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SOCIOLOGY | RESEARCH ARTICLE

Exploring perceptions of alcohol consumption in unlicensed public places among individuals aged 40 and over: A qualitative study across socioeconomically diverse neighbourhoods in Madrid, Spain

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Abstract: Alcohol consumption in unlicensed public places has become a topic of intense debate in Spain due to its negative impact on health and social outcomes, and the inefficiency of current alcohol policies. This research aimed to explore the perceptions of individuals aged 40 and over regarding alcohol consumption in unlicensed public places in socioeconomically diverse neighbourhoods in Madrid. 37 semi-structured interviews and 29 focus groups were conducted in three neighbourhoods with different socioeconomic statuses. The analysis drew on Corbin and Strauss's grounded theory coding strategies. The findings of the study showed that people aged 40 and over problematised alcohol consumption in unlicensed public places, such as parks and

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squares. The problematisation followed a two-step process. Initially, non-compliance with current restrictions on alcohol sales during the night-time in convenience stores, including the sale of alcohol to minors, was identified as an issue. This, in turn, led to alcohol consumption in unlicensed public places, which was associated with negative outcomes such as alcohol-related litter, noise nuisance, and violence. These consequences were disproportionately perceived in the least affluent neighbourhood. To address the disproportionate impact of alcohol-related behaviours in the least affluent neighbourhoods, reinforcing existing alcohol sales policies is warranted. This may reduce alcohol consumption in unlicensed public places and its related negative outcomes.

Subjects: Sociology & Social Policy; Urban Sociology - Urban Studies; Public Health Policy and Practice

Keywords: alcohol; health-related behaviour; policy; qualitative research; Spain

1. Introduction

The World Health Organization (WHO, 2018) identified alcohol consumption as one of the principal risk factors for mortality worldwide. Europe is the region with the highest per capita alcohol consumption and the highest alcohol-attributable health burden (WHO, 2018). In recent years, per capita alcohol consumption in Europe has diminished from 12.2 litres in 1990 to 9.8 litres in 2017 (Manthey et al., 2019). In southern European countries, such as France (11.5 litres) and Italy (7.56 litres), the decline in per capita alcohol consumption in 2014 was the largest (European Alcohol Policy Alliance, 2016). Although per capita alcohol consumption in Spain has also decreased from 14.2 litres in 1990 to 10 litres in 2019 (Llamosas-Falcón et al., 2022), it remains a significant public health issue, as it is related to more than 10,000 alcohol-related deaths per year (WHO, 2018).

The number of national and local level alcohol policies, such as restricting alcohol availability, enhancing the minimum age for alcohol purchase, and banning public drinking, has been increasing in Europe in recent years to reduce alcohol consumption and alcohol-related harms (Allamani et al., 2011; European Alcohol Policy Alliance, 2016). While alcohol policies by themselves cannot explain changes in alcohol consumption, they can be combined with contextual variables, such as income, urbanisation, and patterns of consumption, to increase their explanatory power (Llamosas-Falcón et al., 2022; Matrai et al., 2014).

1.1. The alcohol policy context in Spain

Spain is composed of 17 autonomous communities, each of which operates administratively and politically like German Länder or Mexican States. Although laws are enacted at the national level in Spain, autonomous communities have a relatively high degree of freedom to enact their own Laws and Regulatory Circulars. However, a comprehensive alcohol policy has not been enacted at the national level in Spain yet. In brief, the following regulations are in place at the national level, as summarised by Matrai et al. (2014); and Villalbí and Pérez (2006):

- There is a legal limit for blood alcohol concentration when driving.
- Alcohol consumption in unlicensed public places defined as “all publicly accessible outdoor areas except terraces associated with hospitality venues”, such as thoroughfares, parks, squares, and public transport is considered a minor infraction.
- The minimum age for purchasing alcohol is established at 18 years old.
- Regulation on advertising and the prohibition of selling alcohol in public education centres and sport events.

Proposals for a comprehensive alcohol policy, with strict regulations over alcohol aligned with those of other European countries, have been rejected in Spain over the last few years. This rejection was due to the resistance of the alcohol industry, primarily the wine industry, and

powerful media campaigns (Villalbí et al., 2008). Other European countries such as Scotland, Ireland and England have also faced influence from the alcohol industry, which has sometimes affected the policymaking process related to alcohol (Lesch & McCambridge, 2021a, 2021b; McCambridge et al., 2018). In contrast to other European countries, where a licence is required for alcohol sales (e.g., England and Wales) (Holmes et al., 2014), in Spain, off-premises alcohol outlets such as convenience stores, corner stores, and food stores can sell alcohol without a specific licence (Villalbí et al., 2014). One of the WHO's (2018) recommended interventions to reduce alcohol consumption and its associated harms is increasing the price of alcoholic beverages through taxation. Despite several tax increases since 1992, Spanish alcohol taxation remains among the lowest in Europe (Blecher et al., 2018; Llamosas-Falcón et al., 2022).

The Global strategy to reduce the harmful use of alcohol (World Health Organization [WHO], 2019) recommends the implementation of various measures such as restricting alcohol consumption in public places, regulating hours and days at which alcohol can be purchased, and limiting the number and location of alcohol outlets through retail licensing. In the Autonomous Community of Madrid, where the present study was conducted, specific bans have been implemented since 2002 on both alcohol consumption in unlicensed public places (e.g., parks, squares) and alcohol sales in off-premises alcohol outlets like convenience stores from 10 p.m. to 8 a.m. (Law 5/2002). Nevertheless, previous research conducted in Madrid has shown the incomplete enforcement of these regulations, as evidenced by signs of alcohol consumption and individuals consuming alcohol in unlicensed public places (Molina de la Fuente et al., 2021; Molina De la Fuente et al., 2021; Sureda et al., 2017).

1.2. Research background

In recent years, an increasing interest has emerged in understanding alcohol consumption in urban settings (Franco et al., 2015; Sudhinaraset et al., 2016). Traditional studies on alcohol consumption have mainly focused on the density and proximity of licensed alcohol outlets (Bryden et al., 2012; Stockwell & Gruenewald, 2004), and on the negative effects these outlets may have on the neighbourhood where they are located (e.g., violence, street disturbances, disorder) (Livingston et al., 2007). Furthermore, previous studies have linked alcohol sales in off-premises alcohol outlets to alcohol-related litter, disturbances (Forsyth & Davidson, 2010a; Grubestic et al., 2013; Toomey et al., 2012), and underage alcohol consumption (Erickson et al., 2013; Puangsuwan et al., 2012). The consumption of alcohol in unlicensed public places has consequences such as noise pollution, lack of public safety (Wechsler et al., 2002), and alcohol-related litter (Pastor et al., 2020; Quinn et al., 2014).

Traditionally, Southern European countries have conducted fewer studies on alcohol policy compared to Northern European and English-speaking countries (Anderson & Baumberg, 2006; Nicholls, 2017). As highlighted by Adamson et al. (2021) most of the studies conducted to date on alcohol policy, such as impacts of increasing prices and taxes, are based on quantitative data that show impacts such as hospital admissions, alcohol-related crimes, and domestic violence. While we recognise the benefits of conducting quantitative research, there is a lack of integration between results obtained using quantitative and qualitative approaches (Jayne et al., 2008). Moreover, cross-national, and sub-national studies using a quantitative approach may fail to fully explain how practices and processes are deeply embedded in specific social and cultural contexts (Jayne et al., 2008), such as cities and neighbourhoods. This might be particularly problematic in Southern European countries, such as Spain, Italy, and France, with a strong Mediterranean drinking culture (Nordlund & Østhus, 2012).

Studying perceptions of alcohol consumption among people aged 40 and over is justified given the following data: a) in Spain, the age group of 45–54 has the highest prevalence of alcohol consumption in the last 12 months (81.6%); b) the age group of 45–54 has almost the highest prevalence on alcohol consumption in the last 30 days (64.3% compared to 64.7% among people from the 25–34 age group) (Spanish National Drugs Plan [SNDP], 2021); and c) traditionally, research on alcohol consumption has focused on risk factors rather than placing alcohol

consumption within the contexts where people live and interact (Sudhinaraset et al., 2016), such as neighbourhoods and cities.

Studying perceptions of alcohol consumption within its sociocultural context (e.g., a city or a neighbourhood) and considering how residents perceive alcohol policies is highly recommended to ensure the social support of the public policies enacted (Gilbert, 1990). To our knowledge, there have been very few studies analysing both the effect of alcohol policies and the consequences of alcohol consumption in unlicensed public places using a qualitative approach (Pastor et al., 2020) and focused on people aged 40 and over.

The contribution of this study to the literature on the social study of alcohol consumption is twofold. Firstly, a qualitative approach to the question of how people aged 40 and over perceive alcohol consumption in unlicensed public places may provide relevant knowledge on contextual factors such as socialisation, culture, and behaviour. Secondly, it may contribute to appraising existing alcohol policies in Spain and other European countries. This qualitative research aimed to explore the perceptions of individuals aged 40 and regarding alcohol consumption in unlicensed public places such as parks and squares in socioeconomically diverse neighbourhoods in a large European city like Madrid.

2. Methods

2.1. Setting

This analysis is a part of a qualitative project on urban health-related behaviours and inequalities (Rivera Navarro et al., 2019), which was outlined as a type 2 case study (Yin, 2014). The qualitative project was an ancillary study of a larger quantitative project that aimed to disentangle the relationship between the physical and social urban environment and cardiovascular health in Madrid, Spain (Bilal et al., 2016). The overarching qualitative project aimed to explore the relationship between urban health inequality and health-related behaviours such as smoking, alcohol consumption, diet, and physical activity (González-Salgado et al., 2020; Rivera-Navarro et al., 2022). This qualitative project selected three neighbourhoods with different socioeconomic statuses (SES) within the city of Madrid based on seven indicators representing the demographic and socio-economic structure of all Madrid neighbourhoods. Researchers used Z-scores and performed unweighted linear additions to construct an index for each neighbourhood within the city. A low value in this index represented neighbourhoods with low SES, while a higher value represented neighbourhoods with high SES. Among the 128 neighbourhoods in the city of Madrid, we selected *San Diego* (low SES), *El Pilar* (medium SES), and *Nueva España* (high SES). Details of the selection criteria are explained in detail elsewhere (Rivera Navarro et al., 2019).

The low SES neighbourhood was characterized by a high population density, a large percentage of low-skilled and low-income immigrant populations, a well-established Romany community, a high unemployment rate, and a high percentage of part-time and low-skilled workers. The medium SES neighbourhood was notable for the heterogeneity of its residents in terms of SES and an aging population. The high SES neighbourhood had one of the highest SES indicators in the city of Madrid, with mainly high-income workers and highly skilled professionals as residents (Madrid City Hall Data Bank, 2014).

2.2. Sample

Researchers conducted purposeful sampling (Schreier, 2018) to select information-rich cases that would provide insights into the aim of the larger qualitative project in which this analysis is embedded. Researchers conducted two purposeful sampling strategies: reputational sampling and maximum variation sampling (Patton, 2014). Reputational sampling was first conducted, which involved recruiting two key informants per neighbourhood, namely one health centre director and one school director. Their job position provided them with broad knowledge about the neighbourhood and its residents (Taylor & Blake, 2015). The information obtained from the

Table 1. Sociodemographic characteristics of study participants

		Neighbourhood		
		Low SES (n = 102)	Middle SES (n = 77)	High SES (n = 40)
Sex	Male	44.1 (45)	33.8 (26)	47.5 (19)
	Female	55.9 (57)	66.2 (51)	52.5 (21)
Age	40–59	63.7 (65)	63.6 (49)	52.5 (21)
	60–79	34.3 (35)	36.4 (28)	45.0 (18)
	≥80	2.0 (2)	—	2.5 (1)
Academic level	Primary school or less	28.4 (29)	11.7 (9)	5.0 (2)
	Secondary school	33.3 (34)	42.9 (33)	10.0 (4)
	Tertiary school	38.2 (39)	45.4 (35)	85.0 (34)
Labour status	Working (full-time or part-time)	63.7 (65)	59.7 (46)	67.5 (27)
	Unemployed	9.8 (10)	9.1 (7)	—
	Retired	22.5 (23)	28.6 (22)	27.5 (11)
	Home duties	3.9 (4)	2.6 (2)	5.0 (2)
Country of origin	Spain	68.6 (70)	79.2 (61)	100.0 (40)
	Other	31.4 (32)	20.8 (16)	—
Living arrangement	Living alone	25.5 (26)	20.8 (16)	17.5 (7)
	Cohabiting	74.5 (76)	79.2 (61)	82.5 (33)
Smoking* status	Smoker	32.4 (33)	24.7 (19)	17.5 (7)
	Nonsmoker	45.1 (46)	53.2 (41)	45.0 (18)
	Former smoker	18.6 (19)	16.9 (13)	22.5 (9)
	Former smoker (quitting programs)	2.0 (2)	2.6 (2)	10.0 (4)
Alcohol* consumption	Drink	55.9 (57)	58.4 (45)	60.0 (24)
	Abstainer	42.2 (43)	39.0 (30)	35.0 (14)

*Key informants were not asked about their smoking status and their alcohol consumption.

interviews conducted with key informants guided the next step in the sampling process, which involved conducting maximum variation sampling to purposefully select participants considering a wide range of socio-demographic characteristics (see Table 1) and to identify common health-related behaviours.

A sociological research company used networking techniques and advertisements placed in social services, public services, and health centres to achieve diversity in the sample (see Browne & Russell, 2003). The study recruited residents aged between 40 and 85 years old, as people within this age range are more likely to develop cardiovascular disease and tend to be more embedded in their neighbourhoods.

Study participants signed an informed consent document, which guaranteed their anonymity and confidentiality. The Alcalá University's bioethics committee approved the study protocol (CEI/HU/2017/18).

2.3. Data collection

Thirty-seven semi-structured interviews (SSIs) were conducted in the three neighbourhoods. Of these, 31 SSIs were conducted with residents and 6 with key informants (see Table 2). In addition, 29 focus groups (FGs) were also conducted by the researchers across the three neighbourhoods

Table 2. Profiles of participants in semi-structured interviews (SSIs)

Neighbourhood	SSIs profile	Age
Low SES neighbourhood	Key informant 1: School director	40–59
	Key informant 2: Health centre director	40–59
	SSI1: retired female, married, stay-at-home spouse.	60–79
	SSI2: retired male.	60–79
	SSI3: retired male.	40–59
	SSI4: male, Latino resident.	40–59
	SSI5: female, Latino Resident.	40–59
	SSI6: retired female, with family responsibilities.	60–79
	SSI7: retired female, has participated in fitness programs.	60–79
	SSI8: retired male, without family responsibilities.	60–79
	SSI9: male, Latino resident, with family responsibilities.	40–59
SSI10: female, Latino resident, with family responsibilities.	40–59	
Medium SES neighbourhood	Key informant 1: School director	40–59
	Key informant 2: Health centre director	40–59
	SSI1: retired female, married, with family responsibilities.	60–79
	SSI2: female, tertiary school.	40–59
	SSI3: retired male.	60–79
	SSI4: male, secondary school, with family responsibilities.	40–59
	SSI5: female, secondary school.	40–59
	SSI6: female, secondary school.	40–59
	SSI7: married, stay-at-home spouse.	60–79
	SSI8: retired female, has participated in fitness programs.	60–79
	SSI9: retired male, has participated in fitness programs, with family responsibilities.	60–79
SSI10: male, tertiary school.	40–59	
High SES neighbourhood	Key informant 1: School director	60–79
	Key informant 2: Health centre director	40–59
	SSI1: retired male.	60–79
	SSI2: retired male.	60–79
	SSI3: female, tertiary school.	40–59
	SSI4: female, tertiary school.	40–59
	SSI5: female, secondary school, without family responsibilities.	40–59
	SSI6: married, stay-at-home spouse.	60–79
	SSI7: female, tertiary school, with family responsibilities.	40–59
	SSI8: female, secondary school, with family responsibilities.	40–59
	SSI9: male, tertiary school, without family responsibilities.	40–59
	SSI10: male, tertiary school, with family responsibilities.	40–59
SSI11: male, tertiary school.	40–59	

Table 3. Profiles of participants in the focus groups (FGs) conducted across all three neighbourhoods

Neighbourhood	FGs profile	Age	Number of participants
Low SES neighbourhood	FG1: mixed-sex, Latino residents, workers and unemployed.	40–59	7
	FG2: mixed-sex, steady workers.	40–59	6
	FG3: mixed-sex, precarious workers.	40–59	7
	FG4: women, differences in family responsibilities.	60–79	6
	FG5: mixed-sex, older adults.	60–79	6
	FG6: women, Latino and Spanish residents, differences in family responsibilities.	40–59	7
	FG7: mixed-sex, Latino and Spanish residents, precarious workers and unemployed.	40–59	7
	FG8: men, older adults.	≥60	6
	FG9: women, Latino and Spanish residents, differences in family responsibilities and labour status.	40–59	7
	FG10: mixed-sex, Latino residents, steady workers.	≥40	6
	FG11: women, differences in family responsibilities and labour status.	≥40	7
	FG12: mixed-sex, precarious workers.	≥40	6
	FG13: men, workers and unemployed.	40–59	6
	FG14: men, older adults, retired and workers.	60–79	6
Medium SES neighbourhood	FG1: mixed-sex, Latino and Spanish residents, precarious workers and unemployed.	40–59	8
	FG2: mixed-sex, Latino and Spanish residents, precarious workers and unemployed.	40–59	6
	FG3: women, older adults, differences in family responsibilities.	60–79	6
	FG4: mixed-sex, steady workers.	40–59	6
	FG5: men, older adults.	60–79	5
	FG6: women, older adults.	60–79	5
	FG7: mixed-sex, older adults.	60–79	6
	FG8: women, differences in family responsibilities.	40–59	6
	FG9: mixed-sex, differences in family responsibilities.	40–59	6
	FG10: mixed-sex, Latino residents.	40–59	5
	FG11: mixed-sex, steady workers.	40–59	6
High SES neighbourhood	FG1: mixed-sex, high-demanding jobs, differences in family responsibilities.	40–59	7
	FG2: mixed-sex, high-demanding jobs, differences in family responsibilities.	40–59	7
	FG3: mixed-sex, older adults.	≥60	6
	FG4: mixed-sex, older adults, retired.	60–79	7

(see Table 3). Data collection was conducted between 2016 and 2019. The first and second authors conducted part of the fieldwork, while other co-researchers who did not participate in the present work also conducted the fieldwork.

While SSIs allowed us to explore topics from individual perspectives without discourse restrictions (Marbry, 2008), FGs provided an opportunity to gather collective discourses (Taylor & Blake, 2015).

SSIs were conducted in various settings across the neighbourhoods, ranging from quiet cafeterias to a cultural centre and a church, and approximately lasted one hour. Key informants were interviewed at their workplaces. The scheduling of the SSIs took into consideration the availability of the participants.

FGs were held in rented co-working spaces located in each neighbourhood, with five to eight participants per group, and lasted approximately 90 minutes. The FGs were held in the evenings on weekdays, at a convenient time for the participants' work schedules. Study participants received further instructions by phone one day before the SSIs and FGs. Participants were compensated €25 for their time dedicated to our study.

We stopped gathering data when we felt that conducting additional SSIs and FGs would not yield new insights to our analysis (Tolley et al., 2016). We reached saturation earlier in the high SES neighbourhood, possibly because the resident profile was more homogeneous than in the other two neighbourhoods.

The SSIs and FGs were held in Spanish, and a bilingual English speaker translated them from Spanish to English. Then, a bilingual Spanish speaker translated the text back to Spanish, after which another native English speaker translated the text back to English. This final version of the text was compared with the original content from the SSIs and FGs. Differences were discussed, and transcriptions were slightly modified to maintain the original meaning. The SSIs and FGs followed semi-structured scripts that can be found in the supplementary files. The SSIs and FGs started by asking participants icebreaker questions about general aspects of their neighbourhoods. The following topics regarding alcohol consumption were included in the script: 1) Individual and collective alcohol-related behaviours; 2) settings where alcohol was consumed (e.g., licensed premises and unlicensed public places) and how people behaved in these places; and 3) perceived changes in alcohol consumption in the last 20 years. Questions regarding the consequences and problems associated with alcohol consumption in unlicensed public places and the current alcohol policies were not included in the script. Rather, they emerged when participants answered the main questions on alcohol consumption mentioned before. Researchers probed how alcohol policies were perceived, why people perceived alcohol consumption as a problem in places such as parks and squares, and the negative consequences of alcohol consumption. Researchers found that participants, especially those from the least affluent neighbourhoods, focused on the negative consequences of alcohol consumption rather than motivations for public drinking.

2.4. Data analysis

The present research was outlined using a constructivist approach, which understands social reality as subjective and co-constructed (Lincoln & Guba, 2000). Additionally, constructivism emphasizes the value of qualitative methods in exploring and interpreting concepts, constructs, theories, and frameworks (Strauss & Corbin, 1990). While the constructivist approach does not require a fixed style of presenting the findings, it typically depicts qualitative data as a process that reveals the mechanisms of a multi-layered phenomenon under investigation (Cupchik, 2001). In line with constructivist principles, our perspective sought to understand how participants constructed their meanings (either individually or collectively) around the phenomenon of interest (i.e., alcohol consumption in unlicensed public places) (Lauckner et al., 2012). We considered constructivism to be the most appropriate approach because individuals construct local and specific realities in which they participate, as well as social phenomena (i.e., alcohol

consumption) and activities (i.e., drinking in unlicensed public places), and give meaning to experiences (i.e., negative perceptions of alcohol-related behaviours) (Charmaz, 2006; Lincoln & Guba, 2000).

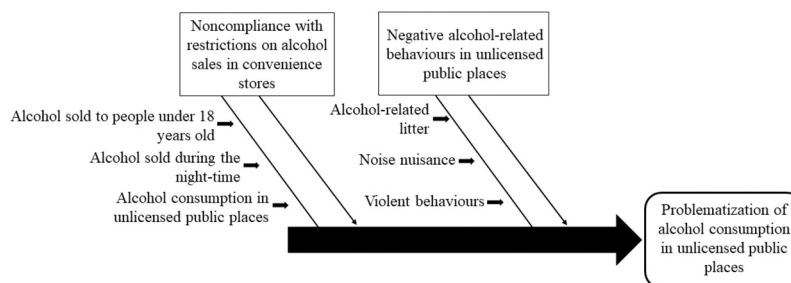
The constructivist approach mandates contextualising the analysis considering the social, cultural, and physical context (i.e., neighbourhoods and cities), while recognising its limitations and bias (Flick, 2014). The Corbin and Strauss grounded theory was selected because of its flexibility, the importance given to how social actors behave, and the use of integrative diagrams that allowed us to understand underlying social processes (Corbin & Strauss, 2008). The first author conducted an inductive analytical process informed by Corbin and Strauss (2015) grounded theory coding strategies, which was useful in exploring social process embedded in microsocial contexts (e.g., neighbourhoods). The analysis began with open coding, underpinned by line-by-line coding, which allowed for breaking down, comparing, and categorising data. In this stage, concepts that seemed to be aligned with the same phenomena (i.e., the problematisation of alcohol consumption in unlicensed public places) were grouped into emergent categories (i.e., non-compliance with restrictions on alcohol sales in convenience stores, negative alcohol-related behaviours). In the next stage, axial coding (Strauss & Corbin, 1990) was conducted to bring the data back together and establish relationships between emergent categories (i.e., steps in the process of how people aged 40 and over problematised alcohol consumption in unlicensed public places). Finally, selective coding was conducted to identify one core category and its related subcategories (Strauss, 1987). Integrative diagrams were used to better represent the relationship between concepts, categories, and core category. ATLAS.ti-9 software was used to manage the analytical process.

To improve the trustworthiness (Lincoln & Guba, 1985) of this qualitative analysis, researchers implemented the following strategies: 1) Prolonged engagement during fieldwork: data collection lasted from 2016 to 2019, allowing researchers to gain an in-depth understanding of the social, cultural, and physical context of the neighbourhoods studied. 2) Use of multiple data collection methods: FGs and SSIs were used as complementary data collection methods. 3) Analyst triangulation: the outcomes from each of the coding strategies and the resultant categories were discussed among the first and second authors and other co-researchers who conducted the fieldwork and were very familiar with the data. These interactions allowed for a deeper level of coding and abstraction. Few differences arose among the authors involved in the analytical process, and those that did were resolved through agreement. Once the analysis was complete, results were presented to other co-authoring researchers in peer debriefing meetings. The authors' multidisciplinary background in public health and social science contributed to achieving a profound understanding of the results (Flick, 2019). 4) Member checking: one member checking session was conducted in each of the neighbourhood studied following the principles of the constructivist approach rather than following positivistic stances aiming to determine if the qualitative results were accurate. The member checking process aimed to explore interpretations and co-construct meanings with different perspectives (Charmaz, 2006). The member checking process conducted in this research has also been explained in detail elsewhere (González-Salgado et al., 2022).

3. Results

The researchers identified one core category as the process by which people aged 40 and over problematised alcohol consumption in unlicensed public places, and specifically, the key role of the current alcohol policies and alcohol-related behaviours. As previously mentioned in this work, the researchers explored themes related to alcohol consumption that emerged and guided the data collection process. The problematisation of alcohol consumption in unlicensed public places emerged as a category based on the perceptions of the participants and eventually became the main category of analysis due to the importance they placed on both alcohol-related behaviours and the inefficiency of alcohol policies.

Figure 1. Relationship between concepts, subcategories, and the core category.



The researchers coded for process and Figure 1 shows the core category, subcategories, and selected concepts for each subcategory, representing the two steps in how people aged 40 and over problematised alcohol consumption in unlicensed public places.

The analysis showed two subcategories that function as steps in this process: 1) non-compliance with restrictions on alcohol sales in convenience stores and 2) negative alcohol-related behaviours in unlicensed public places.

3.1. Non-compliance with restrictions on alcohol sales in convenience stores

The first step in the process of how people aged 40 and over problematised alcohol consumption in unlicensed public places involved non-compliance with current restrictions on alcohol sales. Among participants from the least affluent neighbourhoods, two types of non-compliance with the current restrictions on alcohol sales in convenience stores contributed to build the category of problematisation of alcohol consumption in unlicensed public places: 1) selling alcohol to people under 18 years old, which has been prohibited since 2000, and 2) selling alcohol during night-time (sales after 10 PM have been prohibited since 2002), which increased availability and accessibility of alcohol. Our analysis showed that participants from the least affluent neighbourhood perceived non-compliance with time restrictions on alcohol sales in convenience stores as the main problem regarding alcohol consumption in unlicensed public places.

– In convenience stores they sell alcohol to minors. –Anyone can buy alcohol there. –They are open almost all day and night. I have seen in some of them a sign that says: It is forbidden to sell alcohol to people under 18 years old. But that’s not true they do sell alcohol to minors! [FG 8, Medium SES neighbourhood, women, differences in family responsibilities, 40–59 years old]

I think that the real problem with alcohol consumption in parks are convenience stores that sell alcohol after 10 PM and are open until 1 AM or even later. [FG 8, Low SES neighbourhood, men, older adults, 60–79 years old]

Otherwise, the situation in the most affluent neighbourhood was perceived differently in terms of non-compliance with time restrictions on alcohol sales in convenience stores compared to the other two neighbourhoods. Participants from the most affluent neighbourhood perceived that increasing availability and accessibility to alcohol in convenience stores was beneficial because they could purchase alcohol whenever they wanted. Furthermore, alcohol consumption in unlicensed public places within this neighbourhood was not commonly perceived.

–In this neighbourhood convenience stores have long opening hours. They even sell alcohol after 10 PM, but I think that we must be grateful to have the chance to buy alcohol at midnight [laugh]. –Yes, but this could be a problem if minors buy alcohol during the night-time. [FG 2, High SES neighbourhood, mixed-sex, high-demanding jobs, differences in family responsibilities, 40–59 years old]

Participants from the medium and low SES neighbourhoods perceived that social groups labelled as minors and racialized minorities, such as Latino residents, purchased lower-priced alcohol in convenience stores, which was mainly consumed in unlicensed public places. However, other population groups, such as unemployed residents and late middle-aged adults, were also perceived as drinking alcohol in unlicensed public places, such as parks and squares. Participants believed that the main reason behind purchasing alcohol in convenience stores was the lower prices compared to on-premises alcohol outlets, such as bars and restaurants. The increasing availability and accessibility of lower-priced alcohol in convenience stores was linked by participants to the increasing perceptions of alcohol consumption in unlicensed public places. Although alcohol consumption has been prohibited in unlicensed public places since 2002, except for outdoor terraces in licensed venues, participants from the low and medium SES neighbourhoods perceived non-compliance with this regulation. Even though alcohol consumption in such places seemed to be common in the least affluent neighbourhoods, it was also negatively perceived by participants.

There are two places on the avenue, two shops that sell cheap beer. They are making plenty of money at the expense of everybody who drinks around there [including himself]. [FG13, Low SES neighbourhood, men, workers and unemployed, 40–59 years old]

Latinos drink the most in public places. You can see that they are gathered in small groups and drinking beer on benches. I think they prefer drinking on benches rather than in bars. [FG3, Medium SES neighbourhood, women, older adults, differences in family responsibilities, 60–79 years old]

Now young people can't afford the price of drinks inside the nightclubs. I can talk about my nephews. They talked about getting wasted before going to a nightclub and they share [drink] bottles of whisky and rum in squares or parks. [SSI4: male, secondary school, has family responsibilities, 40–59 years old, medium SES neighbourhood]

–Why can you see people drinking in public places everywhere?—Because they are unemployed, and they can't afford going to a bar. [FG8, Low SES neighbourhood, men, older adults, ≥60 years old]

3.2. Negative alcohol-related behaviours in unlicensed public places

Participants perceived three negative alcohol-related behaviours in unlicensed public places that contributed to the second step of how people aged 40 and over problematised this pattern of alcohol consumption. These behaviours were alcohol-related litter (e.g., bottles, cans), noise nuisance, and violence. The impact of these behaviours on neighbourhoods varied according to their SES, with low and medium SES neighbourhoods being more affected than the most affluent neighbourhood.

The participants perceived a strong link between alcohol consumption in unlicensed public places and litter such as empty bottles, cans, and broken glasses. This negative consequence was particularly evident in the medium and low SES neighbourhoods, where alcohol consumption in unlicensed public places was more common. As a result, residents of these neighbourhoods perceived more litter in parks and squares. Medium SES neighbourhood residents considered alcohol-related litter a health hazard due to the risk of injury.

Yesterday, I went through a park, and I saw empty bottles near the hedge. I had to pick them up because if children fell then they would be injured. [SSI 3, Medium SES neighbourhood, retired male, 60–79 years old]

Regarding the perception of discarded alcohol-related products, participants from the most affluent neighbourhood were aware that other neighbourhoods in the city might have a litter problem

resulting from alcohol consumption in public places. However, they did not consider alcohol-related litter to be a problem in their own neighbourhood.

I've lived in other neighbourhoods and if I'd have to compare with this neighbourhood, I'd say that here there aren't broken glasses or empty bottles of alcohol in parks. I used to go to work early in the morning and while the parks in other neighbourhoods were covered with litter from the previous night, in this neighbourhood it doesn't happen. [FG 1, High SES neighbourhood, mixed-sex, high-demanding jobs, differences in family responsibilities 40–59 years old]

Participants, especially those living in the low and medium SES neighbourhoods perceived noise nuisance as an important consequence of alcohol consumption in unlicensed public places such as parks and squares. Participants from these neighbourhoods reported a lack of sleep at night, particularly those living near areas where alcohol consumption was more common such as parks or squares. It is worth noting that favourable weather conditions in Spain played a role in outdoor alcohol consumption, and noise nuisance was more pronounced during the summer and spring seasons, when people could drink in unlicensed public places until late at night. This alcohol-related behaviour can be considered a key element in how people aged 40 and over problematised alcohol consumption in unlicensed public places because it had two negative effects. Firstly, a lack of sleep among residents who had to wake up early for work, and secondly, less restful and restorative sleep, which may disproportionately affect the health of the residents in the least affluent neighbourhoods.

–Of course, there are people who drink in parks. –And they are putting their health at risk, but not only their health. I think that they are also putting the health of everyone in the neighbourhood at risk because we can't sleep at night, and we have to wake up early to work. [FG 6, Medium SES neighbourhood, women, older adults, 60–79 years old]

–Almost every day drunk people are singing and dancing [in the park] at night and until early in the morning when I wake up. –And if you come to the main street in this neighbourhood, you would be able to see it. A lot of people are shouting, and they don't care if you are sleeping or whatever. –And sometimes we are talking about people that have been drinking the whole night. [FG 2, Low SES neighbourhood, mixed-sex, steady workers, 40–59 years old]

The third alcohol-related behaviour related to the problematisation of alcohol consumption in unlicensed public places was perceived violence, which was mainly commented on by participants from the low and medium SES neighbourhoods. Participants from the low SES neighbourhood commented on the perceived lack of safety in most squares and parks, especially during the night-time. They also declared feeling discouraged from doing sports in public places within their neighbourhood (e.g., green areas, outdoor sport facilities, parks, squares) neighbourhood due to the presence of people consuming alcohol in such places. As previously commented, one of the most prominent population groups drinking in unlicensed public places were racialized minorities, such as Latino residents. Participants from the low SES neighbourhood perceived a climate of insecurity in public places such as parks and squares due to fights between Latino gangs, which were believed to worsen due to alcohol consumption. Due to the perceived lack of public safety in parks and squares, participants were sometimes discouraged from spending time in such places within their neighbourhood. Therefore, not being able to use public places such as parks and squares contributed to the problematisation of alcohol consumption in these areas.

–Yes, there are Latino gangs such as the Latin Kings. –Some years ago, there used to be rock fans or metalheads but now there are Latino gangs fighting between them and sometimes they even use large knives!—I don't understand that, but they drink in parks and when they are drunk, they fight, and they even throw bottles and cans of beer at each other. In the end, other residents like you and me suffer from collateral damages. Maybe they hit you with an empty bottle or a can of beer. –There are concrete hours at night when you can feel really unsafe in parks. Sometimes, you may want to do something outdoors but when you feel

unsafe ... I'd say that in this neighbourhood you cannot simply go to a park to do sports, take a walk, or read a book. You don't even think about doing such things in some parks in this neighbourhood. [FG 6, Low SES neighbourhood, women, Latino and Spanish residents, differences in family responsibilities, 40–59 years old]

Participants living in the medium SES neighbourhood only perceived violent behaviour in a specific area within the neighbourhood, which has many small squares where Latino residents used to drink. These residents perceived that excessive alcohol consumption among the Latino population was the main cause of violent behaviour in these squares. The perception of these squares as unsafe locations further exacerbated the issue of alcohol consumption in unlicensed public places in the neighbourhood. However, unlike in the least affluent neighbourhood, participants from the medium SES neighbourhood did not perceive that this alcohol-related behaviour discouraged people from utilizing public places.

–There are little squares between buildings in this neighbourhood and we have many residents here. Well, let's say that people from outside Spain drink too much alcohol and they are usually drunk in these little squares. –There you can feel unsafe. –There is a specific area too, below the park where you can feel unsafe because of drunk people and fights. [FG 6, Medium SES neighbourhood, women, older adults, 60–79 years old]

4. Discussion

The study results suggested that individuals aged 40 and over problematised alcohol consumption in unlicensed public places. Our results delineated the process of problematisation of alcohol consumption in unlicensed public places, such as parks and squares, in a large European city like Madrid, Spain. The process was outlined in two steps, as perceived by residents. The first step in the problematisation process of alcohol consumption in unlicensed public places began with non-compliance with the current restriction on alcohol sales in off-premises alcohol outlets (e.g., convenience stores). Participants perceived non-compliance with night-time restrictions on off-sales of alcohol, which was linked to increased availability and accessibility of lower-priced alcohol due to the extended opening hours of such stores and an increase in consumption in parks and squares. Furthermore, participants also perceived non-compliance with restrictions on underage alcohol sales, which have set 18 years as the legal age limit for purchasing and consuming alcohol since 2000. Participants perceived that alcohol purchased in convenience stores was usually consumed in unlicensed public places during the night-time by certain population groups, including young people and racialized minorities such as Latino residents. The association between purchasing alcohol in off-premises alcohol outlets and the problematisation of alcohol consumption may be explained by the perceptions of Latino residents and young people as being scapegoats for the problem of alcohol consumption in unlicensed public places. Moreover, previous studies have shown alcohol consumption among young French and Italian individuals and young Latin American immigrants as a deviant behaviour (Blaya & Gatti, 2010), which may explain the negative perception of such behaviour in unlicensed public places in our study.

The second step in the problematisation process of alcohol consumption in unlicensed public places involved behaviours perceived in such locations. According to participants, these behaviours included alcohol-related litter, noise nuisance, and violence. These behaviours were perceived negatively due to their impact on the health of the residents and the perceived sense of insecurity in parks and squares located in the low and medium SES neighbourhoods. These behaviours and their consequential effects on the residents' health can be considered as key elements in the problematisation process of alcohol consumption in unlicensed public places.

In line with our findings, previous studies conducted in Spain (Pastor et al., 2020), New Zealand (Ayuka et al., 2014), the United States (Toomey et al., 2012), and Scotland and England (Li et al., 2017) have highlighted the significant role of convenience stores in facilitating alcohol consumption in unlicensed public places, where alcohol becomes more accessible. These studies also identified challenges in enforcing time restrictions on alcohol sales and underage alcohol sales

in convenience stores. However, none of the previous studies have shown how individuals perceive the relationship between alcohol off-sales and consumption in unlicensed public places, the health, and social consequences of alcohol consumption in parks and squares, and how individuals problematise alcohol consumption in unlicensed public places.

Similar to our findings, previous studies have also linked higher alcohol consumption to the affordability and long opening hours of convenience stores alcohol outlets, where alcohol products tend to be cheaper than in on-premises establishments (Popova et al., 2009). Our study found that non-compliance with current alcohol policies in convenience stores had a greater negative impact on the least affluent neighbourhoods. In the neighbourhoods, Latino population, and minors who purchased alcohol in convenience stores were frequently observed drinking in unlicensed public places. Moreover, a recent survey (SNDP, 2021) showed that 51.3% of Spanish young people aged 14–18 years old have consumed alcohol in unlicensed public places, a type of alcohol consumption called “*botellón*”, which is associated with binge drinking (Teixedó-Compañó et al., 2019) and has led to intense debates regarding the negative health and social consequences for young people, and the inefficiency of current alcohol policies (Pedrero-García, 2018).

Our results are consistent with previous studies that have shown how increased alcohol availability has negative effects on certain population groups such as racialized minorities, immigrants, and young people (Ayuka et al., 2014), and the role of convenience stores as a key source of alcohol for minors (Erickson et al., 2013; Puangsuwan et al., 2012). Limiting our study sample to individuals aged 40 and over may have constrained the range of perspectives and insights we could gather on this topic. Future studies may benefit from including the perspectives of young people on their perceptions of alcohol consumption, which have explored in-depth in various qualitative studies (Fernández Rodríguez et al., 2018; Rolando et al., 2012; Yoon et al., 2017).

Our results agree with a previous study showing that higher alcohol consumption is linked to a lack of enforcement of comprehensive alcohol policy (Kaewpramkusol et al., 2018), which has yet to be enacted in Spain. Similarly, previous studies have also linked the presence of off-premises alcohol outlets, including convenience stores, to negative consequences of alcohol consumption in unlicensed public places, such as alcohol-related litter, and violent and non-violent disturbances (Forsyth & Davidson, 2010a; Grubestic et al., 2013; Toomey et al., 2012). However, none of these studies have shown the social process of how alcohol consumption in unlicensed public places can be problematised based on the perceptions of residents from diverse socioeconomic status neighbourhoods. Our findings also showed that participants from the low and medium SES neighbourhoods perceived a more negative impact of convenience stores in their environments compared to those from the more affluent neighbourhood. This is consistent with a previous study conducted in the city of Madrid (Molina de la Fuente et al., 2021).

Our results are consistent with previous studies suggesting that the perceived consequences of alcohol consumption in unlicensed public places, such as the presence of alcohol-related litter, noise nuisance and violent behaviour, are more common in the least affluent neighbourhoods (Forsyth & Davidson, 2010b; Molina de la Fuente et al., 2021; Wechsler et al., 2002). However, few studies in Spain have focused on gangs or violent behaviour in unlicensed public places because of alcohol consumption, and further research is needed to understand this phenomenon under the particular Spanish alcohol policy framework. In the international context, the relationship between alcohol and violent behaviour has been explained by the complex interaction of social actors within urban environments (Duke et al., 2011; Parker, 2004), and the concentration of gangs in specific urban areas, particularly at night (Spergel, 1996). Previous research has focused on the resistance practices and acts of contestation of gangs (Brotherton, 2008), which may be consistent with the behaviours perceived by our participants in unlicensed public places where there was non-compliance with current alcohol consumption policies. Previous studies have shown that alcohol availability affects violence (Dualibi et al., 2007; Kyprí et al., 2010) but they have only focused on licensed venues. Our findings show how off-premises alcohol outlets, such as convenience stores,

selling alcohol can also affect violent behaviour in unlicensed public places, such as parks and squares.

A previous study conducted in Spain showed that Latino immigrants have easier access to alcohol in Spain compared to their countries of origin (Tortajada et al., 2010). Additionally, various studies have portrayed alcohol consumption in unlicensed public places as a coping strategy for adverse situations and stress among immigrants (Horyniak et al., 2016; Zapolski & Clifton, 2019). This may explain our findings in the low and medium SES neighbourhoods, where adverse socio-economic conditions were more prevalent. It has been showed elsewhere that native residents in these neighbourhoods tend to disapprove of immigrant behaviours in public places such as parks and squares (Rivera-Navarro et al., 2022).

The findings described above offer valuable insights for the development of alcohol policies in Spain. Firstly, our study highlights the need to strengthen the restrictions on alcohol sales to reduce alcohol consumption in unlicensed public places, and to mitigate the associated negative behaviours such as littering, noise nuisance and violence. Current alcohol policies regulating alcohol consumption in unlicensed public places might be insufficient, and their effects may vary according to the socio-economic and demographic characteristics of the neighbourhoods. Therefore, our findings suggest that neighbourhood socioeconomic and demographic characteristics should be considered when creating and monitoring further alcohol policy implementations to ensure compliance in areas with different characteristics. These policy considerations are relevant for other international jurisdictions that aim to reduce alcohol consumption in unlicensed public places such as Australia (Laslett et al., 2011) and United Kingdom (Dixon et al., 2006).

Our results support the findings of Pennay and Room (2012), who argued that there is insufficient strong evidence to support the positive outcomes of banning alcohol consumption from unlicensed public places at the neighbourhood level. While Pennay and Room showed that such bans can improve perceptions of safety, our study suggests that such measures may also contribute to negative perceptions of such behaviour. Furthermore, members of racialized minority groups who are sometimes excluded from consuming alcohol in licensed venues may experience discrimination if they are perceived as consuming alcohol in unlicensed public places where it is prohibited (Lancaster et al., 2018). This could partially explain why racialized minorities, such as the immigrant population, who drink alcohol in parks and squares are negatively perceived in the least affluent neighbourhoods. Additionally, a study has suggested that Spain has become increasingly close-minded regarding foreign populations (Cea D'Ancona, 2016).

Based on our findings, it appears that there might be additional reasons for limiting alcohol consumption in unlicensed public places, including but not limited to littering, noise nuisance, and violent behaviour. However, the negative health outcomes resulting from alcohol consumption, as previously mentioned, are not usually mentioned in existing regulations on alcohol consumption in unlicensed public places.

This study has both strengths and limitations that warrant consideration. A notable limitation can be found in the exclusion of young individuals from the study sample, which may have influenced how we explored the topic of interest and the results. However, the aim of the study was residents aged 40 and over, who might be more likely to develop cardiovascular disease and more likely to be embedded in their neighbourhoods. Results must be interpreted with caution because data was collected before the COVID-19 pandemic started and alcohol consumption and related practices may have shifted considerably.

The strengths of the present qualitative research include a large sample of participants and prolonged engagement in data collection, which facilitated the collection of comprehensive information regarding alcohol consumption across neighbourhoods with different SES. Qualitative research does not aim to produce precise measures. Rather, the constructivist approach used in

the present research allowed us to explore issues around alcohol consumption. Moreover, the trustworthiness of the findings was enhanced with two distinct qualitative data collection methods (SSIs and FGs) and the involvement of multiple investigators in the analytical process. To further enhance the credibility of the results, one member checking session was conducted in each of the neighbourhoods studied.

5. Conclusions

Our study has revealed an underlying process that sheds light on how individuals aged 40 and over problematise alcohol consumption in unlicensed public places such as parks and squares. Specifically, this process is comprised of two sequential steps. The initial step involves non-compliance with existing regulations on alcohol sales in convenience stores. The second step entails alcohol-related behaviours that are having a negative impact on residents living in the least affluent neighbourhoods.

Given that drinking in unlicensed public places was perceived as an increasing pattern of alcohol consumption, our results could potentially inform the development or the reinforcement of existing policies in Spain, and in other European and Anglophone countries. To mitigate alcohol consumption in unlicensed public places and address its negative health outcomes, such as alcohol-related litter, noise nuisance and a lack of public safety, implementing or reinforcing public policies aimed at controlling alcohol sales, such as off-sales licensing policies, and strengthening compliance with existing restrictions on alcohol sales in off-premises alcohol outlets (particularly during night-time hours and with respect to underage sales), may be a more effective action than current restrictions that ban alcohol in unlicensed public places. The latter approach has proven ineffective and may further stigmatize population groups who consume alcohol in these places, particularly those in the least affluent neighbourhoods. More research is needed to explore how alcohol consumption and related practices have changed because of the COVID-19 pandemic.

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References

Adamson, E., Clifford, S., Wallace, T., & Smith, J. A. (2021). Industry views about the banned drinker register in the Northern Territory: Early lessons from a qualitative evaluation. *Drug and Alcohol Review*, 40(2), 210–219. <https://doi.org/10.1111/dar.13174>

- Allamani, A., Voller, F., Decarli, A., Casotto, V., Pantzer, K., Anderson, P. & Gmel, G. (2011). Contextual determinants of alcohol consumption changes and preventive alcohol policies: A 12-country European study in progress. *Substance Use and Misuse*, 46(10), 1288–1303. <https://doi.org/10.3109/10826084.2011.572942>
- Anderson, P., & Baumberg, B. (2006). Alcohol in Europe – public health perspective: Report summary. *Drugs: Education, Prevention & Policy*, 13(6), 483–488. <https://doi.org/10.1080/09687630600902477>
- Ayuka, F., Barnett, R., & Pearce, J. (2014). Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand. *Health and Place*, 29, 186–199. <https://doi.org/10.1016/j.healthplace.2014.07.002>
- Bilal, U., Díez, J., Alfayate, S., Gullón, P., Del Cura, I., Escobar, F., & Franco, M. (2016). Population cardiovascular health and urban environments: The heart healthy hoods exploratory study in Madrid, Spain. *BMC Medical Research Methodology*, 16(1), 104. <https://doi.org/10.1186/s12874-016-0213-4>
- Blaya, C., & Gatti, U. (2010). Deviant youth groups in Italy and France: Prevalence and characteristics. *European Journal on Criminal Policy and Research*, 16(2), 127–144. <https://doi.org/10.1007/s10610-010-9124-9>
- Blecher, E., Liber, A., Van Walbeek, C., Rossouw, L., & Novo-Corti, I. (2018). An international analysis of the price and affordability of beer. *PLOS ONE*, 13(12), e0208831. <https://doi.org/10.1371/journal.pone.0208831>
- Brotherton, D. C. (2008). Beyond social reproduction: Bringing resistance back in gang theory. *Theoretical Criminology*, 12(1), 55–77. <https://doi.org/10.1177/1362480607085794>
- Browne, J., & Russell, S. (2003). Recruiting in public places: A strategy to increase diversity in qualitative research samples. *Qualitative Research Journal*, 3(2), 75–87. <https://doi.org/10.3316/qj0802153>
- Bryden, A., Roberts, B., McKee, M., & Petticrew, M. (2012). A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. *Health and Place*, 18(2), 349–357. <https://doi.org/10.1016/j.healthplace.2011.11.003>
- Cea D'Ancona, M. Á. (2016). Immigration as a threat: Explaining the changing pattern of Xenophobia in Spain. *International Migration and Integration*, 17(2), 569–591. <https://doi.org/10.1007/s12134-015-0415-3>
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). SAGE: <https://doi.org/10.4135/9781452230153>
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research* (4th ed.). SAGE.
- Cupchik, G. (2001). Constructivist realism: An ontology that encompasses positivist and constructivist approaches to the social sciences. *Forum: Qualitative Social Research*, 2(1). <https://doi.org/10.17169/fqs-2.1.968>
- Dixon, J., Levine, M., & McAuley, R. (2006). Locating impropriety: Street drinking, moral order and the ideological dilemma of public space. *Political Psychology*, 27(2), 187–206. <https://doi.org/10.1111/j.1467-9221.2006.00002.x>
- Dualibi, S., Ponicki, W., Grube, J., Pinsky, I., Laranjeira, R., & Raw, M. (2007). The effect of restricting opening hours on alcohol-related violence. *American Journal of Public Health*, 97(12), 2276–2280. <https://doi.org/10.2105/AJPH.2006.092684>
- Duke, A. A., Giancola, P. R., Morris, D. H., Holt, J. C. D., & Gunn, R. L. (2011). Alcohol dose and aggression: Another reason why drinking more is a bad idea. *Journal of Studies on Alcohol and Drugs*, 72(1), 34–43. <https://doi.org/10.15288/jsad.2011.72.34>
- Erickson, D. J., Smolenski, D. J., Toomey, T. L., Carlin, B. P., & Wagenaar, A. C. (2013). Do alcohol compliance checks decrease underage sales at neighboring establishments? *Journal of Studies on Alcohol and Drugs*, 74(6), 852–858. <https://doi.org/10.15288/jsad.2013.74.852>
- European Alcohol Policy Alliance. (2016). *European report on alcohol policy: A review*. <https://www.eurocare.org/media/GENERAL/docs/reports/2016europeanreportonalcoholpolicy.pdf>
- Fernández Rodríguez, M., Dema Moreno, S., & Fontanil Gómez, Y. (2018). The influence of gender roles in alcohol consumption: A qualitative study of adolescents and young adults in Asturias. *Adicciones*, 31(4), 260–273. <https://doi.org/10.20882/adicciones.1003>
- Flick, U. (2014). *An introduction to qualitative research*. Sage.
- Flick, U. (2019). From intuition to reflexive construction: Research design and triangulation in grounded theory research. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of current developments in grounded theory* (pp. 125–145). SAGE Publications. <https://doi.org/10.4135/9781526436061.n8>
- Forsyth, A. J. M., & Davidson, N. (2010a). Community off-sales provision and the presence of alcohol-related detritus in residential neighbourhoods. *Health and Place*, 16(2), 349–358. <https://doi.org/10.1016/j.healthplace.2009.11.003>
- Forsyth, A. J. M., & Davidson, N. (2010b). The nature and extent of illegal drug and alcohol-related litter in Scottish social housing community: A photographic investigation. *Addiction Research and Theory*, 18(1), 71–83. <https://doi.org/10.3109/16066350802559464>
- Franco, M., Bilal, U., & Díez-Roux, A. V. (2015). Preventing non-communicable diseases through structural changes in urban environments. *Journal of Epidemiology and Community Health*, 69(6), 509–511. <https://doi.org/10.1136/jech-2014-203865>
- Gilbert, M. J. (1990). The anthropologist as alcoholist: Qualitative perspectives and methods in alcohol research. *The International Journal of the Addictions*, 25(2A), 127–148. <https://doi.org/10.3109/10826089009071037>
- González-Salgado, I. D. L., Rivera-Navarro, J., Gutiérrez-Sastre, M., Conde, P., & Franco, M. (2022). Conducting member checking within a qualitative case study on health-related behaviours in a large European city: Appraising interpretations and co-constructing findings. *Health*. <https://doi.org/10.1177/13634593221109682>
- González-Salgado, I. D. L., Rivera-Navarro, J., Sureda, X., & Franco, M. (2020). Qualitative examination of the perceived effects of a comprehensive smoke-free law according to neighborhood socioeconomic status in a large city. *SSM - Population Health*, 11, 100597. <https://doi.org/10.1016/j.ssmph.2020.100597>
- Grubestic, T. H., Pridemore, W. A., Williams, D. A., & Philip-Tabb, L. (2013). Alcohol outlet density and violence: The role of risky retailers and alcohol-related expenditures. *Alcohol and Alcoholism*, 48(5), 613–619. <https://doi.org/10.1093/alcalc/agt055>
- Holmes, J., Guo, Y., Maheswaran, R., Nicholls, J., Meier, P. S., & Brennan, A. (2014). The impact of spatial and temporal availability of alcohol on its consumption and related harms: A critical review in the context of UK

- licensing policies. *Drug and Alcohol Review*, 33(5), 515–525. <https://doi.org/10.1111/dar.12191>
- Horyniak, D., Higgs, P., Cogger, S., Dietze, P., & Bofu, T. (2016). Heavy alcohol consumption among marginalised African refugee young people in Melbourne, Australia: Motivations for drinking, experiences of alcohol-related problems and strategies for managing drinking. *Ethnicity and Health*, 21(3), 284–299. <https://doi.org/10.1080/13557858.2015.1061105>
- Jayne, M., Valentine, G., & Holloway, S. L. (2008). Fluid boundaries—British binge drinking and European civility: Alcohol and the Production and consumption of public space. *Space and Polity*, 12(1), 81–100. <https://doi.org/10.1080/13562570801969473>
- Kaewpramkusol, R., Senior, K., Chenhall, R., Nanthamongkolchai, S., & Chaiyasong, S. (2018). A qualitative exploration of Thai alcohol policy in regulating availability and access. *International Journal of Drug Policy*, 58, 1–8. <https://doi.org/10.1016/j.drugpo.2018.04.012>
- Kypri, K., Jones, C., McElduff, P., & Barker, D. (2010). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*, 106(2), 303–310. <https://doi.org/10.1111/j.1360-0443.2010.03125.x>
- Lancaster, K., Seear, K., & Ritter, A. (2018). *Monograph No. 26: Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*. DPMP monograph series. National Drug and Alcohol Research Centre. <https://doi.org/10.26190/5b8746fe72507>
- Laslett, A.-M., Room, R., Ferris, J., Wilkinson, C., Livingston, M., & Mugavin, J. (2011). Surveying the range and magnitude of alcohol's harm to others in Australia. *Addiction*, 106, 1603–1611. <https://doi.org/10.1111/j.1360-0443.2011.03445.x>
- Lauckner, H., Paterson, M., & Krupa, T. (2012). Using constructivist case study methodology to understand community development processes: Proposed methodological questions to guide the research process. *The Qualitative Report*, 17(13), 1–22. <https://doi.org/10.46743/2160-3715/2012.1790>
- Lesch, M., & McCambridge, J. (2021a). Coordination, framing and innovation: The political sophistication of public health advocates in Ireland. *Addiction*, 116(11), 3252–3260. <https://doi.org/10.1111/add.15404>
- Lesch, M., & McCambridge, J. (2021b). Waiting for the wave: Political leadership, policy windows, and alcohol policy change in Ireland. *Social Science & Medicine*, 282, 114116. <https://doi.org/10.1016/j.socscimed.2021.114116>
- Li, J., Lovatt, M., Eadie, D., Dobbie, F., Meier, P. S., Holmes, J., Hastings, G., & MacKintosh, A.-M. (2017). Public attitudes towards alcohol control policies in Scotland and England: Results from a mixed-methods study. *Social Science & Medicine*, 177, 177–189. <https://doi.org/10.1016/j.socscimed.2017.01.037>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.
- Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In K. D. Norman & S. L. Yvonna (Eds.), *The handbook of qualitative research* (2nd ed., pp. 163–188). Sage.
- Livingston, M., Chikritzh, T., & Room, R. (2007). Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and Alcohol Review*, 26(5), 557–566. <https://doi.org/10.1080/09595230701499191>
- Llamosas-Falcón, L., Manthey, J., & Rehm, J. (2022). Changes in alcohol consumption in Spain between 1990 and 2019. *Adicciones*, 34(1), 61–72. <https://doi.org/10.20882/adicciones.1400>
- Madrid City Hall Data Bank. (2014). Statistic information area. Retrieved May 2, 2014 from <http://www-2.munimadrid.es/CSE6/jsp/menuBancoDatos.jsp>
- Manthey, J., Shield, K. D., Rylett, M., Hasan, O. S. M., Probst, C., & Rehm, J. (2019). Global alcohol exposure between 1990 and 2017 and forecasts until 2030: A modelling study. *The Lancet*, 393(10190), 2493–2502. [https://doi.org/10.1016/S0140-6736\(18\)32744-2](https://doi.org/10.1016/S0140-6736(18)32744-2)
- Marbry, L. (2008). Case study in social research. In P. Alasuutari, L. Bickman, & J. Brannen (Eds.), *The Sage handbook of social research methods* (pp. 214–228). SAGE Publications.
- Matrai, S., Casajuana, C., Allamani, A., Baccini, M., Pepe, P., Massini, G., & Gual, A. (2014). The Relationships between the impact of alcoholic beverage control policies, selected contextual Determinants, and alcohol drinking in Spain. *Substance Use and Misuse*, 49(12), 1665–1683. <https://doi.org/10.3109/10826084.2014.913398>
- McCambridge, J., Mialon, M., & Hawkins, B. (2018). Alcohol industry involvement in policymaking: A systematic review. *Addiction*, 113(9), 1571–1584. <https://doi.org/10.1111/add.14216>
- Molina de la Fuente, I., Pastor, A., Conde, P., Sandín Vázquez, M., Ramos, C., Bosque-Prous, M., Franco, M., & Sureda, X. (2021). Residents perceptions of the alcohol environment: A participatory photovoice project in two districts with different socio-economic status in a large city. *Health & Place*, 69, 102566. <https://doi.org/10.1016/J.HEALTHPLACE.2021.102566>
- Molina De la Fuente, I., Pastor, A., Conde, P., Vázquez, M. S., Ramos, C., Bosque-Prous, M., Franco, M., Sureda, X., & Borrell, L. N. (2021). Changes in perceptions of the alcohol environment among participants in a Photovoice project conducted in two districts with different socio-economic status. *PLOS ONE*, 16(8), e0254978. <https://doi.org/10.1371/JOURNAL.PONE.0254978>
- Nicholls, J. (2017). Alcohol policy in global context. In T. Kolind, B. Thom, & G. Hunt (Eds.), *The Sage handbook of drug and alcohol studies: Social science approaches* (pp. 164–180). SAGE. <https://doi.org/10.4135/9781473921986.n10>
- Nordlund, S., & Østhus, S. (2012). What is alcohol abuse? Attitudes to drinking in seven European countries. *Addiction Research & Theory*, 21(5), 402–409. <https://doi.org/10.3109/16066359.2012.732630>
- Parker, R. N. (2004). Alcohol and violence: Connections, evidence and possibilities for prevention. *Journal of Psychoactive Drugs*, 36(sup2), 157–163. <https://doi.org/10.1080/02791072.2004.10400051>
- Pastor, A., de la Fuente, I. M., Sandín Vázquez, M., Conde, P., Bosque-Prous, M., Franco, M., & Sureda, X. (2020). Availability, promotion, and signs of alcohol consumption: A mixed methods study of perceived exposure and objective measures. *International Journal of Environmental Research and Public Health*, 17(21), 8153. <https://doi.org/10.3390/ijerph17218153>
- Pastor, A., Espelt, A., Villalbí, J., Moure, L., Fuentes, S., Shortt, N., & Sureda, X. (2020). Availability and promotion of alcohol across different outlets typologies and under different area-level socio-economic status [Disponibilidad y promoción de alcohol según la tipología de los locales y las condiciones socioeconómicas del área]. *Adicciones*, 34(1), 23–36. <https://doi.org/10.20882/adicciones.1367>
- Patton, M. Q. (2014). Purposeful sampling and case selection: Overview of strategies and options. In M. Q. Patton (Ed.), *Qualitative research & evaluation methods. Integrating theory and practice* (pp. 401–410). SAGE.

- Pedrero-García, E. (2018). Nightlife and alcohol consumption among Youths: The Botellón phenomenon in Spain. *SAGE Open*, 8(3), 215824401880090. <https://doi.org/10.1177/2158244018800903>
- Pennay, A., & Room, R. (2012). Prohibiting public drinking in urban public spaces: A review of the evidence. *Drugs: Education, Prevention & Policy*, 19(2), 91–101. <https://doi.org/10.3109/09687637.2011.640719>
- Popova, S., Giesbrecht, N., Bekmuradov, D., & Patra, J. (2009). Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*, 44(5), 500–516. <https://doi.org/10.1093/alcac/agp054>
- Puangsuwan, A., Phakdeesettakun, K., Thamarangsi, T., & Chaiyasong, S. (2012). Compliance of off-premise alcohol retailers with the minimum purchase age law. *WHO South-East Asia Journal of Public Health*, 1(4), 412. <https://doi.org/10.4103/2224-3151.207043>
- Quinn, J. W., Mooney, S. J., Sheehan, D. M., Teitler, J. O., Neckerman, K. M., Kaufman, T. K. & Rundle, A. G. (2014). Neighborhood physical disorder in New York city. *Journal of Maps*, 12(1), 53–60. <https://doi.org/10.1080/17445647.2014.978910>
- Rivera-Navarro, J., Bonilla, L., Gullón, P., González-Salgado, I., & Franco, M. (2022). Can we improve our neighbourhoods to be more physically active? residents' perceptions from a qualitative urban health inequalities study. *Health & Place*, 77, 102658. <https://doi.org/10.1016/J.HEALTHPLACE.2021.102658>
- Rivera Navarro, J., Franco Tejero, M., Conde Espejo, P., Sandín Vázquez, M., Gutiérrez Sastre, M., Cebrecos, A., Sainz Muñoz, A., & Gittelsohn, J. (2019). Understanding urban health inequalities: Methods and design of the heart health hoods qualitative project. *Gaceta Sanitaria*, 33(6), 517–522. <https://doi.org/10.1016/j.gaceta.2018.07.010>
- Rolando, S., Beccaria, F., Tigerstedt, C., & Törrönen, J. (2012). First drink: What does it mean? The alcohol socialization process in different drinking cultures. *Drugs: Education, Prevention & Policy*, 19(3), 201–212. <https://doi.org/10.3109/09687637.2012.658105>
- Schreier, M. (2018). Sampling and generalization. In U. Flick (Ed.), *The Sage handbook of qualitative data collection* (pp. 84–98). SAGE Publications. <https://doi.org/10.4135/9781526416070.n6>
- Spanish National Drugs Plan [Plan Nacional Sobre Drogas]. (2021). Report 2021: Survey on alcohol, tobacco and illicit drugs in Spain [Informe 2021: Alcohol, tabaco y drogas ilegales en España]. Retrieved July 2, 2021 from <https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/informesEstadisticas/pdf/2021OEDA-INFORME.pdf>
- Spergel, I. (1996). *The youth gang problem*. Oxford University Press.
- Stockwell, T., & Gruenewald, P. J. (2004). Controls on the physical availability of alcohol. In N. Heather & T. Stockwell (Eds.), *The essential handbook of treatment and prevention of alcohol problems* (pp. 213–233). Wiley and Sons.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. Cambridge University Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research* (1st ed). SAGE Publications.
- Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and cultural contexts of alcohol use: Influences in a social-ecological framework. *Alcohol Research: Current Reviews*, 38(1), 45.
- Sureda, X., Villalbi, J. R., Espelt, A., & Franco, M. (2017). Living under the influence: Normalisation of alcohol consumption in our cities. *Gaceta Sanitaria*, 31(1), 66–68. <https://doi.org/10.1016/j.gaceta.2016.07.018>
- Taylor, G. A. J., & Blake, B. J. (2015). Key informant interviews and focus groups. In M. De Chesnay (Ed.), *Nursing research using data analysis. Qualitative designs and methods in nursing* (pp. 153–166). Springer.
- Teixidó-Compañó, E., Sordo, L., Bosque-Prous, M., Brugal, G., Barrio, M. T., Belza, M. J. J., & Espelt, A. (2019). Individual and contextual factors related to binge drinking among adolescents in Spain: A multi-level approach. *Adicciones*, 31(1), 41–51. <https://doi.org/10.20882/adicciones.975>
- Tolley, E., Ulin, P., Mack, N., Robinson, E., & Succop, S. (2016). *Qualitative methods in public health. A field guide for applied research* (2nd ed.). Wiley.
- Toomey, T. L., Erickson, D. J., Carlin, B. P., Quick, H. S., Harwood, E. M., Lenk, K. M., & Ecklund, A. M. (2012). Is the density of alcohol establishments related to non-violent crime? *Journal of Studies on Alcohol and Drugs*, 73(1), 21–25. <https://doi.org/10.15288/jasad.2012.73.21>
- Tortajada, S., Llorens, N., Castellano, M., Lvarez, F. J., Aleixandre-Benavent, R., & Valderrama-Zurián, J. C. (2010). Perception and consumption of alcohol among the immigrant population from latin America in Valencia region (Spain). *Substance Use and Misuse*, 45(14), 2567–2578. <https://doi.org/10.3109/10826080903550554>
- Villalbi, J. R., Bosque-Prous, M., Gili-Miner, M., Espelt, A., & Brugal, M. T. (2014). Policies to prevent the harm caused by alcohol [Políticas para prevenir los daños causados por el alcohol]. *Revista Espanola de Salud Publica*, 88(4), 515–528. <https://doi.org/10.4321/S1135-57272014000400006>
- Villalbi, J. R., Granero, L., & Teresa Brugal, M. (2008). Regulatory policies on alcohol in Spain. Experience-based public health? 2008 SESPAS report [Políticas de regulación del alcohol en España: ¿salud pública basada en la experiencia? Informe SESPAS 2008]. *Gaceta Sanitaria*, 22, 79–85. [https://doi.org/10.1016/s0213-9111\(08\)76078-3](https://doi.org/10.1016/s0213-9111(08)76078-3)
- Villalbi, J. R., & Pérez, C. (2006). Evaluation of regulatory policies: the prevention of traffic accidents in Spain [Evaluación de políticas regulatorias: prevención de las lesiones por accidentes de tráfico]. *Gaceta Sanitaria*, 20 (SUPPL. 1), 79–87. <https://doi.org/10.1157/13086030>
- Wechsler, H., Lee, J. E., Hall, J., Wagenaar, A. C., & Lee, H. (2002). Secondhand effects of student alcohol use reported by neighbors of colleges: The role of alcohol outlets. *Social Science and Medicine*, 55(3), 425–435. [https://doi.org/10.1016/S0277-9536\(01\)00259-3](https://doi.org/10.1016/S0277-9536(01)00259-3)
- World Health Organization. (2018). In World health organization (Ed.), *Global status report on alcohol and health 2018*. *World health organization*. https://www.who.int/substance_abuse/publications/global_alcohol_report/gsr_2018/en/
- World Health Organization. (2019). *Status report on alcohol consumption, harm and policy responses in 30 European countries 2019*. https://www.euro.who.int/_data/assets/pdf_file/0019/411418/Alcohol-consumption-harm-policy-responses-30-European-countries-2019.pdf
- Yin, K. (2014). *Case study research: Design and methods* (5th ed.). SAGE Publications.
- Yoon, S., Lam, W. W. T., Sham, J. T. L., & Lam, T. H. (2017). Underage drinking, group identity and access to alcohol: A qualitative study of Chinese youths. *Health Education Research*, 32(3), 269–278. <https://doi.org/10.1093/her/cyx045>
- Zapolski, T. C. B., & Clifton, R. L. (2019). Cultural socialization and alcohol use: The mediating role of alcohol expectancies among racial/ethnic minority youth. *Addictive Behaviors Reports*, 9, 100145. <https://doi.org/10.1016/j.abrep.2018.100145>