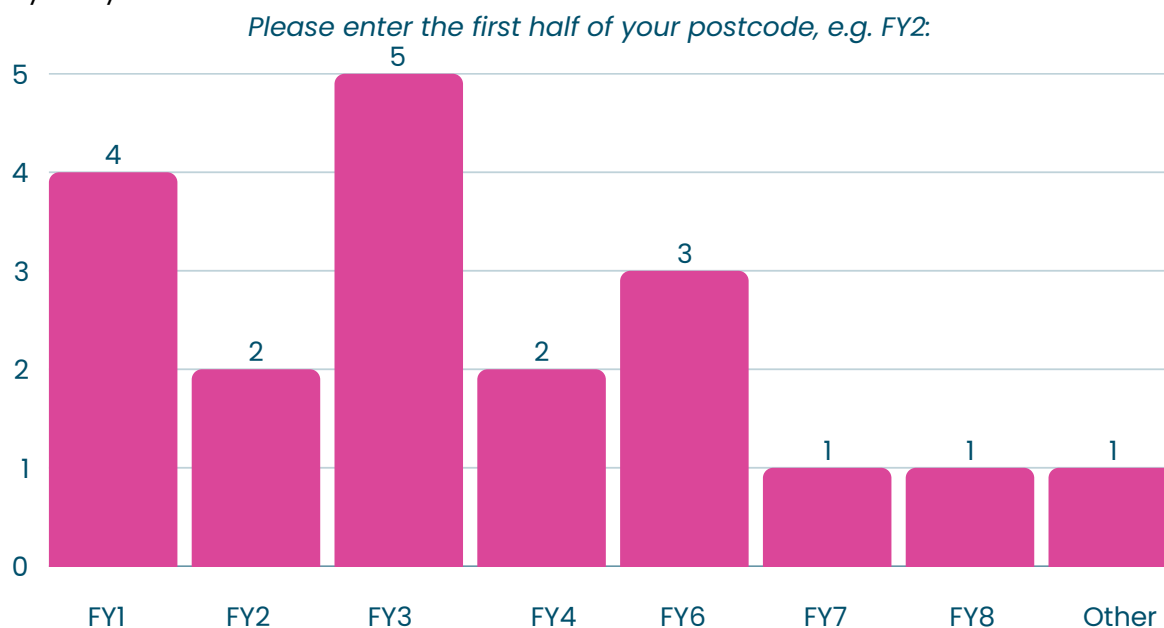
"Families affected which creates further burdens such as financial burdens."

LGBT+

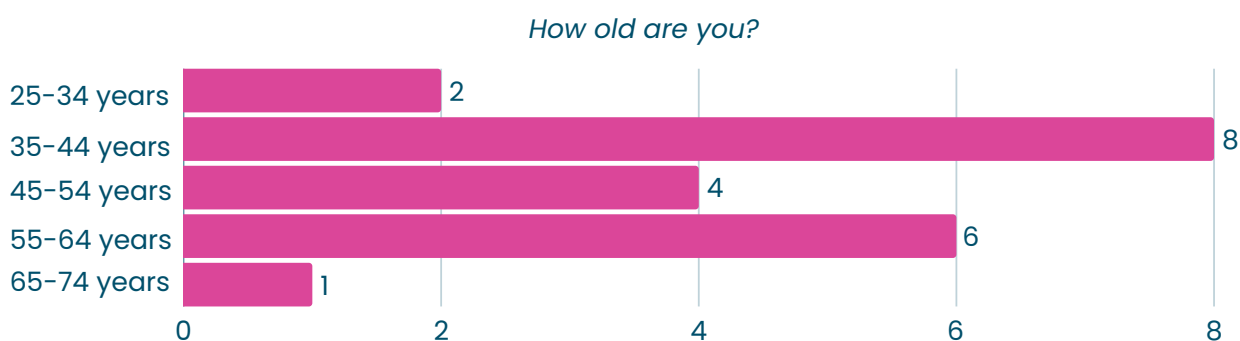
During our research we spoke with individuals from Blackpool's LGBT+ community about their specific relationships with alcohol both individually and collectively. It was highlighted that many members of the LGBT+ community recognised alcohol as a coping mechanism which allowed them to be "themselves" and allowed them to feel more comfortable in public spaces, particularly prevalent amongst the Trans community. We were also keen to uncover what awareness and access into alcohol specific services is like for LGBT+ people and how this could be improved. From the LGBT+ people we spoke to, key services barriers were raised including accessibility, trust in services and stigma. 20% of people who spoke to Healthwatch shared experiencing a lack of inclusivity in alcohol services, and felt there was little to no tailored services for the LGBT+ community. Overall there was a strong theme of a lack of LGBT+ relatability from services and people wished to see more lived experience embedded into alcohol services, which in turn was one of the key ideas for improvement from this community. Additionally, 20% of LGBT+ respondents highlighted the need for greater awareness and education, improved advertising of alcohol services, and more flexible educational opportunities, including in-person and online drop-in sessions and support groups.

Survey Demographics

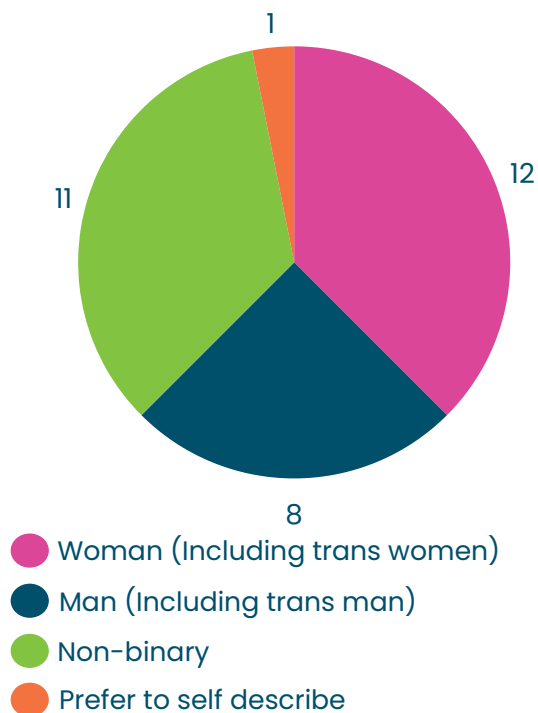
The below demographics are derived from the LGBT+ individuals who completed our online surveys only.



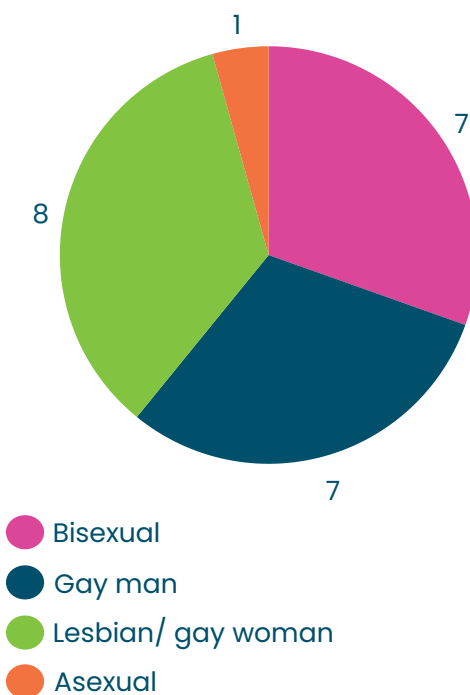
**Only Blackpool residents reported experiences with alcohol support services. Therefore, all related comments reflect their perspectives.*



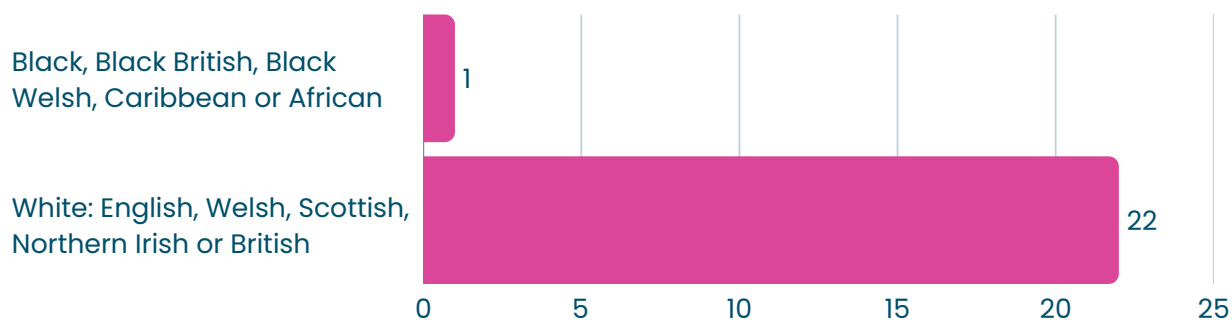
How would you describe your gender?



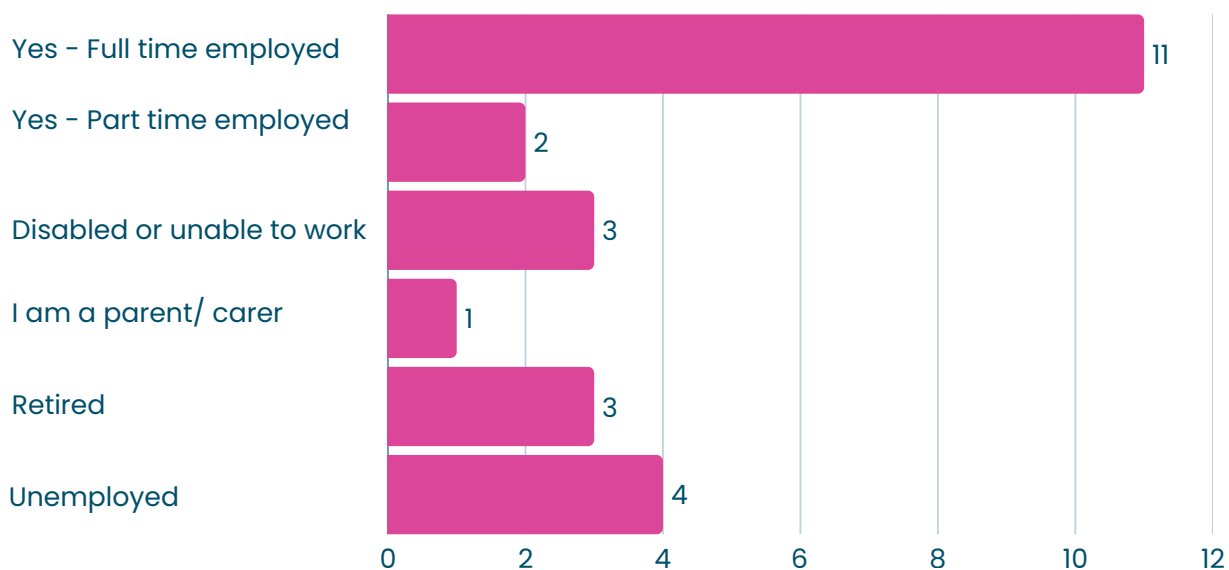
How would you describe your sexual orientation?



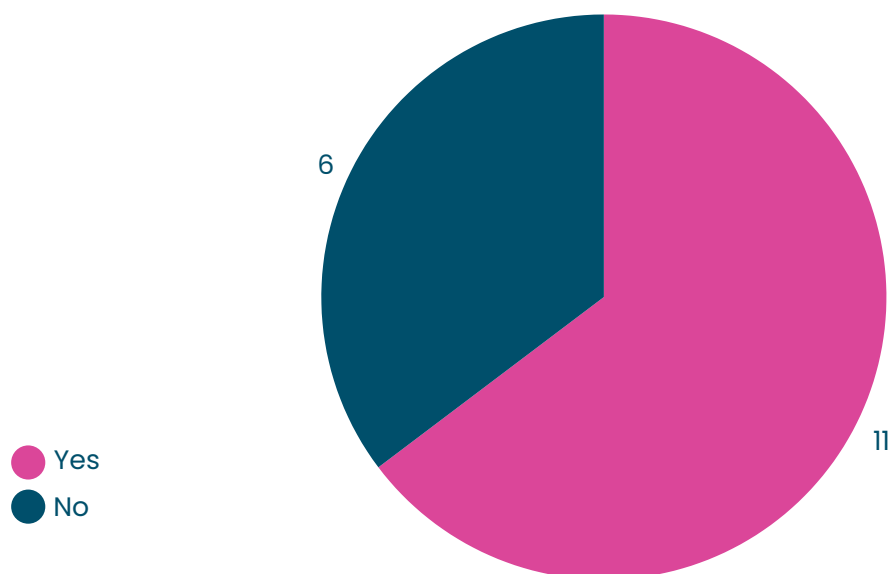
What is your ethnicity?



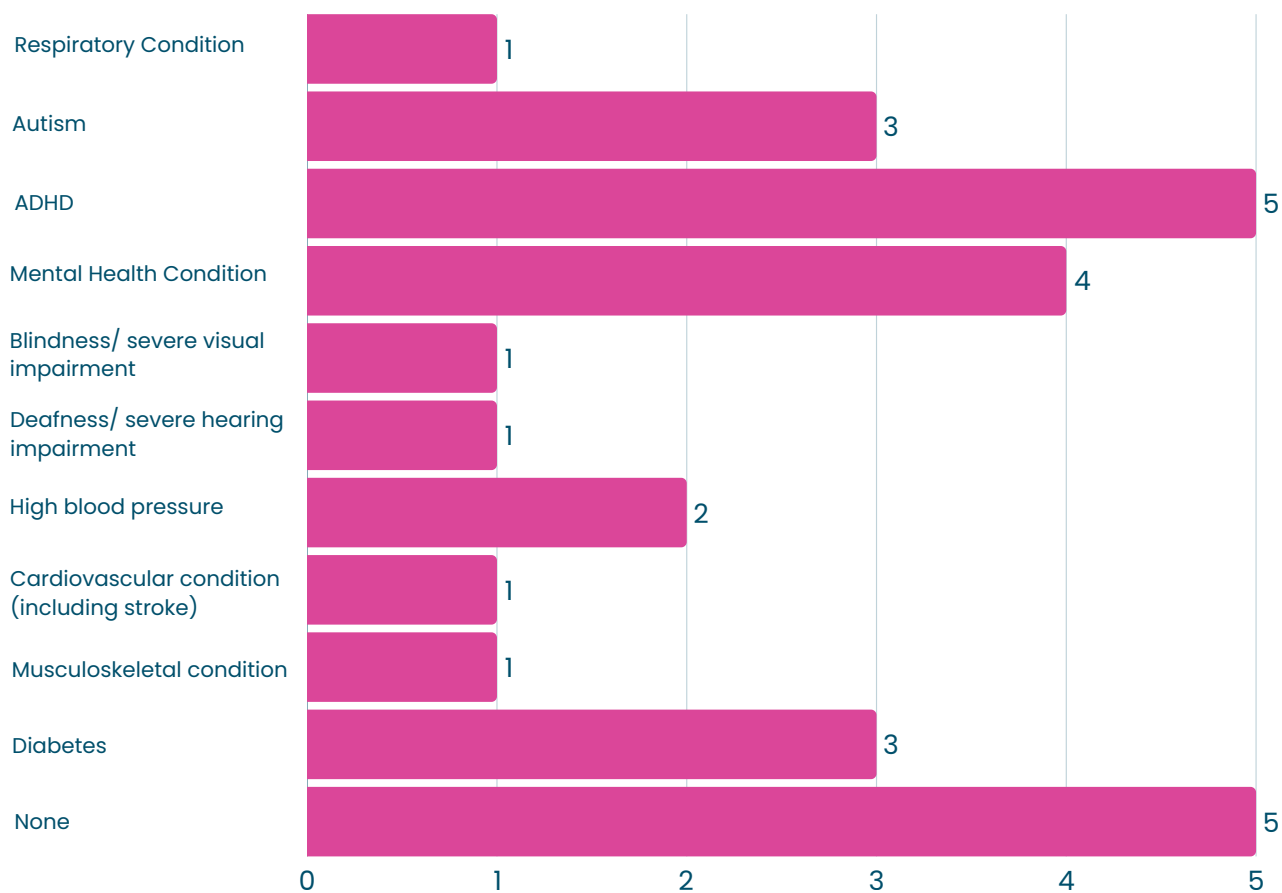
Are you in employment or education



Do you have a long term health condition or disability?



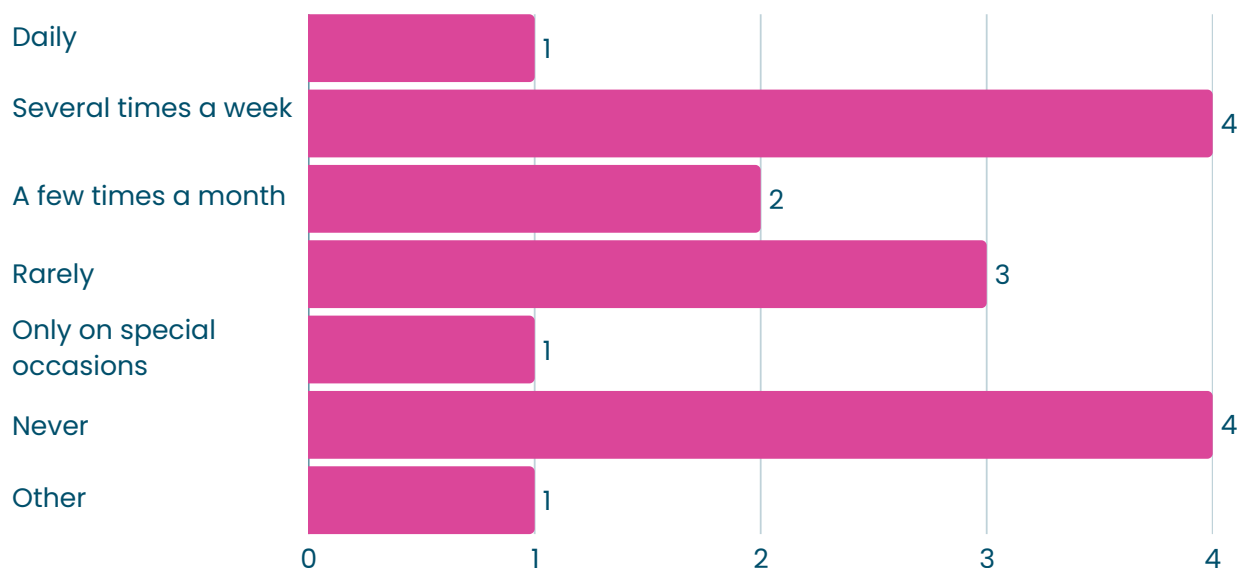
Which of the following long-term conditions or disabilities do you have?



Drinking culture and relationships

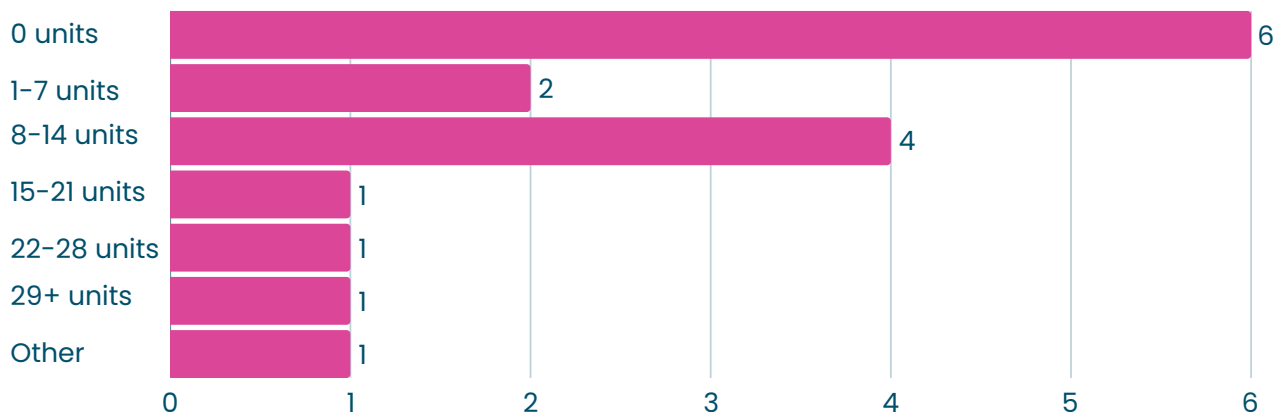
Survey responses indicated a mixed response when individuals were asked how often they consumed alcohol. 25% shared that they never drink alcohol, with a further 25% sharing that they drink “several times a week”.

How often do you consume alcohol?



38% of LGBT+ individuals who completed our survey shared that they consume 0 units of alcohol on average, with 25% sharing that they consume 8-14 units of alcohol on average per week.

How many units of alcohol do you typically consume in a week?

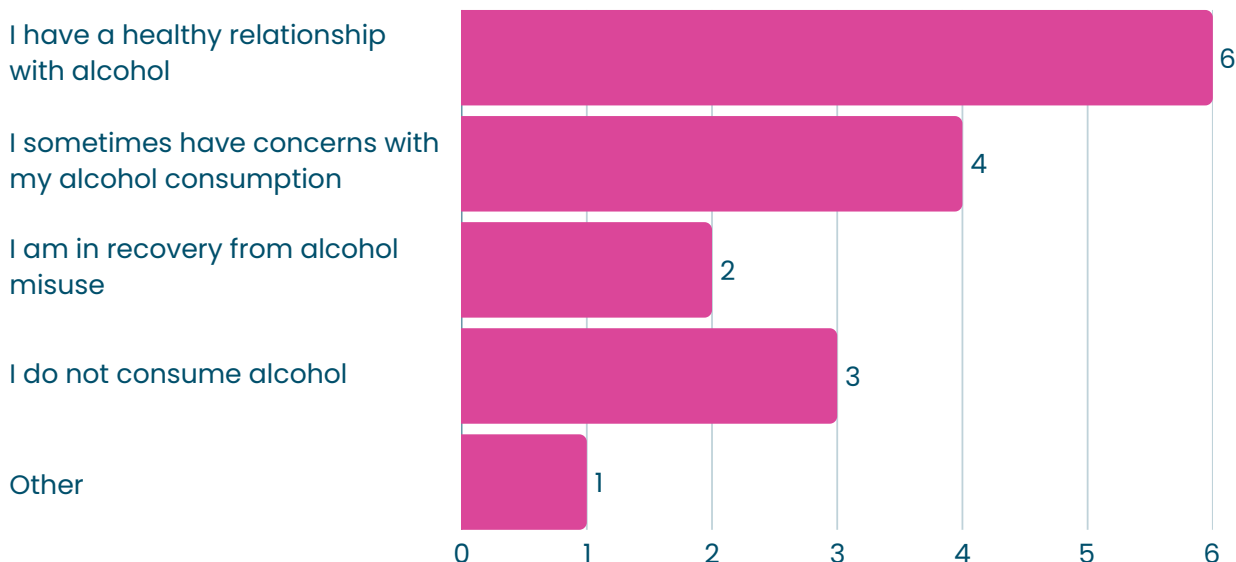


Other comment was “I drink maybe 10 units a year”.



38% of LGBT+ people who responded to our survey felt that they had a healthy relationship with alcohol, with 25% sharing that they “sometimes have concerns with my alcohol consumption.”

How would you describe your current relationship with alcohol?



Other comment was “rarely have alcohol”.

Within focus groups, LGBT+ people who engaged with Healthwatch Blackpool reported having negative relationships with alcohol, with many describing drinking either daily or several times a week.

“10 pints a day.”

“Used to start at 7 am and finish at 3pm and I’d be out all weekend in Manchester.”

“5 days per week.”

“4 times per week.”

Drinking culture

Among LGBT+ individuals, 20% mentioned using alcohol as a coping mechanism, helping them with daily struggles. Many shared that they use alcohol to help with social anxiety, and to feel more comfortable expressing themselves in public spaces. One individual shared that alcohol became a coping strategy due to childhood trauma, where secret drinking helped them escape from abuse. Transgender individuals highlighted how alcohol helped break down the barriers between their public image and their identities. Interestingly, some individuals highlighted that reducing their alcohol intake was part of their transition journey, and that after they had transitioned, they no longer drank as much.

"Alcohol helps as a coping mechanism."

"People are too shy to go out as their true selves."

"If people get chance, they will come out for the weekend and alcohol helps to break the ice."

"I had a bad time at home when I was a kid (abuse). I was drinking secretly to cope. When I left home I continued doing it. 18+ I had really bad hangovers. I almost strangled a man because they were going to take my bottle of wine."

"Most transgender drink. You spend all of your time being male. Alcohol allows you to be female. You have to create this lie. When I used to come here, I couldn't be myself for 4-5 hours but I can on cranberry wine. It liberates and allows me to be myself."

"There's a lot of problems these days – people are feeling more isolated."

"They all drink heavily because they need to get rid of this barrier. I have to spend 95% of my life as male and it's an act. Alcohol has a way of lowering the inhibition and let you be yourself so alcohol becomes a useful thing."

"My friend used to start drinking about 2-3pm in the afternoon. It lets that superficial barrier go."

LGBT+ people felt that the culture of alcohol is significant within the LGBT+ community, with 18% sharing the role of alcohol use with socialising. Several individuals felt that alcohol was a key factor at social events, and that within the LGBT+ community there can sometimes be a social pressure to drink.

"A lot of the socialising revolves around alcohol."

"I was really bad, but it's just social now. I had 2 drinks in 5 hours, and I felt like I needed another drink because I was out. Within the LGBT community, there's a big drink push. But there's no incentive not to drink beer – a non-alcoholic beer is more expensive than a pint or a J20. I grew up in the licensing trade. There is no alternative."

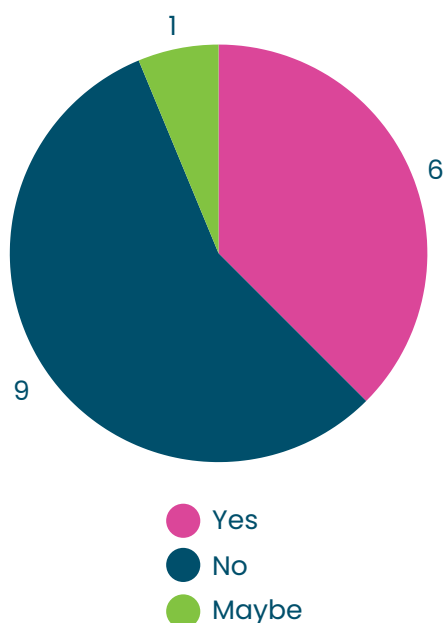
"Loads of LGBT are alcoholics."

"The young ones drink more – I think they need it for Dutch courage."

Awareness of services

56% of LGBT+ individuals who completed our survey were not aware of the alcohol support services in Blackpool, with a further 37% sharing that they were aware of the available services.

Are you aware of the alcohol support services in Blackpool?



From the LGBT+ community members we spoke with, 58% mentioned Horizon specifically. These answers included people that had previously accessed Horizon, people with family members that had accessed Horizon as well as highlighting the general awareness across the population that engaged with us.

"I used to be with horizon."

"Only one I've heard of is Horizon, family accessed."

"My brother was in contact with Lighthouse and he wasn't going to go but someone told him he needs to."

25% of LGBT+ members we engaged with had no awareness of alcohol services, meaning that they couldn't name a local alcohol service or had little to no awareness of where to go for alcohol related help.

"I never tried to access services – I didn't know what to do or where to go. It was also due to my mental health problems. I stopped drinking on my own so I'm not overdoing it with my tablets."

"I don't know what services there are."

"I don't find that alcohol services are as publicised as much as the drug services."

From our respondents 9% of the LGBT+ community we spoke with had heard of Alcoholics Anonymous, although it was unclear if this was general awareness or previous experiences. A further 8% of the LGBT+ community we spoke with mentioned that there should be more done to promote greater awareness of local alcohol services, whether this be in schools or online.

"All of them, they don't deliver workshops to students at school, youth groups etc."

"Educate online."

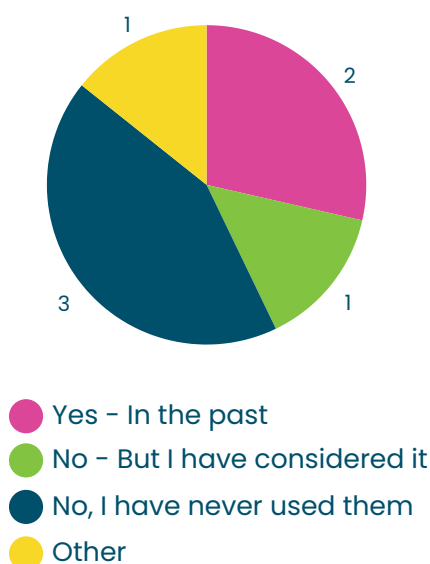
Experiences of alcohol services

When asked how easy it is to get help for alcohol problems in Blackpool, LGBT+ survey responses were mixed, with an equal number sharing "very easy", "somewhat easy" and "neutral".

How easy do you think it is to get help for alcohol problems in Blackpool?



Have you ever used alcohol support services in Blackpool?



When asked if they had used alcohol support services in the past, the majority of survey respondents had never used alcohol services, with the next most popular response being "yes, in the past." When asked what stops them seeking support, 10% stated a lack of relatable services, whilst others mentioned historic experiences of strict eligibility criteria. Some individuals relied on online resources and personal motivation compared to in-person alcohol support groups.

"I found information online and really used willpower and motivation to reduce my alcohol intake ... I followed the stories of others online. This is a form of support, however I didn't engage in an official support group."

"Embarrassment."

"After my first 40 days of sobriety and no longer under the service I reached out for support and was told that none could be offered if I had 40 days sobriety but I was very close to relapse."

Of those that had used alcohol services, responses relating to satisfaction with the services were either "somewhat dissatisfied" or "very dissatisfied."

How satisfied were/ are you with the alcohol support services in Blackpool?



What is working well?

Of the LGBT+ individuals who engaged with Healthwatch Blackpool, 8% expressed positive experiences when accessing alcohol support services. Respondents highlighted the value of direct contact with counsellors, availability of groups, and effective rehabilitation services.

“Contact with counsellors.”

“There are lots of support groups and AA groups to go to if you need to access them.”

What are the barriers?

Of those that engaged with Healthwatch Blackpool, a variety of challenges were identified when accessing alcohol support services. The main barriers that were highlighted included, accessibility, lack of trust, stigma, and personal barriers. Many individuals felt that services were not inclusive or specifically tailored to meet their needs, presenting difficulties when connecting with support services.

Others shared an overall distrust in alcohol support services due to past negative experiences, specifically those that had faced homelessness. Stigma and fear of judgement also discourages individuals from seeking support, especially within communities and family environments.

Accessibility

Accessibility remained the main barrier for many individuals, with 20% highlighting this as a challenge. Respondents mentioned a lack of inclusivity within support services, highlighting that existing services were not tailored to specific groups, such as the LGBT+ community. Other noted that the structure of current local support groups made it difficult to connect with peers. Furthermore, concerns were raised surrounding the lack of lived experience that support workers had, and individuals found this a challenge.

“Not really aimed at LGBT+ people.”

“Worker hasn’t had the experience of alcohol so sometimes can’t relate – need more lived experience.”

“AA – I wouldn’t go there- it’s too old fashioned. It’s full of old people and I don’t relate to them. NA was good – listening to other people and got loads out of it.”

Lack of trust

25% of respondents shared an overall distrust in alcohol support services. This was often due to past negative experiences or feelings of being let down. One individual who had experienced homelessness, shared concerns around a lack of reliable support, and were reluctant to seek help. Others felt specific groups were marginalised, specifying that they are not used to reaching out for support.

"Don't trust other people."

"I'd be reluctant to access services because I had a problem when I was in homeless services and they let me down – I have a lack of trust with services."

"Barriers due to trust really. You just feel like people don't want to know."

"This group are marginalised – they are not used to reaching out for support."

Stigma and shame

20% of respondents expressed concerns around judgment and societal expectations surrounding access to alcohol support services. One individual noted that alcohol played a significant role in socialising amongst the LGBT+ community in Blackpool. Another respondent shared concerns when accessing online support while living within a family environment, worried that family may recognise their participation.

"Stigma within the community is high to those that don't drink."

"Alcohol culture is a huge part of LGBT+ communities in Blackpool and socialising."

"You always have hate, you always have prejudice."

"I find there are too many labels – everyone is trying to label themselves."

"People living in a family situation are wary of using online because they don't want family to see."

Personal barriers

20% of respondents highlighted personal barriers were a key factor when accessing alcohol support services. One respondent viewed alcohol as a coping mechanism and were reluctant to seek help. Another individual highlighted the issue of functioning alcoholism where individuals are able to maintain daily routines despite drinking often.

"They don't access alcohol services because alcohol is too useful."

"Copied family habits."

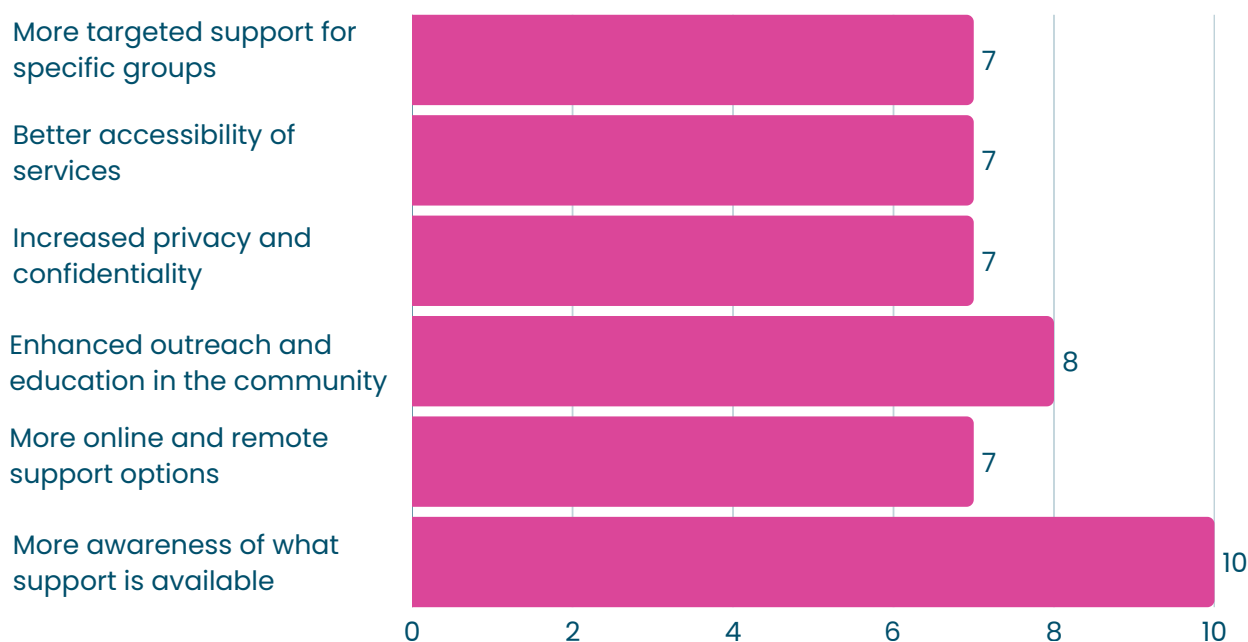
"People can be fully functioning alcoholics, nurses can have a couple of glasses of wine and then wake up and do the same routine – problem with the functioning."

"When accessing AA groups, I noticed I wasn't like these people – it felt like I was surrounded by 'crackheads' and this wasn't me."

Suggestions for improvement

The most popular survey response when asked about improvements to alcohol services was “more awareness of what support is available”, followed by “enhanced outreach and education in the community”. This suggests a distinct need for greater awareness and education around alcohol and the services available within the LGBT+ community. Respondents also shared that LGBT+ targeted support groups, improved accessibility, increased privacy and online support options would be beneficial.

What improvements would you like to see in the alcohol support services in Blackpool? Please select any that apply:



LGBT+ service provision

One of the main findings from the LGBT+ community focused on the need for increased LGBT+ specific service provision. This could include specific LGBT+ workers, with an emphasis on an increasingly LGBT+ friendly service. Additionally, other feedback voiced the need for higher level of Transgender acceptance in society and more promotion of societal cohesion.

“In some ways drinking is associated with people who are male, aggressive things like that. As a person who isn’t LGBT+ you can find it intimidating but if you are it’s even worse. Being openly gay walking into these places you’re terrified. Have hubs for LGBT+.”

“Target those groups better by attending community groups and sharing on specific social media pages/groups”.

“Make them more LGBTQ+ Friendly and focused, run by LGBTQ+ people for LGBTQ+ people.”

“Making it acceptable within the demographic communities. LGBTQ+ specific groups.”

“Society needs to accept us a bit more – we’re intelligent people.”

“When you transition you don’t know what you’re going into. They think they will have the same rights.”

“Why do they not link with LGBT workers and the alcohol support?”

“I think alcohol services should ask if LGBT+.”

Awareness

Other feedback highlighted the need for increased awareness of services, including where to go, who to talk to and how to locate alcohol services. Thoughts centred around an increased online and community presence, with some individuals noting that they feel more comfortable with online groups.

"Connecting with people on Facebook- people with experience sharing their info and keeping people busy."

"Some people are dead secretive so online might work but face to face would be preferred."

"More advertising mainly."

"Instead of searching a page on social media or going through all the leaflets at a stand, I'd like to have representation in the community, people who are approachable, friendly and echo the services."

"More knowledge of where the groups are and what time they are on - I don't have access to the internet so I don't know."

Education

A few members of the LGBTQ+ community raised the need for increased levels of education regarding alcohol in society.

"My mum used to be an alcoholic. They need to do more supporting children and more education regarding parents struggling. I went to a children's home."

"Help, information, support groups and people with alcohol issues. Encourage and educate what alcohol dependence is."

"Early education and prevention at college."

Top priorities

20% of LGBTQ+ individuals felt that increased awareness and education should be prioritised, with support services being better advertised and flexible opportunities for education, such as drop-ins and support groups.

"More lessons and visual drop ins."

"Making it visible, reducing stigma and support groups."

"More knowledge of services."

"Better advertising of services."

18% of individuals shared that greater access to holistic and person-centred care should be the top priority for alcohol support.

"A more caring, person-centred approach which takes into consideration neurodiversity and mental health issues."

"Treating users with more respect."

"Accessibility and consideration of support for functioning alcoholics who are in full time employment."

"Services need to look at alcohol as a solution to a problem so provide us with other solutions."

"Sessions to young people."

Conclusion

Women, older adults and LGBT+ people who engaged within this project shared feedback on their relationships with alcohol, the culture locally, awareness and experiences of services and suggested improvements to ensure services meet the needs of their particular demographic.

While a significant portion of women either abstain or consume alcohol infrequently, a number struggle with problematic drinking, often linked to underlying mental health issues, trauma, societal pressures and in some cases, menopause. The normalisation of “wine culture” and the stigma surrounding women’s alcohol use contribute to women often consuming alcohol secretly, which causes a delay in seeking support. Awareness of local alcohol services is relatively high among the female demographic who spoke to Healthwatch, however accessibility remains a significant barrier to accessing alcohol services due to perceptions of long waiting times, beliefs that they do not meet the criteria, and fear of judgment, particularly concerning child protection. Women consistently raised the need for female-only spaces, increased awareness and education, and more accessible, person-centred services that address co-occurring mental health issues. Ultimately, feedback from women highlighted the importance of addressing both the cultural and systemic factors that contribute to problematic alcohol use among women, advocating for more tailored interventions that are widely promoted within their demographic.

For the older adults (55+) demographic who spoke to Healthwatch, survey data suggests a generally healthy relationship with alcohol, however in-depth engagement through focus groups and door-knocking highlighted more significant variations. A substantial portion of older adults abstain completely, often due to past issues or current health concerns, while others maintain moderate social drinking habits.

However, a number of older adults who spoke to us shared that they often use alcohol as a coping mechanism for loneliness, stress, and boredom, exacerbated by social isolation and the normalisation of drinking within their generation. The 55–64 age group presents a unique profile, with alcohol use frequently tied to life transitions and emotional challenges.

For this age range specifically, there appeared to be a reluctance to access the current alcohol services in Blackpool due to ‘functioning’ and feeling they do not meet the criteria, however many shared still wanting lower level support to improve their relationship with alcohol. Awareness of available support services is generally low within this demographic, highlighting the need for more targeted campaigns. Older adults highlighted practical system-level barriers, such as inconsistent referral pathways and perceived strict eligibility criteria, alongside the need for more support for those experiencing loneliness. They suggested greater use of community centres and hubs within residential areas to help alleviate this.

Key recommendations include improving service accessibility and integration, tackling loneliness through community engagement, and enhancing education and awareness. This suggests the need for a shift towards early intervention, personalised support, and addressing the underlying social and emotional factors that contribute to problematic drinking among older adults. By recognising the diverse needs of this demographic, tailored interventions can be developed to promote healthier relationships with alcohol and improve overall wellbeing.

Feedback from the LGBT+ community in Blackpool who spoke to Healthwatch revealed complex relationships with alcohol. While survey data presents a mixed picture of consumption, focus group discussions revealed a significant number of individuals struggling with problematic drinking, often using alcohol as a coping mechanism for social anxiety, trauma, and the challenges of gender identity. Focus group discussions found that for the transgender community in particular, alcohol was often used as a coping mechanism, allowing them to express their true selves. Alcohol within LGBT+ social culture is evident, with social events often revolving around drinking, and some individuals who spoke to us shared experiencing peer pressure to consume alcohol. This context, coupled with experiences of discrimination and isolation, contributes to heightened vulnerability to alcohol misuse. Awareness of local alcohol support services is notably low, evidencing a significant gap in service accessibility. Those who have engaged with services report mixed experiences, with concerns about inclusivity, trust, and stigma.

Those LGBT+ people who spoke to us identified further personal barriers, such as denial and shame, which significantly impacts help-seeking. The experiences of LGBT+ individuals highlighted the need for tailored interventions that address the unique challenges faced by the LGBT+ community. Suggestions for improvement include developing LGBT+-specific services, enhancing awareness and education, and prioritising person-centred care that addresses co-occurring mental health issues. Increased visibility of services, flexible support options, and a focus on reducing stigma are crucial steps towards fostering a more supportive and inclusive environment for the LGBT+ community in Blackpool.

A critical learning point from Healthwatch Blackpool's engagement throughout this project was the difficulty in recruiting individuals who were drinking at more harmful levels. This specific challenge highlights the wider issue of social stigma posing a significant barrier to effective engagement with vulnerable populations. Therefore, any future work aiming to connect with these under-represented groups must prioritise the development of innovative and sensitive strategies to effectively overcome these barriers.

References

- (1) Blackpool JSNA (2023) 'Alcohol', <https://www.blackpooljsna.org.uk/Living-and-Working-Well/Healthy-Lifestyles/Alcohol.aspx>.
- (2) Blackpool JSNA (2019) 'Blackpool Alcohol Prevention and Harm Reduction Strategy', <https://www.blackpooljsna.org.uk/Documents/Living-and-Working-Well/Blackpool-Alcohol-Prevention-and-Harm-Reduction-Strategy-Refresh-2024-27.pdf>.

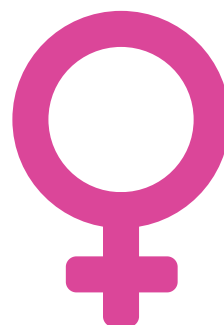
Recommendations

Recommendations for women

1. Adequately develop and promote women only groups and increase availability of these for women across the town.

- Availability of this support should be wide reaching, discreet where possible, and available both in person and online to provide flexibility of support.

2. Develop awareness campaigns specifically targeting women, which aims to reduce the normalisation of wine consumption and the wider stigma surrounding women and alcohol.



Recommendations for older adults 55+

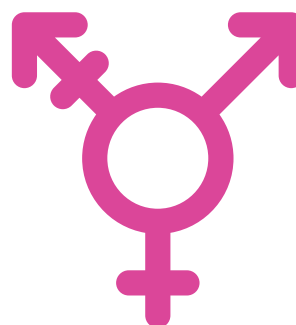
3. Create targeted outreach within communities and residential areas where older adults are more prevalent, aiming to raise awareness of alcohol-related risks and the available support in Blackpool.

4. Expand support to tackle social isolation with interventions based within community settings, including an increase in social activities, incorporating education regarding loneliness and the links this has with increased alcohol consumption within these initiatives.

Recommendations for LGBT+

5. Develop dedicated LGBT+ specific alcohol support. This support needs to be shaped and led by members of the LGBT+ community in an environment where individuals feel safe.

6. Provide staff training on LGBT+ experiences within all alcohol services, including the specific challenges related to alcohol use within this community, incorporating trans acceptance within this.



Recommendations across women, older adults and LGBT+

The following recommendations are derived from common themes found across all 3 demographics.

7. Improve accessibility to alcohol support services.

- Ensure professionals are aware of the range of services available within Blackpool on someone's recovery journey, not just specific to alcohol support, and ensure they are consistently referring into these services.
- Referral processes need to be person-centred and eligibility criteria needs to be more flexible, with a greater emphasis on early intervention.
- There is a need for services to provide out of hours support and flexible group/appointment times to greater support the community.

8. Improve the quality of care within alcohol support services.

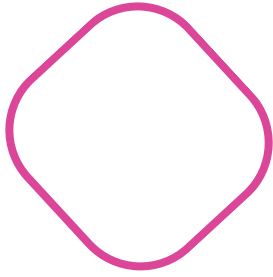
- There is a need for a multi-disciplinary approach within alcohol services which formally recognises co-occurring mental health and alcohol use disorders. Services need to focus on addressing the underlying causes of problematic drinking with alcohol, and proactively coordinate support to address these issues.
- A focus on the continuity of care for individuals with trusted staff in order to enable strong, supportive relationships. In the event of staff changes, communication needs to be timely and clear to ensure individuals are consistently supported on their journey.

9. Promote education of alcohol use disorders and awareness of services to support this.

- There is a need for increased education within schools which raises awareness of alcohol use disorders, aiding prevention and reducing stigma from a young age.
- There is a need for wider promotion of all the support available in Blackpool for alcohol. This should encompass early intervention services, services that promote healthier living, community groups and alcohol specific services.
- There is a need for improved education, utilising a trauma informed approach within the healthcare sector and for those supporting individuals within alcohol services. A professional understanding of the complex relationship between trauma, mental health and alcohol is needed to reduce stigma.
- Create awareness campaigns to reduce stigma surrounding alcohol use. There should be an emphasis on sharing stories of recovery from people with lived experience to inspire hope and encourage others to seek help.

10. Actively involve individuals with lived experience in the design, delivery and evaluation of alcohol support services. This includes coproducing peer support roles and service development.

11. Address stigma as a society to enable those who are drinking at more harmful levels to confidently access support.



@ Empowerment Charity



**Healthwatch Blackpool at
Empowerment Charity**

333 Bispham Road,
Blackpool,
Lancashire,
FY2 0HH

enquiries@healthwatchblackpool.co.uk
0300 32 32 100 (Option 1)