



Drinking behaviour and moderation among UK adults

Findings from Drinkaware Monitor 2018

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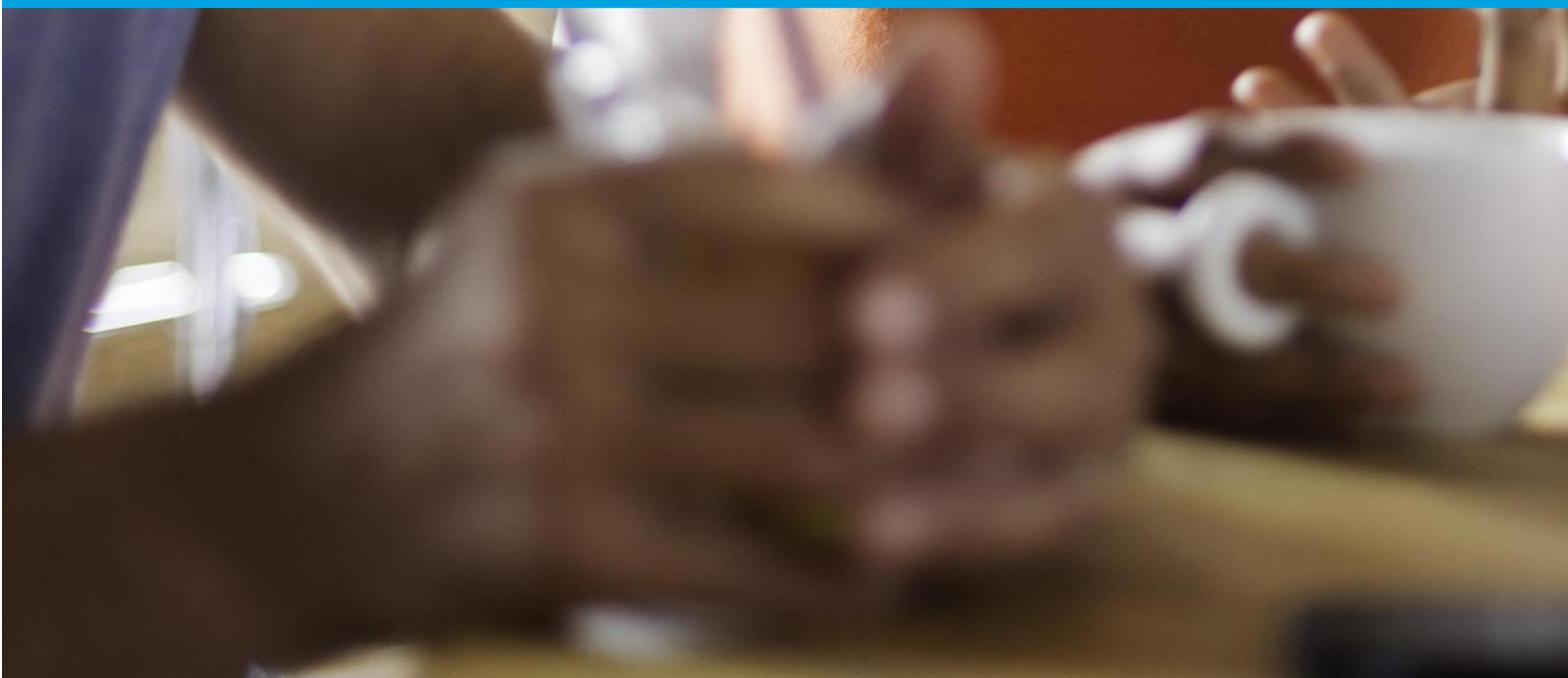


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1 Executive summary

Drinkaware works to reduce alcohol-related harm in the UK. To inform decisions over where and how to focus its work for maximum impact, Drinkaware utilises a range of research and evidence. This report is intended to contribute to Drinkaware's evidence base.

This report sets out findings from research conducted by YouGov in spring 2018 into UK adults' behaviour and attitudes in relation to alcohol and drinking moderation. It also explores the issue of drinking within the wider context of healthy lifestyles.

1.1 Summary of approach

YouGov interviewed a representative sample of 8,906 UK adults aged 18 to 85 online, between 14th May and 5th June 2018. Data have been weighted to be representative of the UK adult population (aged 18 to 85) according to gender, age, social grade, and region.

Previously, similar research has been conducted for Drinkaware by YouGov (in 2017) and by Ipsos MORI (since 2009), and this report builds on the existing evidence base provided by these previous surveys. Where appropriate, findings from 2018 are compared with those from 2017.

A number of standardised research tools were included in the survey, including the short Alcohol Use Disorder Identification Test (AUDIT-C), the Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF) and the short form of the General Self-Efficacy Scale (GSE-6), among others.

The report also utilises a segmentation model of adult drinkers in the UK, which was created by YouGov for Drinkaware in 2017 using cluster analysis. There are eight segments in total, which are detailed further in Chapter 5.

1.2 Key findings

Consumption patterns

The vast majority of UK adults drink alcohol, with 84% stating that they do so at least once a year, and 12% saying that they never drink alcohol. Around half (52%) drink at least once a week. Alcohol consumption is higher among men, older age groups and higher social grades. Drinking frequency is consistent with the findings reported in 2017.

Eighty percent of UK adults report drinking within the low risk drinking guidance (up to 14 units per week), or not at all, during the week prior to the interview. A fifth (20%) of adults report exceeding this recommended limit during the last week, with 17% drinking at increasing risk levels (15-49 units for men, and 15-34 units for women) and three percent falling into the high risk category (50 or more units for men, and 35 or more units for women). Men are more likely to exceed the recommended limits than women, and middle-aged people are more likely to do so than younger or older adults.

For the purposes of this report, drinking six or more units for women, or eight or more units for men, in a single occasion has been defined as 'binge' drinking. Among all UK adults aged 18 to 85, close to three-fifths (58%) reported that they ever drink at these levels, and 13% say that they typically do so weekly or more often. Men were much more likely to report 'binge' drinking than women (63% ever do so compared with 53% of women) and although young people drink less frequently overall than older people, they are more likely to 'binge' drink.

Nearly three fifths (59%) of the total UK adult population (i.e. including non-drinkers) fall under the 'low risk' category (scoring 0-4) according to the AUDIT-C measure. Approximately a quarter (27%) fall into the 'increasing risk' category (scoring 5-7), and 15% of the population score 8-12 points in the AUDIT-C measure, defining them as 'higher risk'. Within this category, two percent of the population scored 11-12 which is defined as 'possible dependence'.

Men are significantly more likely to exhibit risky drinking behaviours than women (51% were classified as increasing or higher risk, compared with 32% of women). Older adults (aged 55 and over) are the most likely (63%) to be in the low risk category. Younger adults (aged 18 to 34) and middle aged adults (aged 35-54) are similarly likely to be low risk drinkers (56% and 57% respectively), but younger adults are more likely to drink at increasing risk levels whereas middle aged adults are more likely to be classified as higher risk.

Alcohol in the context of healthy lifestyles

Most UK adults, and most drinkers, consider it important to maintain a healthy lifestyle (both 84%). Female drinkers (88%) place a higher priority on a healthy lifestyle than male drinkers (81%) and the perceived importance of a healthy lifestyle also increases with age. Increased alcohol consumption is correlated with a lower priority attached to maintaining a healthy lifestyle: just one in ten (10%) AUDIT-C low risk drinkers believed that it was not very or not at all important to maintain a healthy lifestyle; this proportion increases to 13% among increasing risk drinkers, and 21% among higher risk drinkers.

Half of drinkers (50%) believe their own lifestyle is healthy, while 20% believe it is unhealthy, and 29% selected 'neither healthy nor unhealthy'. Female drinkers are more likely than male drinkers to say that their own lifestyle is healthy. There was no difference between younger and middle aged drinkers, but older drinkers were much more likely to believe their lifestyle was healthy.

The perception of one's own healthiness declines among those with higher alcohol consumption, however this difference only becomes apparent among higher risk drinkers. Those in the AUDIT-C increasing risk group rated the healthiness of their own lifestyle the same as those in the low risk group (52% 'healthy' and 18% 'unhealthy' in both cases), whereas only 39% of higher risk drinkers believe their own lifestyle is healthy, and 29% recognise that it is unhealthy.

Among all drinkers aged 18-85, almost a quarter (23%) believe that their level of drinking affects their health negatively, while 29% think it has a positive impact and close to half (45%) rated this as neutral. Comparing this with other lifestyle factors shows that drinkers overall are less positive about the impact of their drinking than that of their diet or exercise levels (while those who smoke are less positive still about their smoking: 72% believe their smoking has a negative impact).

Naturally these views vary according to consumption levels: the majority of low risk drinkers believe their consumption has a positive or neutral impact, with just nine percent believing that it has a negative impact. Among increasing risk drinkers the proportion that believe there is a negative impact increases to 28%, and among higher risk drinkers a majority (57%) recognise this negative impact. However, this still leaves a relatively sizable minority (42%) of higher risk drinkers who believe the effect of their drinking on their health is either neutral or positive.

The survey also covered the perceived relative impact of making changes to different lifestyle factors. When asked to rank the four lifestyle factors (diet, exercise, drinking, and smoking where applicable) in order of which would have the greatest positive impact if changed, a large majority ranked either diet or exercise first. Just 11% of all drinkers ranked drinking first among these factors (11% of non-smokers and nine percent of smokers, with many of the latter group unsurprisingly ranking smoking first among the factors)

Respondents were also asked to rank the four lifestyle factors (diet, exercise, drinking, and smoking where applicable) according to how easy they would be to change. Among non-smoking drinkers, diet and exercise were thought to be easier to change than drinking: 41% ranked diet as easiest to change, and 32% exercise, while just 27% ranked drinking as easiest. By contrast, half of (non-smoking) drinkers ranked drinking as the hardest to improve among these three factors. Among smokers, diet and exercise were also ranked as the easiest factors to improve (31% and 28% ranked first respectively). A similar proportion of smokers ranked drinking (20%) and smoking (21%) as the easiest factor to improve.

AUDIT-C low risk drinkers were less likely to rank drinking as the easiest lifestyle factor to change than were increasing risk or higher risk drinkers, reflecting the fact that many low risk drinkers are already drinking at very low levels and therefore see little opportunity to reduce this level further. Results for increasing risk and higher risk drinkers are fairly similar, with higher risk drinkers only slightly more likely to rank drinking as the most difficult factor to change than increasing risk drinkers.

Openness to moderation

When thinking about their drinking in comparison to that of other people of their gender and age, the majority (63%) of UK drinkers believe that they drink less. Another one in five (20%) believe themselves to drink about the same as others. Only a relatively small minority (14%) think they drink more than others. Recognition of drinking more than others tend to reflect reported consumption levels: 17% of men think they drink more than others, compared with 11% of women, and the perception of drinking more than others increases in line with weekly consumption level and AUDIT-C category.

Nearly a sixth (16%) of the UK drinking population believe it is likely that they would have increased health problems in the future if they continue to drink at their current level, while 76% think this unlikely. Men are significantly more likely than women to think it likely they will have increased health problems in the future if they continue to drink at their current level (21% vs 12%).

The likelihood of believing that one's drinking may lead to future health problems increases with AUDIT-C category: just five percent of low risk drinkers say this outcome is likely, increasing to almost a third (30%) of increasing or higher risk drinkers (18% increasing risk and 52% higher risk). Nevertheless, it is concerning to note that the majority (60%) of increasing or higher risk drinkers believe that maintaining their current levels of alcohol consumption will be unlikely to cause increased health problems in the future, and this is true of 39% among higher risk drinkers.

The top health condition associated with alcohol consumption is liver disease, which two-thirds of UK drinkers were able to identify as a condition linked to alcohol without prompting. This was the only condition spontaneously mentioned by a majority of drinkers. Three in ten (29%) mentioned heart disease, and a quarter (24%) mentioned cancer. Other conditions such as obesity, diabetes and mental health problems, were mentioned by approximately one in ten, or fewer. Once prompted with a list of options, the vast majority (92%) recognise liver disease, three-quarters obesity (74%), and over two-thirds mental health problems (71%), high blood pressure (70%), heart problems (69%) and erectile dysfunction (68%).

Overall, three in four drinkers (75%) say they don't think they drink too much. Along the same lines, a quarter say that sometimes they think they should cut down their drinking. Roughly four in five (82%) women say they don't drink too much compared to 69% of men; presumably due in part to the fact that in general men are significantly more likely to exhibit risky drinking behaviours than women.

Perceptions of excessive drinking broadly match AUDIT-C categories, with higher risk drinkers (65%) being much more likely to say they sometimes think they should cut down their drinking, compared with 35% of increasing risk drinkers and six percent of low risk drinkers. Similarly, 29% of higher risk drinkers say they are actually changing their drinking habits right now. In comparison, this is the case for 22% of increasing risk drinkers and eight percent of low risk drinkers. However it is notable that among higher risk drinkers, a relatively sizable proportion (35%) think they do *not* drink too much and the same is true of 68% of increasing risk drinkers.

Moderation behaviour

Two in five (42%) adult drinkers say that at some point in their lives they have made efforts over a period of time to cut down their drinking, with men and older drinkers more likely to have attempted this. Just over half (54%) of those with an increasing or higher risk AUDIT-C score say they have attempted to cut down on their alcohol consumption (60% of higher risk drinkers and 51% of increasing risk drinkers).

Most drinkers do not use any resources or tools to assess their alcohol intake: 76% say they have not used any such tools or resources for this purpose. When used, the most popular tools or resources are taking a test to assess their drinking habits, and speaking to their GP or nurse (both nine percent). Just two percent say they have assessed their intake by using a pen and paper drinking diary. Those with AUDIT-C increasing or higher risk scores are more likely to have sought advice from a GP or nurse (13% compared with five percent of low risk drinkers).

Over half of drinkers who have recently attempted to reduce their drinking or considered doing so, do not cite a particular trigger for their decision to attempt this. The most common trigger for thinking about decreasing alcohol consumption is advice from a doctor or other health professional (13%), followed by a spouse or partner (10%).

The most common reasons given for attempting to cut down drinking, or thinking about it, are for a healthier lifestyle or to cut down on calories/ lose weight (both 55%). Less common reasons are to improve memory or concentration (both 11%). Among those who have thought about or tried to cut down, women are more likely than men to say that this was in order to lose weight or reduce their calorie intake whereas men are more likely to say it was to save money or to be fitter.

Older drinkers are more motivated by general and physical health reasons: 58% of those aged 35+ who have thought about cutting down say their motivation was for a healthier lifestyle (compared with 48% of under 35s) and 59% say it was to lose weight or to reduce their calorie intake (compared to 44% of younger drinkers). By contrast, younger drinkers are more likely than older drinkers to be motivated by mental wellbeing, to be more in control and to improve concentration.

The most popular techniques to cut down on drinking are to choose certain days in the week to avoid alcohol: 72% of drinkers say they are currently or have previously chosen certain drink-free days in the week to stick to, with 62% opting to avoid alcohol on 'school/work nights'. Around half say they have drunk within the guidelines (53%), set themselves a limit (52%), alternated alcoholic drinks with soft drinks (52%) or avoided alcohol for a fixed time-period (51%). Overall, women are more likely to have attempted moderation techniques or say they are currently utilising them.

Overall, the occasions at which drinkers are most willing to drink less are drinking at home alone and several drinks at home with a partner: almost three quarters (71%) of those who drink in each of these ways would consider drinking a lot or a little less. The occasion where drinkers show least willingness to drink less is when going out for a meal (58% of those who drink in this situation would consider drinking less). There is generally little difference between men and women, but women appear somewhat more willing to consider moderation at more social occasions including a home-based get together and a mixed home drinking and night out occasion.

Older drinkers (aged 55+) are notably less willing to consider drinking less at home alone, or when going out for a meal, compared with younger and middle aged drinkers. However, it is worth noting that drinkers in this age group already drink somewhat less than other groups, so there may be less perceived potential for them to cut down. Younger drinkers (aged under 35) are less inclined to consider drinking less during 'bigger' social occasions including a get together at home or at someone else's house, or a mixed home drinking and night out occasion, compared with middle aged and older drinkers.

Among the 12% of adults who stated they never drink alcohol, 53% say they used to drink alcohol but have given up, while 43% have never drunk alcohol. Within the group of previous drinkers, there are varied reasons for giving up drinking alcohol: around a third say they gave up either to improve their health generally (33%), or because they don't like the physical effects that alcohol has on them (32%). Twenty-one percent say they gave up alcohol because it either wasn't fitting into their lifestyle anymore, or that they didn't like the behavioural effects it had upon them. Eighteen percent say they gave up drinking as they felt their drinking was problematic.

2 Introduction

2.1 Background

Drinkaware is a charity providing impartial, evidence-based information, advice and practical resources to help people make better choices about their drinking. To support its work in this area, it is important for Drinkaware to utilise research and evidence to understand the prevalence of different drinking behaviours within the population, as well as the experiences of and views on moderation in the context of a healthier lifestyle and wellbeing. This evidence will inform Drinkaware's work to reduce alcohol-related harm, and help the charity to determine how and where to focus its efforts.

This report sets out findings from research conducted by YouGov in May-June 2018 into UK adults' behaviour and attitudes in relation to alcohol and views on moderation. Previously, similar research has been conducted for Drinkaware by YouGov (in 2017) and by Ipsos MORI (2009-2014). Where appropriate, findings from 2018 are reported in the context of those from previous waves of the research.

2.2 Objectives

The main objectives of this research were to:

- Provide an overview of adults' drinking behaviour in the UK, including how frequently and how much they are drinking
- Explore attitudes towards alcohol, drinking occasions, motivations for drinking, and alcohol purchasing behaviour
- Investigate in detail alcohol moderation, including attitudes to moderation, and strategies, tools and resources used for moderation
- Consider alcohol, and alcohol moderation, in the context of wider perceptions of healthy lifestyles and other lifestyle factors such as diet and exercise

2.3 Acknowledgements

The 2018 Drinkaware Monitor report explores UK adults' drinking attitudes and behaviours, and it examines in details aspects of drink moderation experiences and potential in relation to wider lifestyle behaviours. The approach and selection of suitable measurement instruments in this area were guided through unpaid advice provided by external research experts: Professor W. Miles Cox, Bangor University; Dr Richard de Visser, University of Sussex; Elizabeth Fuller, NatCen Social Research; Professor Derek Heim, Edge Hill University; Professor Antony C. Moss, London South Bank University; and Dr Paul Watts, University of East London.

3 Methodology

YouGov interviewed a representative sample of 8,906 UK adults aged 18 to 85 online, between 14th May and 5th June 2018. Data has been weighted to be representative of the UK adult population (aged 18 to 85) according to gender, age, social grade, and region.

3.1 Standardised tools

The following standardised tools and/or definitions were included in the survey and analysis process:

Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)

The Alcohol Use Disorder Identification Test – Consumption provides a composite measure of alcohol consumption levels, incorporating: frequency of drinking, units consumed on a typical occasion, and frequency of drinking 6 units or more (for women) or 8 units or more (for men). These three questions each carry a score of 0-4, depending on the answer given. This gives each individual an AUDIT-C score between 0 and 12. Scores for this tool have been grouped as shown in the table below.

Table 1: AUDIT-C categories

Category	AUDIT-C score
Low risk	0-4
Increasing risk	5-7
Higher risk	8-12

The Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF)

The Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF)¹ consists of 12 motivations for drinking and a five point response scale. An individual's responses are used to determine the extent to which they drink for social reasons (e.g. to improve parties and celebrations), enhancement reasons (e.g. because they like the feeling), conformity (e.g. to be liked), or coping reasons (e.g. to improve a bad mood). This measure was included in the survey to enable responses to be analysed according to the different motivations.

To assist with analysing data by responses to these categories, each respondent was assigned an average of their scores across all the items in each category (social, enhancement, coping or conformity). This score was then grouped into categories based on 1 standard deviation either above or below the mean score² as shown in the table below.

¹ Kuntsche, E. & Kuntsche, S. (2009). Development and validation of the Drinking Motive Questionnaire Revised Short Form (DMQ-R SF). *Journal of Clinical Child and Adolescent Psychology*, 38:6, 899-908.

Table 2: Drinking motivation categories

Category	Definition
Low score	More than 1 standard deviation below the mean score for the category
Average score	From 1 standard deviation below the mean score to 1 standard deviation above the mean score
High score	More than 1 standard deviation above the mean score for the category

The General Self-Efficacy Scale – Six Item Short Form (GSE-6)

The General Self-Efficacy Scale (GSE)³ assesses perceived self-efficacy regarding coping and adaptation abilities in both daily activities and isolated stressful events. It consists of 10 question items asked on a common response scale. For the survey a shortened form of the tool, with six question items, was used⁴. This six item version produces a score for each respondent between 6 and 24. Scores were then classified as around average if they were within one standard deviation above or below the mean. Scores falling outside this range were classified as above or below average. The classification of scores is shown in the table below.

Table 3: GSE-6 categories

Category	Score
Below average	6-15
Around average	16-18
Above average	19-24

3.2 Bespoke tools and data sources

Drinking occasions

As part of the 2017 Drinkaware Monitor, a tool was developed for respondents to self-identify the extent to which they engaged in any of a list of key typical drinking occasions (identified by Ally et al., 2016⁵). The same tool was used again in the 2018 Drinkaware Monitor. The occasions included in the tool were:

- Drinking at home alone
- A small number of drinks at home with the family
- A small number of drinks at home with a partner as a couple

³ Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio*. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON.

⁴ Rompel, M., Herrmann-Lingen, C., Wachter, R., Edelmann, F., Dungen, H.D., Pieske, B. and Grande, G., (2013). A short form of the General Self-Efficacy Scale (GSE-6): Development, psychometric properties and validity in an intercultural non-clinical sample and a sample of patients at risk for heart failure. *GMS Psycho-Social-Medicine*, 10.

⁵ Ally, A. K., Lovatt, M., Meier, P. S., Brennan, A., & Holmes, J. (2016). Developing a social practice-based typology of British drinking culture in 2009–2011: implications for alcohol policy analysis. *Addiction*, 111: 1568–1579. doi: [10.1111/add.13397](https://doi.org/10.1111/add.13397).

- Several drinks at home with a partner
- Getting together at your or someone else's house
- Going out for a meal
- Evening or night out with friends, with no drinking at home
- Mixed home drinking and night out with friends

Readiness to Change Questionnaire (RCQ) – Short Version

This study also includes a shortened version of the Readiness to Change Questionnaire, developed in the context of alcohol behaviour by Hannover et al. (2002)⁶. Rather than seeking to specify the actual stage of readiness to change people are at, a shortened version of the questionnaire, used in this study, simply seeks to assess the extent to which a person is ready to change by asking those who drink alcohol to say if they agree or disagree that either they don't think they drink too much, sometimes think they should cut down, or are actively trying to cut down on their drinking.

To produce a composite score which summarises these three factors, scores were assigned for each statement as shown in the table below.

Table 4: Readiness to change scoring

Response	I don't think I drink too much	Sometimes I think I should cut down my drinking	I am actually changing my drinking habits right now
Strongly disagree	2	-2	-2
Disagree	1	-1	-1
Neither agree nor disagree	0	0	0
Agree	-1	1	1
Strongly agree	-2	2	2

The sum of these scores produced a composite score between -6 and +6 for each respondent. For analysis, this composite score was then grouped into categories based on 1 standard deviation either above or below the mean score as shown in the table below.

Table 5: Readiness to change score categories

Category	Definition
Low readiness to change	More than 1 standard deviation below the mean score
Average readiness to change	From 1 standard deviation below the mean score to 1 standard deviation above the mean score
High readiness to change	More than 1 standard deviation above the mean

⁶ Hannover, W., Thyrian, J. R., Hapke, U., Rumpf, H.-J., Meyer, C., & John, U. (2002). The Readiness to Change Questionnaire in subjects with hazardous alcohol consumption, alcohol misuse and dependence in a general population survey. *Alcohol and Alcoholism*, 37(4), 362-369.

Segmentation

This report utilises a segmentation model of adult drinkers in the UK, which was created by YouGov for Drinkaware in 2017. Segments were created using cluster analysis. This process brings together clusters of respondents who express similar attitudes or behaviours, based on responses to key questions/metrics. The key questions which define the segments are:

- AUDIT-C score
- Drinking motivations (based on the DMQ-R SF)
- Drinking occasions
- Perceived likelihood of health problems in the future based on current alcohol consumption

The defining characteristics of each segment are:

Segment 1

Mainly increasing risk (40%) or higher risk (50%) drinkers, who predominantly drink for social and enhancement reasons but also display some coping and conformity behaviour. They are particularly likely to drink on nights out and get-togethers with friends.

Segment 2

Mainly low risk (49%) or increasing risk (42%) drinkers, who predominantly drink for social and enhancement reasons. They are most likely to drink a small number of drinks with a partner as a couple, or when out for a meal.

Segment 3

Virtually all low risk drinkers (94%), with low scores for all drinking motivations. When they do drink it is likely to be home-based or when out for a meal.

Segment 4

Most likely to be low risk (25%) or increasing risk (51%) drinkers, but 24% fall into the higher risk category. They drink mainly for social and enhancement reasons, with home-based drinking and going out for a meal being the main occasions.

Segment 5

Most likely to be low risk (32%) or increasing risk (42%) drinkers, but 26% fall into the higher risk category. They are particularly likely to drink for coping reasons but also drink for social and enhancement reasons. They are likely to drink at home alone, as well as to engage in home-based drinking with others.

Segment 6

This segment is most likely to be low risk (47%) or increasing risk (35%) drinkers. They are particularly likely to drink for conformity reasons but also drink for social, enhancement and coping reasons. They are most likely to drink at home as a couple, when out for a meal, at home alone or during nights out with friends.

Segment 7

Most likely to be low risk (49%) or increasing risk (42%) drinkers. They have relatively low scores for all drinking motivations. They are most likely to drink when out for a meal, or in a home-based setting.

Segment 8

The majority of this segment are higher risk drinkers (69%), and a further 28% are increasing risk drinkers. They are most likely to drink for coping and enhancement motivations. They are most likely to drink at home alone.

Further details of the segments are included in Chapter 5.

3.3 YouGov Profiles data

Chapter 8 (Section 8.7) reports findings on use of technology and media related to health, diet and fitness. This data does not come from questions asked as part of the Drinkaware Monitor 2018 survey, but from YouGov's Profiles tool. This tool is a connected data vault, comprising data collected from YouGov panel members over numerous surveys and panel updates, and bringing the opportunity to append insights beyond those collected within a given survey. The tool contains data points on areas including demographics, media consumption patterns, technology and lifestyle and in addition to other information. For the purpose of this study, three categories were selected as relevant to the study objectives: ownership of a wearable fitness device, use of apps to track diet or fitness, and readership of magazines related to health or fitness.

3.4 Interpreting the data

As described above, the survey data have been weighted by gender, age, social grade and region, to ensure they are representative of the UK adult population.

Where differences between sub-groups are discussed, only those differences that are statistically significant are reported (unless otherwise stated). These differences are statistically significant to a confidence level of 95%.

Please also note that throughout the report we use rounded percentages. Figures may not always sum to 100% where appropriate due to this rounding, but will remain within a percentage point.

3.5 Comparisons with previous study years

In 2018 the sample population included adults aged 18-85. This was a departure from previous years of the Drinkaware Monitor which sampled adults aged 18-75. This change means that overall results are not directly comparable with those from previous years. Where relevant, this report uses a subset of the 2018 data, aged 18-75 only, in order to make valid comparisons with previous research.

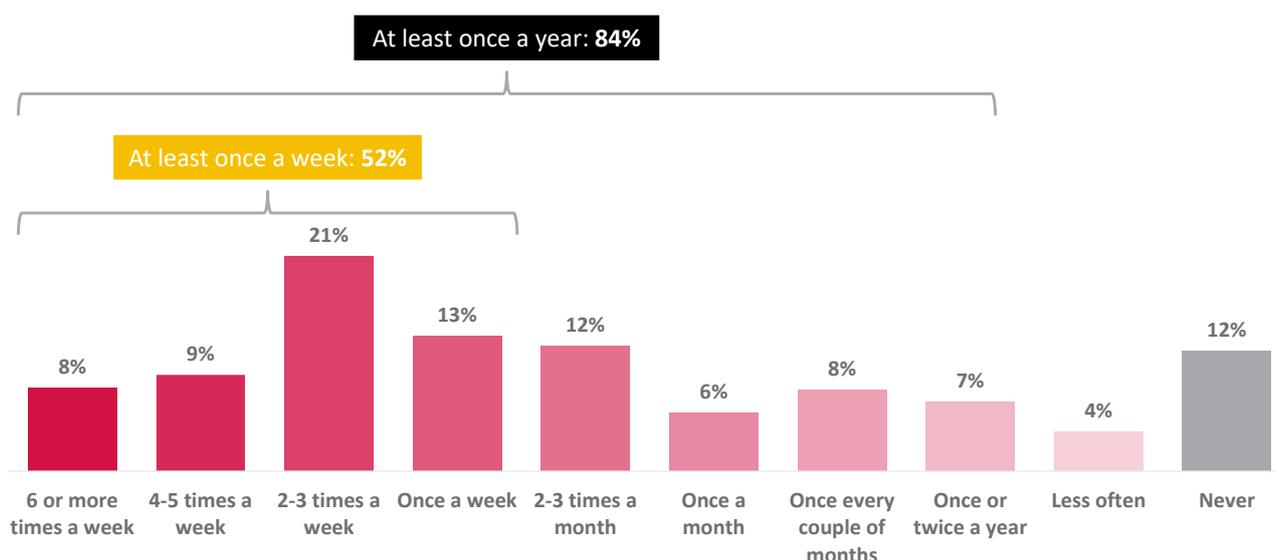
4 Alcohol consumption patterns among adults in the UK

This chapter provides an overview of alcohol consumption patterns among adults (aged 18 to 85) in the UK, including frequency of drinking, consumption levels and frequency of 'binge' drinking.

4.1 Drinking frequency

The vast majority of UK adults drink alcohol, with 84% stating that they do so at least once a year, and 12% saying that they never drink alcohol. Around half (52%) drink at least once a week. Most commonly, people drink two to three times a week, with this category accounting for a fifth (21%) of the population. Close to a fifth (18%) drink four or more times per week.

Figure 1: Frequency of drinking alcohol among UK adults



Base: all UK adults aged 18 to 85 (n=8,906)

The frequency of drinking varies among different demographic groups. Men are more likely than women to drink on a regular basis: 59% of men reported drinking weekly or more often, compared to 45% of women, and over a fifth (22%) stated that they drink four times a week or more, compared to just 13% of women.

Continuing a pattern seen in previous waves of the Drinkaware Monitor, age has a considerable impact on the frequency of drinking. Among 18-34 year olds, under half (44%) report drinking weekly or more often. This proportion rises sequentially to 60% of 65-75s, before falling again among the 76-85 age group (to 53%). Age has a smaller impact on the likelihood of ever drinking: 87% 18 to 34s ever drink, rising to 90% among those aged 55-75 and falling to 82% among those aged 76-85.

Socio-economic grade also has some impact on drinking levels: 91% of those in social grades ABC1 ever drink, compared to 85% of those in social grades C2DE, and 58% of ABC1s drink weekly or more often, compared to 45% of C2DEs. This may be partly driven by variations by age, since middle aged and older people are more likely to fall into grade ABC1, whereas younger people are more likely to be classified as C2DE.

Among the devolved nations, those in Scotland (89%) and England (88%) were most likely to ever drink; this compares with 86% in Wales and only 82% in Northern Ireland. The frequency of drinking was highest in England, where 52% drink weekly or more often, compared to 49% in Scotland, 48% in Wales, and 46% in Northern Ireland.

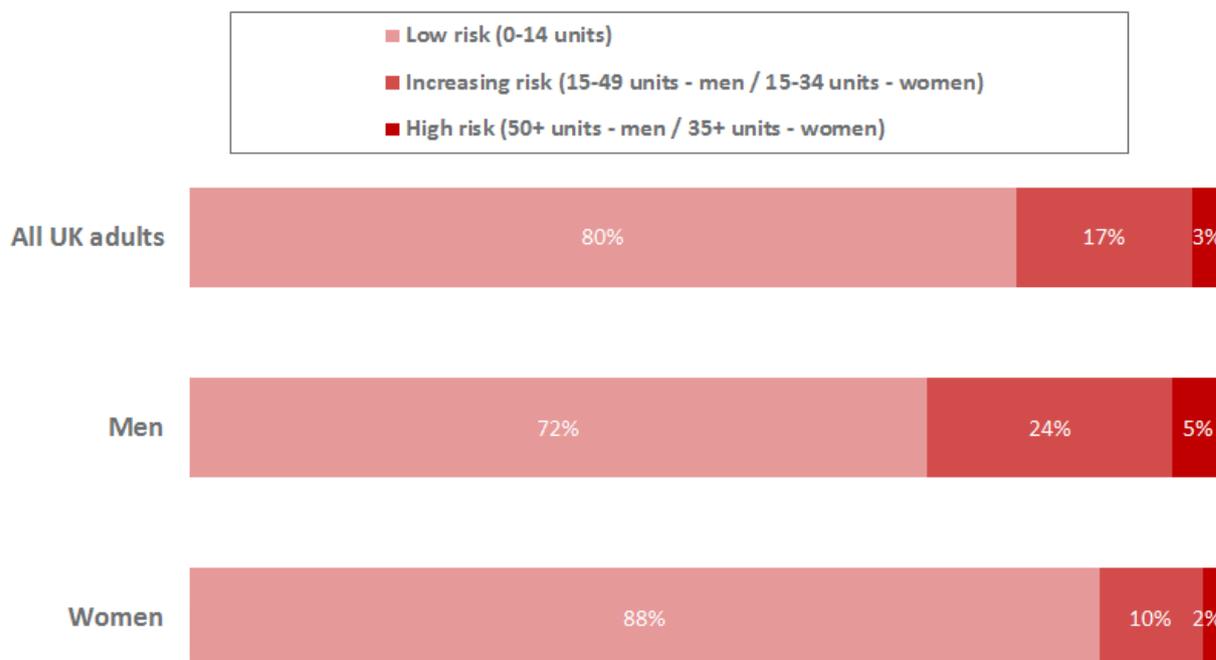
Looking at results for those aged 18-75 only (in line with the approach used in previous study years) shows a pattern consistent with that seen in 2017. Eighty-five percent of 18-75s drink at least yearly (84% in 2017) and 52% report drinking weekly or more often (52% in 2017). Previously, a trend of falling alcohol consumption was identified when comparing findings from 2017 with those from 2014: the proportion that reported drinking at least yearly fell from 87% in 2014 to 84% in 2017, and the proportion drinking weekly or more often fell from 60% to 52%. The 2018 survey results do not show continued falls as proportions have stabilised compared to last year, however it should be noted that one year is a short time frame in which to record any such change.

4.2 Weekly consumption

Eighty percent of UK adults report drinking within the low risk drinking guidance (or not at all) during the week prior to the interview. In line with guidance from the UK Chief Medical Officers issued in 2016, the low risk drinking guidance is to drink no more than 14 units per week for both men and women. A fifth (20%) of adults report exceeding this recommended limit during the last week, with 17% drinking at increasing risk levels (15-49 units for men, and 15-34 units for women) and three percent falling into the high risk category (50 or more units for men, and 35 or more units for women).

Men are more likely to exceed the recommended limit: 28% report doing so, compared to just 12% of women. They are also more likely to report drinking at high risk levels (five percent compared with two percent of women).

Figure 2: Alcohol unit consumption in the last week, among UK adults



Base: all UK adults aged 18 to 85 (n=8,906)

The likelihood of drinking above the recommended limit of 14 units increases somewhat among the middle age groups. Among 18 to 34 year olds, 82% are drinking within the low risk drinking guidelines; this falls to 77% among those aged 45 to 54 and 78% among those aged 55-75, before rising again to 84% among those aged 76+.

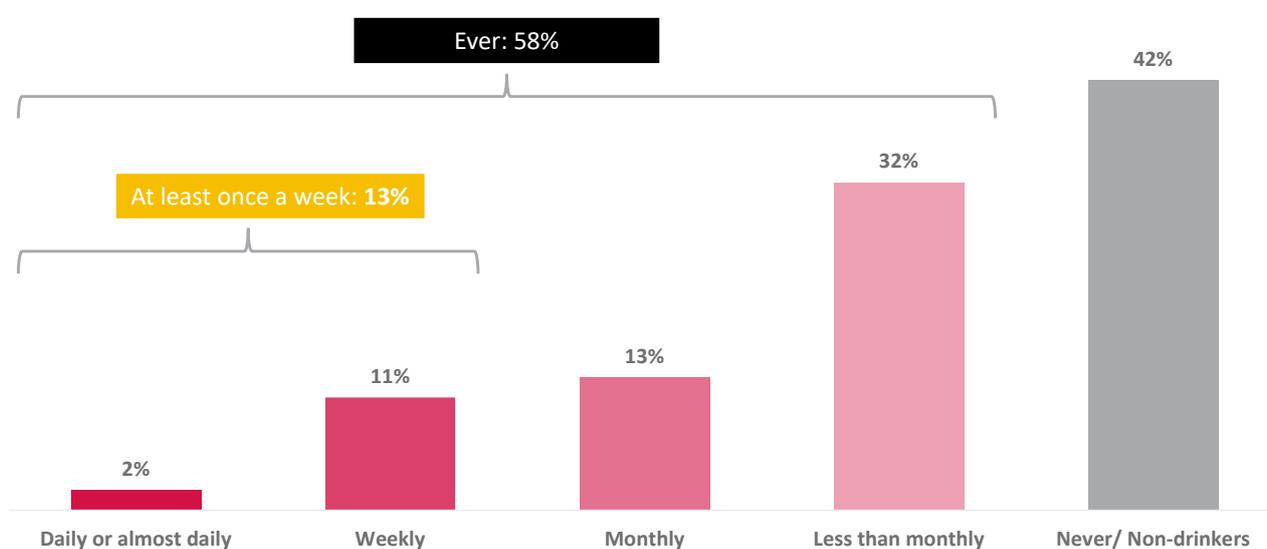
In line with the findings in Section 5.1, which showed that those in social grades ABC1 were likely to drink more frequently, ABC1s are also likely to consume more units. Twenty-one percent of ABC1s report drinking at increasing or high risk levels (15+ units) compared with 19% of C2DEs. However the proportion of C2DEs falling into the *high* risk category specifically is slightly higher (four percent compared with three percent of ABC1s), whereas a higher proportion of ABC1s fall into the increasing risk category (18% compared to 15% of C2DEs).

There was no significant difference among the devolved nations in the amount of units consumed in the last week. A fifth of adults (20% in England; 19% in Wales; 20% in Scotland, and 22% in Northern Ireland) reported consuming over 14 units during the week prior to interview.

4.3 Frequency of 'binge' drinking

For the purposes of this report and in line with the definition used by the Office for National Statistics⁷, drinking six or more units for women, or eight or more units for men, in a single occasion has been defined as 'binge' drinking. Among all UK adults aged 18 to 85, close to three-fifths (58%) reported that they ever drink at these levels, and 13% say that they typically do so on a weekly basis.

Figure 3: Frequency of drinking 6+ units (for women) / 8+ units (for men) in a single occasion



Base: all UK adults aged 18 to 85 (n=8,906)

Men were significantly more likely to report binge drinking than women: 63% of adult men said they ever drink in this way compared to 53% of women, and 16% reported doing so at least weekly, compared to just nine percent of women.

While young people drink less frequently overall than older people (as discussed in Section 5.1), they are more likely to binge drink. Sixty-eight percent of 18 to 34s report ever binge drinking, falling to 62% of 35-54s and 45% of those aged 55+. However the middle age group were most likely to report binge drinking on a weekly basis (16%, compared with 11% of both 18-34s and 55+).

People in social grades ABC1 were more likely to report binge drinking overall: 63% stated that they ever do so, compared with 52% of C2DEs. However, the proportion of each group that reported doing so on a weekly basis was the same (both 13%).

Among the devolved nations, the proportion of people who ever binge drink was highest in Scotland (61%) and lowest in Wales (55%). England and Northern Ireland were placed in between these extremes (58% and 59% respectively).

⁷ Office for National Statistics (2017). Adult drinking habits in Great Britain: 2017 ([link](#)).

Comparing the results for those aged 18-75 with the data collected in 2017 suggests a decline in more frequent binge drinking. In 2018, just 13% reported drinking in this way on a weekly basis, compared with 15% who reported this in the 2017 survey. However, the proportion that reported ever binge drinking remains consistent across both study years.

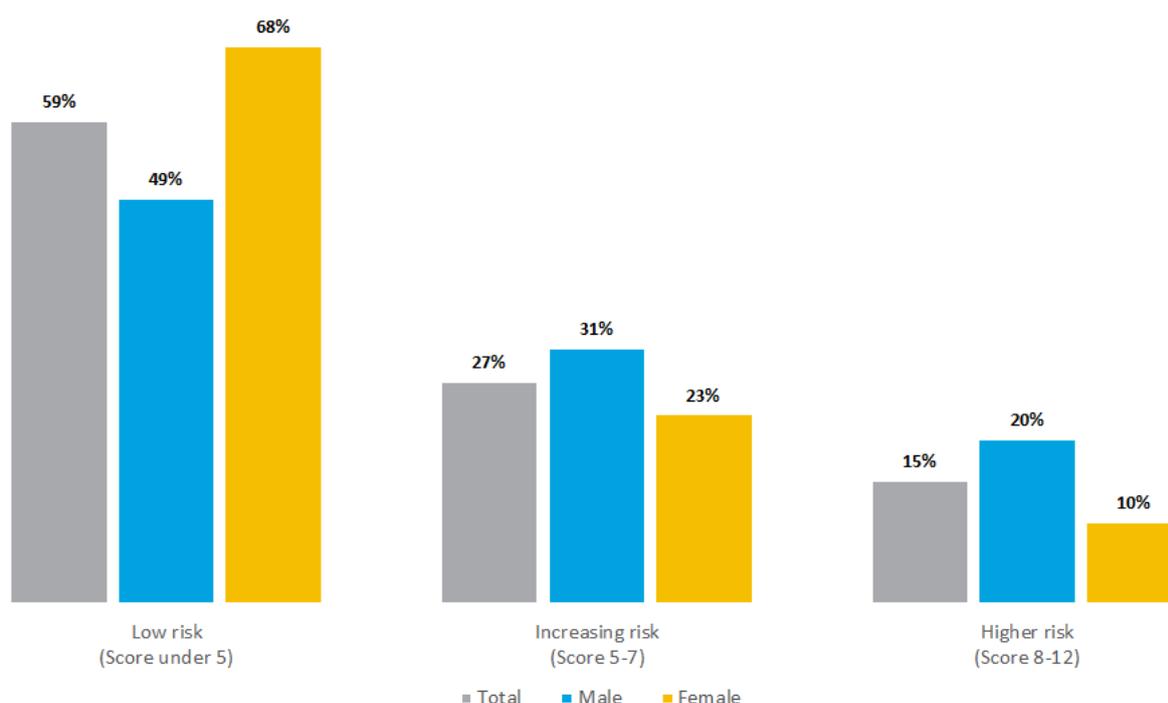
4.4 Prevalence of harmful drinking

In our analysis, we define harmful drinking using the Alcohol Use Disorders Identification Test (AUDIT-C) scoring system, as described in the introductory chapter. A risk score is determined by the following brackets: 'low risk' (scoring 0-4 through the AUDIT-C questionnaire); 'increasing risk' drinkers scoring 5-7, and 'higher risk' drinkers scoring 8-12. Within the higher risk category we also look at the subset scoring 11-12, defined as 'possible dependence'.

Nearly three fifths (59%) of the total UK adult population (i.e. including non-drinkers) fall under the 'low risk' category according to the AUDIT-C measure. Approximately a quarter (27%) fall into the 'increasing risk' category, and 15% of the population score above 8 points in the AUDIT-C measure, defining them as 'higher risk'. Within this category, two percent of the population scored 11-12 which is defined as 'possible dependence'.

Men are significantly more likely to exhibit risky drinking behaviours than women. Half (51%) of all adult men in the UK show results of increasing or higher risk drinking when completing the AUDIT-C measure; this is compared with a third (32%) of all adult women. In particular, men are twice as likely to exhibit higher risk drinking behaviours (20% vs 10% of women). The small proportion of people classed as 'possible dependence' are also predominantly men: four percent of men fall into the 'possible dependence' category with a score of 11-12, compared with one percent of women.

Figure 4: AUDIT-C categories for UK adults by gender



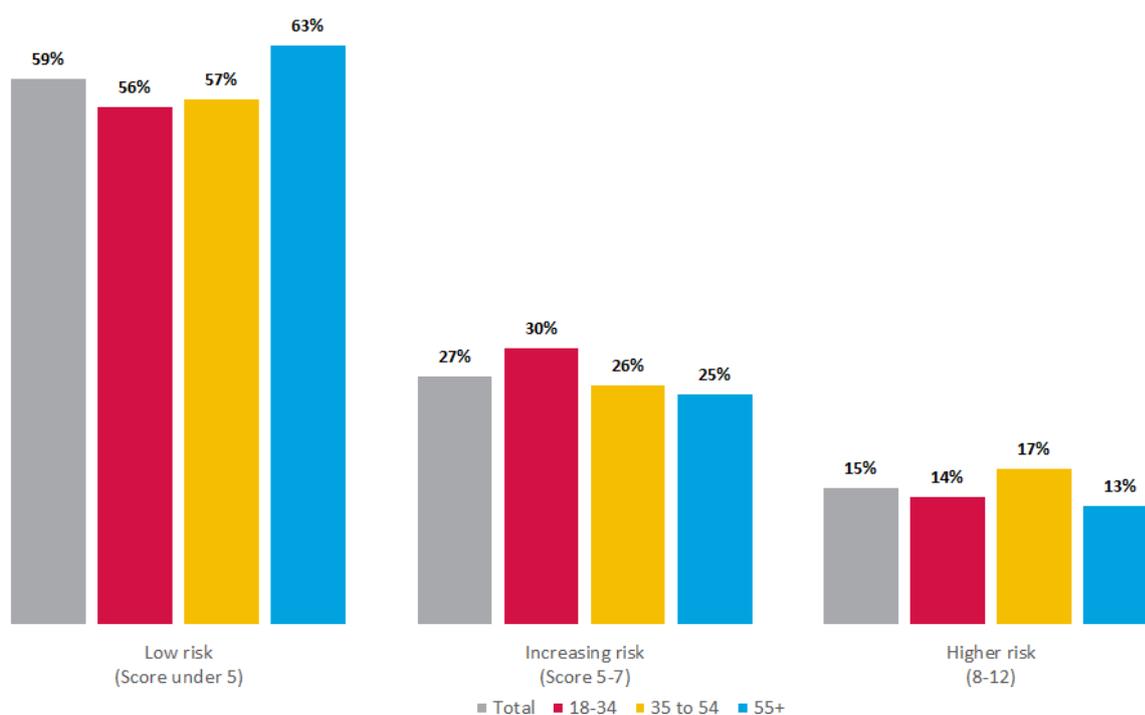
Base: all UK adults aged 18-85: Total (n=8,906); Male (n=4,413); Female (n=4,493)

The extent of harmful drinking behaviours differs with age. Older adults in the UK (aged 55 and over) are the most likely (63%) to be in the low risk category when answering the AUDIT-C questions about their drinking behaviour. A quarter (25%) of this group are classified as increasing risk, and 13% drink at higher risk levels.

Younger adults (aged 18 to 34) and middle aged adults (aged 35-54) are similarly likely to be low risk drinkers, with 56% and 57% respectively scoring under five in the AUDIT-C measure. While younger (18 to 34) and middle aged (35-54) adults are equally likely to fall into the combined increasing or higher risk category overall, Figure 5 shows that younger adults are more likely to drink at increasing risk levels (30% of 18-34s compared with 26% of 35-54s), while middle aged adults are more likely to be classified as higher risk (17% of 35-54s compared with 14% of 18-34s).

Additionally, three percent of middle aged adults (35-54) and three percent of older adults (55+) fall into the 'possible dependence' category, compared with one percent of younger adults aged 18-34.

Figure 5: AUDIT-C categories for UK adults across age groups



Base: all UK adults aged 18-85: Total (n=8,906); Aged 18-34 (n=1,795); Aged 35-54 (n=3,560); Aged 55+ (n=3,551)

Adults in higher social grades (ABC1) are more likely to be in the increasing or higher risk categories, with close to half (46%) scoring five or more points when answering the AUDIT-C questions. This is compared to 36% of lower social grade adults (C2DE). Conversely, C2DE adults are more likely to be categorised as low risk (64% compared with 54%).

Among the devolved nations, those in Wales are most likely to be placed in the low risk category (63%, compared with 60% in Northern Ireland, 59% in England and 55% in Scotland).

When analysing results for the AUDIT-C questions among only UK adults who drink alcohol, findings indicate that 53% of the adult drinking population fall into the low risk category, while 30% are increasing risk and 17% are higher risk. Analysis by AUDIT-C throughout this report will exclude non-drinkers.

5 Segmentation of adult drinkers in the UK

This chapter describes the attitudes, behaviours and characteristics of eight distinct groups of drinkers, identified using segmentation analysis. Also included are details of the group of respondents who never drink alcohol and therefore were not included in the segmentation analysis and placed into a separate category of non-drinkers. Further details of the segmentation process and method are provided in Appendix A.

5.1 Proportional distribution of segments across the UK population

The table below shows the distribution of segments (and the non-drinkers category) across the overall UK adult population, for the 2018 and 2017 Drinkaware Monitor surveys⁸. Since the 2017 survey only sampled adults aged 18-75 whereas the 2018 survey sampled those aged 18-85, comparison figures are also included for the 2018 survey data filtered by those aged 18-75 only.

Table 6: Proportional distribution of segments across the UK population – by study year

Group	% observed in 2018 survey (adults aged 18-85)	% observed in 2018 survey (adults aged 18-75)	% observed in 2017 survey (adults aged 18-75)
Segment 1	7%	7%	8%
Segment 2	12%	12%	11%
Segment 3	28%	27%	26%
Segment 4	12%	12%	11%
Segment 5	7%	7%	7%
Segment 6	6%	6%	8%
Segment 7	12%	12%	11%
Segment 8	5%	5%	5%
Non drinkers	13%	12%	13%

⁸ The figures presented are all based on the 'golden questions' segmentation tool, explaining some minor variations (all within 1 percentage point) in the 2017 data compared to the original analysis (presented in *UK adult drinking behaviours and attitudes: Findings from Drinkaware Monitor 2017*) which also included some additional variables.

Table 7 shows the distribution of segments (and the non-drinkers category) across the overall adult population (aged 18-85) in each nation, for the 2018 Drinkaware Monitor survey.

Table 7: Proportional distribution of segments across the 18-85 population (2018) - by nation

Group	UK (n=8,906)	England (n=5,803)	Wales (n=1,195)	Scotland (n=1,315)	Northern Ireland (n=593)
Segment 1	7%	7%	5%	7%	6%
Segment 2	12%	12%	11%	13%	12%
Segment 3	28%	28%	28%	28%	26%
Segment 4	12%	12%	11%	11%	10%
Segment 5	7%	7%	7%	6%	7%
Segment 6	6%	6%	7%	6%	8%
Segment 7	12%	13%	12%	11%	9%
Segment 8	5%	5%	5%	6%	6%
Non drinkers	13%	13%	15%	12%	16%

5.2 Summary of segments

Segment 1

Segment 1 drink fairly frequently and also drink a relatively high higher number of units. They are predominantly younger and skewed towards male, with a high proportion of full-time students. They tend to drink on social occasions including nights out with friends, get-togethers at home, and meals out. They drink most often for social and enhancement reasons, but drinking for conformity and coping reasons also occurs among this group. They are fairly unlikely to be using moderation techniques.

Key characteristics

- Regular drinkers (89% drink weekly or more often) with high unit consumption: 71% typically drink 5 or more units on a drinking day, and 40% 'binge' drink weekly or more often.
- Using the AUDIT-C scoring:
 - 10% are low risk drinkers
 - 40% are increasing risk drinkers
 - 50% are higher risk drinkers
- Over half (53%) drank over 14 units in the week leading up to the interview
- Social drinkers, tending to drink on nights out with friends, home get-togethers with friends, and meals out
- 40% have a high score for social reasons (much higher than average). 33% have a high score for enhancement reasons (higher than average). 10% have a high score for coping reasons (lower than average). 13% have a high score for conformity reasons (around average).
- Close to half (46%) sometimes think they should cut down their drinking



- Much less likely than average to be using or consider most moderation techniques

Key demographics

- 59% male, 41% female
- 63% aged 18 to 44, 37% aged 45 and over
- 63% are in ABC1 social grades

Segment 2

Segment 2 drink with moderate frequency and a fairly moderate unit consumption. They are fairly balanced between men and women, and somewhat younger than the overall population. They tend to drink on social occasions including with their partner at home, family get-togethers at home, and during meals out. They drink most often for social and enhancement reasons, and are unlikely to drink for coping or conformity reasons. They show roughly average likelihood to be using or consider alcohol moderation techniques.

Key characteristics

- Moderate drinkers (46% drink weekly or more often) with an intermediate unit consumption: 57% typically drink up to 4 units in a drinking day, and 75% 'binge' drink less than monthly, or never.
- Using the AUDIT-C scoring:
 - 49% are low risk drinkers
 - 42% are increasing risk drinkers
 - 10% higher risk drinkers
- A sixth (16%) drank over 14 units in the week leading up to the interview
- Social drinkers, tending to drink alcohol mostly with a partner or family at home, or when going out for meals
- 61% have a high score for social reasons (much higher than average). 44% have a high score for enhancement reasons (higher than average). Three percent have a high score for coping reasons (lower than average). Eight percent have a high score for conformity reasons (lower than average).
- Average likelihood to be using or consider moderation techniques

Key demographics

- 50% male, 50% female
- 60% aged 18 to 44, 40% aged 45 and over
- 57% are in ABC1 social grades

Segment 3

Segment 3 drink fairly rarely and also usually only drink up to 2 units when drinking alcohol. They are more likely to be women, and more likely to be older. They tend to drink only during home-based occasions or meals out. They have a low score for all drinking motivations. They show slightly higher than average openness to moderation techniques.



Key characteristics

- Very light drinkers (only 20% drink weekly or more often) with a low unit count when they do drink: 92% typically drink no more than 4 units in a drinking day, and 72% never 'binge' drink
- Using the AUDIT-C scoring:
 - 94% are low risk drinkers
 - 6% are increasing risk drinkers
- Virtually none (one percent) drank over 14 units in the week leading up to the interview
- Tend to drink at social occasions such as family events or meals out
- Very low scores on all drinking motivation categories. When they do drink it is most likely to be for enhancement or conformity reasons.
- Some in this group are using certain moderation techniques; others reject moderation techniques because they are not seen as relevant due to this segment's low consumption.

Key demographics

- 38% male, 62% female
- 38% aged 18 to 44, 62% aged 45 and over
- 48% are in ABC1 social grades and 52% are in C2DE

Segment 4

Segment 4 drink frequently, but are likely to drink moderately and have a lower tendency to 'binge' drink. They are slightly more likely to be men, and more likely to be older. The occasions in which Segment 4 drinkers are most likely to consume alcohol is in the home where they often drink with a partner. They drink most often for social and enhancement reasons.

Key characteristics

- Frequent drinkers (95% drink weekly or more often) with a moderate unit count when they do drink: 62% typically drink up to 4 units in a drinking day, and 58% 'binge' drink less than monthly, or never.
- Using the AUDIT-C scoring:
 - 25% are low risk drinkers
 - 51% are increasing risk drinkers
 - 24% are higher risk drinkers
- Two-fifths (42%) drank over 14 units in the week leading up to the interview
- Tend to drink at home with a partner or during meals out
- 10% have a high score for social reasons (much lower than average). 12% have a high score for enhancement reasons (lower than average). Three percent have a high score for coping reasons (lower than average). Three percent have a high score for conformity reasons (lower than average).
- Average level of openness to moderation techniques
- Two-fifths (41%) sometimes think they should cut down their drinking

Key demographics

- 58% male, 42% female
- 29% aged 18 to 44, 71% aged 45 and over
- 64% are in ABC1 social grades and 36% are in C2DE

Segment 5

Segment 5 drink frequently, though they don't tend to exceed 4 units when drinking and are likely to 'binge' drink less often. They are slightly more likely to be younger or middle-aged. They are most likely to drink for coping reasons, but also drink for social and enhancement motivations. They are less likely than average to be using or consider most moderation techniques.

Key characteristics

- Frequent drinkers (74% drink weekly or more often) with an average unit count when they do drink: 56% typically drink up to 4 units in a drinking day, and 44% 'binge' drink at least once a month
- Using the AUDIT-C scoring:
 - 32% are low risk drinkers
 - 42% are increasing risk drinkers
 - 26% are higher risk drinkers
- A third (33%) drank over 14 units in the week leading up to the interview
- More likely than others to drink at home alone, but also to drink with family or with a partner
- 34% have a high score for social reasons (higher than average). 38% have a high score for enhancement reasons (higher than average). 91% have a high score for coping reasons (much higher than average). 13% have a high score for conformity reasons (around average).
- Less likely than average to be using or consider most moderation techniques
- Around half (45%) sometimes think they should cut down their drinking

Key demographics

- 47% male, 53% female
- 52% aged 18 to 44, 48% aged 45 and over
- 48% are in social grades ABC1 and 52% are in C2DE

Segment 6

Segment 6 have a slightly lower drinking frequency than average, and when they do drink they are likely to drink up to 4 units in a sitting. Compared to the average they are more likely be male, young and in work. Segment 6 drinkers are more likely than average to drink at social events such as with family or when going out for a meal. A defining characteristic of this segment is that they are the most likely to drink for conformity reasons, but they also drink for social and enhancement motivations. They have roughly average levels of openness to moderation techniques

Key characteristics

- Slightly less frequent drinkers than average (59% drink weekly or more often) with an average unit count when they do drink: 60% typically drink up to 4 units in a drinking day. 63% 'binge' drink less than monthly, or never.
- Using the AUDIT-C scoring:
 - 47% are low risk drinkers
 - 35% are increasing risk drinkers
 - 18% are higher risk drinkers
- A fifth (22%) drank over 14 units in the week leading up to the interview
- Tend to drink at social occasions such as family events or meals out
- 52% have a high score for social reasons (higher than average). 41% have a high score for enhancement reasons (higher than average). 54% have a high score for coping reasons (higher than average). 100% have a high score for conformity reasons (much higher than average).
- Roughly average level of openness to moderation techniques

Key demographics

- 57% male, 43% female
- 65% aged 18 to 44, 35% aged 45 and over
- 55% are in social grades ABC1 and 45% are in C2DE

Segment 7

Segment 7 drink frequently but drink low amounts when they do drink alcohol. They are equally likely to be men and women, though slightly more likely to be young or middle-aged. The majority are in full-time work, and are in social grades ABC1. They are more likely to drink with a partner or out during meals. They drink most often for social and enhancement reasons. They have slightly higher than average levels of openness to moderation techniques.

Key characteristics

- Frequent drinkers (83% drink weekly or more often) but with a low unit count when they do drink: 81% typically drink up to 4 units in a drinking day, and 72% 'binge' drink less than monthly, or never.
- Using the AUDIT-C scoring:
 - 49% are low risk drinkers
 - 42% are increasing risk
 - 9% are higher risk drinkers
- Almost a fifth (18%) drank over 14 units in the week leading up to the interview
- Tend to drink with family or with a partner, and also going out for meals or nights out

- Five percent have a high score for social reasons (lower than average). Three percent have a high score for enhancement reasons (lower than average). Seven percent have a high score for coping reasons (lower than average). Eight percent have a high score for conformity reasons (lower than average).
- Above average level of openness to moderation techniques

Key demographics

- 52% male, 48% female
- 44% aged 18 to 44, 56% aged 45 and over
- 64% are in ABC1 social grades and 36% are in C2DE

Segment 8

Segment 8 drink very frequently and are likely to drink large amounts when they do drink; being the most likely segment to 'binge' drink weekly. They are more likely to be men than women and aged 45 or over. They are also relatively more likely to be out of work. They are the most likely to drink overall and to drink during social occasions, including family get-togethers at home and meals out. They are the most likely group to frequently drink at home alone but are also likely to drink at home with a partner. They generally recognise that they do drink too much.

Key characteristics

- Very frequent drinkers (93% drink weekly or more often, 31% drink 6 times or more per week) with a high unit count when they do drink: 58% typically drink 7 units or more in a drinking day, and 63% 'binge' drink weekly or more often.
- Using the AUDIT-C scoring:
 - 3% are low risk drinkers
 - 28% are increasing risk' drinkers
 - 69% are higher risk drinkers
- Three quarters (74%) drank over 14 units in the week leading up to the interview
- Most likely to drink at home alone; some also likely to drink with a partner at home
- Seven percent have a high score for social reasons (lower than average). 22% have a high score for enhancement reasons (higher than average). 27% have a high score for coping reasons (higher than average). Five percent have a high score for conformity reasons (lower than average).
- Much lower than average level of openness to moderation techniques
- A majority sometimes think they should cut down their drinking (67%) – highest among all the segments

Key demographics

- 70% male, 30% female
- 28% aged 18 to 44, 72% aged 45 and over
- 47% are in social grades ABC1, 53% are in C2DE

Non drinkers

Those respondents who never drink alcohol were not included in the segmentation analysis and were placed into a separate category of non-drinkers. This section outlines the key characteristics and demographics of this group.

Key characteristics

- 53% of non-drinkers previously drank alcohol but have given up; 43% stated that they had never drunk alcohol (a further four percent said 'other' to this question)

Key demographics

- 46% male, 54% female
- 48% aged 18 to 44, 52% aged 45 and over (roughly in line with the overall population)
- 41% are in social grades ABC1, 59% are in C2DE

Table 8: Segment breakdown by key variables

Segment:		1	2	3	4	5	6	7	8
AUDIT-C score category	Low risk (1-4)	10%	49%	94%	25%	32%	47%	49%	3%
	Increasing risk (5-7)	40%	42%	6%	51%	42%	35%	42%	28%
	High risk (8-12)	50%	10%	0%	24%	26%	18%	9%	69%
Unit consumption in last week	Up to 14	47%	84%	99%	58%	67%	78%	82%	26%
	Over 14	53%	16%	1%	42%	33%	22%	18%	74%
Drinking motivations (high score)	Social	40%	61%	0%	10%	34%	52%	5%	7%
	Enhancement	33%	44%	1%	12%	38%	41%	3%	22%
	Coping	10%	3%	0%	3%	91%	54%	7%	27%
	Conformity	13%	8%	2%	3%	13%	100%	8%	5%
Drinking occasions (at least once a month)	Drinking at home alone	50%	22%	15%	29%	61%	39%	51%	74%
	A small number of drinks at home with the family	46%	23%	7%	46%	44%	35%	75%	16%
	A small number of drinks at home with a partner as a couple	25%	37%	11%	97%	44%	41%	76%	20%
	Several drinks at home with a partner	18%	17%	2%	69%	31%	31%	44%	24%
	Getting together at your or someone else's house	70%	20%	2%	21%	25%	34%	59%	13%
	Going out for a meal	73%	32%	10%	45%	37%	40%	81%	25%
	Evening or night out with friends, with no drinking at home	85%	25%	4%	14%	23%	37%	59%	26%
	Mixed home drinking and night out with friends	68%	11%	0%	5%	15%	27%	38%	6%
Likelihood of increased health problems in future if continue to drink at current level	Very/fairly likely	35%	8%	2%	20%	35%	29%	14%	56%
	Not very/not at all likely	56%	90%	94%	68%	60%	62%	82%	21%

Table 9: Segment breakdown by demographics

Segment:		1	2	3	4	5	6	7	8	Non drinkers
Gender	Male	59%	50%	38%	58%	47%	57%	52%	70%	46%
	Female	41%	50%	62%	42%	53%	43%	48%	30%	54%
Age	18-34	51%	42%	21%	13%	31%	46%	27%	11%	32%
	35-54	25%	34%	36%	38%	41%	37%	34%	48%	33%
	55+	23%	24%	43%	49%	28%	18%	39%	41%	35%
Social grade	ABC1	63%	57%	48%	64%	48%	55%	64%	47%	41%
	C2DE	37%	43%	52%	36%	52%	45%	36%	53%	59%
Nation	England	85%	83%	84%	85%	85%	82%	86%	81%	83%
	Wales	3%	4%	5%	5%	5%	6%	5%	5%	6%
	Scotland	9%	10%	9%	8%	7%	9%	7%	10%	8%
	Northern Ireland	3%	3%	3%	2%	3%	4%	2%	4%	4%

6 Alcohol in the context of healthy lifestyles

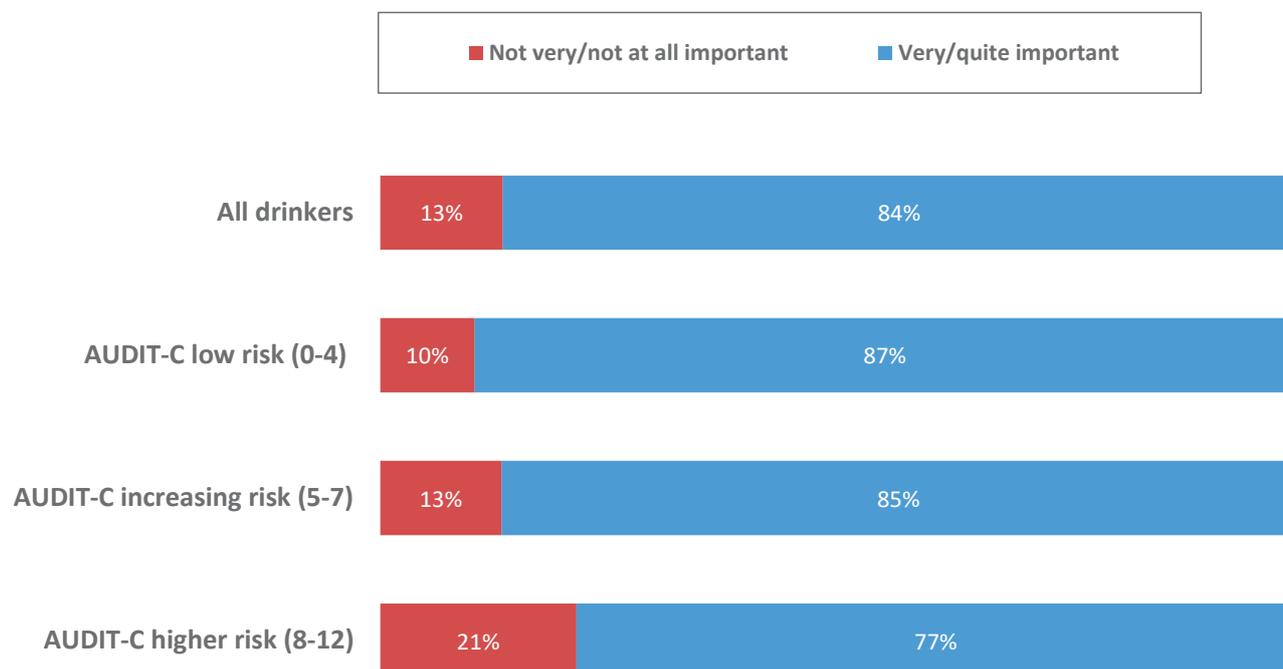
This chapter provides an overview of perceptions and priorities in relation to healthy lifestyles, and how alcohol is seen to fit into a healthy lifestyle, in comparison with other lifestyle factors (diet, exercise and smoking).

6.1 Importance of healthy lifestyles

Most UK adults (84%) consider it important to maintain a healthy lifestyle, and the same is true of most drinkers (also 84%). Female drinkers (88%) place a higher priority on a healthy lifestyle than male drinkers (81%) and unsurprisingly, the perceived importance of a healthy lifestyle also increases with age (79% of 18-34s, increasing to 91% of those aged 55+). There was no significant difference by UK nation in this measure.

As might perhaps be expected, increased alcohol consumption is correlated with a lower priority attached to maintaining a healthy lifestyle. Among lower risk drinkers, just one in ten (10%) believed that it was not very or not at all important; this proportion increases to 13% among increasing risk drinkers, and is double among higher risk drinkers (21%).

Figure 6: Importance of having a healthy lifestyle – by AUDIT-C scores



Base: All UK adults aged 18-85 who drink alcohol (n=7,902)

Drinkers with lower self-efficacy scores placed lower importance on maintaining a healthy lifestyle. Among those with below-average scores, 72% rated a healthy lifestyle as important, rising to 87% of those with around-average scores, and 90% of those with above-average scores.

Those who are more financially comfortable were more likely to consider a healthy lifestyle important (88% of those finding it easy to manage on their household's income, compared with 80% of those finding it difficult), however it is worth noting that this variable is also highly correlated with age (with older people generally being more financially comfortable).

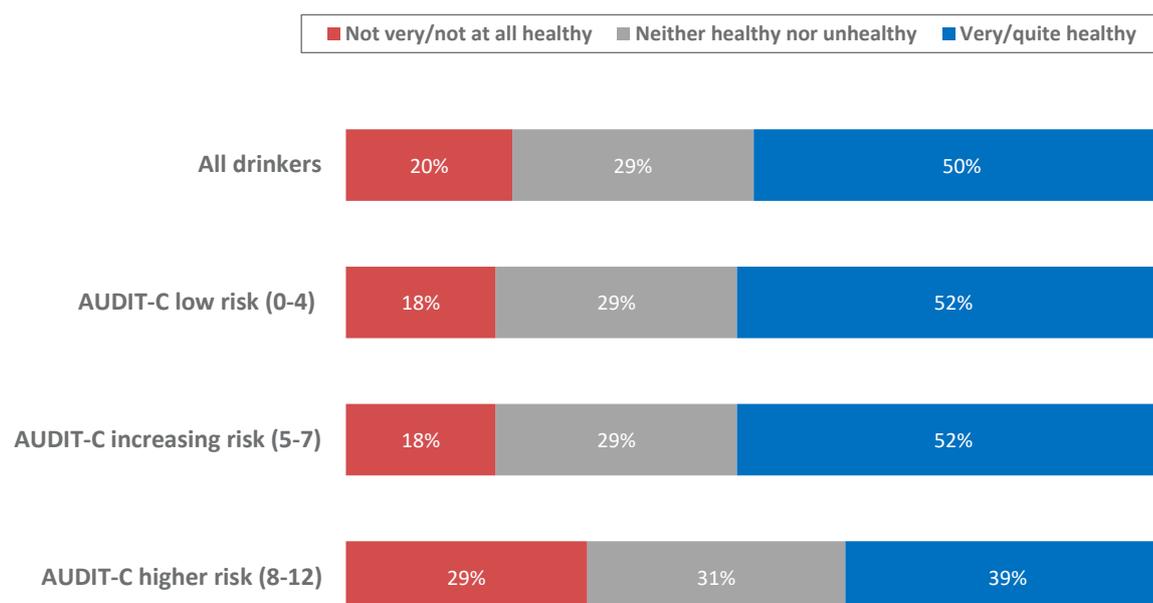
Among Drinkaware's segments, Segment 7 placed the greatest importance on a healthy lifestyle, which is unsurprising given that this segment is the most health-conscious one. Segments 1, 2, 3 and 4 all rated the importance similarly (between 85% and 88%). The lowest priority attached to healthy lifestyles was seen among Segment 6 (78%), Segment 5 (76%), and, most notably, Segment 8 (74%).

6.2 Perceived healthiness of lifestyle

Half of drinkers (50%) believe their own lifestyle is healthy, while 20% believe it is unhealthy, and 29% selected the neutral response 'neither healthy nor unhealthy'. Female drinkers, who placed higher importance on a healthy lifestyle, are also more likely to say that their own lifestyle is healthy (53% compared with 47% of male drinkers). There was no difference between younger and middle aged drinkers (43% of 18-34s and 44% of 35-54s rated their lifestyle as healthy), but older drinkers were much more likely to believe their lifestyle was healthy (62%). Drinkers in England were more likely to report that their lifestyle was healthy (51%) than those in Scotland (47%) or Northern Ireland (44%).

The perception of one's own lifestyle declines among those with higher alcohol consumption. However, interestingly, this difference only becomes apparent among higher risk drinkers. Those in the increasing risk group (with an AUDIT-C score of 5-7) rated the healthiness of their own lifestyle the same as those in the lower risk (0-4) group (52% 'healthy' and 18% 'unhealthy' in both cases). By contrast, only 39% of higher risk drinkers believe their own lifestyle is healthy, and 29% recognise that it is unhealthy.

Figure 7: Perceived healthiness of own lifestyle – by AUDIT-C scores



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)

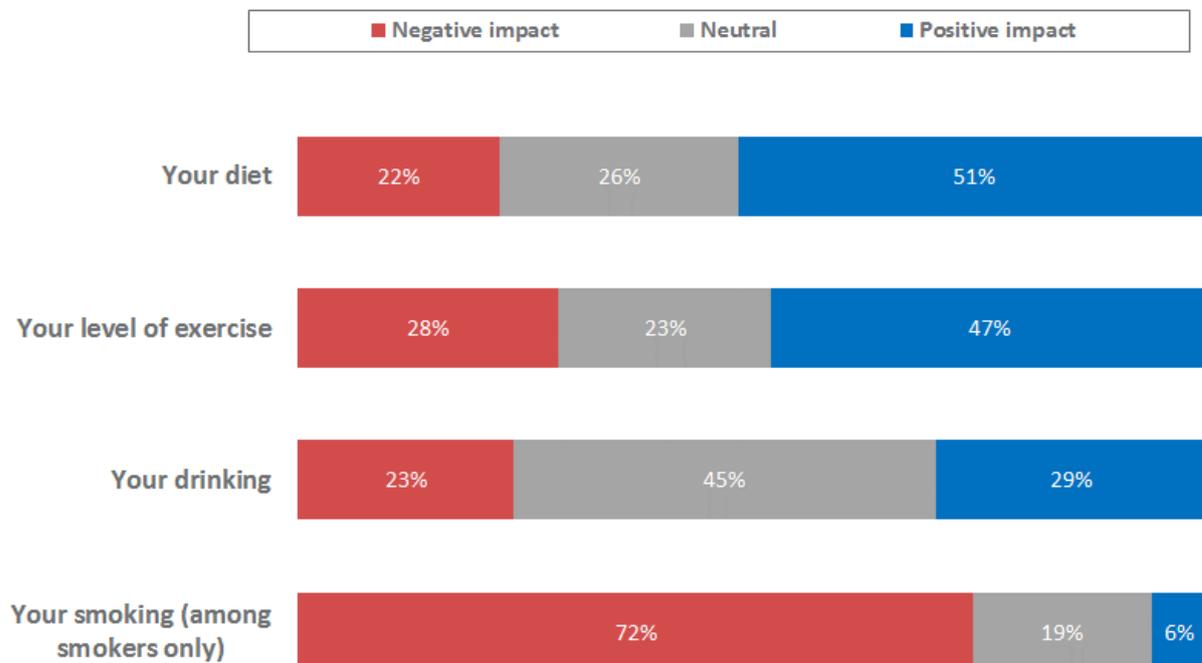
Analysis by self-efficacy scores shows some striking differences. Among drinkers with below-average scores, just 28% rated their own lifestyle as healthy; this proportion almost doubles to 51% of those with around-average scores, and significantly increases again to 65% of those with above-average scores. Similarly, those who find it easy to manage on their household's income were twice as likely (63%) to rate their own lifestyle as healthy, as those who find it difficult to manage (31%).

Segment 7, who placed the greatest importance on a healthy lifestyle, were also most likely to say they have a healthy lifestyle (61%); closely followed by Segment 4 (59%). Segments 8 and 5 were notably much less likely than others to report that they had a healthy lifestyle (33% and 35% respectively). The remaining segments were placed somewhere in the middle of this range, with around half or slightly less believing their lifestyle to be healthy.

6.3 Impact on health of different lifestyle factors

Among all drinkers aged 18-85, almost a quarter (23%) believe that their level of drinking affects their health negatively, while 29% think it has a positive impact and close to half (45%) rated this as neutral. Comparing this with other lifestyle factors shows that drinkers overall are less positive about the impact of their drinking than that of their diet or exercise levels. Unsurprisingly, views of smoking are more negative still, with 72% of respondents who smoke believing that this factor has a negative impact on their health.

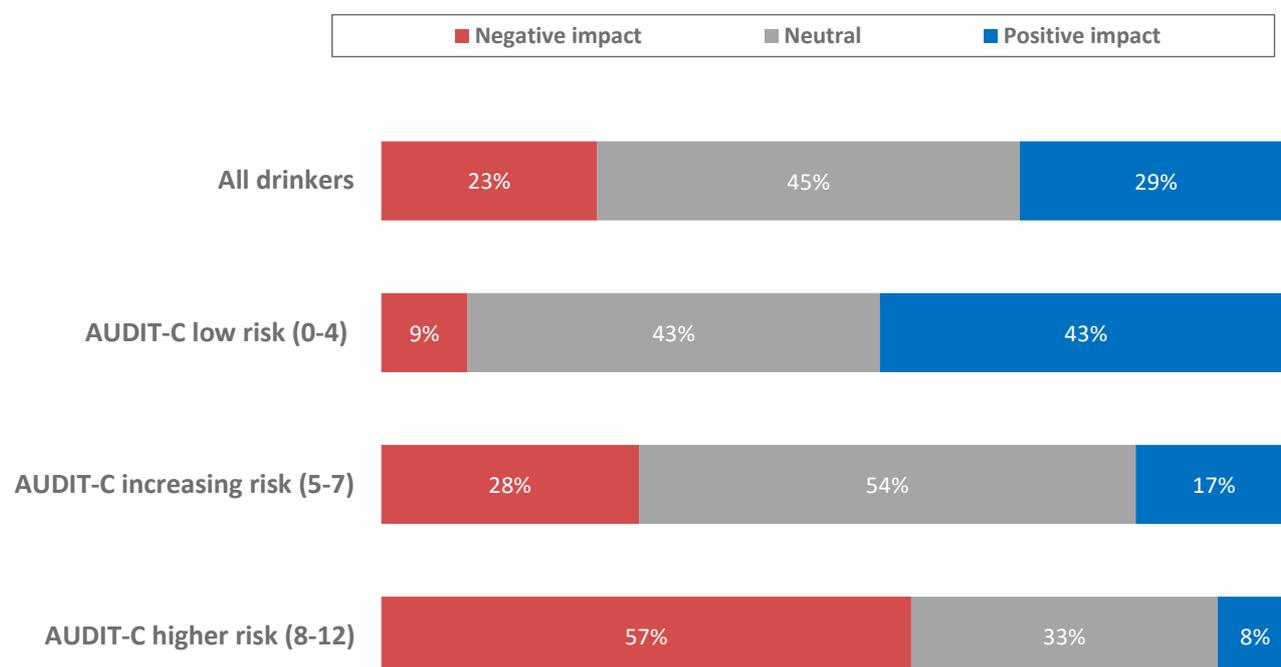
Figure 8: Impact on health of different lifestyle factors



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); smokers (n=1,192)

Naturally, any perceived impacts on health will depend on consumption levels. Figure 9 shows that the majority of low risk drinkers believe their consumption has a positive or neutral impact, with just nine percent believing that it has a negative impact. Among increasing risk drinkers the proportion that believe there is a negative impact from their drinking increases to 28%, and among higher risk drinkers, a majority (57%) recognise this negative impact. However, this still leaves a relatively sizable minority (42%) of higher risk drinkers who believe the effect of their drinking on their health is either neutral or positive.

Figure 9: Impact on health of alcohol – by AUDIT-C score



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)

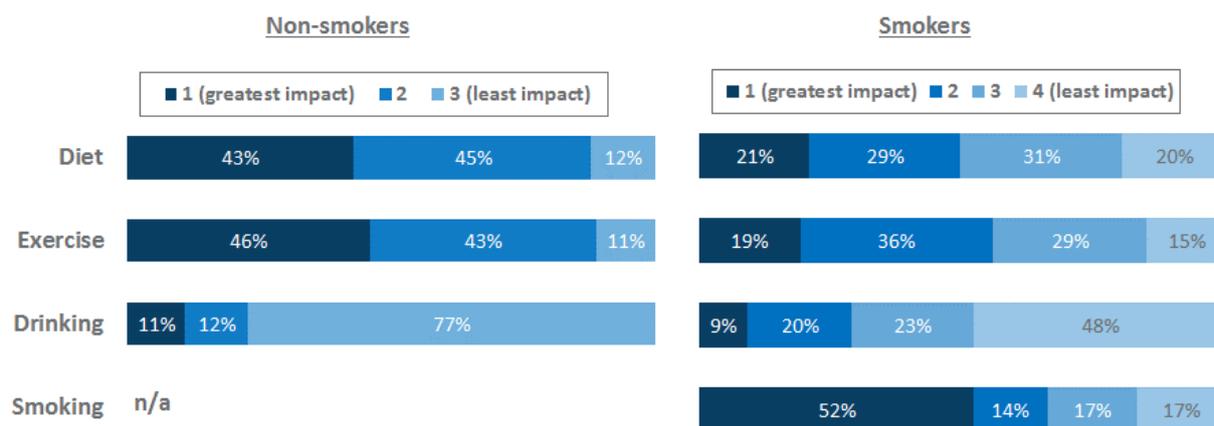
Similarly, comparison by weekly unit consumption shows that 82% of those in the low risk category (drinking up to 14 units in the last week) believe their drinking has a neutral or positive impact. This falls to half (50%) of those in the medium risk category (15-34 units for women or 15-49 units for men), and 26% of those in the high risk category (35+ units for women or 50+ for men). Seventy-one percent of those in the high risk category recognise that their drinking has a negative impact, along with 48% of those in the medium risk category. One in seven (14%) low risk drinkers also hold this view.

6.4 Relative importance of different lifestyle factors

As discussed above in section 6.3, drinkers generally believe that their alcohol consumption has a less positive impact on their health than their diet and exercise. Interestingly, in the context of this finding, it is in relation to diet and exercise, rather than drinking, that they see the most opportunity to make positive changes. When asked to rank the four lifestyle factors (diet, exercise, drinking, and smoking where applicable) in order of which would have the greatest positive impact if changed, a large majority ranked either diet or exercise first. Just 11% of all drinkers ranked drinking first among these factors. Since smoking does not apply to most people and has the potential to skew the overall ranking, Figure 10 shows results for smokers and non-smokers separately. Among non-smokers, the proportion ranking drinking first remains at 11% (the same as the proportion seen among all drinkers). The largest group of respondents ranked drinking third, following both diet and exercise.

Among smokers (who drink), as might be expected the largest proportion (52%) ranked smoking first, with the remainder mostly ranking diet or exercise first. Just nine per cent of smokers ranked drinking first among these factors.

Figure 10: Relative impact on health of improving different lifestyle factors – by smoking status

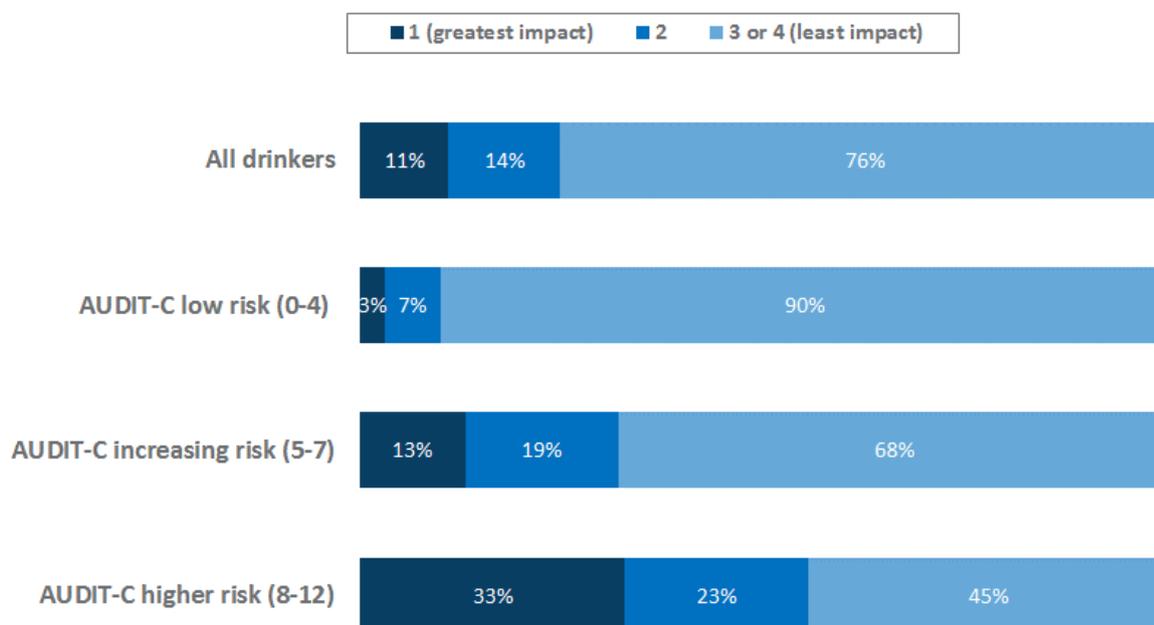


Base: All UK adults aged 18-85 who drink alcohol: non-smokers (n=6,710); smokers (n=1,192)

Since a substantial proportion of drinkers drink at moderate levels, it may logically be reasonable for such respondents to rank drinking as having a lower potential impact than other factors. However, comparing results by AUDIT-C score shows that even many higher risk drinkers gave drinking a lower ranking than other factors. A third (33%) of higher risk drinkers ranked drinking first among the factors; almost three times as many as did so among the increasing risk group (13%). However, this still leaves a majority of higher risk drinkers who felt that changing either their diet and/or exercise (or smoking if applicable) would have more positive impact on their health than changing their drinking behaviour.

Comparison by weekly unit consumption shows that almost half (48%) of those in the high risk category (drinking 35+ units for women or 50+ for men) ranked drinking first among the lifestyle factors, in terms of the positive impact on health if improved. This is almost double the proportion (26%) seen in the medium risk category (15-34 units for women or 15-49 units for men), while among low risk drinkers (consuming up to 14 units), just five percent ranked drinking as the factor which would have most impact if improved. Conversely, 52% of those in the high risk category, 74% in the medium risk category and 95% of the low risk category ranked changing one or more other lifestyle factors as having more positive impact than changing their drinking behaviour.

Figure 11: Relative impact on health of improving drinking – by AUDIT-C score



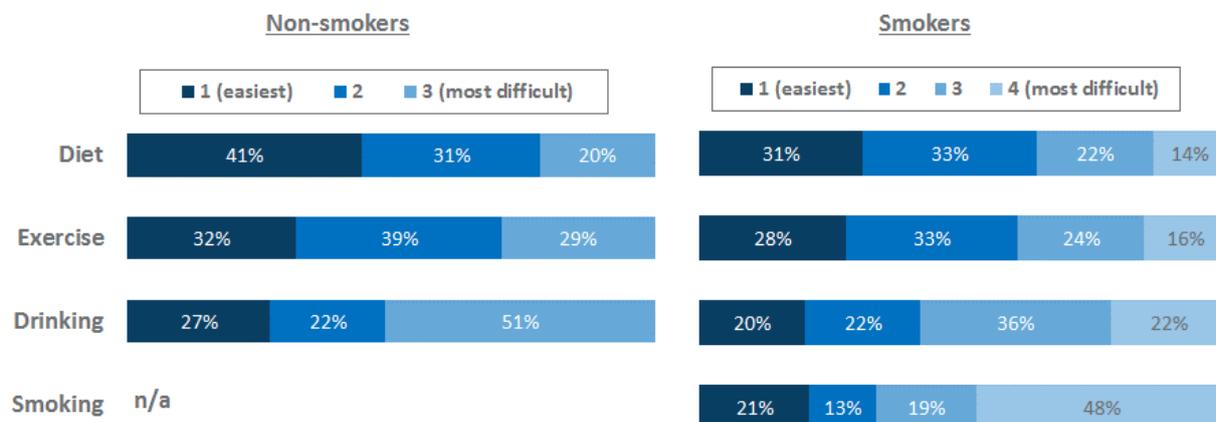
Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)

6.5 Ease/difficulty of improving different lifestyle factors

Respondents were also asked to rank the four lifestyle factors (diet, exercise, drinking, and smoking where applicable) according to how *easy* they would be to change. Among non-smoking drinkers, diet and exercise were also held to be easier to change than drinking: 73% ranked either diet or exercise first at this question (41% and 32% respectively) while 27% ranked drinking first. By contrast, half of non-smoking drinkers ranked drinking as the hardest to improve among these three factors.

Among smokers, diet and exercise were also ranked as the easiest factors to improve (31% and 28% ranked first respectively). A similar proportion ranked drinking (20%) and smoking (21%) as the easiest factor to improve. Unsurprisingly, smoking was most likely to be considered the most difficult factor to improve, with 48% of smokers giving this rating.

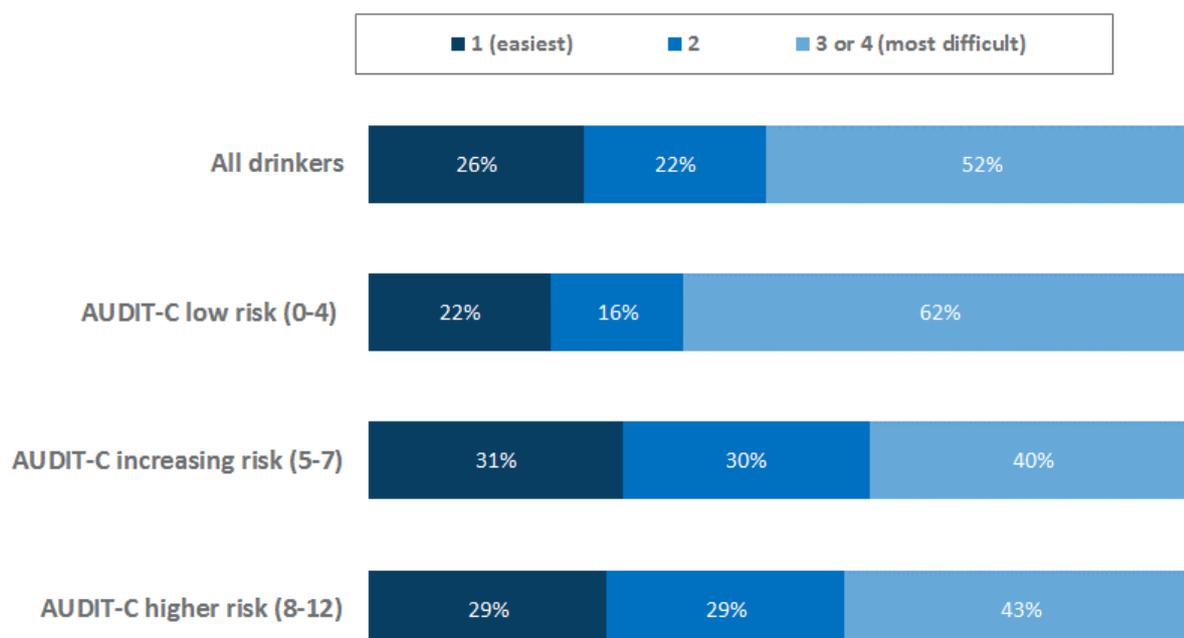
Figure 12: Relative ease/difficulty of improving different lifestyle factors – by smoking status



Base: All UK adults aged 18-85 who drink alcohol: non-smokers (n=6,710); smokers (n=1,192)

Comparing results by AUDIT-C score shows that low risk drinkers were less likely to rank drinking as the easiest lifestyle factor to change than were increasing risk or higher risk drinkers. This reflects the fact that many low risk drinkers are already drinking at very low levels and therefore see little opportunity to reduce this level further. Interestingly, results for increasing risk and higher risk drinkers are fairly similar, with higher risk drinkers only slightly more likely to rank drinking as the most difficult factor to change than increasing risk drinkers.

Figure 13: Relative ease/difficulty of improving drinking – by AUDIT-C score



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)



Comparison by weekly unit consumption shows a similar pattern to that by AUDIT-C. Those in the lowest risk category (up to 14 units) were less likely than those drinking at above this level to rank drinking as the easiest lifestyle factor to improve: 24% of this group ranked drinking as the easiest factor. Those drinking at medium risk levels (15-34 units for women or 15-49 units for men) were the group most likely to rank drinking as the easiest factor to improve (33%), whereas this proportion falls again to 26% among the higher risk group (35+ units for women or 50+ for men).

Among the segments, Segment 4 was the most likely to rank drinking as the easiest lifestyle factor to improve (34%). Interestingly, the next most likely was Segment 8, the heaviest drinking segment (33%). As discussed above, those drinking at higher levels may see more scope to reduce their drinking whereas those already drinking at low levels may see little opportunity to reduce this further. This is exemplified by the rankings given by Segment 3 (the lowest drinking segment): only 21% of this segment ranked drinking as the easiest lifestyle factor to improve; the lowest score among all the segments.

7 Openness to moderation

This chapter provides a review of the UK drinking population's perceptions of their own drinking and the health risks associated, and evaluates their attitudes to moderation.

7.1 Perceptions of own drinking compared to average

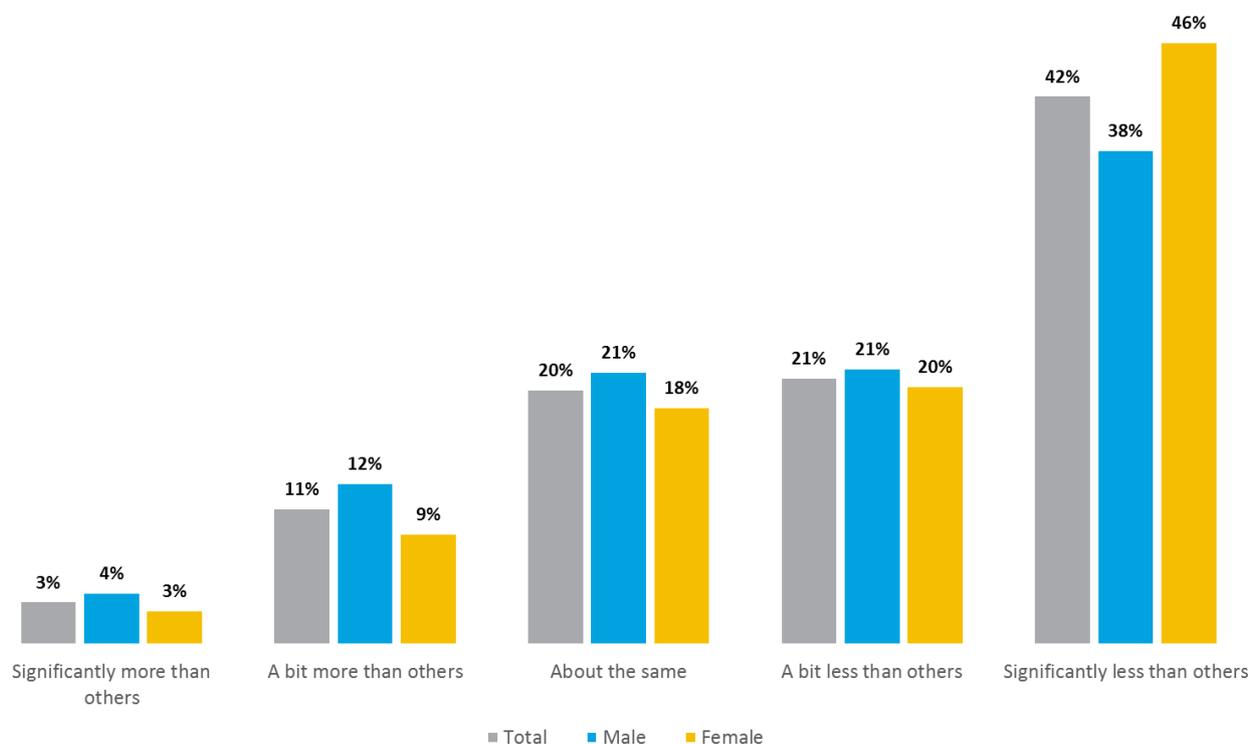
Among the UK drinking population, it is much more common for people to believe they drink less than average, as opposed to the same or more than average.

When thinking about their drinking in comparison to that of other people of their gender and age, the majority (63%) of UK drinkers feel they drink less. Two in five (42%) believe that they drink significantly less than others and one in five that they drink a bit less than others (21%). Another one in five (20%) UK drinkers believe themselves to drink about the same as others of their gender and age.

Only a relatively small minority of drinkers in the UK population (14%) think they drink more than other people of their gender and age. Approximately one in ten (11%) believe they drink a bit more than others, and just three percent believe themselves to drink significantly more than others.

Women are significantly more likely than men to believe that they drink less than others their age. Two thirds (66%) of female drinkers in the UK believe they drink less, compared with 59% of male drinkers. Meanwhile, men are more likely to feel that they drink about the same as or more than others their age. Among male drinkers, roughly a sixth (17%) think they drink more than others their age, in comparison with only 11% of female drinkers.

Figure 14: Perceptions of own drinking compared to average – by gender

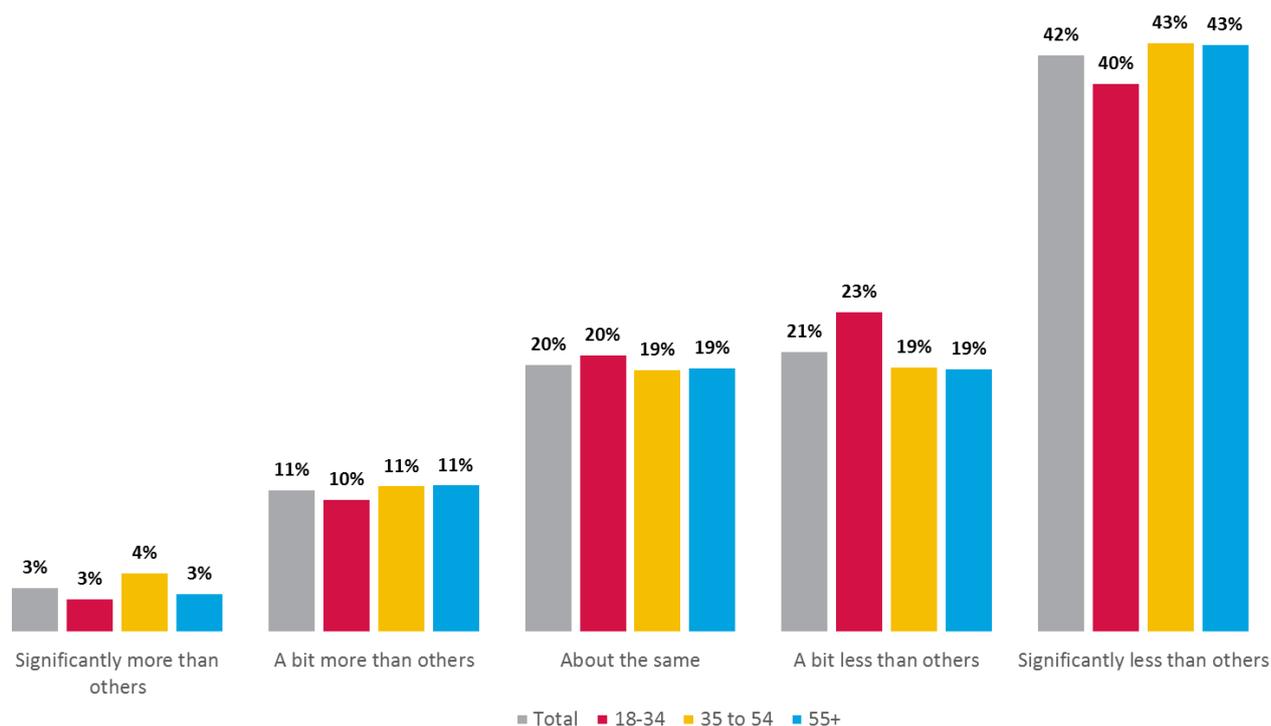


Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Male (n=3,950); Female (n=3,952)

Note: The proportion for 'Don't know' has not been included in this chart

Younger people are least likely to perceive themselves as drinking more than average. Among drinkers aged 18-34, 12% think they drink more than others of their gender and age, compared with 15% of those aged 35-54 and 14% of those aged 55+.

Figure 15: Perceptions of own drinking compared to average – by age



Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Aged 18-34 (n=1,573); Aged 35-54 (n=3,174); Aged 55+ (n=3,155)

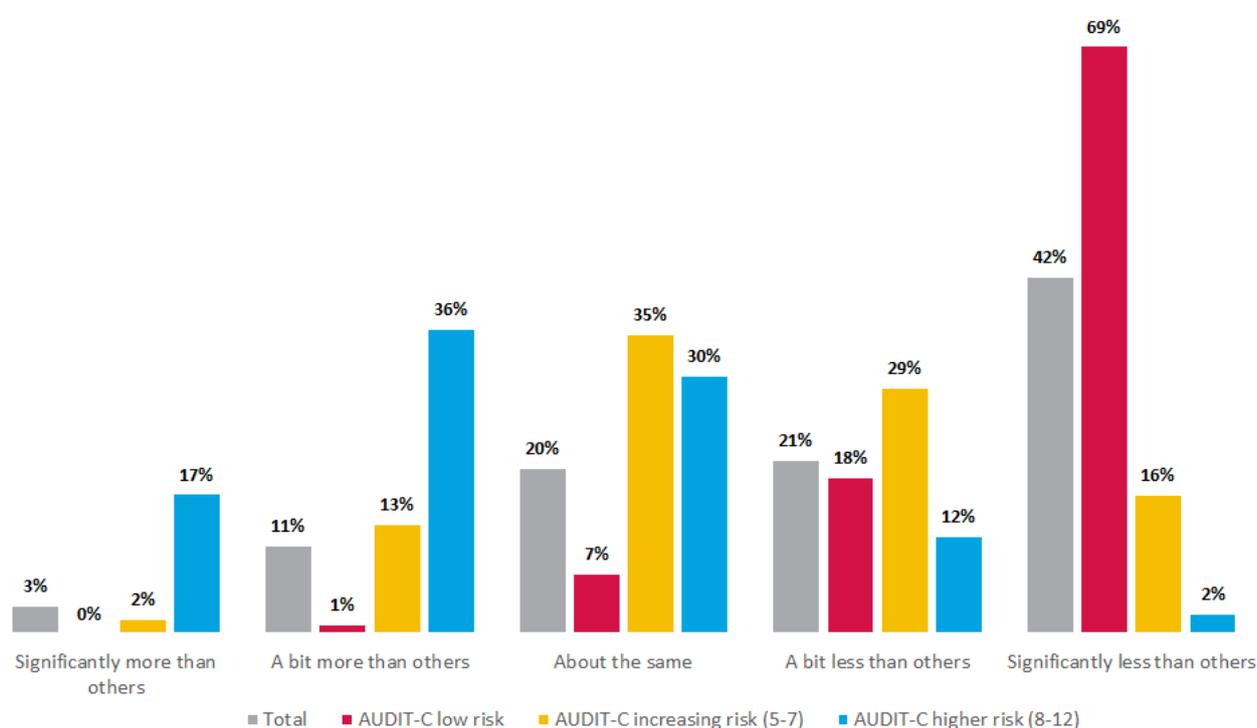
Note: The proportion for 'Don't know' has not been included in this chart

Drinkers in lower social grades (C2DE) are more likely to think they drink *significantly* less than average. While close to half (47%) of people in C2DE think they drink significantly less than others of their age and gender, this is reported by a lesser proportion (38%) of people in higher social grades (ABC1). Conversely, drinkers in the higher social grades are more likely to rate themselves closer to average, thinking they drink a bit less than (23% compared with 18%) or about the same as others (22% compared with 17%).

When analysing these results by AUDIT-C scores, it becomes apparent that the assigned category of a UK drinker is generally reflected in their own perception of their drinking. Increasing and higher risk drinkers (scoring five points or more) are significantly more likely than low risk drinkers (scoring under five points) to believe they drink more than others of their gender and age. While more than a quarter (28%) of increasing/higher risk drinkers think they drink more than average, this is the case for only one percent of low risk drinkers.

Conversely, low risk drinkers are substantially more likely than increasing/higher risk drinkers to feel they drink less than average: 88% of low risk drinkers recognise that they drink less than other people of their gender and age, compared with 34% of increasing/higher risk drinkers who hold this belief. It is notable that a third of increasing/higher risk drinkers think they drink less than average, and among this group, one in ten (11%) believe that they drink *significantly* less than average. Even among the higher risk group (scoring 8-12), only just over half (53%) recognise that they drink more than the average for their demographic group.

Figure 16: Perceptions of own drinking compared to average – by AUDIT-C score



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)

Findings by weekly unit consumption show a similar pattern to those by AUDIT-C: 79% of those drinking at high risk levels (35+ units for women or 50+ for men) during the last week recognise that they drink more than the average. This proportion falls to 38% of those in the medium risk category (15-34 units for women or 15-49 units for men), while just five per cent of low risk drinkers (up to 14 units) believe they drink more than average. By contrast, three quarters (76%) of the low risk group think that they drink less than average, along with 21% of the medium risk category, and three per cent of high risk drinkers. The proportion of high risk drinkers who believe they drink either less or the same as others of their gender and age is 18%, while over half (58%) of the medium risk category hold this view.

Comparing by segment, those belonging to Segment 8 are most likely to feel they drink more than others of their gender and age (53% compared with 14% among all drinkers). Among the other segments that drink at higher levels, 29% of Segment 1 and Segment 5 think they drink more than others, along with 20% of Segment 4 and Segment 6.

Drinkers with a high score for coping motivations for drinking are much more likely to recognise that they drink more than others. A third of these drinkers (34%) acknowledge that they drink a bit or significantly more than other people of their age and gender, compared with just 10% of those with a low/middle coping score. Further, a similar pattern emerges for drinkers with a high enhancement score (30%) – they are considerably more likely than those with a middle/low score (10%) to think they drink more than others.

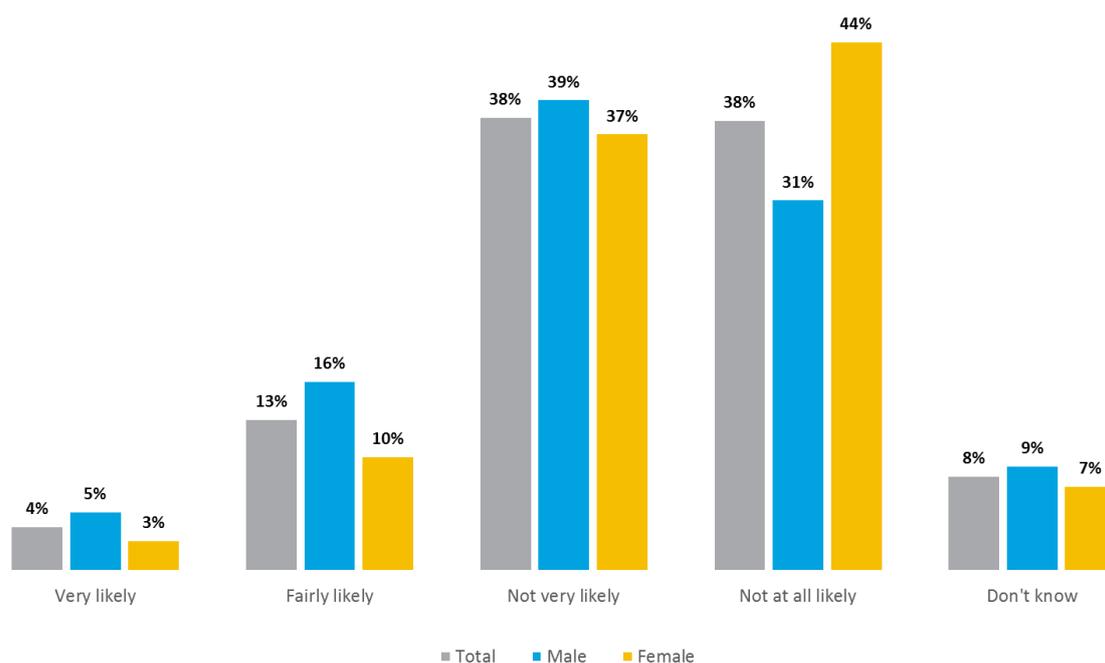
An examination of purchasing behaviour reveals that drinkers who often engage in activities such as buying alcohol on impulse, stocking up during a promotion or getting deliveries to their home are more likely to recognise that they drink more than average. Among drinkers who always or often stock up on drinks when they are on sale, roughly a quarter (27%) think they drink more than others. This compares with 10% of those who rarely or never do so. Similarly, a quarter (26%) of people who always or often buy alcohol on impulse when something catches their eye believe they drink more than average, compared with 12% of those who rarely or never do this. A trend can also be identified among those who always or often get deliveries of alcohol to their home. A third (32%) of these drinkers feel that they drink more than other people, in comparison with 12% of those who rarely or never do.

7.2 Likelihood of increased health problems

Nearly a sixth (16%) of the UK drinking population believe it is likely that they would have increased health problems in the future if they continue to drink at their current level. On the other hand three quarters (76%) think their current drinking level is unlikely to lead to increased health problems in the future, while eight percent say they don't know.

Men are significantly more likely than women to feel it is likely they will have increased health problems in the future if they continue to drink at their current level (21% versus 12%).

Figure 17: Perception of likelihood of increased health problems in the future based on current alcohol consumption - by gender

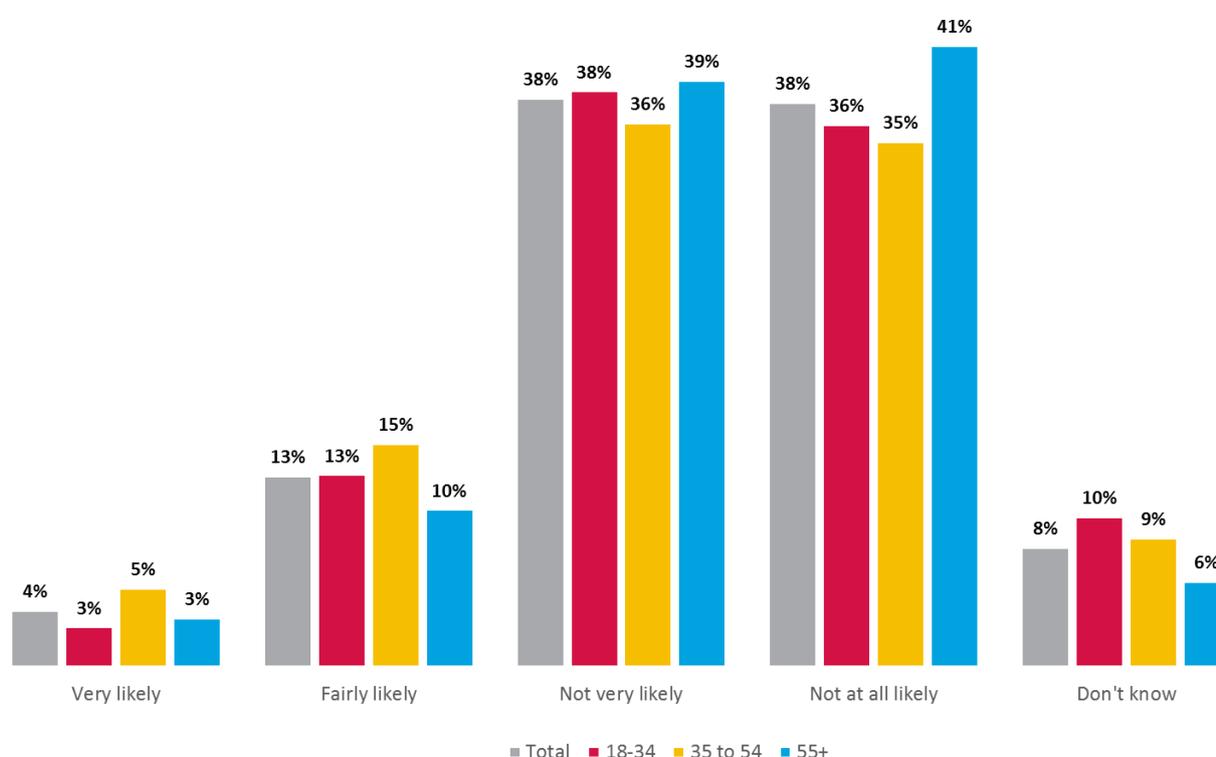


Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Male (n=3,950); Female (n=3,952)

There are differences between age groups in terms of the proportions who think it is likely that they will have increased health problems in the future if they continue to drink at their current level. A fifth (20%) of drinkers aged 35-54 think this is likely, stating this opinion more often than younger people aged 18-34 (15%) or older people aged 55+ (14%). As discussed in Section 5, it is the middle age category who are most likely to drink at higher risk levels.

Older people aged 55+, who are likely to drink at somewhat lower levels, are most likely to believe it unlikely that they will have increased health problems in the future if they were to continue drinking at their current level. Two in five (41%) feel it is *not at all* likely, in comparison with 35% of drinkers aged 35-54 and 36% of those aged 18-34.

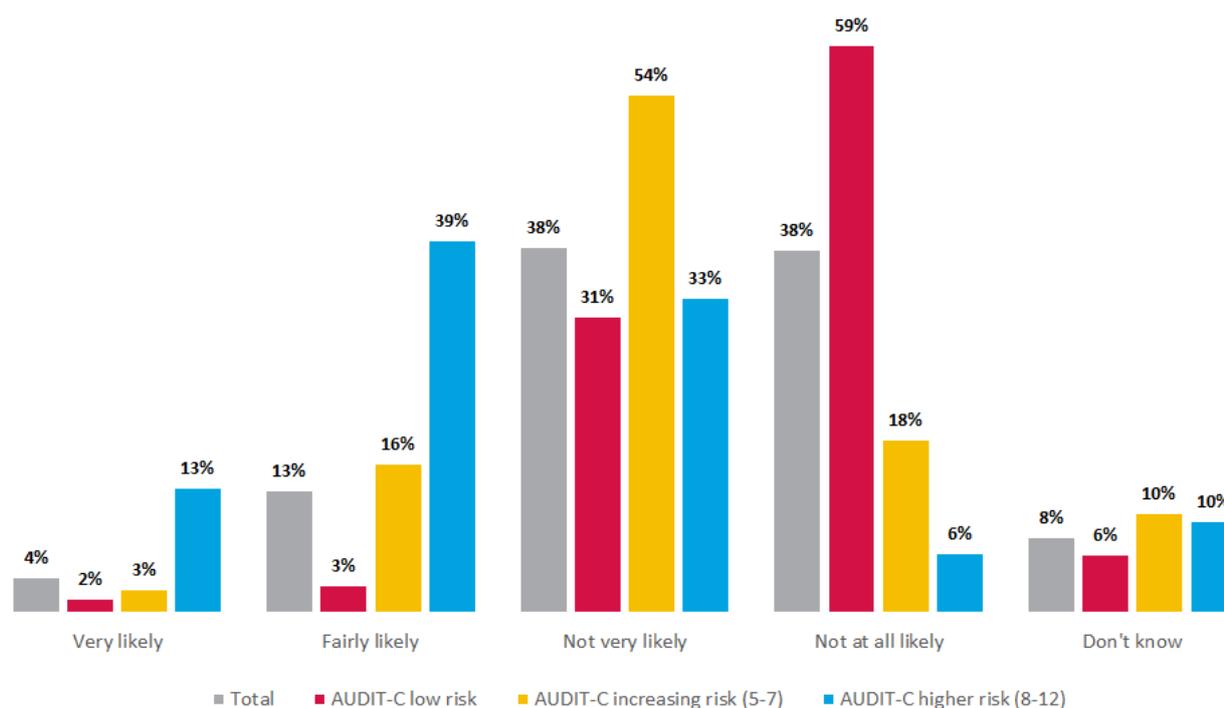
Figure 18: Perception of likelihood of increased health problems in the future based on current alcohol consumption – by age



Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Aged 18-34 (n=1,573); Aged 35-54 (n=3,174); Aged 55+ (n=3,155)

When looking at AUDIT-C scores, we see the pattern that the higher risk drinker someone is, the more likely they think it will be that they may have increased health problems in the future if they were to continue their current drinking levels. Just five percent of low risk AUDIT-C drinkers say this outcome is likely, while almost a third (30%) of increasing or higher risk drinkers think it is (18% among increasing risk and 52% among higher risk). Nevertheless, it is concerning to note that the majority (60%) of increasing or higher risk drinkers believe that maintaining their current levels of alcohol consumption will be unlikely to cause increased health problems in the future, and this is true of 39% among higher risk drinkers.

Figure 19: Perception of likelihood of increased health problems in the future based on current alcohol consumption – by AUDIT-C score



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)

Findings by weekly unit consumption show a similar pattern to those by AUDIT-C: 77% of those drinking at high risk levels (35+ units for women or 50+ for men) believe that they are likely to suffer future health problems as a result of their drinking; double the proportion (37%) seen among the medium risk category (15-34 units for women or 15-49 units for men). Among the low risk category (up to 14 units), just eight percent think they may have health problems related to drinking.

Drinkers categorised within Segment 8 (56%) are most likely to recognise the likelihood that their current drinking levels, if maintained, will lead to increased health problems in the future. Segments 1 and 5 (both 35%) are also more likely to recognise that their current behaviour will likely increase health problems for them in the future.

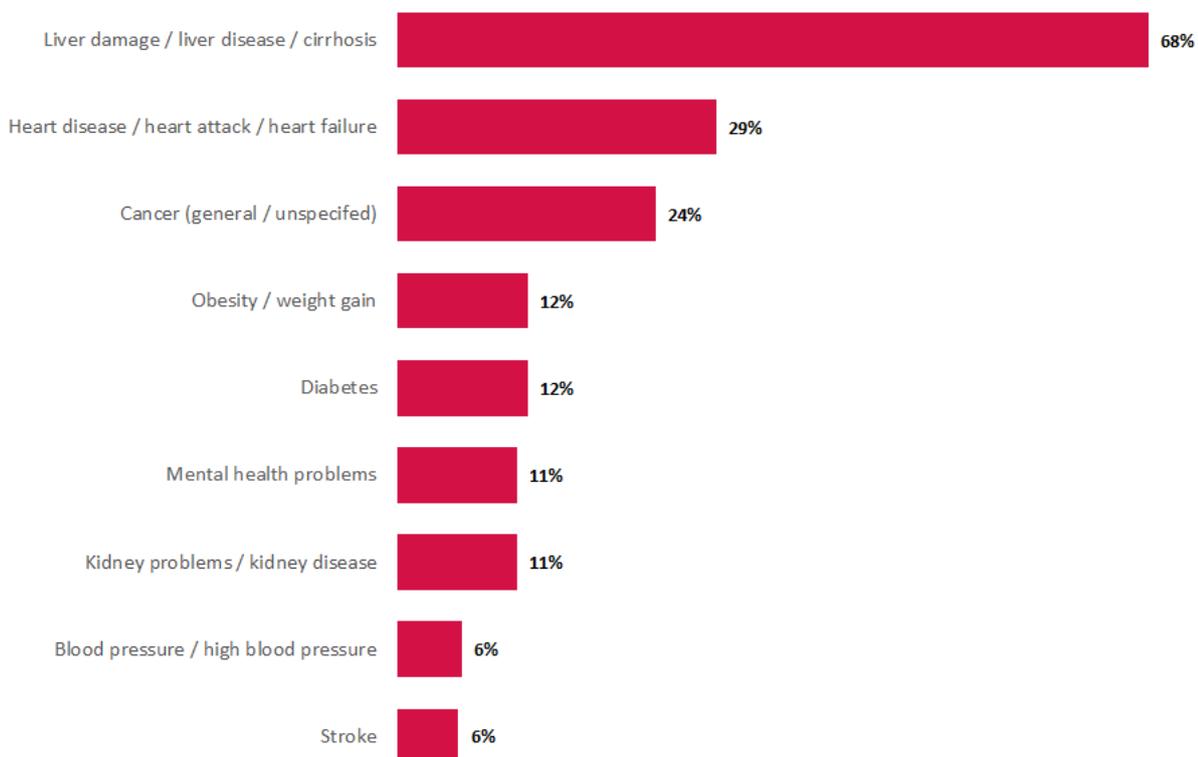
Drinkers motivated by coping reasons also distinguish themselves when it comes to acknowledging the long-term health implications of alcohol consumption. People with a high coping score (42%) are considerably more likely than those with a middle score (12%) to recognise that it is likely they will have increased health problems in the future if they continue to drink at their current level.

Drinkers who recognise that their drinking may have harmful consequences may still see other lifestyle factors as a higher priority to change. Among those who said their drinking was likely to cause health problems in the future, 35% overall rated their drinking as the lifestyle factor which would have most impact on their health, if improved. This comprises 40% among non-smokers in this category, and 21% among smokers.

7.3 Understanding of health problems associated with alcohol

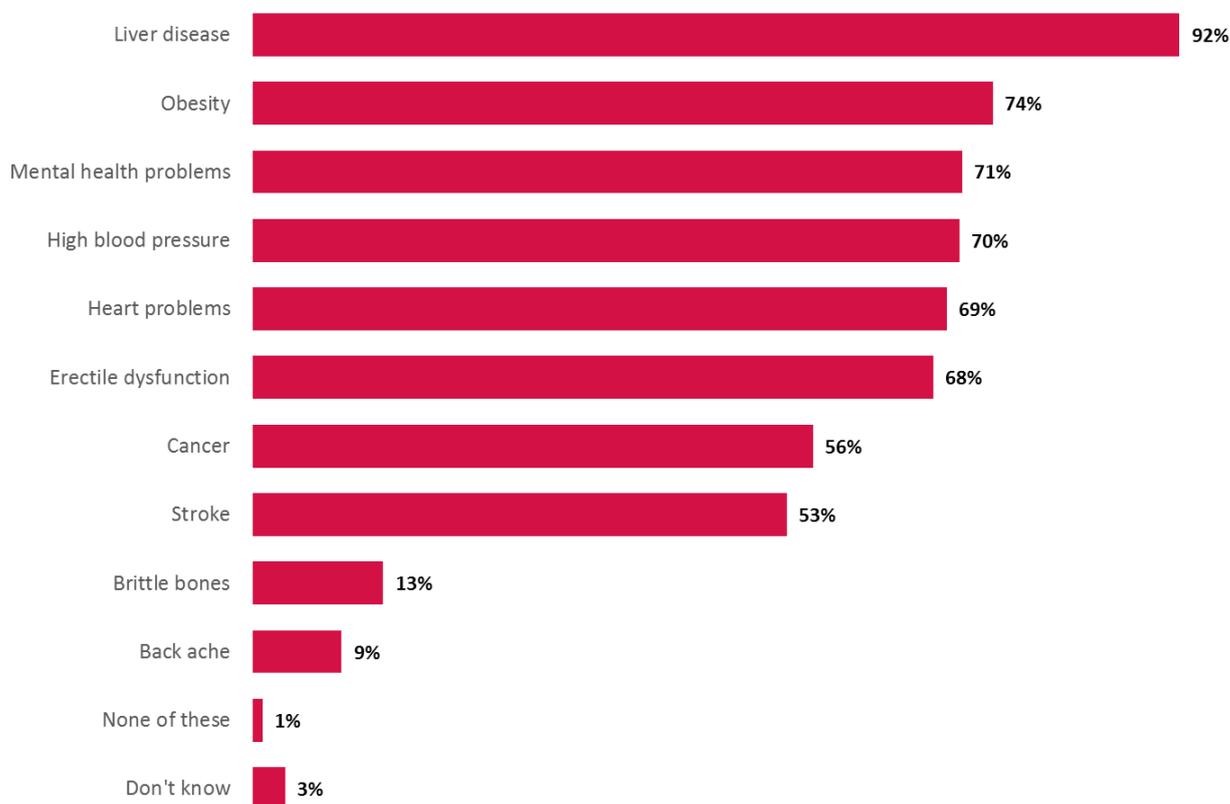
The top health condition associated with alcohol consumption by the drinking population in the UK is liver disease. Without prompting, two-thirds of UK drinkers (68%) were able to identify liver disease or damage as a condition linked to alcohol; this was the only condition spontaneously mentioned by a majority of drinkers. Three in ten (29%) mentioned heart disease, and a quarter (24%) mentioned cancer. Other conditions such as obesity, diabetes and mental health problems, were mentioned by approximately one in ten, or fewer.

Figure 20: Health conditions linked to alcohol consumption (unprompted)



Once prompted with a list of options, the vast majority (92%) of UK drinkers recognise liver disease as a condition linked to consuming alcohol. Three quarters associated alcohol with obesity (74%), and over two-thirds with mental health problems (71%), high blood pressure (70%), heart problems (69%) and erectile dysfunction (68%). It is notable that very few respondents (under one percent) mentioned erectile dysfunction or sexual problems spontaneously, but two-thirds were aware of this association once prompted.

Figure 21: Health conditions linked to alcohol consumption (prompted)



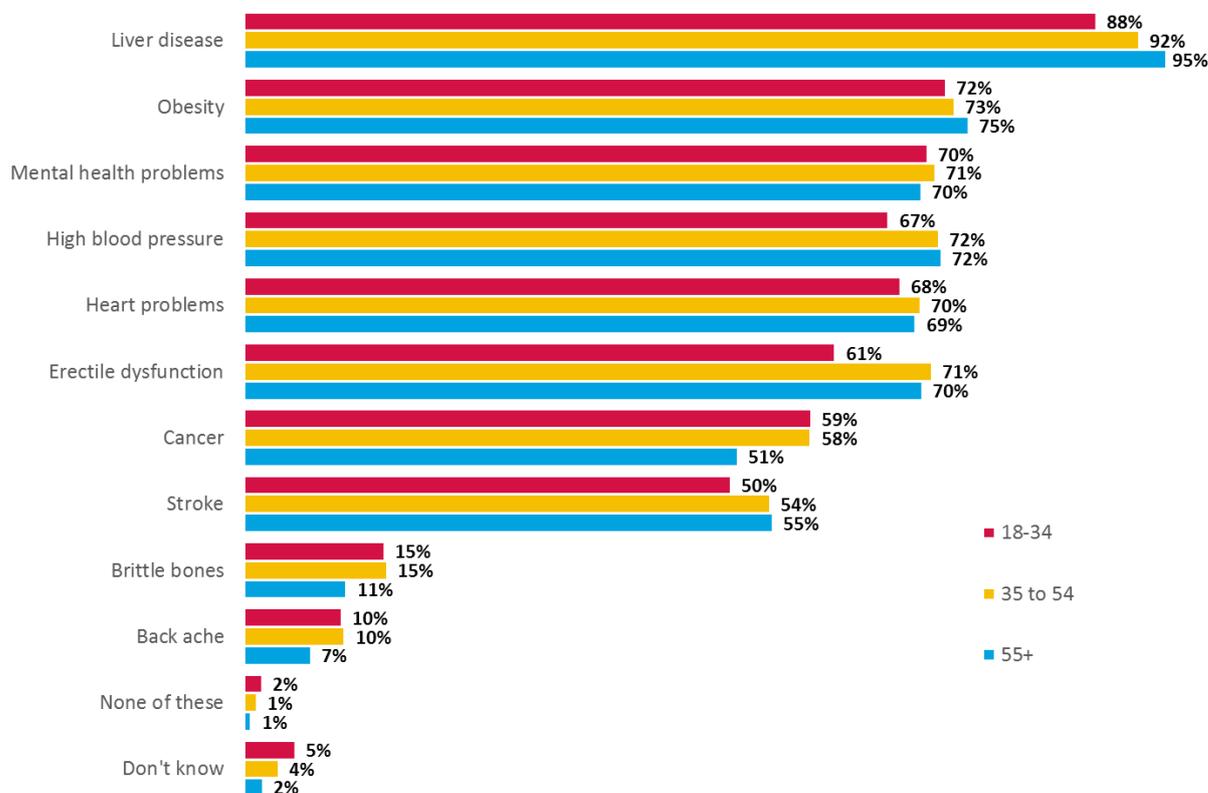
Base: All UK adults aged 18-85 who drink alcohol (n=7,902)

Female drinkers are more likely than male drinkers to recognise that several of these health conditions are linked to consuming alcohol. In particular, they more often think drinking is linked to mental health problems (75% compared with 67%), cancer (58% compared with 53%) and brittle bones (16% compared with 10%).

As age increases, drinkers become more aware of the links between various health conditions and alcohol consumption. It is worth noting that older people will generally have more awareness of health conditions in general, regardless of any connection to alcohol. Drinkers aged 35-54 and 55+ are more likely than younger people aged 18-34 to think liver disease (92% and 95% compared with 88%), high blood pressure (72% and 72% compared with 67%) and erectile dysfunction (71% and 70% compared with 61%) are linked to consuming alcohol.

However, the younger and middle age groups are more likely than older drinkers to recognise cancer as a health condition associated with alcohol. While roughly three-fifths of those aged 18-34 (59%) and 35-54 (58%) believe this to be the case, it is stated by only 51% of people aged 55+.

Figure 22: Health conditions linked to alcohol consumption – by age group



Base: All UK adults aged 18-85 who drink alcohol: Aged 18-34 (n=1,573); Aged 35-54 (n=3,174); Aged 55+ (n=3,155)

Drinkers in social grades ABC1 associate several of these health conditions with alcohol consumption more often than those in C2DE, including obesity (77% compared with 70%), mental health problems (73% compared with 67%) and cancer (59% compared with 51%).

Higher risk AUDIT-C drinkers are in some cases more likely than low and increasing risk drinkers to associate health conditions with alcohol consumption. Notably, three in five (60%) higher risk drinkers link stroke to alcohol, compared with 52% of low and increasing risk drinkers, and 74% of higher risk drinkers associate high blood pressure with alcohol, compared with 69% of low risk drinkers. For other conditions such as heart problems and mental health problems, there was little or no difference between the AUDIT-C categories.

Comparison by weekly unit consumption also shows that in some cases people drinking at increasing and higher risk levels are more likely than low risk drinkers to associate health conditions with alcohol consumption. Fifty-six percent of those drinking at increasing or higher risk levels (i.e. over 14 units for both men and women) associate stroke with alcohol, compared with 52% of those drinking at low risk levels (i.e. up to 14 units). For various other conditions, there was little or no difference between the weekly consumption categories: 70% of increasing and higher risk drinkers link heart problems with alcohol, compared with 69% of those drinking at low risk levels, and mental health problems are linked by 70% and 71% respectively.

Comparing by segment, those in Segment 2 are in some cases more likely than drinkers in many other segments to link these health conditions to alcohol consumption. Close to two thirds (64%) of Segment 2 believe that drinking is linked to cancer, compared with 56% on average among all drinkers. Similarly, four in five among Segment 2 (81%) think drinking can be linked to obesity, in comparison with 74% among drinkers overall.

Drinkers with a high enhancement motivation score are significantly more likely than those with a middle/low score to believe that various health conditions are linked to alcohol consumption. For example, nearly two thirds (63%) of high enhancement drinkers think cancer is linked to alcohol, compared with 54% of low/middle enhancement drinkers. However, the reverse is true for those motivated by coping or conformity; people with a low/middle score more often link various health conditions to alcohol consumption. One example of this is obesity – three quarters (75%) of both low/middle coping and conformity drinkers think obesity is linked to alcohol consumption, compared with 65% of high coping and conformity drinkers.

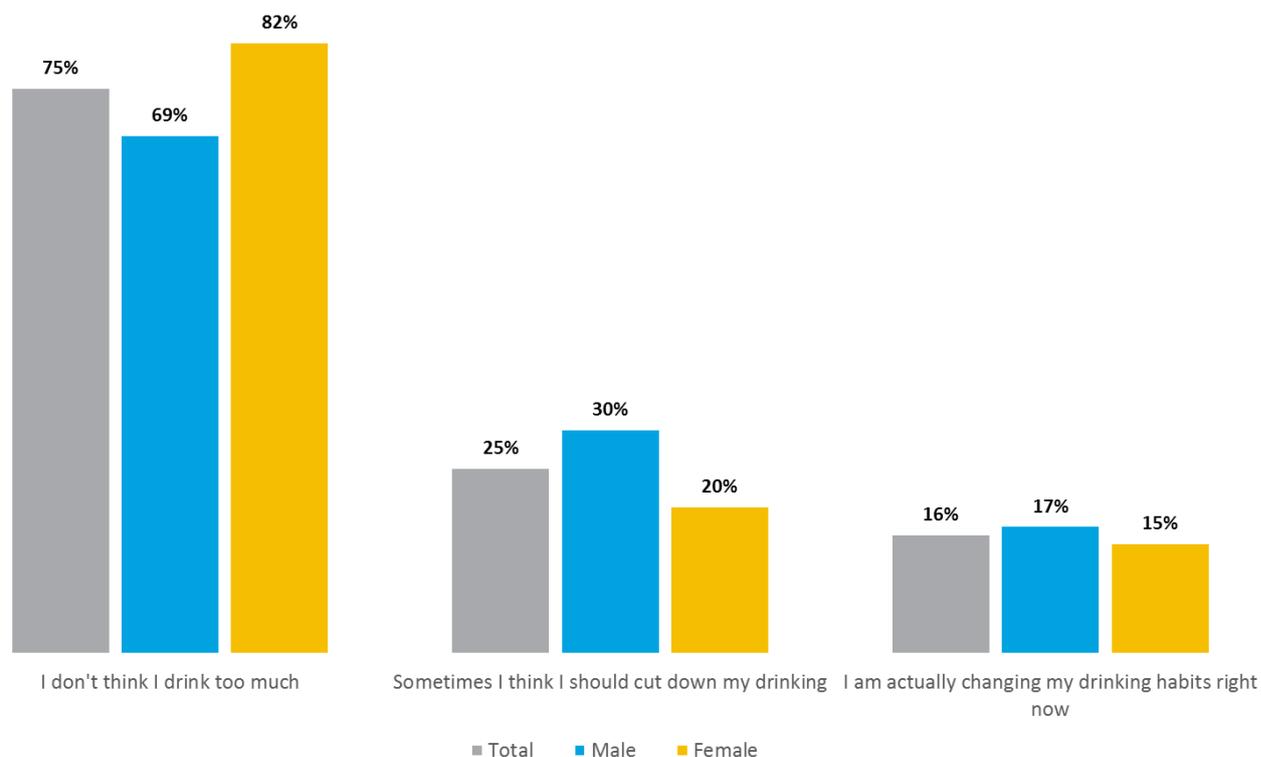
7.4 Perception of need to cut down

Though many consequences of drinking are well known and publicised, perceptions of these risks as they apply to individuals vary among the UK drinking population. Overall, three in four drinkers (75%) say they don't think they drink too much when asked. Along the same lines, just one quarter (25%) of UK drinkers say that sometimes they think they should cut down their drinking.

Roughly four in five (82%) women say they don't drink too much compared to 69% of men; presumably due in part to the fact that in general men are significantly more likely to exhibit risky drinking behaviours than women. Similarly, almost a third (30%) of men say they sometimes think they should cut down their drinking, compared to 20% of women.

Approximately one in six (16%) UK drinkers say they are changing their drinking habits right now. Men (17%) are only just slightly more like than women (15%) to be doing so.

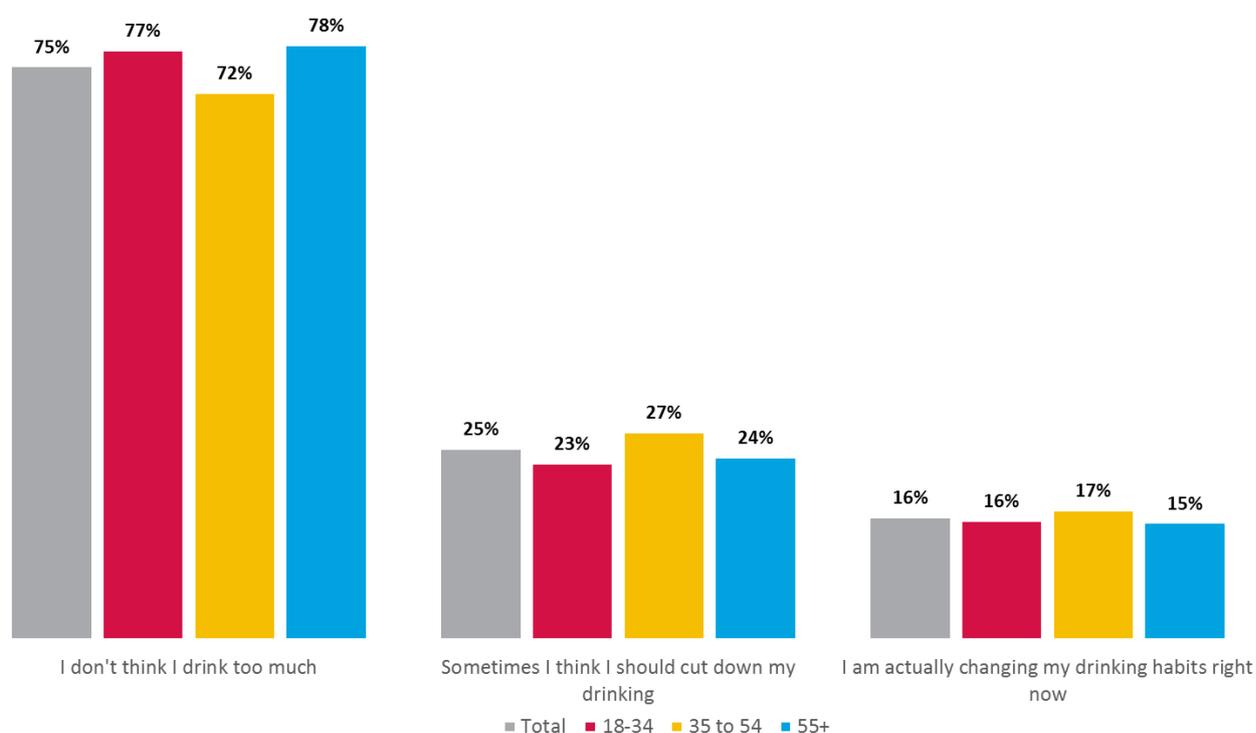
Figure 23: UK drinkers' perception of the need to cut alcohol consumption – by gender



Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Male (n=3,950); Female (n=3,952)

Whilst most age groups perceive their drinking behaviour in broadly the same way, middle-aged drinkers aged 35-54 (who drink at slightly higher risk levels) are somewhat more likely to recognise that they drink too much (72% agree with the statement 'I don't think I drink too much' compared with 77% of 18-34s and 78% of those aged 55+). In line with this finding, drinkers in the middle age group are most likely to say they sometimes think they should cut down their drinking (27% compared with 23% of those aged 18-34 and 24% of those aged 55+). However, there is little difference by age group in the proportion saying that they are actually changing their drinking habits currently.

Figure 24: UK drinkers' perception of the need to cut alcohol consumption – by age group

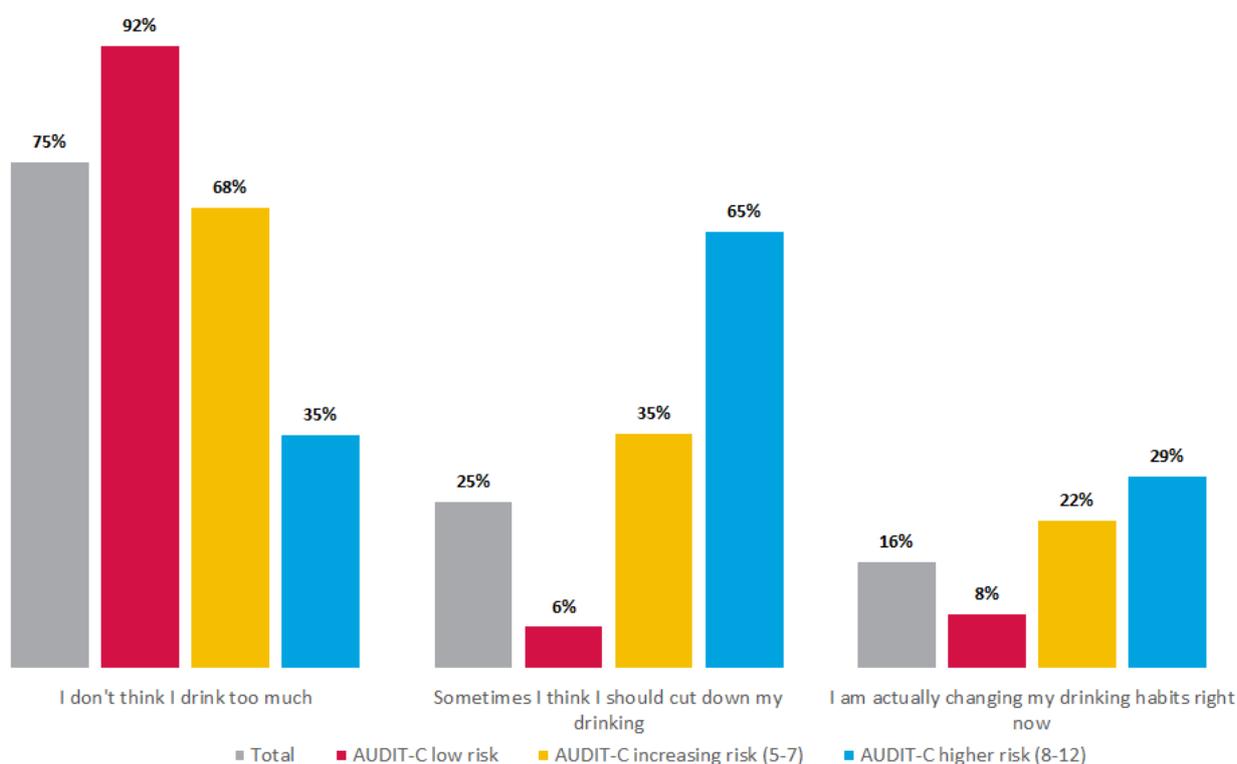


Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Aged 18-34 (n=1,573); Aged 35-54 (n=3,174); Aged 55+ (n=3,155)

Perceptions of excessive drinking broadly match AUDIT-C categories, with those who measure as higher risk drinkers (65%) being much more likely to say they sometimes think they should cut down their drinking. This is compared with 35% of increasing risk drinkers and six percent of low risk drinkers.

This increasing recognition of excessive drinking also shows among the AUDIT-C risk groups when asked if they are actually doing things now to cut down their alcohol consumption. Close to a third (29%) of higher risk drinkers say they are actually changing their drinking habits right now. In comparison, this is the case for 22% of increasing risk drinkers and eight percent of low risk drinkers. However it is notable that among higher risk drinkers, a relatively sizable proportion (35%) think they do not drink too much and the same is true of 68% of increasing risk drinkers.

Figure 25: UK drinkers' perception of the need to cut alcohol consumption – by AUDIT-C



Base: All UK adults aged 18-85 who drink alcohol (n=7,902); low risk (n=4,127); increasing risk (n=2,390); higher risk (n=1,385)

Analysis by weekly unit consumption shows a similar picture: 86% of those drinking at low risk levels (up to 14 units per week) say that they *don't* think they drink too much, which falls to 43% of those in the medium risk category (15-34 units for women or 15-49 units for men) and 15% of those in the high risk category (35+ units for women or 50+ for men). Conversely, 80% in the high risk category agree that they sometimes think they should cut down drinking, compared with 59% in the medium risk category and 14% in the low risk category. However, among the high risk category, only 29% say they are actually changing their habits right now; little higher than the medium risk category (27%).

More frequent drinking segments, for the most part, are also more likely to recognise that they drink too much. Segment 8 drinkers are the least likely to say they think they do not drink too much (30%). More than half (56%) of Segment 1 drinkers think they do not drink too much. Sixty-eight percent of Segment 6 drinkers don't think they drink too much, along with 59% of Segment 5 drinkers and 63% of Segment 4 drinkers – a high proportion considering the moderate risk scores for this group.

Analysis by drinking motivations reveals that drinkers with a high coping score (47%) are significantly more likely than those with a low/middle score (21%) to sometimes think they should cut down their drinking. These high coping drinkers also more often say that they are currently changing their drinking habits (29% compared with 14% of those with a low/middle score).

Drinkers with a high enhancement score also have a heightened sense that they should cut down their drinking. Roughly two in five (43%) sometimes feel they should cut down, compared with 25% of those with a middle score and five percent of those with a low score.

Parallels can be drawn between measures of self-efficacy and perceptions of one's own drinking behaviour. Drinkers with an above average self-efficacy score (79%) are more likely than those with an average (75%) or below average (71%) score to say that they do not drink too much.

As set out in Section 3.2, a composite score of the three variables discussed above was created and then assigned to three categories: low, medium and high 'readiness to change'. As shown in Table 10, overall around a fifth of drinkers were classified as 'low' and a similar proportion as 'high' (20% and 19% respectively), with the remainder categorised as 'medium' (61%).

Women, who drink at lower levels on average than men, also expressed lower readiness to change: 24% were classified as 'low' compared with 16% of men. Conversely, 23% of men were classified as 'high' compared with 15% of women. Among age groups, those in the middle age years, aged 35-54, were most likely to express high readiness to change (22%).

Readiness to change largely aligns with drinking risk levels. Over half (54%) of AUDIT-C higher risk drinkers expressed high readiness to change, along with a quarter (25%) of increasing risk drinkers and just four percent of low risk drinkers. Weekly unit consumption shows a similar pattern: 71% of those in the high risk category (35+ units for women or 50+ for men) expressed high readiness to change, falling to 47% among the medium risk category (15-34 units for women or 15-49 units for men), and 10 percent of the low risk category (up to 14 units).

Segment 8, the heaviest drinking segment, expressed the highest readiness to change (with 57% classified as 'high'). Around a third of Segments 5 and 1 expressed high readiness to change (36% and 33% respectively), along with around three in ten of Segments 4 (31%) and 6 (29%).

Table 10: Readiness to change score category – by key variables

Readiness to change score category		Low (-6 to -5.18)	Medium (-5.17 to +0.58)	High (+0.59 to +6)
Gender	All drinkers	20%	61%	19%
	Male	16%	61%	23%
	Female	24%	61%	15%
Age	18-34	20%	64%	16%
	35-54	21%	57%	22%
	55+	21%	62%	18%
AUDIT-C category	Low risk (0-4)	33%	62%	4%
	Increasing risk (5-7)	8%	67%	25%
	Higher risk (8-12)	2%	44%	54%
Weekly unit consumption	Low risk (0-14 units)	26%	65%	10%
	Medium risk (15 - 34 F or 15 - 49 M)	2%	51%	47%
	High risk (35+ F or 50+ M)	2%	27%	71%
Drinkaware segment	1	5%	62%	33%
	2	27%	63%	11%
	3	41%	56%	2%
	4	6%	63%	31%
	5	11%	53%	36%
	6	11%	60%	29%
	7	12%	71%	17%
	8	3%	40%	57%

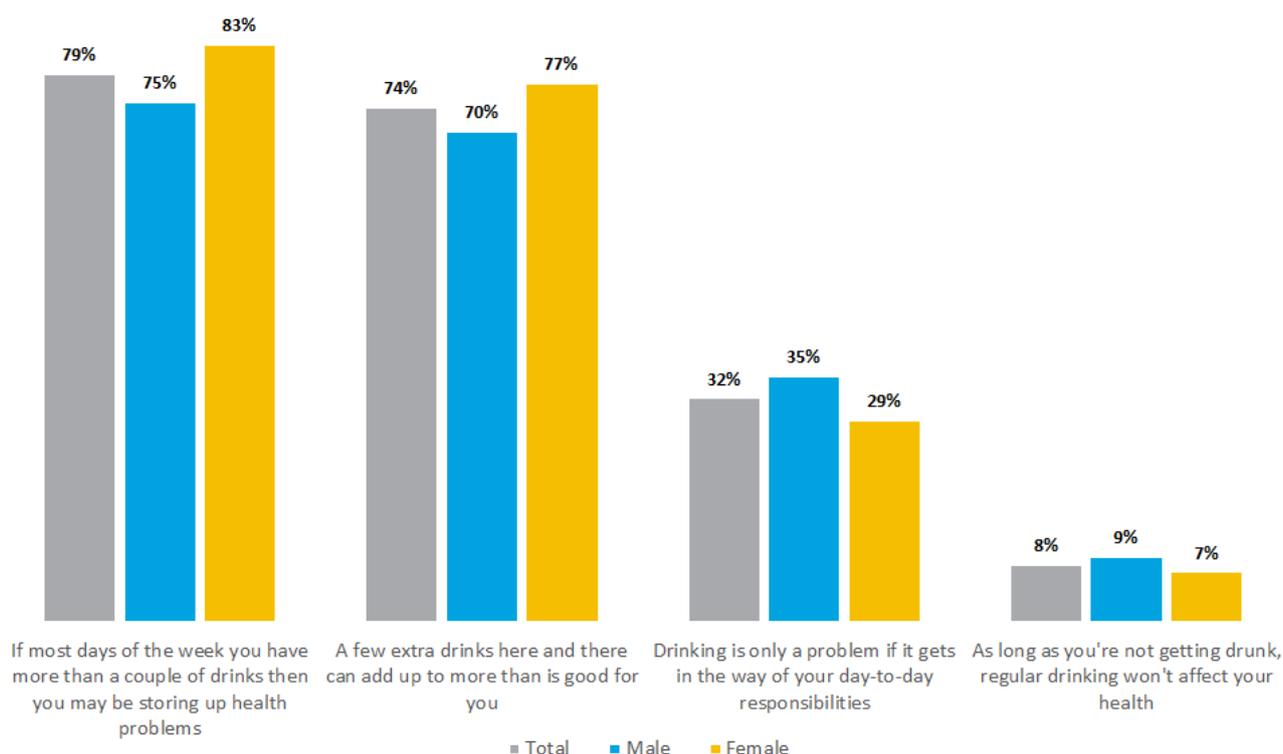
7.5 Attitudes to moderation

In the context of moderation, there is a strong perception among the UK drinking population that a few drinks can make a difference when it comes to health. Approximately four in five drinkers (79%) think you may be storing up health problems if most days of the week you have more than a couple of drinks, and along the same lines, 74% acknowledge that a few extra drinks here and there can add up to more than is good for you.

Women are significantly more likely than men to agree with each of these propositions in relation to drinking moderation. For example, 83% think that you may be storing up health problems if most days of the week you have more than a couple of drinks (compared with 75% of men), and 77% agree that a few extra drinks here and there can add up to more than is good for you (compared with 70%).

Much smaller proportions of the UK drinking population believe that drinking is only a problem if it gets in the way of your day-to-day responsibilities (32%) and that regular drinking won't affect your health as long as you're not getting drunk (eight percent). However, these perceptions are more prevalent among male drinkers. More than a third (35%) of men believe that drinking is only a problem if it interferes with day-to-day responsibilities, compared with 29% of women.

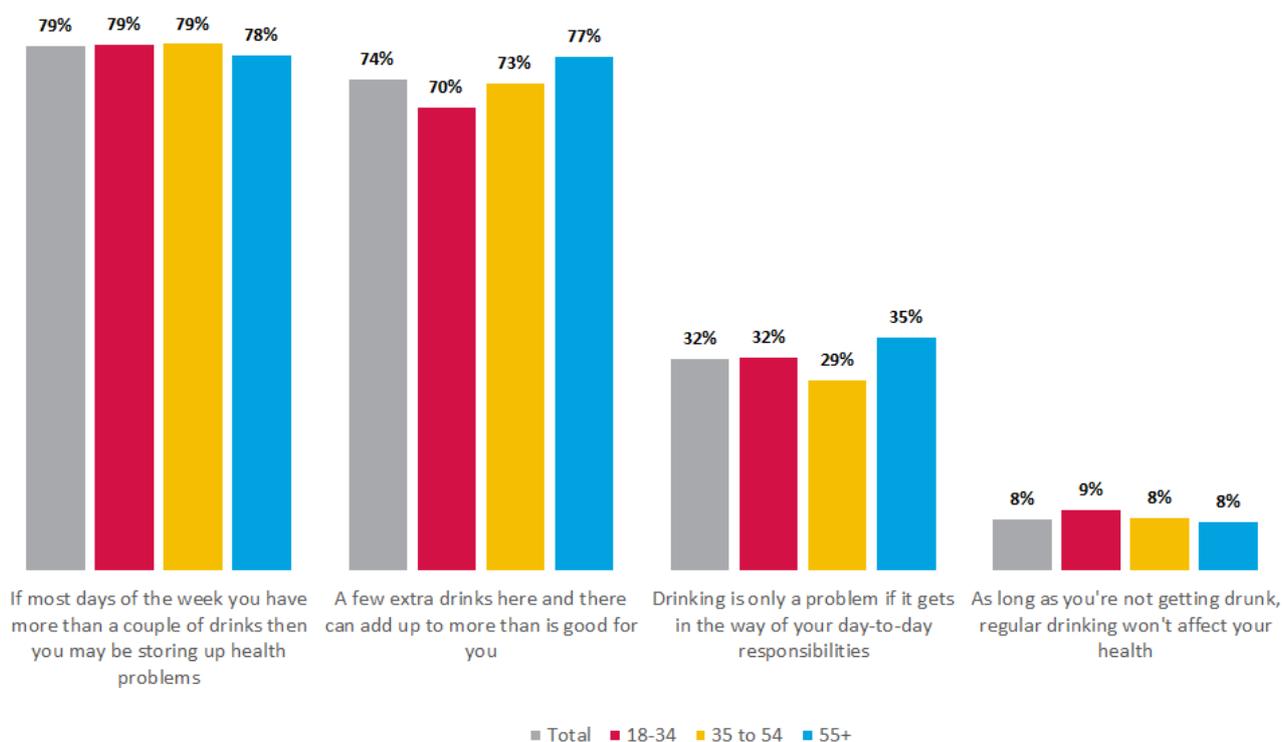
Figure 26: Attitudes to moderation – by gender



Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Male (n=3,950); Female (n=3,952)

Overall, attitudes to moderation are relatively consistent across the various age groups. However, we do find that older adults are more likely to believe that a few extra drinks here and there can add up to more than is good for you. Seventy-seven percent of drinkers aged 55+ agree with this statement, compared with 73% of those aged 35-54 and 70% of those aged 18-34.

Figure 27: Attitudes to moderation – by age group



Base: All UK adults aged 18-85 who drink alcohol: Total (n=7,902); Aged 18-34 (n=1,573); Aged 35-54 (n=3,174); Aged 55+ (n=3,155)

ABC1 drinkers are significantly more likely than those in social grade C2DE to support the various propositions regarding the value of cutting back. For example, more than three quarters (77%) believe that a few extra drinks here and there can add up to more than is good for you, in comparison with 70% of C2DE drinkers. Conversely, those in C2DE are more likely to think that drinking is only a problem if it gets in the way of your day-to-day responsibilities (35% compared with 29%).

In the case of some attitudes to moderation, perceptions are broadly consistent across the AUDIT-C categories. However, there is a notable difference when it comes to their perspective on when drinking can be considered a problem. Close to half (45%) of higher risk drinkers think that drinking is only a problem if it gets in the way of your day-to-day responsibilities, in comparison with 36% of increasing risk drinkers and just 26% of low risk drinkers. In addition, higher risk drinkers (73%) are less likely to recognise that you may be storing up health problems if you have more than a couple of drinks most days of the week than increasing risk (76%) or low risk (82%) drinkers.

Similarly, when looking at weekly unit consumption, 48% of those drinking at high risk levels (35+ units for women or 50+ for men) and 43% of those drinking at medium risk levels (15-34 units for women or 15-49 units for men) agree that drinking is only a problem if it gets in the way of your day-to-day responsibilities, compared with just 29% of those in the low risk category (up to 14 units). Low risk drinkers (81%) were more likely than those in either the medium or high risk categories (72% and 71% respectively) to agree that 'if most days of the week you have more than a couple of drinks then you may be storing up health problems', however there was no significant difference between the three categories in agreement that 'a few extra drinks here and there can add up to more than is good for you' (74%, 73% and 69% respectively).

Drinkers in Segments 2 and 3 are more likely than those in many other segments to think that you may be storing up health problems if you have more than a couple of drinks most days of the week (85% and 86% respectively), and also among those most likely to believe that a few extra drinks here and there can add up to more than is good for you (78% for both).

Drinking motivations can have an influence on the drinking population's recognition of the health risks associated with alcohol. Drinkers with a high conformity (17%) or coping (16%) score are significantly more likely than those with a low/middle score (seven percent for both) to believe that as long as you're not getting drunk, regular drinking won't affect your health. They are also considerably more likely to think that drinking is only a problem if it gets in the way of your day-to-day responsibilities, with 41% and 43% of high conformity and coping drinkers (respectively) reporting this, compared to 31% and 30% (respectively) of those with a low/middle score.

The occasions during which people drink can also have a bearing on their attitudes to moderation. Those who drink at home alone (35%) are significantly more likely than those who do not (28%) to think that drinking is only a problem if it gets in the way of your day-to-day responsibilities.

Analysis by drinkers' self-efficacy rating also presents some interesting distinctions. Drinkers with an above average (77%) or average (74%) self-efficacy score are more likely than those with a below average score (69%) to believe that a few extra drinks here and there can add up to more than is good for you. However, those with an above average score are also more likely to think that drinking is only a problem if it gets in the way of your day-to-day responsibilities; more a third (35%) report this in comparison with 32% of those with an average self-efficacy score and 30% of those with a below average score. This could indicate that despite having higher awareness of the health implications associated with alcohol, those with above average self-efficacy are also less likely to recognise 'problem drinking'.

8 Moderation behaviour

This chapter reviews the extent to which people moderate their drinking behaviour and the context around this, including moderation techniques, the types of drinking occasion that stand out when thinking about cutting down, and the triggers causing the change in behaviour.

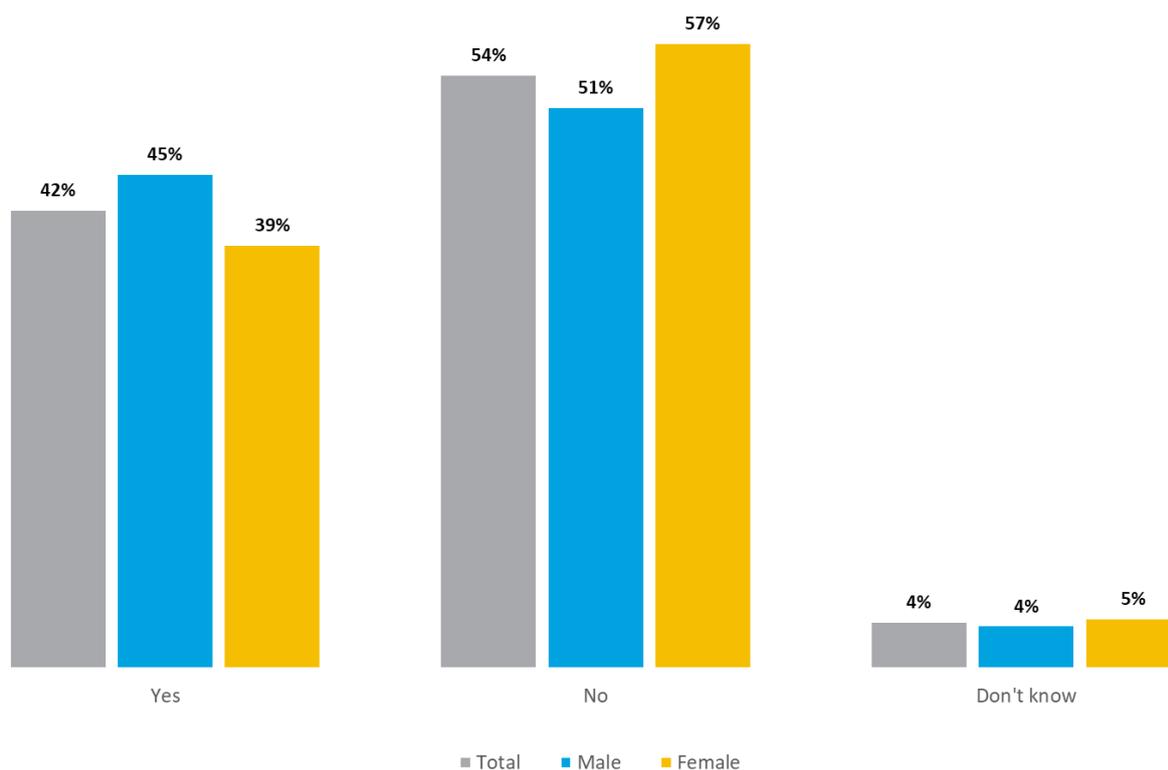
8.1 Attempts to moderate

Overall, two in five (42%) adult drinkers say that at some point in their lives they have made efforts over a period of time to cut down their drinking.

Just under half (49%) of those who say they have attempted to cut down on their drinking say they have attempted this within the last year, with over a third (36%) saying they have attempted this within the last six months.

Men are significantly more likely than women to say they have at some point attempted to cut down on their alcohol consumption (45% vs 39%).

Figure 28: Attempts to cut down on drinking – by gender



Base: All UK adults aged 18-85 who drink alcohol (n=7,902), Men (n=3,950); Women (n=3,952)

Younger people aged 18 to 34 are significantly less likely to say they have ever attempted to cut down their drinking. Thirty-five percent of 18 to 34 year old drinkers say they have tried to cut down on their alcohol consumption compared to 44% of those aged 35 or over.

Drinking risk levels have an effect on likelihood to have ever attempted to cut down on drinking, with those at higher risk being more likely to have tried to do so at some point in their lives. Just over half (54%) with an increasing or higher risk AUDIT-C score say they have attempted to cut down on their alcohol consumption. Sixty percent of those with higher risk AUDIT-C scores say they have attempted to cut down on their drinking, though almost a third (30%) of this group say that they last attempted this a year ago or more.

Those with certain motivations for drinking are also more likely to say they have cut down on their drinking. Those motivated to drink for coping reasons are most likely to say they have attempted to cut down on their drinking (56%). Over half (51%) of those drinking for conformity reasons say they have tried to drink less.

Those drinking for social reasons are the least likely to say they have cut down on their drinking (47%), however those drinking for enhancement reasons are as likely as those drinking for conformity reasons to say they have attempted to cut down on their drinking (51%).

The occasions on which people most often drink also have an effect on how likely it is that attempts have been made to cut down on their drinking. Those drinking several drinks at home with a partner at least once a month, and those drinking at home alone at least once a month are most likely to say they have tried to cut down on their drinking (55% and 54% respectively). However, those who have a small number of drinks at home with the family or with a partner as a couple at least once a month are less likely to say they have attempted to decrease their drinking (both 48%).

Segment 8 is the most likely group to say they have ever attempted to cut down on their drinking (64%), along with 58% of Segment 6 and around half of segments 4 (52%), 5 (51%) and 1 (51%). Segments 2 and 3 are the least likely to say they have attempted to cut down on their drinking (37% and 27% respectively).

8.2 Moderation tools and resources

Most drinkers do not use any resources or tools to assess their alcohol intake. Over three-quarters (76%) of drinkers say they have not used any such tools or resources for this purpose.

When used, the most popular tools or resources are taking a test to assess their drinking habits (nine percent of drinkers) and speaking to their GP or nurse (nine percent). Just two percent say they have assessed their intake by using a pen and paper drinking diary.

Male drinkers are more likely than female drinkers to say they have consulted a GP or nurse about their alcohol intake (12% vs. six percent of women).

Older drinkers aged 55 or over are significantly more likely to have sought advice from a GP or nurse (11% vs. eight percent of under 55s).

Those with AUDIT-C increasing or higher risk scores are more likely to have sought advice from a GP or nurse regarding their drinking behaviour. Thirteen percent of those with increasing/high AUDIT-C risk scores have sought the advice of a GP or nurse regarding their drinking behaviour compared with five percent of those with low scores.

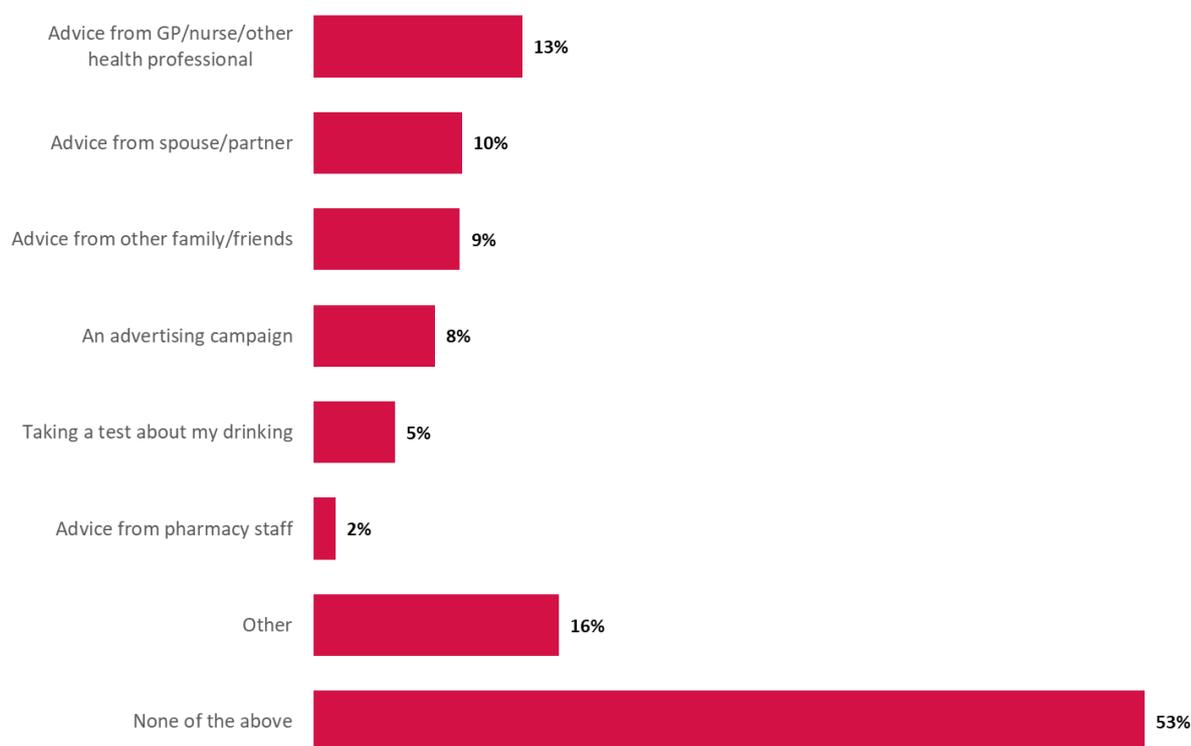
Individuals with a high score for social motivations are the least likely to have utilised at least one tool or resource to assess their intake, with just 27% doing so compared to 31% of those with a high score for enhancement or conformity motivations, and 33% of those with a high score for coping motivations.

Those who drink a small number of drinks at home with the family at least once a month are the least likely to have used at least one tool or resource to assess their intake (28%). Individuals who drink on a mixed home drinking and night out with friends at least once a month are the most likely to have used at least one such tool or resource (34%).

8.3 Moderation triggers

Over half (53%) of drinkers who have recently attempted to reduce their drinking or considered doing do, do not cite a particular trigger for their decision to attempt this. The most common trigger for thinking about decreasing alcohol consumption is advice from a doctor or other health professional (13%), followed by a spouse or partner (10%). These drinkers were less likely to mention taking a test to measure their drinking (five percent), or advice from a pharmacist (two percent) as a trigger for them considering cutting down.

Figure 29: Triggers to cutting down on alcohol consumption



Base: All UK adults aged 18-85 that drink alcohol and have tried to cut down in the last 2 years or are thinking about doing so (Total n=3,076)

As seen when taking advice from health professionals to assess alcohol intake, men who have thought about cutting down are also far more likely than women to say that advice from GPs, nurses or other health professionals was the trigger for this (18% vs. seven percent of women). Men are also significantly more likely to say that advice from a spouse or partner was the cause for them to think about cutting down their drinking (12% vs. six percent of women).

Also as may be expected from the patterns discussed earlier in this chapter, older drinkers are more likely to have been triggered to consider cutting down their drinking after advice from a GP, nurse or other health professional: 16% of those aged 35 or over said they had thought about or attempted to cut down after this advice, compared with just seven percent of under 35s.

Younger drinkers, however, are more likely to have been influenced by advice from family and friends, with 12% of those aged 18 to 34 who have recently attempted to cut down their drinking or considered doing so saying they were triggered to do this after advice from family and friends, compared to only five percent of those aged 55 or over.

Taking a test about drinking behaviour is slightly more prevalent among younger drinkers attempting to cut down their alcohol consumption or considering this. Six percent of those under 55 say they were triggered to think about cutting down after taking a test about their drinking, compared with four percent of over 55s.

Those with higher risk AUDIT-C scores are the most likely to have been triggered in their attempts to cut down their drinking when talking to a GP, doctor or other health professional (18% compared with 11% of those with low or increasing risk scores).

Those with a high score for coping motivations for drinking are more likely to have had some sort of specific trigger causing them to think about cutting down their drinking (54% compared with 45% of those with a low/middle score). In particular this group is more likely to have been triggered into reducing their alcohol intake after conversation with a GP, nurse or other health professional (17% compared with 12% of those with a low/middle score).

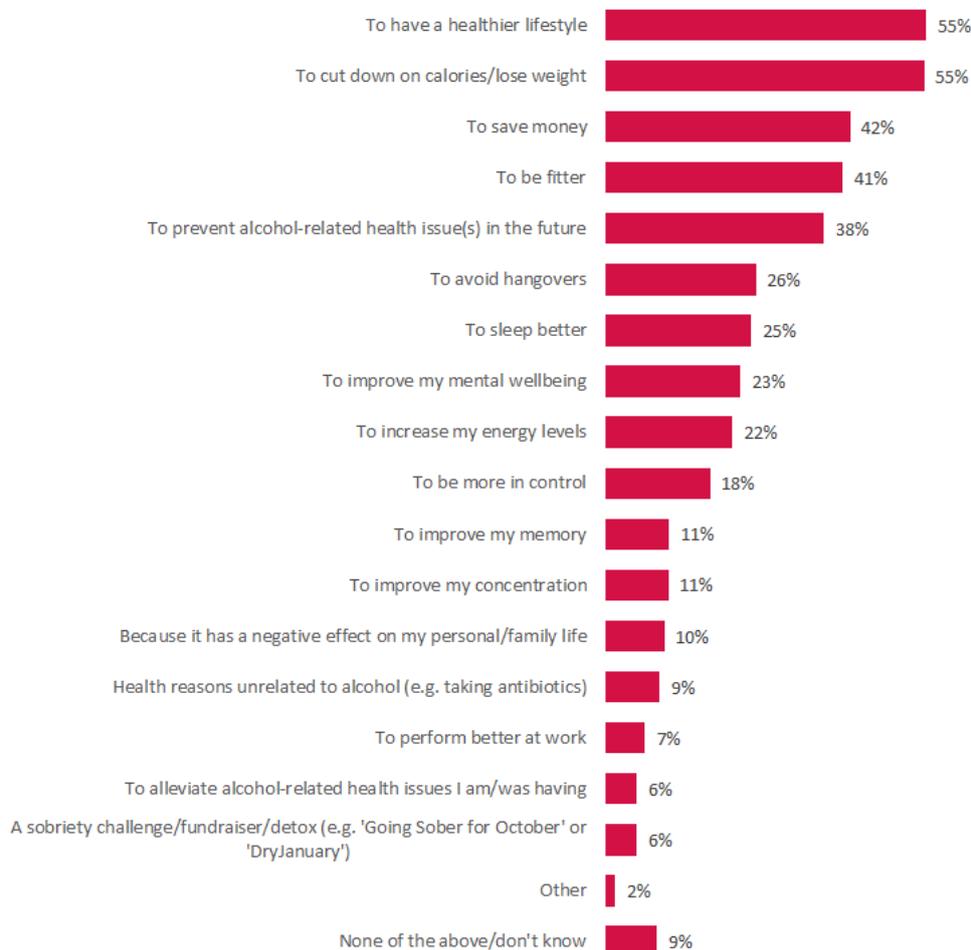
Those with low self-efficacy scores are significantly more likely than others to say they have thought about cutting down their drinking due to advice from family and friends (14% compared with eight percent of those with average or high self-efficacy scores) indicating that social support and advice is a particularly important trigger for people in this category.

Segments 8 and 6 are the most likely groups to say that they were triggered to think about cutting down by advice from a GP, nurse or other health professional (19% and 17% respectively). Segments 6, 5 and 7 are more likely to say the trigger was advice from a spouse or partner (14%, 13% and 13% respectively). Segment 1 drinkers are most likely to say that advice from other family or friends was the trigger for them in attempting to reduce their alcohol intake or thinking about it (11%).

8.4 Moderation motivations

The most common reasons given for attempting to cut down drinking are for a healthier lifestyle (55% of those who have tried to cut down or are considering doing so) or to cut down on calories/lose weight (55%). Less common reasons are to improve memory (11%) or concentration (11%). Seven percent say they have attempted to cut down or considered doing so in order to perform better at work, with six percent citing that their attempts to cut down were part of a sobriety drive such as 'Dry January'.

Figure 30: Reasons for trying to cut down on alcohol consumption



Base: All UK adults aged 18-85 that drink alcohol and have tried to cut down in the last 2 years or are thinking about doing so (Total n=3,076)

Among those who have thought about or tried to cut down, women are more likely than men to say that this was in order to lose weight or reduce their calorie intake (59% vs. 51% of men). Men on the other hand are more likely to say it was to save money (44% vs. 39% of women) or to be fitter (45% vs. 35% of women).

Trying to cut down on alcohol for health reasons is more common among older drinkers. Fifty-eight percent of those aged 35 or over say they have attempted to cut down their drinking or considered doing so for a healthier lifestyle, compared with 48% of those aged under 35. Similarly, 59% of those aged 35 or over say their motivation for cutting down their drinking was to lose weight or to reduce their calorie intake compared to 44% of those under 35 years old.

Younger drinkers are more likely than older drinkers, however, to give mental health reasons for attempting to cut down their drinking. Twenty-eight percent of those aged 18 to 34 that have tried to cut down their drinking or considered doing so say this was to improve their mental wellbeing, compared to just 14% of those aged 55 or over giving this reason. Almost a quarter (23%) of young people aged 18 to 34 who have attempted to cut down their drinking or thought about doing do say their motivation was to be more in control, compared to 12% of those aged 55 or over. Thirteen percent of 18-34s say they thought about cutting down their drinking to improve their concentration compared with eight percent of those aged 55 or over.

Middle aged drinkers (aged 35 to 54) are the age group most likely to say that they have attempted to cut down their drinking, or considered doing so, in order to sleep better. Twenty-nine percent of middle aged drinkers gave this motivation for cutting down their drinking compared with 22% of those aged 18-34 and 24% of those aged 55 or over.

Reflecting their high consumption, Segment 8 were the segment most likely to say they were motivated to cut down in order to prevent alcohol-related health problems in the future (55% compared with 38% overall). Segments 5 and 8 were more likely than others to be motivated by improving mental wellbeing (38% and 32% respectively, compared with 23% overall). Segments 1 and 4 were more likely to be motivated by having a healthier lifestyle generally (64% and 65% respectively, compared with 55% overall).

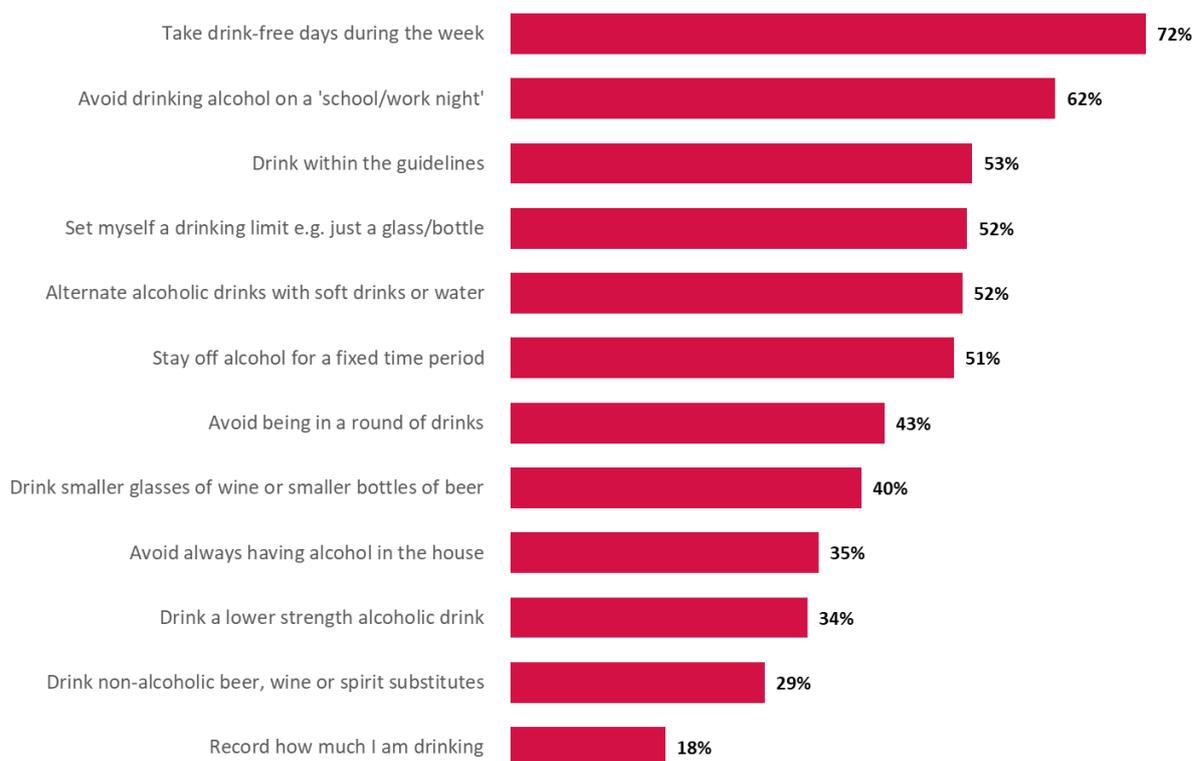
8.5 Moderation techniques

There are varied techniques for attempting to cut down on alcohol consumption. The most popular techniques to cut down on drinking are to choose certain days in the week to avoid alcohol. Seventy-two percent of drinkers say they are currently or have previously chosen certain drink-free days in the week to stick to, with 62% opting to avoid alcohol on 'school/work nights'.

Over half of drinkers say they are currently or have previously drunk within the guidelines (53%), set themselves a limit (52%), alternated alcoholic drinks with soft drinks (52%) or avoided alcohol for a fixed time-period (51%).

Less popular techniques of cutting down alcohol consumption include drinking a lower strength alcoholic drink (34%), drinking a non-alcoholic beer, wine or spirit substitute (29%), or recording their drinking behaviour (18%).

Figure 31: Methods to moderate drinking (currently doing or have done)



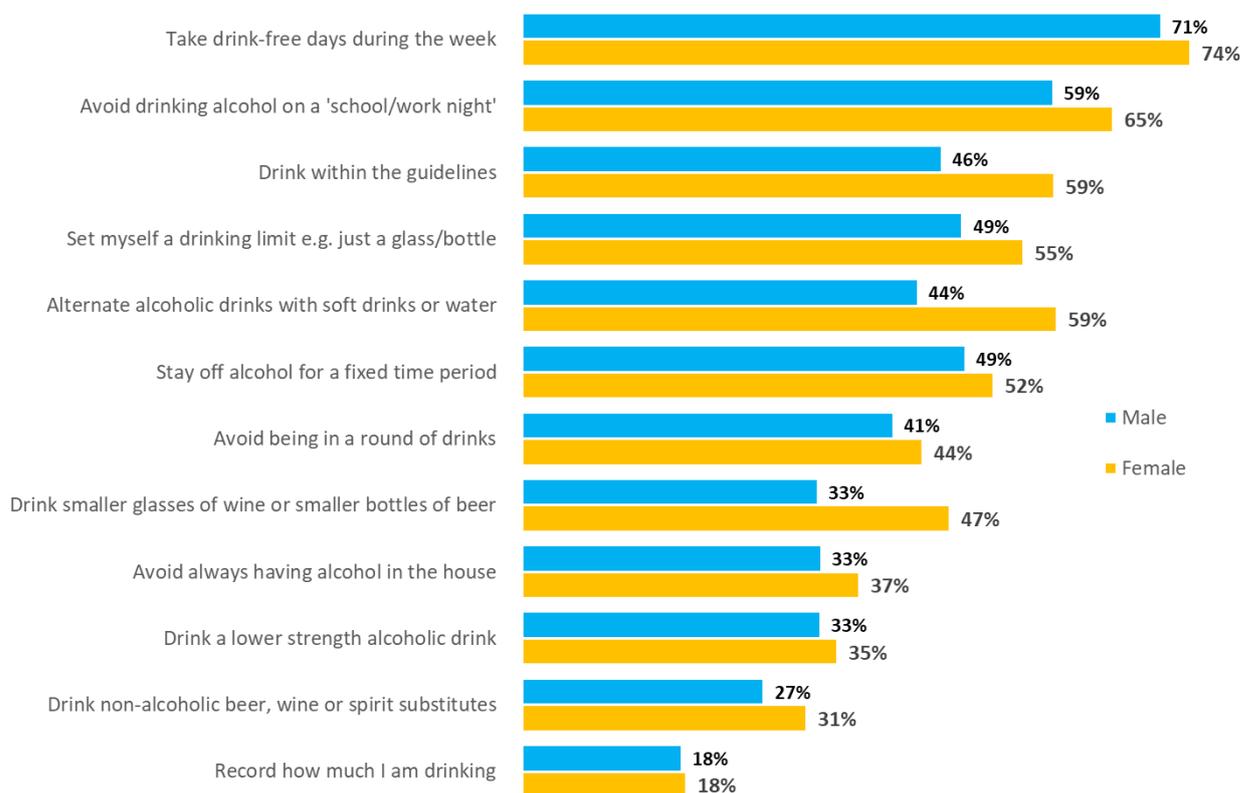
Base: All UK adults aged 18-85 who drink alcohol (n=7,902)

Overall, women are more likely to have attempted moderation techniques or say they are currently utilising them. Over half (56%) of women score positively overall for their use of moderation techniques compared with 39% of men.

There are, however, some particular techniques that are more popular among women than among men. For example, women are more likely than men to say they currently or have previously drunk according to the guidelines as a way of moderating their alcohol consumption (59% vs. 46% of men). Also, women are more likely to alternate soft drinks with alcoholic drinks as a way of cutting down on their drinking (59% vs. 44% of men), and to drink smaller glasses of wine or beer as a way of cutting down (47% vs. 33% of men).

Men and women are more similar in their propensity to choose methods of cutting down involving taking drink-free days in the week (71% of men and 74% of women), or to generally avoid alcohol for a fixed period (49% of men and 52% of women).

Figure 32: Methods to moderate drinking (currently doing or have done) – by gender



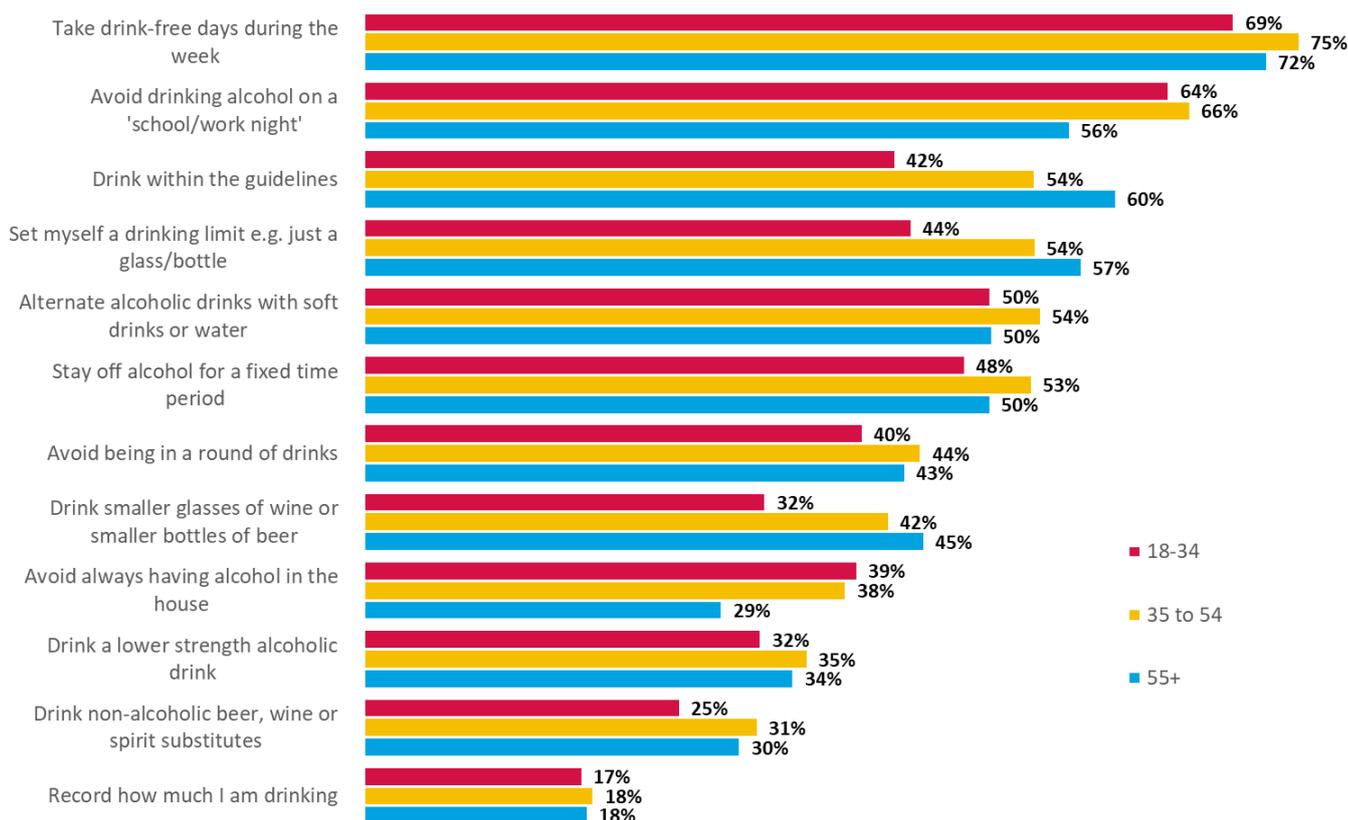
Base: All UK adults aged 18-85 who drink alcohol: Men (n=3,950); Women (n=3,952)

Middle aged drinkers (aged 35 to 54) are the most likely age group to utilise moderation techniques while drinking (49% vs 47% of 55+ and 45% of those aged 18 to 34). There are, however, different techniques which appeal to different age groups when compared.

Younger drinkers aged 18 to 34 are less likely to have utilised moderation techniques which involve drinking less when drinking alcohol (rather than avoiding it altogether or for a period of time). For example, 42% of younger drinkers say they are or have previously drunk within the guidelines as a way to moderate drinking compared with 57% of those aged 35 or over. Younger drinkers are also less likely to set themselves a drinking limit on the occasion (44% compared with 55% of 35+). Also, younger drinkers are less likely to say they drink smaller glasses of wine or beer as a way of cutting down (32% of 18 to 34s compared with 43% of 35+).

Older drinkers (aged 55 or over) are less likely overall to avoid keeping alcohol in the house (29% vs. 39% of those aged under 55). Also, older drinkers are less likely to avoid drinking on 'school/work nights' as a way of moderating their drinking (56% compared with 65% of those aged under 55). Middle aged drinkers are the most likely age group to alternate their alcoholic drinks with soft drinks (54% compared to 50% of other age groups).

Figure 33: Methods to moderate drinking (currently doing or have done) – by age



Base: All UK adults aged 18-85 who drink alcohol (Total (n=7,902); Aged 18 to 34 (n=1,573); Aged 35 to 54 (n=3,174); Aged 55+ (n=3,155))

Those with high AUDIT-C risk scores are significantly less likely to utilise moderation techniques which involve avoiding alcohol for a certain period of time. Fifty-six percent of higher risk drinkers say they avoid drinking alcohol on a 'school/work night' compared with 63% of low or increasing risk drinkers. Similarly, 45% of higher risk drinkers say they have stayed away from alcohol for a fixed time period compared with 53% of low risk drinkers and 50% of increasing risk drinkers.

Those with a high score for conformity motivations for drinking are more likely to say they drink smaller glasses/bottles, or have done so (44% compared with 39% of those with middle/low scores for this motivation). The same pattern is not evident when looking at the other motivation categories, and may reflect a need for this group to be 'visibly' drinking alcohol, due to social pressures, as opposed to using techniques which avoid alcohol completely. Similarly, those with a high score for conformity motivations are more likely to say they set a drinking limit, or have done so (56% compared with 51%).

Those with higher self-efficacy scores are more likely to utilise moderation techniques limiting the amount of alcohol consumed during the occasion itself (rather than relying only on techniques in which alcohol is avoided completely). For example, 43% of those with high self-efficacy scores say that they currently or have previously drunk smaller glasses of wine or beer (compared with 39% of those with low or average self-efficacy scores).

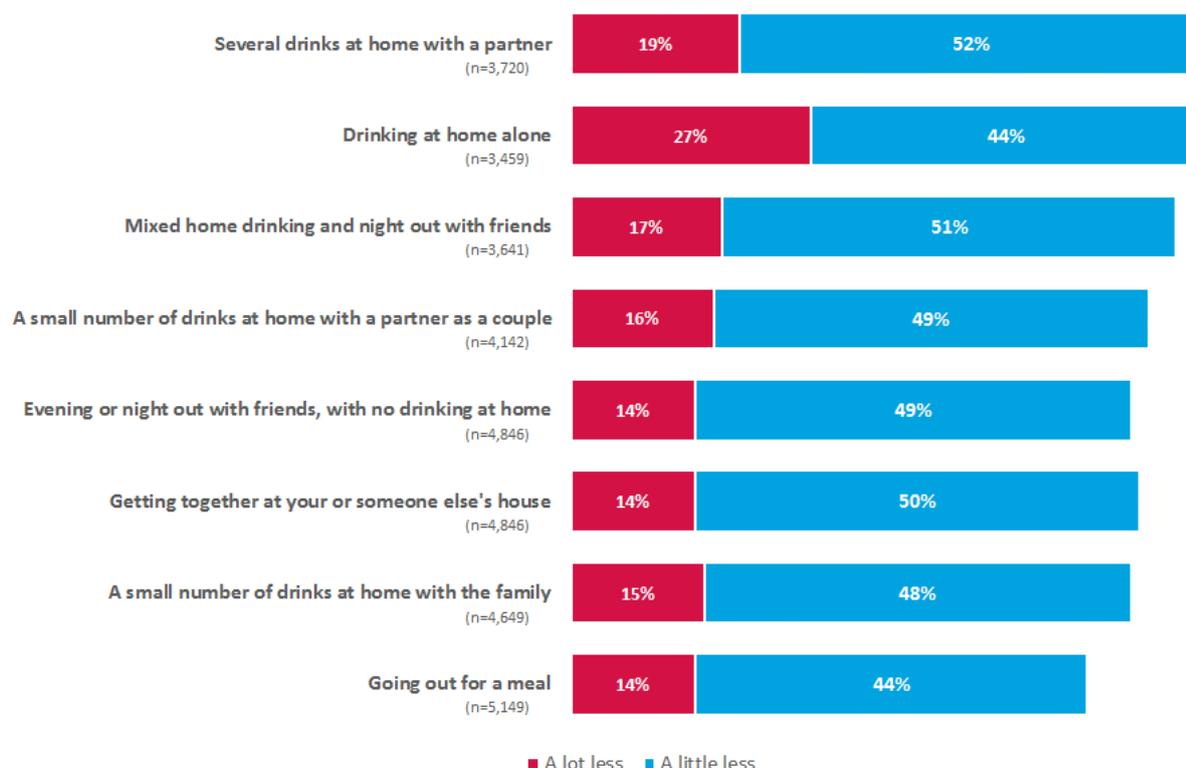
8.6 Moderation by drinking occasions

As seen above, the popularity of drinking during certain occasions or situations is more popular than others. There are also differences, however, in the willingness of drinkers to moderate their drinking during certain occasions.

Overall, the occasions at which drinkers are most willing to drink less are several drinks at home with a partner, and drinking at home alone. Among those who drink in each of these ways, close to three quarters (71%) would consider drinking a lot or a little less. The occasion where drinkers show least willingness to drink less is when going out for a meal (58% of those who drink in this situation would consider drinking less), perhaps since this is typically a more moderate drinking occasion to start with, and therefore drinkers see less opportunity to cut drinking down).

Generally, there is limited variation between the other occasions, with around three-fifths to three quarters of those drinking in each situation indicating that they would be willing to drink a lot or a little less. Interestingly, the only occasion in which drinkers to whom it applies are notably more willing to drink *a lot*, rather than *a little*, less, is drinking at home alone.

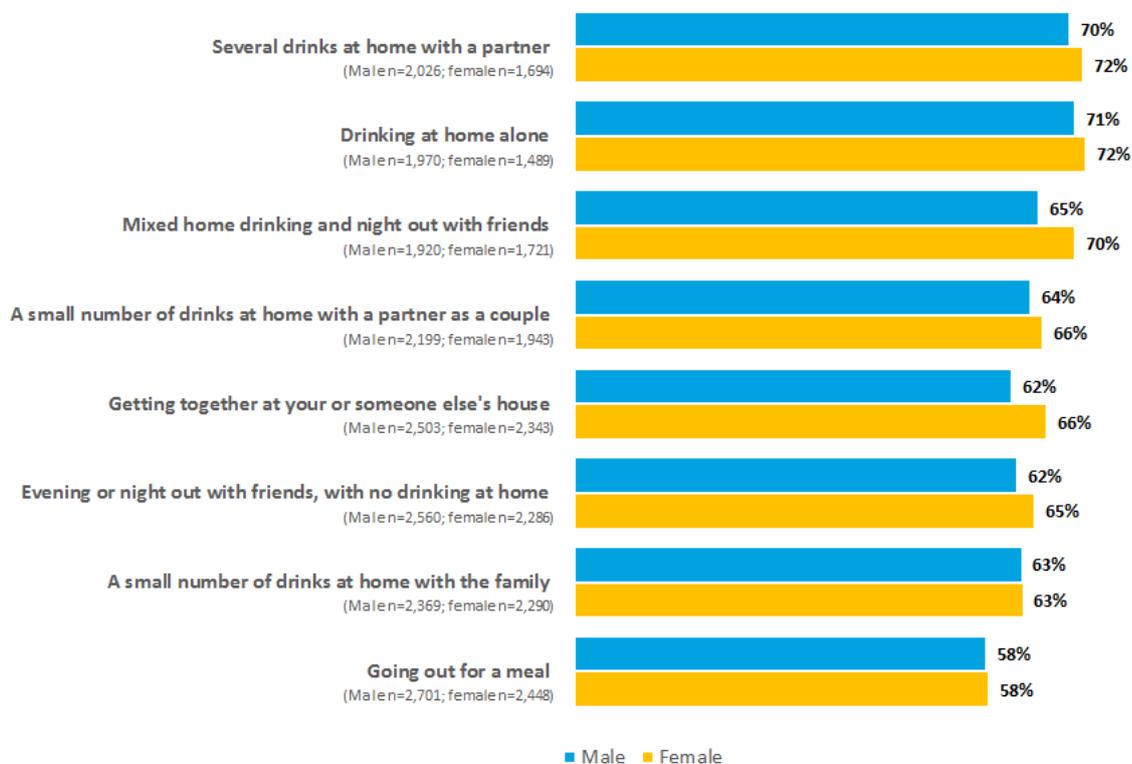
Figure 34: Occasions during which to moderate drinking (consider drinking a lot less/ a little less)



Base: all UK adults aged 18-85 who drink alcohol at each occasion (n=as shown in chart)

There is generally little difference between men and women in how willing they are to drink less at each occasion. However, women appear somewhat more willing to consider moderation at more social occasions: 65% would consider drinking less at a home-based get together (compared with 60% of men) and 70% would consider drinking less at a mixed home drinking and night out occasion (compared with 65% of men). Additionally, within the group of those who would consider drinking less, women are slightly more likely to say they would consider drinking a *lot* less, with men more likely to select 'a little less'.

Figure 35: Occasions during which to moderate drinking (consider drinking a lot less/ a little less combined) – by gender



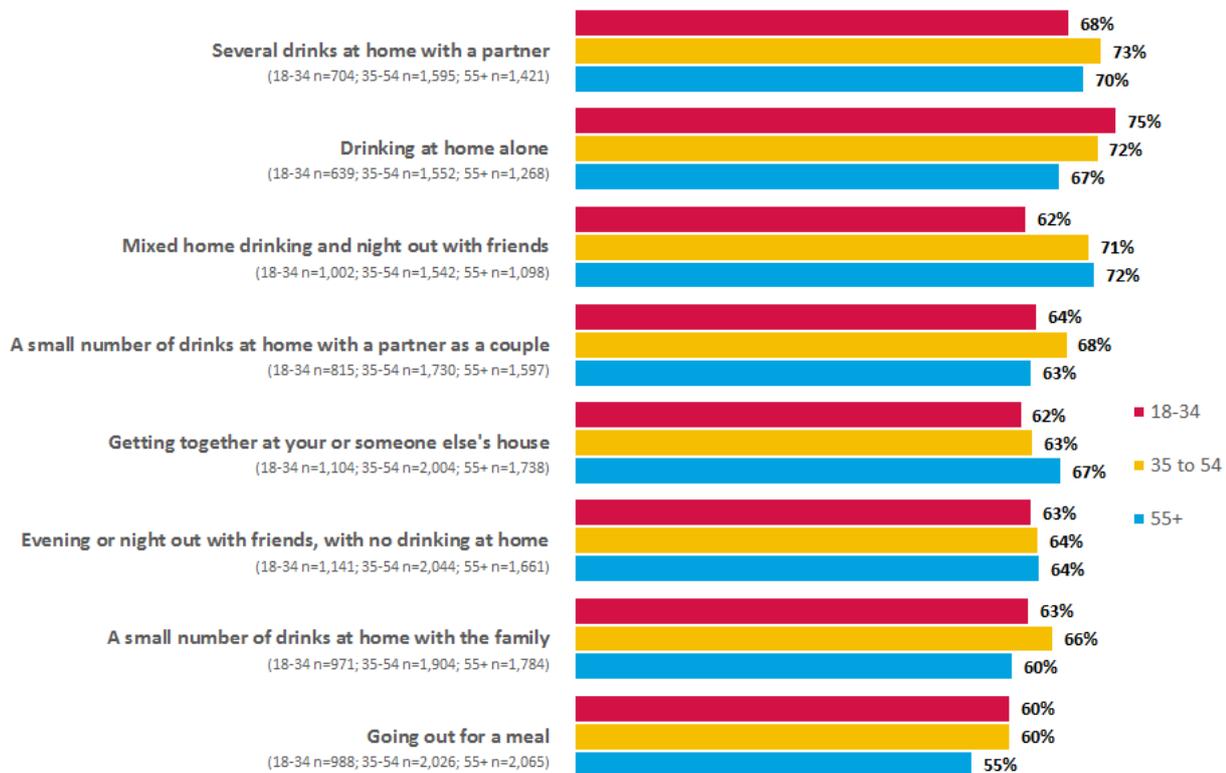
Base: all men/women who drink alcohol at each occasion (n=as shown in chart)

Older drinkers aged 55+ (who drink at each occasion) are notably less willing to consider drinking less at home alone, or when going out for a meal, compared with younger and middle aged drinkers. However, it is worth noting that drinkers in this age group already drink somewhat less than other groups, so there may be less perceived potential for them to cut down.

Younger drinkers aged under 35 are less inclined to consider drinking less during 'bigger' social occasions. In particular, they show lower willingness to drink less on a get together at home or at someone else's house, compared with older drinkers. They are also less open to drinking less during a mixed home drinking and night out occasion, compared with middle aged drinkers and older drinkers.

Middle aged drinkers aged 35 to 54 are more likely than other age groups to consider drinking a lot or a little less when drinking at home with the family, or as a couple.

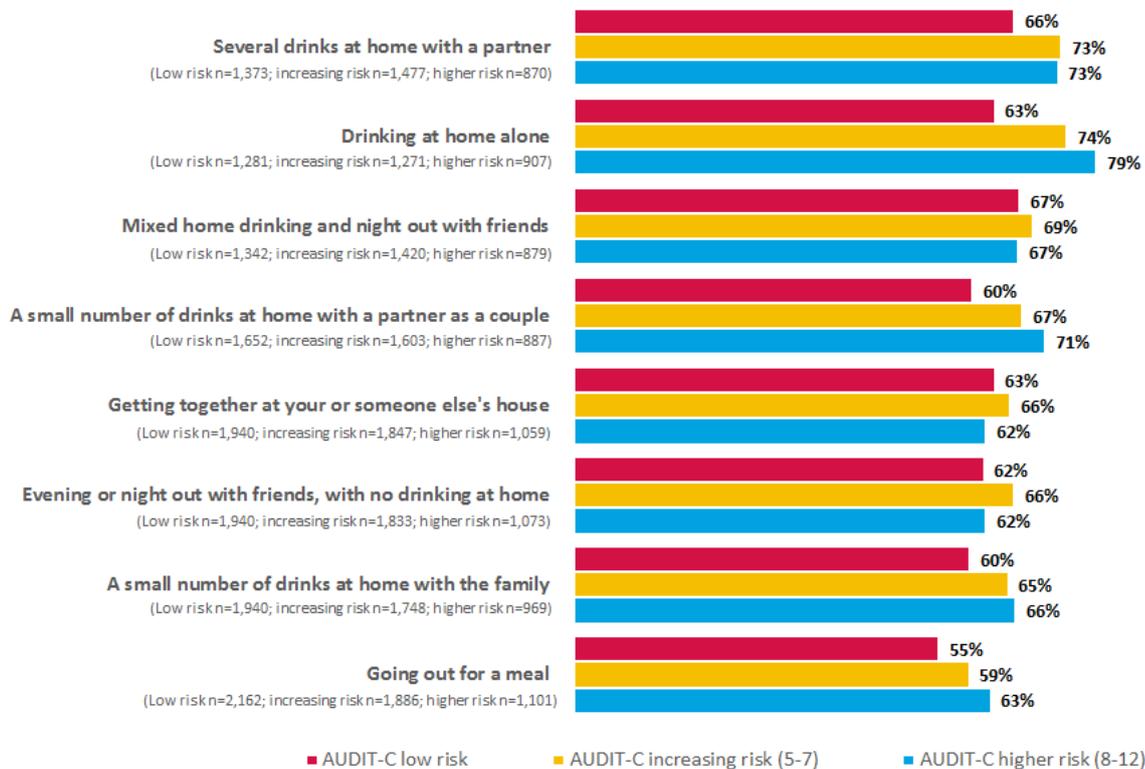
Figure 36: Occasions during which to moderate drinking (consider drinking a lot less/ a little less combined) – by age



Base: all in each age group who drink alcohol at each occasion (n=as shown in chart)

Generally, those in the increasing and higher risk AUDIT-C categories were more likely than low risk drinkers to say they might consider drinking less at various occasions. This again reflects the dynamic, discussed earlier in this report, whereby people already drinking at low levels may see less opportunity to reduce their drinking than those drinking at higher levels. However this did not apply equally to every drinking occasion. Those drinking at increasing or higher risk levels were more likely than low risk drinkers to consider drinking less at home alone, with a partner, with the family or when out for a meal. When it comes to the more social and heavier drinking occasions, higher risk drinkers were generally no more likely than low risk drinkers to consider drinking less, whereas increasing risk drinkers were somewhat more open to this idea than either low risk or higher risk drinkers. This pattern applies to a get together at your or someone else's house, an evening out with friends (with no drinking at home) and a mixed home drinking and night out with friends.

Figure 37: Occasions during which to moderate drinking (consider drinking a lot less/ a little less combined) – by AUDIT-C score



Base: all in each AUDIT-C risk category who drink alcohol at each occasion (n=as shown in chart)

Among the segments, Segment 1 was generally among the most likely to consider drinking less in home-based scenarios, including drinking at home alone (79% would consider drinking less in this setting, compared with 71% of all drinkers), several drinks at home with a partner (76%, compared with 71% of all drinkers) and a small number of drinks at home with a partner (74% vs 65%). However this segment was less open to drinking less in more social and out-of-home settings, reflecting their social drinking behaviour and younger age profile. Sixty-five percent of Segment 1 would consider drinking less during a mixed home drinking and night out with friends; lower than the average of 68% among all drinkers. Similarly, 60% would consider drinking less during a get together with friends, compared with 64% of all drinkers.

Segment 4 was generally more open than drinkers overall to consider drinking less in most settings (with the exception of when out for a meal, for which they were equally likely to consider drinking less as drinkers overall)

Segment 8 were generally less likely than drinkers overall to consider drinking less at various occasions, although in some cases they were equally likely: 70% of this group would consider drinking less at home alone (compared with 71% of all drinkers), and 67% would consider drinking less during a mixed home drinking and night out with friends (compared with 68% overall). The only situation where this segment over-indexes compared to drinkers overall is drinking when out for a meal: 63% would consider drinking less in this situation, compared with 58% overall.

8.7 Influencing moderation

This section considers wider lifestyle behaviour among each segment, including use of health-related technology and media, and alcohol purchasing behaviour, and considers this in the light of potential opportunities to influence each segment in the direction of moderation.

Among the segments, those belonging to Segments 1, 2 and 7 are most likely to track their fitness or diet through an app (23%, 21% and 19% respectively), which could be explained in part by the fact that they tend to be younger. Similarly, as people who generally tend to live a healthy lifestyle, Segments 2 and 7 most commonly own a wearable fitness device (21% and 19% respectively). In contrast, Segment 8 is less likely than most other segments to track their fitness/diet through an app (eight percent) or own a wearable fitness device (10%). These findings could be an indication that apps and technology could present an opportunity for influencing moderation among Segments 1, 2 and 7, while Segment 8 may be farther from reach via this method.

Examining the segments by readership of health and fitness magazines/websites reveals that Segments 1, 6 and 7 are particularly likely to engage with this activity compared with other segments (seven percent, eight percent and seven percent respectively), which could present another opportunity for influencing moderation. Segment 4, however, is somewhat less likely to read health and fitness magazines/websites (three percent).

Analysis of purchasing behaviour also brings differences by segment to light. Segment 8 is significantly more likely than all other segments to always or often buy drinks on a weekly basis (44% compared with 18% among drinkers overall), which fits their profile of being the most likely segment to 'binge' drink weekly, and their generally high consumption. The point of purchase might therefore be a more relevant setting in which to influence this segment, given that they are unlikely to engage with apps or health-related technology. Segments 4 and 5 are also more likely to report buying drinks on a weekly basis than many other segments (36% and 34% respectively).

Meanwhile, Segment 1 is significantly more likely than most others to always or often buy drinks for each drinking occasion (38% compared with 22% among all drinkers), perhaps a reflection of their younger age profile and smaller disposable income.

Segments 5 and 7 in particular show indications of being influenced by impulse when purchasing alcohol. They are among those most likely to always or often stock up on drinks when they are on sale/promotion (25% for both), and also the segments who most commonly report always/often buying on impulse when something catches their eye (14% and 12% respectively).

8.8 Giving up alcohol

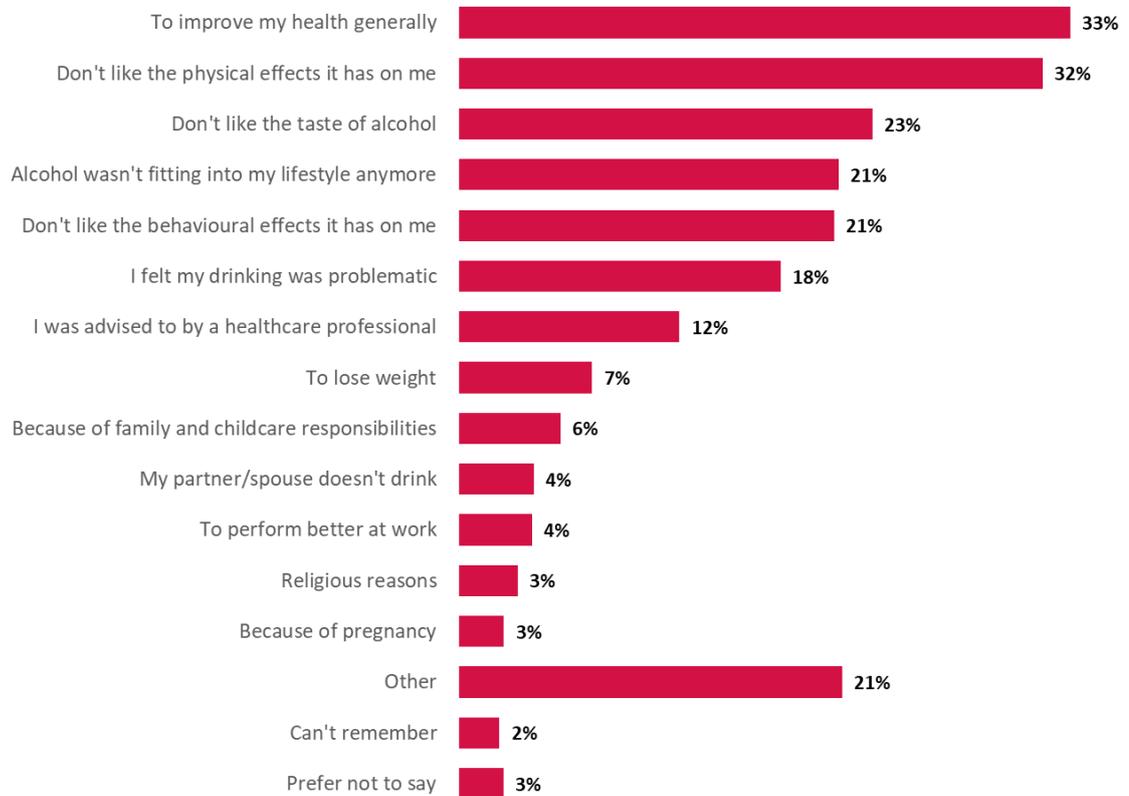
Of those who say they never drink alcohol, 53% say they used to drink alcohol but have given up. Within this group, there are varied reasons for giving up drinking alcohol.

Around a third of those who have given up drinking say that either they did so to improve their health generally (33%), or they don't like the physical effects that alcohol has on them (32%).

Twenty-one percent say they gave up alcohol because it either wasn't fitting into their lifestyle anymore, or that they didn't like the behavioural effects it had upon them. Eighteen percent say they gave up drinking as they felt their drinking was problematic.

Less common reasons for giving up alcohol were pregnancy or religious reasons (three percent).

Figure 38: Reasons for giving up drinking

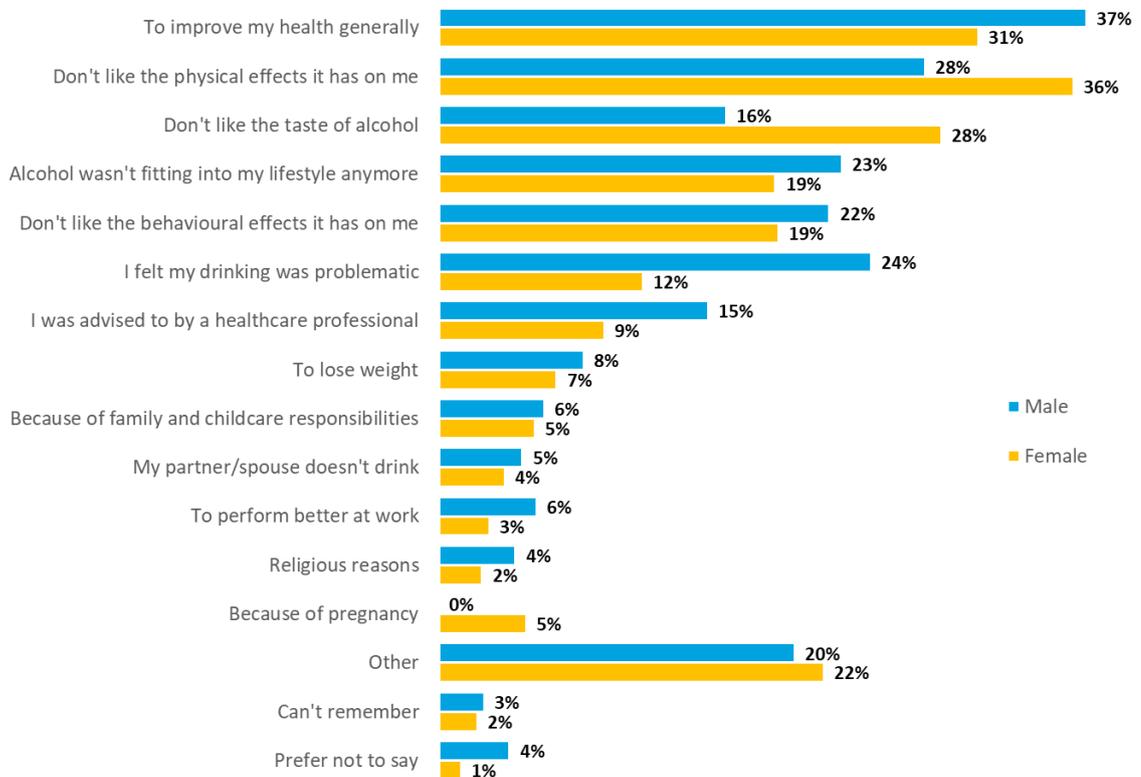


Base: All adults aged 18-85 who have given up alcohol (n=589)

Men are significantly more likely than women to have given up because they felt their drinking was problematic (24% vs. 12% of women), and indicatively more likely to have given up to improve their health generally (37% vs. 31% of women who have given up alcohol), or because they were advised by a health professional to do so (15% vs. nine percent of women).

Women are significantly more likely than men to say they have given up drinking alcohol because they don't like the taste of alcohol (28% vs. 16% of men), and indicatively more likely to say it was because they don't like the physical effects it has on them (36% vs. 28% of men).

Figure 39: Reasons for giving up drinking - by gender



Base: All adults aged 18-85 who have given up alcohol: Men (n=284); Women (n=305)

Younger people aged 18 to 34 who have given up alcohol are more likely to say that one of the reasons they had for giving up was because they didn't like the taste (38% compared to 19% of those aged 35 or over). Younger people were also more likely to say they gave up drinking because of the effects it had on them either physically (43% compared with 34% of 35-54s and 26% of 55+); or behaviourally (28% compared with 22% of 35-54s and 16% of 55+).

Older people (aged 55+) were more likely to say they gave up alcohol following advice from a healthcare professional (17% compared with 10% of 35-54s and 6% of 18-34s).

9 Appendices

9.1 Appendix A: Segmentation background and method

In 2015, a segmentation of adult drinkers was developed for Drinkaware by Ipsos MORI, based on the 2014 wave of the Drinkaware Monitor survey⁹. Cluster analysis was used to identify five groups of drinkers. For the 2017 Drinkaware Monitor research, the decision was made to create a new segmentation, incorporating information relating to general health and lifestyle, as well as information relating to alcohol specifically. The intention of this was to take account of the wider context of people's risky lifestyle behaviours (smoking, poor diet and lack of exercise) which may impact health in conjunction with alcohol consumption. Additionally, the larger sample size in 2017 provided scope to identify a larger number of segments, compared to the 2014 research, allowing for further differentiation according to different drinking attitudes and practices.

Segmentation (cluster analysis) is a technique used to classify individuals into groups that are as similar as possible internally, while being as distinct as possible from other clusters. Initially, a list of potential variables to include in the segmentation analysis was compiled based on the project objectives (including the requirement to take account of wider lifestyle factors as well as alcohol-specific factors), and on learnings from the previous segmentation model constructed as part of the 2014 research.

Factor analysis was used to identify questions which were answered similarly by respondents and thus reduce the number of variables to be included in the cluster analysis. Following the factor analysis, a two-stage process of cluster analysis (hierarchical clustering and K-means clustering) was used to allocate respondents to distinct groups.

Adult drinkers (aged 18 to 75) were segmented according to the following criteria:

- AUDIT score;
- Drinking occasions;
- Drinking motivations (DMQ-R SF);
- Mental wellbeing score (SWEMWBS);
- Perceived likelihood of health problems as a result of drinking;
- Moderation methods;
- Attitudes to cutting down drinking; and
- Combined health risk index (incorporating weekly unit consumption, smoking status, diet and exercise).

Following preliminary analysis exploring several different segmentation solutions, a solution with eight clusters was selected as the most suitable; providing robust sample sizes for each segment while also giving the desired level of detail and differentiation between segments.

⁹ Ipsos MORI (2015). Drinkaware Monitor 2014: Adults' drinking behaviour and attitudes in the UK. [Online]. Retrieved from: https://www.drinkaware.co.uk/media/1465/drinkaware_monitor_2014_adults.pdf

Finally, a set of 'golden questions' was created from the full list of variables above. This comprises a reduced list of questions which can be used in future research and which predicts the segment of any given respondent to an acceptable level of accuracy. For this study, the golden questions identified were:

- AUDIT-C score (frequency of drinking; typical units; frequency of binge drinking);
- Drinking occasions;
- Drinking motivations (DMQ-R SF);
- Perceived likelihood of health problems as a result of drinking;

For the 2018 research, adults (aged 18-85) were asked the golden questions as part of the survey, and thereby assigned to one of the eight segments of drinkers or a category of non-drinkers, as described in Chapter 5.

9.2 Appendix B: Breakdowns of key questions by key variables

Table 11: Key drinking measures among UK adults - by nation

Country:		UK (n=8,906)	England (n=5,803)	Wales (n=1,195)	Scotland (n=1,315)	Northern Ireland (n=593)
How often do you have a drink containing alcohol?	6 or more times a week	8%	8%	8%	6%	6%
	4 to 5 times a week	9%	10%	8%	8%	6%
	2 to 3 times a week	21%	21%	20%	21%	19%
	Once a week	13%	13%	12%	14%	15%
	2-3 times a month	12%	12%	12%	14%	11%
	Once a month	6%	6%	7%	6%	7%
	Once every couple of months	8%	8%	9%	10%	12%
	Once or twice a year	7%	7%	7%	7%	6%
	Less often	4%	4%	3%	4%	3%
	Never	12%	12%	14%	11%	15%
How often do you have 6/8 units on a single occasion in the last year?	Never	30%	31%	31%	28%	27%
	Less than monthly	32%	32%	33%	32%	28%
	Monthly	13%	13%	10%	15%	15%
	Weekly	11%	10%	11%	12%	11%
	Daily or almost daily	2%	2%	1%	2%	3%
	N/A - never drinker	12%	12%	14%	11%	15%
AUDIT-C category	Low risk (0-4)	59%	59%	63%	55%	60%
	Increasing risk (5-7)	27%	27%	23%	30%	22%
	Higher risk (8-10)	12%	12%	12%	14%	15%
	Possible dependence (11-12)	2%	2%	2%	2%	4%
Weekly unit consumption (last week)	Low risk (0-14 units)	80%	80%	81%	80%	78%
	Medium risk (15 - 34 F or 15 - 49 M)	17%	17%	16%	17%	17%
	High risk (35+ F or 50+ M)	3%	4%	3%	3%	5%

Table 12: Importance of a healthy lifestyle – by segment

Segment:		1	2	3	4	5	6	7	8
How important is it to you to have a healthy lifestyle?	Very important	29%	35%	35%	29%	23%	30%	37%	18%
	Quite important	56%	50%	53%	59%	53%	48%	53%	56%
	Not very important	11%	13%	9%	11%	17%	15%	8%	22%
	Not at all important	2%	1%	1%	0%	3%	3%	1%	3%
	Don't know	3%	1%	3%	1%	4%	4%	1%	1%

Table 13: Importance of a healthy lifestyle – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
How important is it to you to have a healthy lifestyle?	Very important	34%	25%	17%	23%
	Quite important	52%	57%	50%	56%
	Not very important	10%	15%	23%	16%
	Not at all important	1%	1%	6%	2%
	Don't know	3%	2%	4%	2%

Table 14: Impact on health of different factors – by segment

Segment:		1	2	3	4	5	6	7	8
How do you think these different aspects of your lifestyle affect your health? – Your diet	Negative impact	21%	24%	24%	15%	28%	26%	13%	26%
	Neutral	25%	22%	26%	26%	24%	24%	27%	29%
	Positive impact	53%	53%	49%	58%	44%	48%	59%	45%
	Don't know	1%	1%	2%	1%	3%	2%	1%	0%
How do you think these different aspects of your lifestyle affect your health? – Your level of exercise	Negative impact	25%	30%	31%	22%	35%	32%	18%	34%
	Neutral	24%	20%	24%	24%	20%	25%	23%	21%
	Positive impact	51%	50%	44%	54%	42%	41%	59%	45%
	Don't know	1%	1%	2%	1%	3%	2%	1%	0%
How do you think these different aspects of your lifestyle affect your health? – Your drinking	Negative impact	43%	16%	7%	33%	38%	28%	19%	61%
	Neutral	43%	52%	39%	54%	40%	37%	54%	30%
	Positive impact	13%	29%	49%	12%	19%	32%	26%	8%
	Don't know	1%	2%	4%	1%	3%	3%	1%	1%
How do you think these different aspects of your lifestyle affect your health? – Your smoking (among smokers only)	Negative impact	81%	74%	76%	67%	78%	53%	72%	86%
	Neutral	17%	21%	16%	25%	12%	25%	21%	12%
	Positive impact	2%	5%	6%	5%	8%	12%	6%	2%
	Don't know	-	1%	2%	3%	3%	10%	1%	-

Table 15: Impact on health of drinking – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
How do you think these different aspects of your lifestyle affect your health? - Your drinking	Very positively	17%	3%	3%	3%
	Positively	18%	6%	2%	6%
	Neutral	47%	40%	21%	37%
	Negatively	11%	41%	38%	40%
	Very negatively	3%	7%	32%	12%
	Don't know	3%	2%	3%	2%

Table 16: Relative impact on health of improving different factors – among non-smokers

Segment:		1	2	3	4	5	6	7	8
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your diet	1	38%	45%	51%	35%	35%	40%	44%	27%
	2	42%	48%	46%	41%	48%	48%	44%	41%
	3	20%	7%	3%	24%	18%	12%	12%	32%
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your exercise	1	42%	50%	47%	43%	47%	48%	47%	34%
	2	39%	42%	49%	40%	37%	38%	40%	41%
	3	19%	8%	4%	17%	16%	14%	13%	25%
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your drinking	1	20%	5%	2%	22%	18%	11%	9%	39%
	2	19%	10%	5%	19%	16%	14%	16%	19%
	3	61%	85%	92%	59%	66%	75%	75%	42%

Table 17: Relative impact on health of improving different factors – among smokers

Segment:		1	2	3	4	5	6	7	8
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your diet	1	12%	19%	18%	13%	18%	31%	33%	10%
	2	28%	36%	41%	23%	21%	33%	20%	14%
	3	31%	34%	36%	37%	29%	26%	25%	26%
	4	28%	11%	6%	28%	32%	10%	22%	50%
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your exercise	1	23%	15%	18%	21%	21%	23%	17%	17%
	2	31%	39%	40%	37%	24%	40%	47%	24%
	3	27%	29%	34%	23%	37%	19%	27%	41%
	4	19%	17%	8%	20%	19%	18%	9%	17%
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your drinking	1	16%	6%	-	4%	15%	11%	3%	18%
	2	24%	15%	8%	26%	30%	16%	24%	43%
	3	28%	23%	12%	33%	20%	31%	27%	20%
	4	32%	56%	81%	36%	35%	42%	46%	19%
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your smoking	1	48%	60%	65%	63%	47%	35%	46%	55%
	2	17%	10%	12%	15%	25%	11%	10%	19%
	3	14%	14%	18%	7%	14%	24%	21%	12%
	4	20%	16%	6%	15%	14%	30%	23%	14%

Table 18: Relative impact on health of improving drinking – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
Please rank in order the following aspects of your lifestyle that, if you were to change it, would have the greatest positive impact on your health, with 1 being the one with the greatest positive impact. – Your drinking	1	5%	26%	48%	30%
	2	10%	25%	22%	25%
	3/4	85%	49%	30%	46%

Table 19: Ranking of ease/difficulty of improving different factors – by segment

Segment:		1	2	3	4	5	6	7	8
Please rank the aspects of your lifestyle you could most easily improve, with 1 being the one you can most easily improve. – Your diet	1	33%	37%	46%	32%	35%	41%	40%	33%
	2	35%	41%	40%	36%	40%	34%	37%	35%
	3/4	32%	23%	15%	32%	25%	25%	22%	32%
Please rank the aspects of your lifestyle you could most easily improve, with 1 being the one you can most easily improve. – Your level of exercise	1	32%	33%	31%	31%	30%	29%	33%	29%
	2	32%	36%	45%	29%	33%	43%	36%	32%
	3/4	35%	31%	23%	40%	37%	28%	31%	40%
Please rank the aspects of your lifestyle you could most easily improve, with 1 being the one you can most easily improve. – Your drinking	1	29%	25%	21%	34%	30%	27%	24%	33%
	2	30%	21%	14%	34%	24%	19%	25%	29%
	3/4	41%	53%	65%	32%	46%	55%	51%	39%
Please rank the aspects of your lifestyle you could most easily improve, with 1 being the one you can most easily improve. – Your smoking (among smokers only)	1	23%	26%	16%	30%	21%	19%	22%	23%
	2	13%	9%	10%	11%	11%	19%	14%	17%
	3/4	64%	65%	73%	58%	68%	62%	64%	60%

Table 20: Ranking of ease/difficulty of improving different factors – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
Please rank the aspects of your lifestyle you could most easily improve, with 1 being the one you can most easily improve. – Your drinking	1	24%	33%	26%	31%
	2	20%	31%	25%	30%
	3/4	56%	36%	49%	39%

Table 21: Perception of drinking compared to peers – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
Compared to members of your gender your age how much do you think you drink?	Significantly more than others	1%	6%	44%	13%
	A bit more than others	4%	32%	35%	32%
	About the same	16%	37%	15%	33%
	A bit less than others	22%	17%	3%	15%
	Significantly less than others	54%	4%	0%	3%
	Don't know	4%	4%	3%	3%

Table 22: Perception of likelihood of increased health problems in the future – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
Thinking about your alcohol consumption, how likely or not do you think it is that you will have increased health problems in the future if you continue to drink at your current level?	Very likely	2%	6%	30%	10%
	Fairly likely	7%	31%	47%	33%
	Not very likely	38%	44%	13%	39%
	Not at all likely	47%	8%	3%	7%
	Don't know	7%	11%	6%	11%

Table 23: Perception of likelihood of increased health problems in the future – by segment

Segment:		1	2	3	4	5	6	7	8
Thinking about your alcohol consumption, how likely or not do you think it is that you would have increased health problems in the future if you continue to drink at your current level?	Very likely	3%	1%	1%	3%	11%	11%	2%	19%
	Fairly likely	32%	7%	1%	18%	24%	19%	12%	37%
	Not very likely	42%	47%	23%	54%	39%	34%	54%	19%
	Not at all likely	14%	43%	70%	14%	20%	29%	28%	2%
	Don't know	9%	2%	4%	12%	6%	8%	4%	23%

Table 24: Prompted awareness of health problems linked to alcohol consumption – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
Prompted awareness	Liver disease	92%	93%	90%	92%
	Obesity	73%	78%	68%	76%
	Mental health problems	71%	70%	67%	70%
	High blood pressure	70%	73%	70%	72%
	Heart problems	69%	71%	67%	70%
	Erectile dysfunction	67%	68%	70%	69%
	Cancer	55%	60%	57%	60%
	Stroke	52%	55%	58%	56%
	Brittle bones	13%	13%	17%	14%
	Back ache	9%	10%	14%	10%

Table 25: Perception of need to cut alcohol consumption – by AUDIT-C category

AUDIT-C category		Low risk (0-4)	Increasing risk (5-7)	Higher risk (8-12)
The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.- I don't think I drink too much	Strongly disagree	2%	2%	11%
	Disagree	1%	10%	31%
	Neither agree nor disagree	5%	20%	23%
	Agree	27%	46%	26%
	Strongly agree	66%	23%	9%
The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.- Sometimes I think I should cut down my drinking	Strongly disagree	49%	13%	5%
	Disagree	28%	28%	15%
	Neither agree nor disagree	16%	24%	15%
	Agree	5%	32%	51%
	Strongly agree	1%	3%	14%
The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.- I am actually changing my drinking habits right now	Strongly disagree	42%	18%	14%
	Disagree	24%	32%	29%
	Neither agree nor disagree	26%	28%	28%
	Agree	6%	18%	24%
	Strongly agree	3%	4%	5%

Table 26: Perception of need to cut alcohol consumption – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/ high risk (15+ units)
The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.- I don't think I drink too much	Strongly disagree	2%	5%	29%	9%
	Disagree	3%	26%	39%	28%
	Neither agree nor disagree	9%	27%	17%	25%
	Agree	33%	34%	12%	30%
	Strongly agree	53%	9%	4%	8%
The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.- Sometimes I think I should cut down my drinking	Strongly disagree	38%	6%	5%	6%
	Disagree	29%	17%	6%	15%
	Neither agree nor disagree	19%	18%	8%	17%
	Agree	12%	50%	55%	51%
	Strongly agree	2%	9%	25%	12%
The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.- I am actually changing my drinking habits right now	Strongly disagree	35%	13%	18%	14%
	Disagree	26%	30%	26%	30%
	Neither agree nor disagree	26%	30%	27%	29%
	Agree	9%	23%	24%	24%
	Strongly agree	3%	4%	5%	4%

Table 27: Attitudes to moderation – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/high risk (15+ units)
Statements agreed with	If most days of the week you have more than a couple of drinks then you may be storing up health problems	81%	72%	71%	72%
	As long as you're not getting drunk, regular drinking won't affect your health	8%	10%	12%	10%
	A few extra drinks here and there can add up to more than is good for you	74%	73%	69%	72%
	Drinking is only a problem if it gets in the way of your day-to-day responsibilities	29%	43%	48%	44%

Table 28: Influences for cutting down drinking (among those cutting down or thinking about it) – by segment

Segment:		1	2	3	4	5	6	7	8
Which, if any of the following has made you think about cutting down on your drinking? Please tick all that apply.	Advice from GP/nurse/other health professional	12%	8%	9%	13%	14%	17%	11%	19%
	Advice from spouse/partner	6%	6%	4%	10%	13%	14%	13%	8%
	Advice from other family/friends	11%	7%	3%	6%	11%	17%	11%	12%
	An advertising campaign	10%	6%	5%	10%	5%	14%	9%	6%
	Taking a test about my drinking	6%	5%	1%	4%	3%	13%	6%	6%
	Advice from pharmacy staff	1%	1%	1%	0%	1%	5%	3%	1%
	Other	14%	24%	18%	18%	15%	11%	11%	19%
	None of the above	56%	54%	64%	51%	52%	39%	54%	47%

Table 29: Occasions during which to moderate drinking (consider drinking a lot less/a little less combined) among those who drink at each occasion – by segment

Segment:		1	2	3	4	5	6	7	8
Thinking about how you might cut down your drinking. At which of these types of occasions, if any, would you consider drinking less alcohol than you usually do on such an occasion? You can hover over some to see examples.	Drinking at home alone	79%	69%	60%	78%	70%	71%	74%	70%
	A small number of drinks at home with the family	63%	57%	57%	69%	65%	68%	66%	64%
	A small number of drinks at home with a partner as a couple	74%	57%	58%	69%	63%	71%	70%	64%
	Several drinks at home with a partner	76%	63%	68%	76%	69%	71%	75%	65%
	Getting together at your or someone else's house	60%	55%	63%	69%	66%	69%	69%	59%
	Going out for a meal	61%	57%	51%	60%	58%	65%	61%	63%
	Evening or night out with friends, with no drinking at home	60%	56%	60%	69%	64%	68%	71%	63%
	Mixed home drinking and night out with friends	65%	58%	68%	75%	71%	67%	74%	67%

Table 30: Occasions during which to moderate drinking (consider drinking a lot less/ a little less) among those who drink at each occasion – by weekly units

Weekly units:		Low risk (0-14 units)	Medium risk (15 - 34 F or 15 - 49 M)	High risk (35+ F or 50+ M)	Medium/ high risk (15+ units)
Thinking about how you might cut down your drinking. At which of these types of occasions, if any, would you consider drinking less alcohol than you usually do on such an occasion?	Drinking at home alone	67%	80%	70%	78%
	A small number of drinks at home with the family	62%	68%	62%	67%
	A small number of drinks at home with a partner as a couple	63%	72%	65%	71%
	Several drinks at home with a partner	68%	76%	67%	75%
	Getting together at your or someone else's house	64%	64%	63%	64%
	Going out for a meal	58%	59%	64%	60%
	Evening or night out with friends, with no drinking at home	63%	67%	60%	66%
	Mixed home drinking and night out with friends	66%	72%	66%	71%

Table 31: Use of health/fitness related technology and media – by segment

Segment:		1	2	3	4	5	6	7	8
Track fitness/diet via apps	Yes	23%	21%	12%	16%	13%	16%	19%	8%
	No	77%	79%	88%	84%	87%	84%	81%	92%
Own a wearable fitness device	Yes	14%	21%	14%	16%	15%	10%	19%	10%
	No	86%	79%	86%	84%	85%	90%	81%	90%
Read health/fitness magazines/websites	Yes	7%	4%	3%	3%	6%	8%	7%	3%
	No	93%	96%	97%	97%	94%	92%	93%	97%

Table 32: Alcohol purchasing behaviour – by segment

Segment:		1	2	3	4	5	6	7	8
Alcohol purchasing behaviour (always/ often)	I stock up on drinks when they are on sale or promotion	19%	12%	5%	28%	25%	22%	25%	21%
	I buy drinks on a weekly basis	23%	10%	2%	36%	34%	21%	20%	44%
	I get deliveries to my home	7%	4%	2%	9%	6%	9%	9%	12%
	I buy drinks for each drinking occasion	38%	34%	10%	19%	30%	30%	21%	26%
	I buy on impulse when I see something that catches my eye	10%	7%	2%	6%	14%	17%	12%	6%
	Someone else in the household buys the alcohol I drink at home	7%	7%	5%	10%	9%	16%	13%	4%