

Drinkaware

Monitor 2015

UK Adults' experience of and views on cutting down

An Ipsos MORI report for Drinkaware



Ipsos MORI
Social Research Institute

drinkaware

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1. Executive summary

1. Executive summary

1.1 Background and objectives

As a charity working to reduce alcohol-related harm in the UK, and provide information and support on alcohol and drinking-related issues, Drinkaware draws on research and evidence in order to determine where and how best to focus its work for maximum impact.

Drinkaware commissioned Ipsos MORI to conduct a survey of UK adults in November/December 2015 to examine their drinking patterns and behaviours, their attitudes towards alcohol and drinking and their experiences of cutting down or attempting to cut down the amount of alcohol they drink.

Ipsos MORI conducted a quota survey of 2,303 UK adults aged 18-75, using an online panel. Quotas were set and the final data were weighted to reflect the known population of UK adults aged 18-75. Where possible, findings are situated within the context of Ipsos MORI research conducted in previous years on behalf of Drinkaware.

1.2 Overview of drinking in the UK

Drinking patterns

The majority of UK adults drink alcohol at least sometimes, with one in ten (10%) reporting that they never do so. Men, older age groups and people from higher social grades are more likely to drink more frequently.

Wider research shows drinking patterns in the UK are changing slowly over time; primarily driven by younger age groups drinking less frequently – this survey also hints at these emerging trends. Some patterns are also apparent in wider research regarding the drinking behaviour of men and women – this wave of research sees a slight decline in the frequency of drinking among men.

Alcohol consumption guidelines

In January 2016, the UK Chief Medical Officer announced the introduction of updated Government guidelines for alcohol consumption.¹ The new guidelines recommend that both men and women should not exceed 14 units of alcohol per week, and that if drinking as much as 14 units per week, this should be spread across three days or more. The new guidance also recommends several drink-free days per week. Just under a third (30%) of all adults are consuming in excess of the updated guidelines; a figure which rises to 39% among men, compared to 20% among women. This compares



¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf

to one in four adults (25%) who drink above the previous guideline amounts² - 29% of men and 20% of women.

Among the 57% who drink alcohol at least once a week, half (52%) drink above the newly introduced guidelines. Three in five men (60%) who drink at least once a week, drink above the new guideline amounts. This compares to 44% of this group who exceeded the old guidelines. Among women (for whom the guidelines are unchanged), 42% of those who drink at least once a week exceed the recommended consumption levels.

Perceptions of drinking levels, potential risks and safe limits

Compared to 2014, this year sees a marginal shift in the proportion of drinkers who perceive themselves to be drinking generally within the recommended limits or at levels considered 'safe'³. Three quarters (75%) now say they do so, compared to 72% in 2014. Among those who fall into AUDIT zones 2-4, indicating that their drinking may be harmful, 45% say that they generally drink within safe limits.

The majority of drinkers (74%) do not think that they are at risk of health problems in the future if they continue drinking at their current levels. This includes almost half (46%) of drinkers who fall into AUDIT zones 2-4, who in fact are likely to be drinking in ways which could endanger their health. However, those defined as 'Risky Social and Coping Drinkers' or 'Risky Career Drinkers' in the segmentation analysis⁴ are most likely to demonstrate an awareness of the harm their drinking patterns could result in; the Risky Social and Coping Drinkers seem to be somewhat more certain of this than the Risky Career Drinkers.

There is some suggestion that moderate attitudes towards drinking may be becoming more widespread with, for example, a greater proportion agreeing this year compared to last that, 'I don't have to get drunk to have a good night out' (82% in 2015 vs. 78% in 2014).

Circumstances influencing alcohol consumption levels

In terms of changes to alcohol consumption resulting from circumstantial change (as opposed to active attempts to moderate or cut down) health and finances are the most commonly-cited factors leading to decreasing alcohol consumption. One in four (24%) say a change in their health has contributed to their drinking less, while one in five (21%) name finances as a contributing factor. One in six (17%) say having children (or a change in family circumstances related to children), resulted in them drinking less. Friends and relationships have the greatest influence in increasing the amount people drink; 21% and 16% respectively say that circumstantial changes in these areas led them to drink more. All of the circumstances explored in the

² The previous recommended limits were 14 units a week for women and 21 units a week for men.

³ Please note that at the time of fieldwork, the pre-2016 guidelines were in place.

⁴ Refer to Chapter 2 for a brief explanation of the segmentation, or refer to the appendix for more detailed information.

survey can have an influence in either direction; however, changes in work circumstances stands out as being an equally positive and negative influence on drinking; 14% say this has led to a decrease, and 18% say this has led to an increase in their alcohol consumption.

Reasons for abstinence among non-drinkers

A lack of desire to drink alcohol is the top reason given by non-drinkers for their decision to abstain; with two thirds (65%) saying this is an 'extremely important' reason. However, control is also a major factor with three in five (58%) citing a desire to be in full control, and alcohol's tendency to impair this ability, as an extremely important factor in their abstinence. Likewise, the desire to avoid behaving like people who are drunk, the potential for vulnerability and risk of harm and the potential negative impacts upon their work are also important considerations for the majority of non-drinkers.

1.3 Experiences of cutting down

Attempts to cut down drinking levels

One in four current drinkers report having made an attempt to cut down on their drinking at some point in the past (25%); meanwhile one in eleven (nine per cent) say they are currently trying to cut down, and a similar proportion (11%) are thinking of doing so. Among those who are currently trying to cut down, many are doing so on a long term basis; more than half (54%) say their current attempt has been ongoing for at least a month, while a fifth (21%) have been trying to cut down for at least six months and one in nine (11%) for a year or more.

Risky Social and Coping Drinkers and Risky Career Drinkers are the segments most likely to be trying to or thinking of cutting down their drinking. Risky Social and Coping Drinkers again seem somewhat more open to changing their behaviour, with a higher proportion of this group actively trying to cut down, compared to Risky Career Drinkers. On the other hand, Risky Career Drinkers are most likely to be *considering* cutting down.

Reasons for cutting down

Health and wellbeing and finances are the main motivating factors behind attempts to cut down, and thoughts of cutting down. Having a healthier lifestyle, saving money, and cutting down on calories or losing weight are all mentioned by large proportions of people who are currently trying to cut down or thinking of doing so, and also of those who have made attempts to cut down in the past. Those who are presently trying to cut down tend to be more specific about their rationale, frequently citing benefits such as sleeping better and feeling happier, while those who are considering cutting down tend to consider benefits in more general, overarching terms such as the desire to 'prevent future health problems'.

Objectives for cutting down

The majority of people who are currently trying to cut down or thinking of cutting down their drinking have ambitious goals; around seven in ten within each group intend to cut down (either a little or significantly) on a permanent basis. Among those who have tried in the past to cut down, two in five say their intention was to cut down a little or significantly on a permanent basis (41%), and a quarter intended to stop drinking altogether (23%).

People who are currently trying to cut down their drinking are more optimistic about the likelihood of achieving their goal when compared with those who are currently only thinking about cutting down.

Of those who have tried in the past to cut down and had an objective in mind when doing so, the majority say they successfully managed to cut down their drinking a little (42%) or a significant amount (57%), and half (50%) say that they are still drinking at lower levels as a result of past efforts to cut down.

Sources of support

Attempts to cut down seem to be primarily made through willpower alone, with only small proportions saying that they have sought support from friends and family, healthcare professionals or other tools and information sources. Those presently trying to cut down are more likely to say that they have spoken to a health professional, used a pen and paper drink diary or visited Drinkaware's website, while those thinking of cutting down are more likely to have sought support and understanding from friends and family.

1.4 Opportunities for cutting down and moderating

Occasions in which to potentially drink less

The most promising occasions for people to drink less alcohol are regular/everyday drinks or those that happen in the home such as nights in and drinks before or after going out. People are less open to the possibility of moderating their drinking at social events, in particular special celebrations. The same patterns can be seen in terms of the types of occasion people would consider doing *less often* as a way to cut down their drinking.

Perceived barriers to cutting down

The main challenge people have faced, or believe they will face in attempting to cut down their drinking, is the loss of an activity they enjoy. Everyday life also presents challenges, with having upcoming social events and coping with stress also being seen as barriers. Meanwhile, many believe that overcoming habits and remaining motivated have proven/might prove difficult.

Advice to others attempting to cut down

Given that poor motivation, the challenge of breaking habits and avoiding temptation all feature prominently on the list of barriers people face or expect to face when cutting down, it is unsurprising that the majority of advice given by those trying to cut down and those who have tried in the past tends to focus on staying strong, being determined and maintaining a positive attitude. Pursuing alternative activities and hobbies, setting goals and incentivising/rewarding achievement are also commonly advised.

1.5 Implications for Drinkaware

In its role as a consumer resource to help people make better choices about their drinking, Drinkaware should be positively encouraged by the findings of the 2015 Monitor. Exploring the public's experiences of cutting down their alcohol consumption reveals that attempts to do so are not uncommon. Instead there exists a sizeable group of individuals (particularly those who display a riskier relationship with alcohol) who are either currently trying to cut down their drinking or who are thinking about it.

Whilst it is possible to theorise that many of these individuals could benefit from the information and advice Drinkaware provides, there is a group of individuals who explicitly state they would like more guidance on moderating their drinking – clearly identifying a role Drinkaware can fulfil.

Though it is encouraging to identify some appetite for guidance, more generally it seems that, for many, the attempt to cut down on alcohol is a solitary affair with little support or advice sought externally. The use of tools and websites (either to assess drinking levels or to assist in the attempt to cut down) is fairly limited and Drinkaware may wish to explore further why this is. It may pertain to a lack of awareness about the tools and guidance available, a lack of need for such assistance or a disbelief in the value it can bring.

The Monitor results signify the importance of individuals building and maintaining a positive outlook to remain motivated in their attempt to modify or cut down their drinking. Potentially Drinkaware needs to build upon, and make more prominent, the advice it provides on staying motivated and building individuals' self-efficacy.

Whilst it is positive to see clear opportunities where Drinkaware can assist individuals who are already trying to cut down or who are thinking about it, there continues to exist groups of drinkers who are more reluctant to change their behaviour. As identified in previous research, there remains a group of individuals who display risky drinking behaviours who believe themselves to drink within what they consider to be 'safe' limits and who do not anticipate future health problems as a result of their drinking. Conveying the consequences of continuing to drink at elevated levels to this audience and instilling a desire to make positive change still remains a key challenge for Drinkaware. There are two clear groups, as identified by the segmentation,

where Drinkaware's work would be best focused for greatest impact: namely Risky Career Drinkers and Risky Social and Coping Drinkers.

When thinking about cutting down or modifying drinking behaviours, the Monitor results show there are clear occasions when people are more, and less, amenable to change. Broadly, drinkers are less open to the prospect of reducing the frequency or volume of drink associated with special and sociable occasions. Yet there appears to be a greater openness to change when considering 'regular/everyday' drinks and drinks that are had at home before, or after, going out. Recognising the occasions when drinkers are more and less open to modifying their behaviour may help Drinkaware have greater traction in its work to change the UK's drinking habits for the better.

2. Introduction

2. Introduction

2.1 Background to this report

Alcohol consumption can cause significant health problems, including heart disease, stroke, liver disease, and cancer⁵. Alcohol-related hospital admissions have increased year on year since 2003/04: there were over 1 million in 2013/14. Meanwhile there were 8,697 alcohol-related deaths in 2014⁶. Furthermore, the Health and Social Care Information Centre (HSCIC) estimates that the cost of alcohol harm to society is £21 billion per year⁷.

As a charity working to reduce alcohol misuse and harm in the UK, it is important for Drinkaware to draw on research and evidence in order to determine where and how best to focus its work for maximum impact.

This report sets out findings from research undertaken in November-December 2015 into UK adults' drinking behaviour and their attitudes towards alcohol. Ipsos MORI has conducted similar research for Drinkaware on an annual basis since 2009; thus, where appropriate, 2015 findings are situated within the context of findings from previous waves of Ipsos MORI's research.

2.2 Aims and objectives

The main aims of this research were:

- To provide an overview of adults' drinking behaviour in the UK;
- To take a close look at attitudes towards alcohol and harmful drinking behaviour; and
- To explore experiences of moderation within the UK population, looking at those who are currently thinking of cutting down, those who are currently trying to cut down, and those who have tried to cut down in the past.

2.3 Methodology

Between 16th November and 4th December 2015, Ipsos MORI conducted a quota survey of 2,303 UK adults aged 18-75 through their online panel. Quotas were set based on the known population profile of adults aged 18-75, and the final data were weighted to be reflect this profile.

⁵ Public Health England (2014). Alcohol treatment in England 2013-2015.

<http://www.nta.nhs.uk/uploads/adult-alcohol-statistics-2013-14-commentary.pdf>

⁶ <http://www.ons.gov.uk/ons/rel/subnational-health4/alcohol-related-deaths-in-the-united-kingdom/2014/stb.html>

⁷ Health & Social Care Information Centre (2015). Statistics on Alcohol – England, 2015. <http://www.hscic.gov.uk/catalogue/PUB17712/alc-eng-2015-rep.pdf>



Since the first survey was conducted in 2009, there have been a number of changes to the methodology and questionnaires used, as well as to the specific audiences surveyed. The main changes in data collection methods are:

- The move from a face-to-face methodology in 2009-11 to an online methodology in 2012-15.
- The move from GB coverage for the face-to-research (in 2009-2011) to UK coverage for the online research from 2012 onwards
- The move from surveying age groups separately (18-24 year olds, 25-44 year olds, 45-65 year olds) in 2009-13⁸ to surveying 18-75 year olds collectively since 2014.

As a result of these methodological changes, the 2015 findings are not directly comparable to those from previous surveys, in particular those from 2011 and earlier. It should be noted also that due to several changes to question wording and order, 2015 data is not directly comparable to earlier data and any comparisons made should be interpreted with caution. In 2015, the survey moved to a core and modular approach, where a core section of the survey covering drinking patterns and perceptions was included upfront to provide trend data, followed by a supplementary module covering questions around cutting down alcohol consumption.

2.4 Standardised tools and question sets

Throughout this report, a number of terms are used to refer to specific groups or types of participants; each of these groupings is determined by individuals' responses to multiple questions or sets of questions within the survey. In order to group participants in terms of drinking behaviours, harms experienced, and openness to changing their behaviour, the following standardised tools and/or definitions were included in the survey and analysis⁹:

Alcohol Use Disorder Identification Test (AUDIT)

The AUDIT tool, developed by the World Health Organisation, is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns. The test consists of 10 questions, each of which carries a score of 0-4, depending on the answer given. This gives an individual an overall AUDIT score between zero and 40, used to allocate them to one of four groups in the following table.

⁸ Note that 45-65 year olds were included in the research from 2013 onwards.

⁹ Please refer to the appendix of this report for more information on each of the standardised sets and definitions used.

	Overall score
Zone 1 (low risk)	0-7
Zone 2 (hazardous)	8-15
Zone 3 (harmful)	16-19
Zone 4 (dependency)	20-40

The AUDIT questions were included in the 2014 and 2015 surveys to allow for the analysis of any differences in response between the four groupings.

The Motives for Abstaining from Alcohol Questionnaire (MAAQ)

The Motives for Abstaining from Alcohol Questionnaire (MAAQ) was developed by Stritzke and Butt³⁸ to capture motivations for not drinking alcohol among adolescents in Australia. It consists of nineteen statements which are rated on a scale of agreement from *strongly disagree* to *strongly agree*. For the purposes of this study, the tool was adapted slightly with certain statements being omitted. The rationale behind this was primarily that the item as whole, positioned in between other similarly structured questions, may lead to participants feeling overburdened and thus influence their answers. Additionally, because the MAAQ was designed for adolescents, some of the statements were not considered appropriate for use in a survey of adults. For these reasons, fourteen of the MAAQ statements were included in the survey. Refer to the appendix of this report for full details on our use of the MAAQ.

Readiness to Change (RTC)

The Readiness to Change (RTC) instrument is a 12-item questionnaire originally measuring readiness to change among hazardous and harmful drinkers who do not seek treatment. Twelve statements around individuals' drinking behaviour are rated on a five-point scale ranging from 'strongly disagree' to 'strongly agree'. Each response carries a score from -2 to 2. For the purposes of this report a total score ranging from -24 to 24 was calculated for each individual and participants were then classified as having a low (-24 to -12), medium (-11 to -1) or high (0 to 24) RTC score for comparative purposes.

The RTC tool allows for allocating each participant to a *stage of change* based on their scores, which can be used to help allocate patients to types of interventions in clinical settings. Using the 'quick method' RTC, drinkers fall into one of three categories; Pre-contemplation, Contemplation or Action. The 'refined method' uses four categories; Pre-contemplation, Contemplation, Preparation and Action.

It is a subject of debate whether readiness to change is better described by a stage model or a continuum, and there are clear limitations to both the quick and refined methods of assigning drinkers to 'stages'.¹⁰

From the results obtained in this research it was felt that using continuous scores proved more useful for splitting the sample of participants into evenly-sized sub-sets for comparing responses across the survey as a whole. The rationale behind this was in part due to the fact that the questions were asked of all drinkers - not just those identified as harmful or dependent drinkers. The majority are considered lower-risk drinkers, thus they are unlikely to be in need of significantly changing their alcohol consumption habits or thinking of doing so, and unlikely to fit clearly into one of the 'stages' defined in the quick or refined RTC methods.

It was also felt that the 'stage' approach implies that individuals move through the stages in a linear and uni-directional manner; however, in reality this may not be the case with regards to fluctuations and changes in people's drinking patterns and perceptions of their own behaviour. Therefore it was felt that using continuous scores would allow us to gauge participants' general openness to change and correlate this to other aspects of their drinking behaviours and attitudes, without defining them as being in any one clear-cut 'mindset' or 'stage'.

The RTC tool was designed to be used in clinical settings by medical professionals to help enhance counselling strategies and treatment impact¹¹. The tool was not originally intended for use within a self-completion general population survey, and therefore greater focus is placed on reporting results to individual statements from the RTC tool rather than the continuous scores derived from it. For more detail on the RTC tool, refer to the appendix of this report.

Segmentation

Throughout this report, reference is made to segments of UK drinkers. The segments were created from the results of the 2014 Drinkaware Monitor survey, by bringing together clusters of survey participants who expressed similar attitudes and/or displayed similar drinking patterns and behaviours. Here, the segments are clustered around the survey participants' values, attitudes and behaviours, based on their responses to five 'key questions', or sets of questions. The key questions concern gender, age, drinking frequency, motivation and moderation activity. Please see the appendix for more information on the segmentation methodology, and a brief profile of each of the segments derived.

¹⁰ See for example Heather, N. and Honekopp, J. (2008). A revised edition of the readiness to change questionnaire (treatment version). *Addiction Research & Theory*, 16 (5), 421-433.

¹¹ Hannover et al. (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.

2.5 Interpreting the data

Following quotas being set for each of these variables, the data discussed in this report are weighted by gender, age, social grade and region, to reflect the profile of the UK population.

Where differences in the responses of particular sub-groups are discussed in this report, only those differences that are considered statistically significant are reported unless otherwise explicitly stated. These differences are statistically significant to a confidence level of 95%¹². Base sizes of less than 100 should be treated with caution and these results seen as indicative only. Due to the relatively small number of survey responses from Black and Minority Ethnic (BME) participants overall – and particularly from individual minority ethnic groups – in this report we have not discussed differences emerging between ethnic groups.¹³

Where percentages do not sum to 100, this is due to computer rounding and/or participants being able to select multiple responses.

2.6 Structure of this report

This report sets out Ipsos MORI's analysis of responses to the survey. Chapter 3 explores alcohol consumption patterns; Chapter 4 looks at perceptions around drinking, Chapter 5 examines experiences of cutting down, and Chapter 6 investigates opportunities for cutting down and moderating.

2.7 Acknowledgements

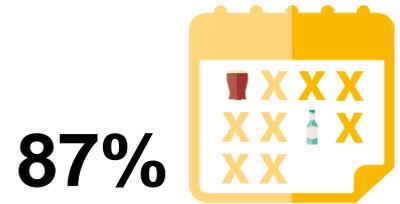
Following the 2014 changes to the structure of the Drinkaware Monitor, this year's report focuses on people's experience of and attitudes to cutting down alcohol consumption. The decision to adopt this focus and the selection of suitable measurement instruments in this area were guided by Drinkaware's independent Medical Advisory Panel; as well as external research experts: Professor W. Miles Cox, Bangor University; Elizabeth Fuller, NatCen Social Research; Professor Derek Heim, Edge Hill University; and Dr Antony Moss, London South Bank University.

¹² The confidence interval mentioned here assumes a random probability sample. In reality, the design effects associated with using a quota sample would slightly widen the margins of error.

¹³ In the 2015 research, 2,118 participants (93%) were from white backgrounds and 163 (7%) across all BME backgrounds.

3. Drinking patterns among adult drinkers in the UK

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87%

of UK adults drink alcohol at least once a year

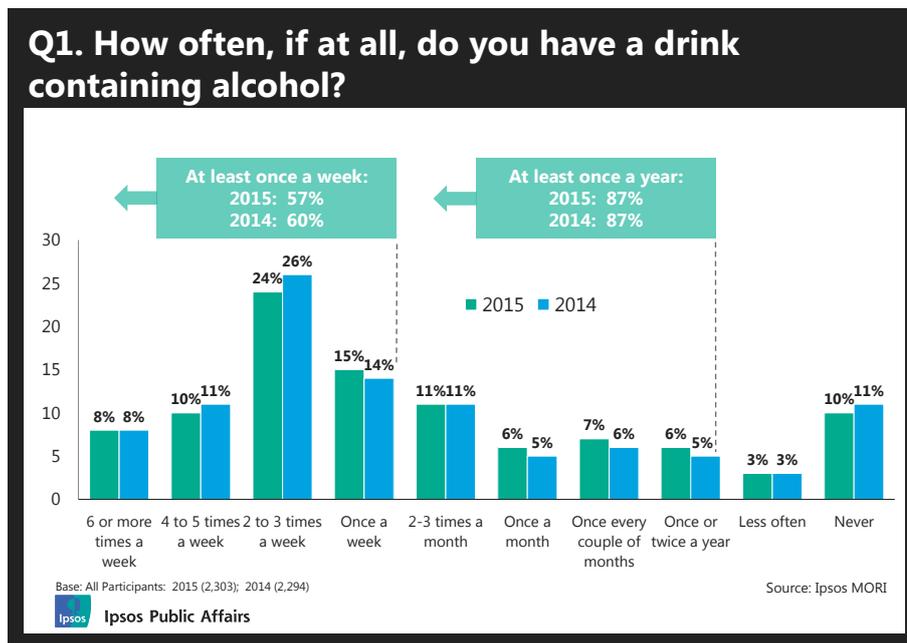
This chapter gives an overview of drinking patterns and motivations among UK adults aged 18-75, discussing frequency of drinking, occasions when alcohol is consumed, alcohol consumption levels and changes in consumption.

3.1 Frequency of drinking

Frequency of drinking

The majority of UK adults drink alcohol, with only one in ten claiming to never drink. Men, older age groups and those from higher social grades tend to drink more frequently. Some shifts are beginning to be seen in the frequency of drinking according to age, with younger age groups drinking less often over time.

Figure 3.1: Frequency of drinking alcohol



The majority of UK adults drink, with 87% doing so at least once a year and only one in ten claiming to never drink alcohol (10%). Frequency of consumption is relatively high with 57% of adults drinking at least once a week, most commonly drinking two to three times a week (24%).

These patterns are very similar to the 2014 findings, where 87% drank at least once a year, 11% claimed never to drink alcohol, 60% drank at least once a week, and 26% drank two to three times a week.

As with 2014, men are slightly more likely to drink than women (92% compared to 89%) and they tend to drink more *frequently* (with 23% of men saying they drink alcohol four or more times a week compared to 13% of women).

A marginally higher proportion of women say they ever drink in 2015 compared to 2014 (89% vs. 86%) although their frequency of drinking remains unchanged. For men however, there has been a slight decline in frequency of drinking with the proportion of men who drink four or more times a week declining from 27% in 2014 to 23% in 2015 (and correspondingly those saying they drink monthly or less increasing from 13% to 17%). This reflects findings from the HSCIC which found that the proportion of men who drank more than eight units in the past week declined from 24% in 2006 to 19% in 2014¹⁴.

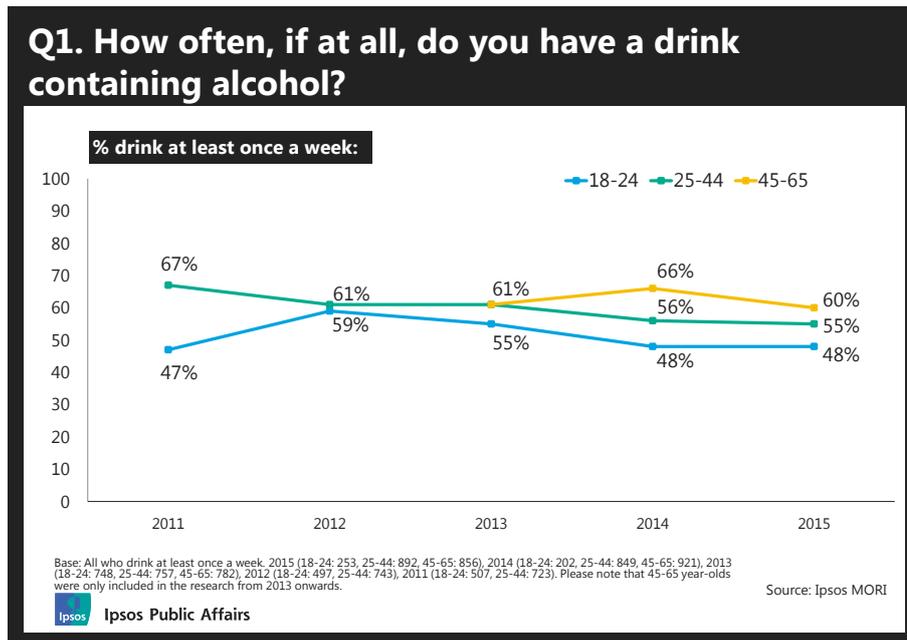
This year, 18-24 year olds are just as likely as older age groups to say they *ever* drink (89% of 18-24 year olds say this, compared to 90% of 25-44 year olds and 91% of 45-65 year olds). The main difference in behaviour between these age groups concerns *frequency* of drinking; with older individuals drinking more often than their younger counterparts. Just under half of 18-24 year olds say they drink at least once a week (48%), this rises to 55% of 25-45 year olds and further still to 60% of 45-65 year olds.

Wider research shows drinking patterns in the UK are changing slowly over time; primarily driven by younger age groups drinking less frequently and by an increasing proportion of abstainers in the youngest age groups¹⁵. These long-term trends date back to 2005. The Drinkaware Monitor results hint at these findings though the patterns are less evident due to a much shorter time series and the comparatively smaller sample sizes.

¹⁴ HSCIC (2015). Health Survey for England: 2014.

¹⁵ HSCIC (2015). Statistics on Alcohol - England, 2015.

Figure 3.2: Frequency of drinking alcohol by age group over time



Comparing this wave with previous years' data:

- Around half of 18-24 year olds drink at least once a week (48%), which remains in line with last year (48%) and in 2011 (47%), though lower than levels seen in 2012 and 2013 (59% and 55% respectively).
- The proportion of 25-44 year olds who drink at least once a week has steadily declined since 2011 when two-thirds did this (67%) compared to just over half now (55%).
- There does not appear to be much movement in the proportion of 45-65 year olds who drink at least once a week with this fluctuating just below the two-thirds mark (60% in 2015, 66% in 2014 and 61% in 2013).

Adults from higher social grades tend to drink more frequently than those from lower social grades: 59% of individuals from ABC1 social grades say that they drink at least once a week, compared to 54% from C2DE social grades. As in 2014, there is no variation between social groups in terms of never, or ever, drinking.

Drinkaware Monitor 2014 resulted in the creation of five distinct segments of UK drinkers: Controlled Home Drinkers, Self-contained Moderate Drinkers, Comfortable Social Drinkers, Risky Social and Coping Drinkers, and Risky Career Drinkers. The frequency of drinking among the segments remains stable from 2014.

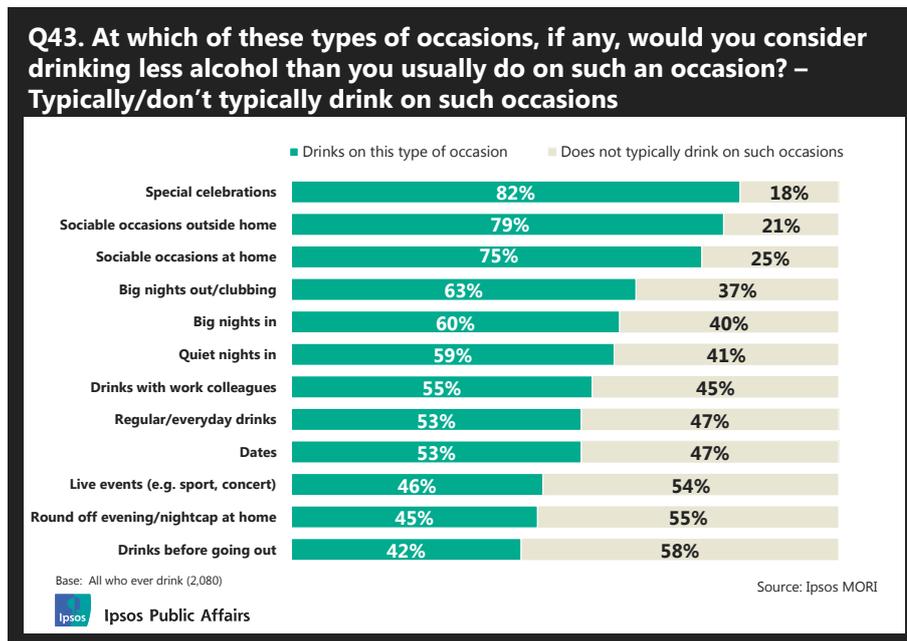
- Controlled Home Drinkers are generally low-risk drinkers who moderate their drinking and are the least likely to drink outside the home. 39% drink at least once a week.

- Self-contained Moderate Drinkers are those who generally drink infrequently and moderately. Around half of them drink at least once a week (48%).
- Comfortable Social Drinkers generally drink fairly frequently but are predominantly low-risk drinkers who moderate their drinking. 71% drink at least once a week.
- Risky Social and Coping Drinkers are frequent drinkers, likely to engage in binge drinking behaviours. 76% drink at least once a week, while 28% of them drink four or more times a week.
- Risky Career Drinkers are frequent drinkers who regularly drink outside the home. 100% of them drink at least once a week, while 62% of them drink four or more times a week.

Drinking occasions

The occasions when people are most likely to drink are primarily social events such as special celebrations or social occasions in and out of the home.

Figure 3.3: Drinking occasions



Among people who drink alcohol, the occasions on which they are *most* likely to drink are primarily social events with friends or family; eight in ten (82%) drink on special celebrations (e.g. birthdays, weddings or anniversaries) and a similar proportion drink with family or friends outside the home (79%). Three quarters (75%) drink socially at home, while almost two thirds (63%) partake in big nights out or clubbing. Around three in five typically drink during nights in, whether as part of a ‘big night in’ such as a party at home (60%), or a ‘quiet night in’ (59%). Live events, night caps and drinks before going out are less popular, with more than half of all drinkers

saying they don't typically drink on these occasions (54%, 55% and 58% respectively).

Particular groups are more likely to say they do not typically drink on certain occasions, such as:

- Those from C2DE social grades are less likely to drink at special celebrations (20% say they don't typically do so, compared to 16% of ABC1s), or social occasions at home (31% vs. 21%) or outside the home (26% vs. 18%). They are also more likely to say they don't typically partake in big nights out/clubbing (39% say this, compared to 35% of ABC1s).
- Women are less likely than men to drink at sociable occasions at home (28% do not typically do so, compared to 22% of men) or outside the home (25% vs. 18%). They are also less likely to have regular/everyday drinks (55% do not typically do this, compared to 40% of men who say the same), quiet nights in (46% vs. 36%) or 'nightcaps' at the end of a night (58% vs. 52%). This reflects the trend for women to drink less frequently than men on a general basis.
- Older people are less likely to drink outside the home, for example on social occasions or big nights out. For example, 27% of those aged 65-75 and 23% of those aged 45-65 don't typically drink at sociable occasions outside the home, compared to 14% of 18-24s who say this. Meanwhile 61% of 65-75s and 54% of 55-64s do not drink on big nights out, compared to 17% of 18-24s who say this. Older age groups are also less likely to drink before going out (78% of 65-75s and 74% of 55-65s do not typically do so, vs. 35% of 18-24s) and less likely to have 'nightcaps' to round off a night (62% of those age 55+ do not typically do this, compared to 55% of 18-24s). Younger adults are less likely to drink on quiet nights in; 50% say they do not typically do so, compared to around 40% in each of the other age groups¹⁶.



Drinking occasions by segment

- Risky Social and Coping Drinkers drink at the largest variety of occasions, with at least 70% drinking in each of the occasions listed. They are the most likely segment to drink on big nights out (80% do so), or to drink with work colleagues (76% do so). They are also the group most likely to drink on occasions when the majority tend not to, for example before going out (74%), to round off a night (73%) or when on a date (73%).
- Risky Career Drinkers tend to drink during sociable occasions and in the home. They are the most likely group to drink during special celebrations (93% do so, along with the same proportion of Comfortable Social Drinkers), sociable occasions at home (91%),

¹⁶ 25-44: 40%; 45-54: 37%; 55-64: 42%; 65-75: 40%.

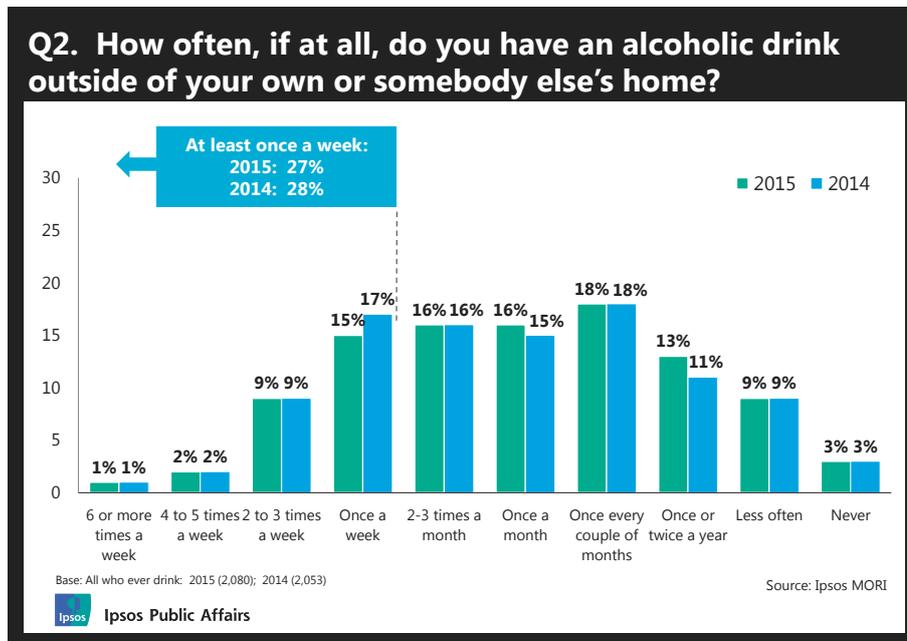
sociable occasions outside the home (91%), quiet nights in (86%), regular or everyday drinks (82%) and big nights in (81%).

- Comfortable Social Drinkers, as the name suggests, are most likely to drink on sociable occasions. Along with Risky Career Drinkers they are the most likely to drink on special celebrations (93% do so), and sociable occasions outside the home (91%). Additionally, 86% drink during sociable occasions at home while 79% drink on big nights out and 70% drink on big nights in. They are less likely to drink before going out (50% do *not* typically do this) or to round off a night (56% do not do this). They are also less likely to have regular or everyday drinks (49% do *not* typically drink on such occasions) or quiet nights in (42% do not do so).
- Self-contained Moderate Drinkers are the least likely to drink during sociable occasions at home or outside the home (although 63% and 69% respectively do so), and they are the least likely to drink with work colleagues (34% do so). After Controlled Home Drinkers they are the least likely to drink before going out (29% do so), have drinks to round off a night (32%) have regular or everyday drinks (38%), or drink on quiet nights in (49%). Although somewhat more likely than Controlled Home Drinkers to drink on big nights out (51%) or big nights in (47%), compared to the other three segments they are relatively less likely to do so.
- Controlled Home Drinkers are the segment least likely to drink in the majority of the occasion types considered. In particular, relatively small proportions of this group drink before going out (26%), to round off a night (32%) or have regular or everyday drinks (36%). Although the majority (72%) drink on special celebrations, this group is the least likely segment to do so.

Drinking outside the home

The majority of those who drink alcohol do so outside the home; however, a considerable amount of drinking takes place inside the home.

Figure 3.4: Frequency of drinking outside the home



Nearly everyone who drinks alcohol says they do this outside of their own home or somebody else's. However, the frequency of drinking outside the home is lower than the frequency of drinking alcohol, suggesting that a considerable amount of consumption takes place inside the home. This reflects wider data which suggests a growing preference to purchase alcohol in the off-trade for consumption at home¹⁷ compared to on-trade purchasing.

Just over a quarter drink outside the home at least once a week (27%: in line with 28% in 2014) while 58% do this at least once a month.

Men are more likely than women to drink outside the home. Two-thirds of men say they drink outside the home at least once per month compared to half of women (64% vs. 51%). These results remain stable in comparison to 2014 and reflect the higher frequency of alcohol consumption by men in general.

As aforementioned, younger age groups are more likely to drink outside the home than their older counterparts, despite drinking less frequently in general. Sixty eight per cent of 18-24 year olds do this at least once a month compared to 57% of those aged 25-65 and 54% of those aged 65-75. This reflects similar findings in 2014.

¹⁷ Sheen, D. (ed.) (2013) Statistical Handbook: a compilation of drinks industry statistics. London: Brewing Publications Limited, p32.

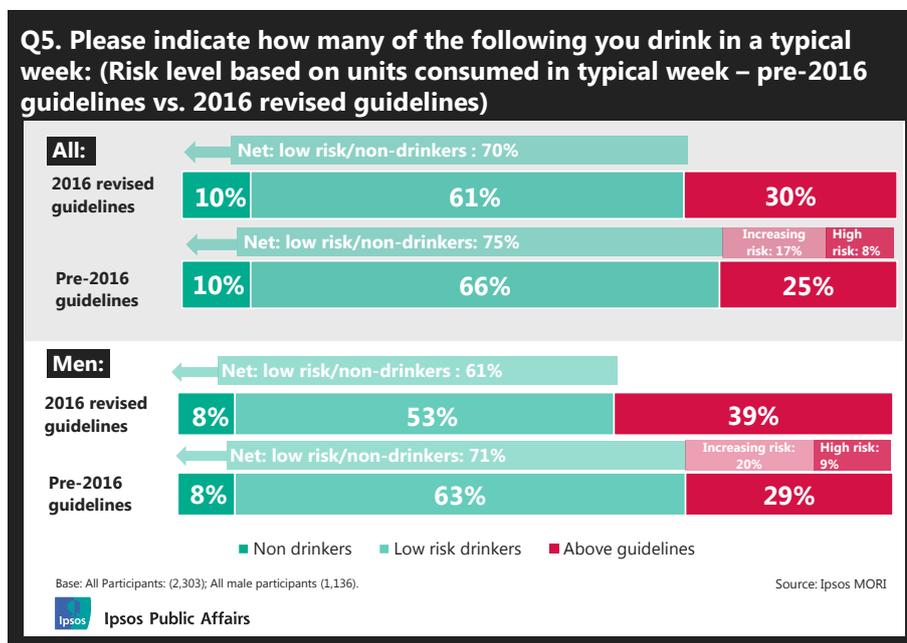
Those in higher social grades are more likely than those from lower social grades to drink outside the home at least once a month (62% of those in ABC1 compared to 53% in C2DE). Again, this remains stable from 2014 and partly reflects the higher frequency of drinking observed among those from higher social grades.

3.2 Alcohol consumption levels

Changing alcohol guidelines

Changing alcohol guidelines have reclassified some of those who were previously 'low risk/non-drinkers' as drinking 'above guidelines'.

Figure 3.5: Risk levels by 2016 and pre-2016 guidelines



In January 2016, the UK Chief Medical Officers published revised guidelines on the recommended low risk alcohol unit consumption levels per week, the key change being to revise the units per week for men down to the same number as women¹⁸. Under these guidelines, both men and women are advised not to regularly drink more than 14 units a week¹⁹. With these revisions to the guidelines, some individuals who were originally classified as low risk drinkers are now classified as drinking above guidelines²⁰: the percentage of those who drink above guidelines has increased from 25% to 30%, and the percentage of low risk/non-drinkers has decreased from 75% to 70%. Men remain significantly more likely than women to drink above guidelines; 39% do so in a typical week, compared to 20% of women. The change in guidelines for men has resulted in an increase of ten percentage

¹⁸ UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines

¹⁹ Drinkers are also advised to spread their alcohol consumption over three days or more rather than one or two heavy drinking sessions, and to have several drink-free days each week.

²⁰ Note that risk level is based on units consumed in a typical week.

points in the proportion considered to be drinking above guidelines – from 29% under the old guidance.

Among those who drink once a week or more often, half (52%) drink above the new guidelines. This compares to 44% in this group who drink in excess of the old guidelines. Again these figures are higher among men who drink at least once a week, of whom 60% exceed the new guidelines, compared to 42% of women who drink at least once a week.

To allow comparison with previous waves of data, from here onwards alcohol consumption levels shown are calculated using the levels in the pre-2016 guidelines.

Drinking in a typical week

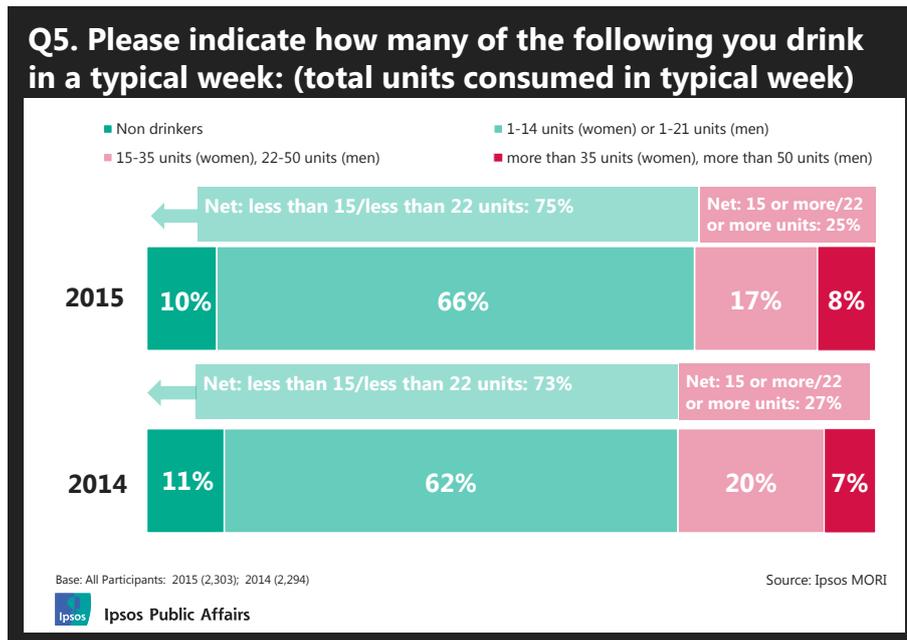
The majority of UK drinkers drink no more than 14 units a week (women) or 21 units a week (men).

Asking people to report on their own alcohol consumption has some limitations, for example, people frequently do not account for special occasion drinking, thus typically under-report their own drinking levels²¹. However, based on their reported alcohol consumption over a typical week, it is possible to get an approximation of their unit intake and the level of potential risk associated with their drinking patterns. It should be noted that measuring simple alcohol consumption as a proxy for risk does not account for the “alcohol harm paradox” – the consistent finding that where people with higher and lower socio-economic status report the same level of drinking, those with lower socio-economic status suffer more and greater harms.²²

²¹ Bellis et al (2015). Holidays, celebrations, and commiserations: measuring drinking during feasting and fasting to improve national and individual estimates of alcohol consumption. *BMC Medicine*, 13:113.

²² Bellis et al (2016). The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals. *BMC Public Health*, 16:111.

Figure 3.6: Risk levels in 2015 and 2014



The majority of UK adults drink no more than 14 units a week (women) or 21 units a week (men) (75%). This is a non-significant increase from 2014, where 73% of participants' drinking levels were within these boundaries. The percentage of individuals who drink 35 units or more a week (women) or 50 units or more a week (men), is at eight per cent in 2015 compared to seven per cent in 2014. The proportion of adults drinking between 15 and 35 units a week (women), or between 22 and 50 units a week (men) has decreased slightly, from 20% to 17% between 2014 and 2015.

Younger people are more likely than their middle aged counterparts to drink less than 14 units/21 units per week or to be a non-drinker. Eight in ten (84%) 18-24 year olds fall into this category; compared to around three quarters (76%) of 25-44 year olds, 72% of 45-65 year olds and 75% of 65-75 year-olds.

A similar pattern can be observed over time, with middle-aged and older people being more likely than younger people to consume larger amounts of alcohol. In 2014, two thirds (32%) of people aged 45-65 and one in four (25%) 65-75 year olds drank more than 14/more than 21 units in a typical week, compared to 19% of 18-24 year olds who did so. Likewise in 2013, 26% of 45-65 year-olds drank more than 14/more than 21 units in a typical week, compared to 19% of 18-24 year-olds²³.

Over time, the percentage of young people who are drinking at higher levels has declined. In 2012, one in four (26%) 18-24 year olds drank more than

²³ Please note that it is not possible to look at alcohol consumption in a typical week among 45-65 year-olds in earlier research (pre-2013) because this group was included in the survey for the first time in 2013. Those aged 66-75 were included in the research for the first time in 2014.

14/more than 21 units in a typical week, but this fell to around one in five (19%) in 2013 and 2014. In 2015, the proportion of 18-24 year-olds who drink at these levels has again fallen slightly, to 16%.

The proportion of those aged 25-44 drinking more than 14/more than 21 units in a typical week has also declined slightly over time, from 29% in 2012, to 26% in 2013 and 2014, and 24% in 2015. Meanwhile, the proportion of people aged 45-65 drinking at these levels remains relatively stable. In 2015, just over a quarter (28%) drink more than 14/more than 21 units a week; this figure, having increased slightly in 2014 (to 32%), is in line with 2013 results when 26% drank at these levels.

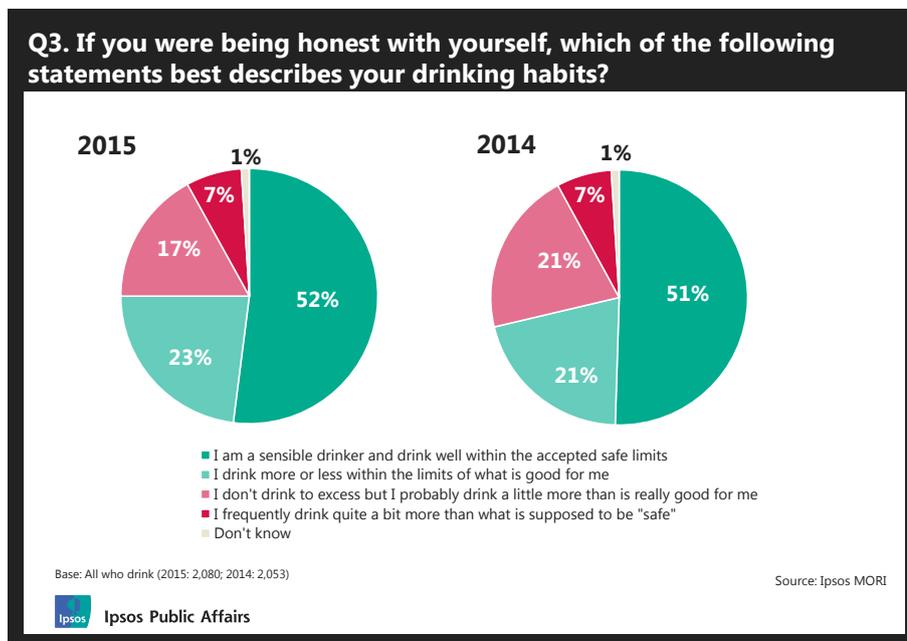


of UK adults claim they are 'sensible drinkers'

Perceptions of drinking levels and risks

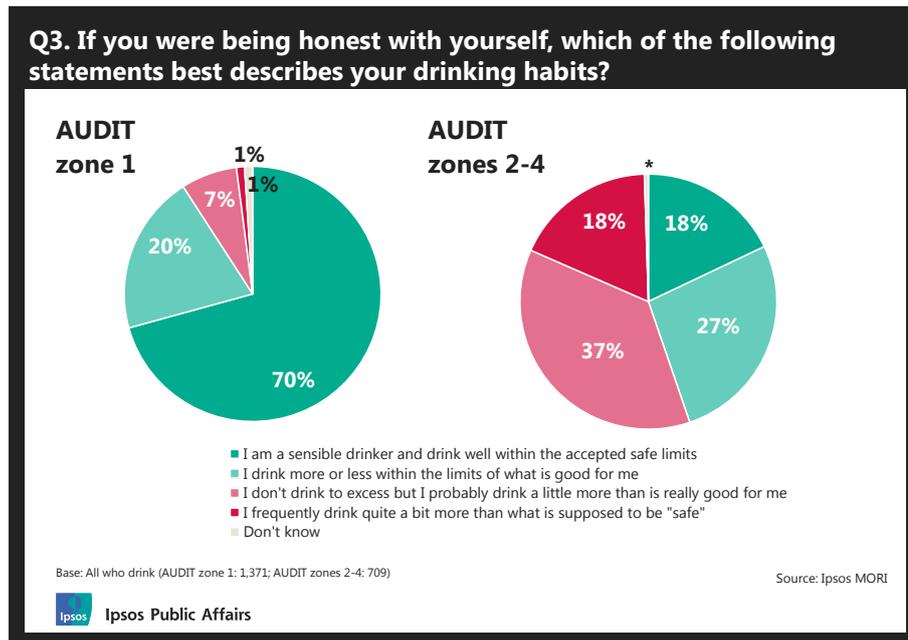
The majority of people perceive themselves to be sensible drinkers.

Figure 3.7: Perceptions of risk over time



Just over half of UK adults claim they are 'a sensible drinker and drink well within the accepted safe limits' (52%), while just over one fifth believe they 'drink more or less within the limits of what is good for me' (23%). Just under one fifth think they drink slightly more than they should (17% say 'I don't drink to excess but I probably drink a little more than is really good for me') while seven per cent admit they 'frequently drink a bit more than what is supposed to be 'safe''. There has been a slight, although not statistically significant, shift since 2014 in individuals feeling more comfortable with their drinking levels, with an increase of three percentage points since 2014 in the proportion who say they are a sensible drinker or that they drink more or less within the limits of what is good for them.

Figure 3.8: Perceptions of risk by AUDIT group



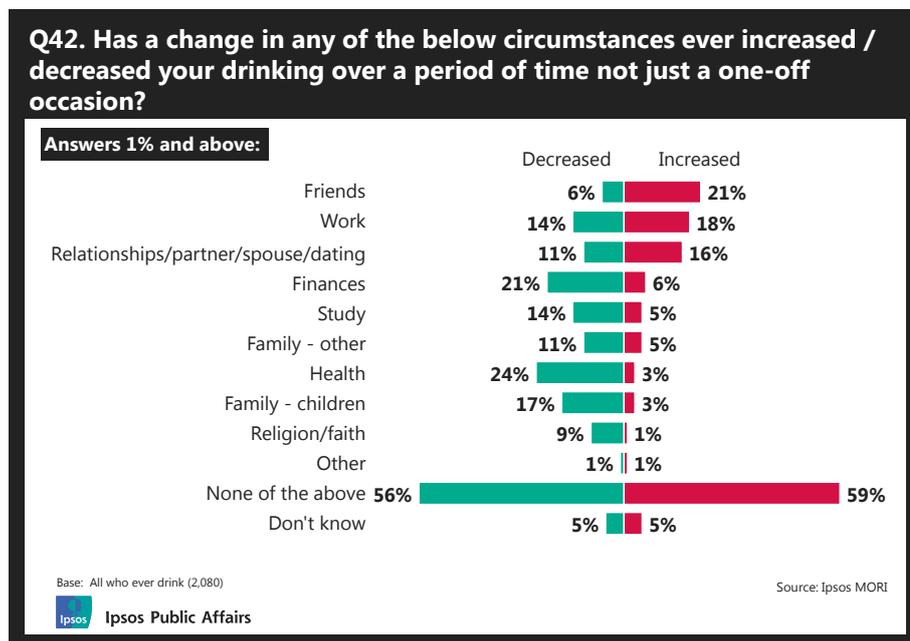
The majority of individuals classified as low risk (AUDIT zone 1) believe themselves to be a sensible drinker or someone who drinks more or less within the limits (91%). However there is a group of individuals classified as AUDIT zones 2-4 (and therefore displaying potentially harmful drinking behaviours) who share this same sentiment, believing themselves to be sensible drinkers/drinking more or less within 'safe' limits (45%). Only 18% of those in AUDIT zone 2-4 believe they 'frequently drink quite a bit more than what is supposed to be 'safe'' suggesting there continues to exist a group of drinkers who are unaware of 'safe' limits or who are unwilling to acknowledge them or how their own drinking behaviour compares.

Women are more likely to think they drink within 'safe' limits (77% of women compared to 73% of men); this is commensurate with their less frequent alcohol consumption as discussed earlier in this report, and the fact that they do indeed tend to display less risky drinking patterns (74% fall into AUDIT zone 1, compared to 64% of men). Although the proportion of women who think they drink safely has remained stable, the proportion of men who do likewise has increased from 68% in 2014 to 73% in 2015. This may reflect the slight decline described previously in the frequency of alcohol consumption among men.

3.3 Circumstantial changes in alcohol consumption levels

Friends and personal relationships are associated with circumstantial increases in drinking, while health and finances most commonly pull in the opposite direction.

Figure 3.9: Increases and decreases in alcohol consumption by circumstance



Whilst alcohol consumption at the population level is slow to shift, individuals' own alcohol intake can be subject to fluctuations over time. Chapter 5 specifically looks at individuals' attempts to cut down their consumption levels but brief consideration is given here to changes in alcohol consumption which happen circumstantially as a result of contextual changes.

Over a third of individuals say their drinking has decreased over a period of time due to changes in their circumstances (39%). A similar proportion say their drinking has increased due to circumstantial change (36%).

Some circumstantial factors (such as work) can contribute to both decreases and increases in alcohol consumption (with 14% saying work has at some stage led to a decrease in their drinking, a similar proportion – 18% - saying the opposite. A small proportion (two per cent) say that work has led them to both increase and a decrease their drinking levels in the past. However there are certain circumstantial factors which 'pull' considerably more in one direction or the other.

Friends tend to increase individuals' alcohol consumption (with 21% saying they have led to an increase in their drinking) and to some extent so too do relationships and dating (16%).

Many factors contribute to a decrease in drinking (such as children, studying, religion/faith) though the strongest factors appear to be health (with 24% saying this has ever led to a decrease in their drinking) and finances (with 21% citing this as a factor in their decreased drinking).

In general, older people consider their alcohol consumption to be less affected by circumstantial factors than younger adults, with higher

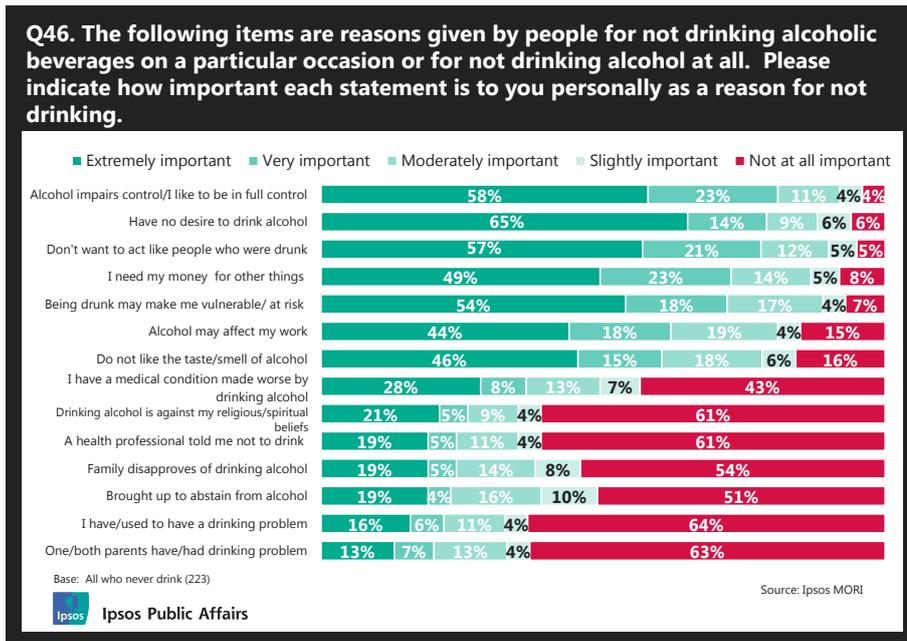
proportions more likely to say 'none' of these factors have either increased or decreased their alcohol intake. This may reflect recent stability in their consumption rates as well as the difficulty of recalling distant events.

There are few differences by gender, with the exceptions being that women are more likely to say that relationships contribute to an increase in their drinking (20% of women agree compared to 13% of men) and that friendships have had this effect (23% of women say this compared to 19% of men). Women are also more likely to say that children have contributed to a decrease in their drinking (19% of women agree compared to 15% of men), while seven per cent say study has caused their drinking levels to decrease, compared to just three per cent of men who say this.

3.4 Reasons for not drinking

Abstainers most commonly cite reasons pertaining to control as important factors in their choice not to drink alcohol.

Figure 3.10: Reasons given for not drinking alcoholic beverages on a particular occasion or not drinking alcohol at all



As discussed earlier in this report, 10% of adults in the UK never drink alcohol. This section of the report briefly gives consideration to the reasons why people choose to abstain (based on Stritzke and Butt's Motives for Abstaining from Alcohol questionnaire – MAAQ²⁴).

The most important reason people give for not drinking is that they 'Have no desire to drink alcohol', with 65% rating this as 'extremely important'. Other reasons rated as important are linked to ideas of control: 'alcohol impairs control/I like to be in full control' is considered 'extremely important' by 58%.

²⁴ See chapter 2 for a brief explanation of this tool, or refer to the appendix for more detail.

82%



of non-drinkers rate staying in control as an extremely or very important factor in their decision to abstain

'I don't want to act like people who are drunk', 'Being drunk may make me vulnerable/at risk' and 'Alcohol may affect my work' are considered 'extremely important' by 57%, 54%, and 44% of non-drinkers respectively.

As might be expected, having personal or familial experiences of drinking problems is not considered an important reason for abstaining by most non-drinkers given that penetration of this is likely to be low in the general population.

For some, their family or religious background plays a role in their abstinence. Around a quarter say that 'drinking alcohol is against my religious or spiritual beliefs' is extremely/very important as a reason for not drinking (26%), and similar proportions say their family's disapproval is extremely/very important (24%), or that being brought up to abstain is extremely/very important (23%).

Social grade has a limited influence on reasons for abstaining from alcohol, with more people in lower social grades than high abstaining for financial reasons and because they were brought up not to drink.

4. Perceptions around drinking

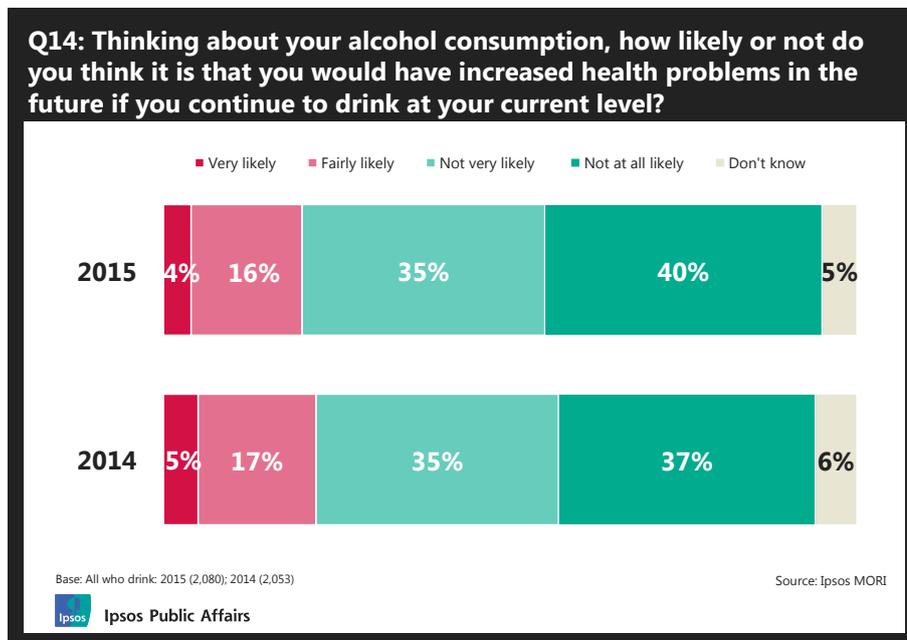
4. Perceptions around drinking

The chapter explores perceptions around drinking, looking at participants' perceptions of the health consequences of drinking, and other aspects such as the acceptability of getting drunk.

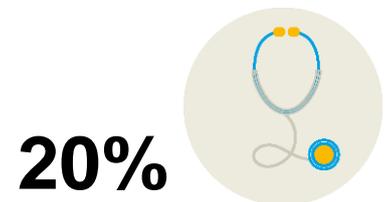
Perceptions of the health effects of drinking

The majority of UK adults think it is not very likely or not at all likely that they will have increased health problems in the future if they continue to drink at their current level.

Figure 4.1: Perceptions of health risks from current levels of alcohol consumption over time

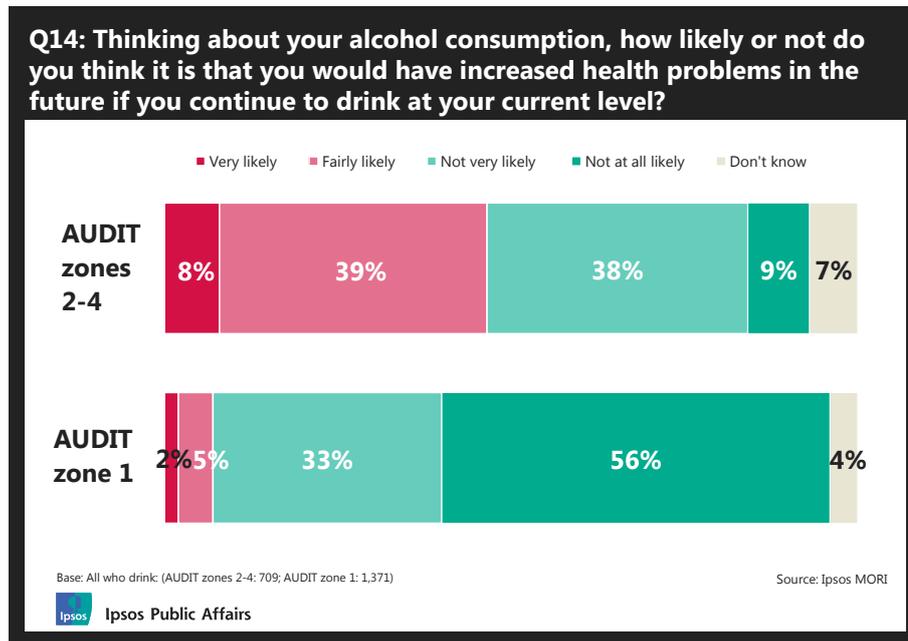


One fifth of participants admit they feel it is 'very likely' (four per cent) or 'fairly likely' (16%) that they will have increased health problems in the future if they continue to drink at their current level. Higher proportions feel they are unlikely to have health problems. Two fifths feel it is 'not at all likely' that their health will suffer from their alcohol consumption (40%), while just over a third feel it is 'not very likely' that they will experience increased health problems (35%). The breakdown of responses remains stable from 2014.



of all current drinkers think they will have increased health problems in future if they continue to drink at their current level

Figure 4.2: Perceptions of health risks from current levels of alcohol consumption, by AUDIT group



Those who fall into the higher AUDIT zones 2-4 (and therefore exhibit more harmful drinking behaviours) are more likely to say they will face health problems in the future compared to individuals in zone 1 (47% vs. seven per cent). However, there remains a group of higher risk drinkers (in AUDIT zones 2 to 4) who think their alcohol consumption levels are unlikely to result in future health problems (46%). Among those in AUDIT zones 3 and 4 (harmful/dependent drinkers) 17% believe they are not likely to face future health problems.

Men are marginally more likely than women to think they will have increased health problems in the future if they continue to drink at their current level. Twenty two per cent of men believe they are very/fairly likely to experience problems, compared to 19% of women. Seventy seven per cent of women believe they are not very/not at all likely to experience problems, compared to 72% of men. As discussed in Chapter 3, men drink more frequently than women, as well as being more likely to fall into AUDIT zones 2-4 as a result of their riskier drinking patterns across several metrics; this helps to explain why they are more likely to perceive their current drinking habits as unhealthy.

Perceptions of health risks: differences by segment

- Reflecting their increased likelihood to drink in potentially harmful ways, Risky Social and Coping Drinkers are the most likely segment to say that they are likely to have future health problems as a result of their drinking. Half (50%) of this group say this; however, almost as many (46%) think that this is *unlikely*.
- However, somewhat more worryingly, Risky Career Drinkers – another segment typified by their tendency to display potentially

harmful drinking behaviours – are much more likely to believe that they *will not* suffer health problems in the future due to their drinking (58% say this). Just 38% acknowledge that their drinking patterns could be causing them harm. Interestingly, the younger members of this segment are more likely than their older counterparts to say that they are likely to have future health problems; half (49%) of Risky Career Drinkers aged 18-34²⁵ say this, compared to a third (34%) of those aged 35 and older.

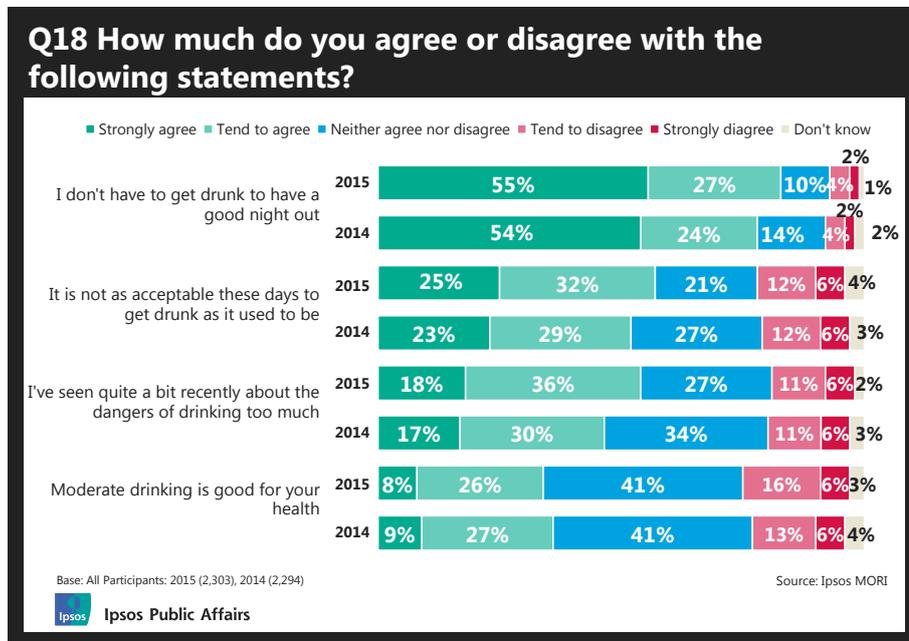
- The majority of Comfortable Social Drinkers (76%) believe themselves to be *unlikely* to have health problems in the future as a result of their drinking, with around one in five (18%) saying that this is likely. These figures contrast against the proportions of drinkers in this segment who display potentially harmful drinking patterns, with more than two in five (44%) falling into AUDIT zones 2-4. This suggests that a proportion of this group is unaware – or reluctant to acknowledge – the potential health risks associated with their drinking behaviour.
- The vast majority of Controlled Home Drinkers and Self-Contained Moderate Drinkers do not consider themselves to be at risk of future health problems due to their drinking; 86% and 88% respectively say this is unlikely. This reflects the fact that these segments tend to drink sensibly, moderating their drinking and staying within the recommended guidelines.

²⁵ Please note that due to the small base size of Risky Career Drinkers aged 18-34 (88), this finding should be interpreted with caution and considered indicative only.

Broader perceptions around alcohol

There is some suggestion of moderate attitudes towards drinking becoming more widespread.

Figure 4.3: Views on alcohol over time



There are some encouraging shifts seen in attitudes held towards drinking with, for example, a greater proportion of individuals in 2015 agreeing that they ‘don’t have to get drunk to have a good night out’, that ‘it is not acceptable these days to get as drink as it used to be’, and that they have ‘seen quite a bit recently about the dangers of drinking too much’. Similarly, a greater proportion of people disagree that ‘moderate drinking is good for your health’. Overall, these trends suggest moderate attitudes towards drinking may be becoming more widespread.

Over half of participants *strongly agree* with the statement ‘I don’t have to get drunk to have a good night out’ (55%) and overall, the majority agree with the statement (82%). This has increased from 2014, when 78% agreed with the statement. The proportion disagreeing with the statement has remained stable, suggesting people have moved away from *don’t know* and *neither agree nor disagree* to agreeing with the statement. Similarly, nearly three fifths agree that ‘It is not as acceptable these days to get drunk as it used to be’ (57%) an increase from 2014 when 52% agreed. Again, the proportion *disagreeing* has remained stable since 2014, suggesting a move from uncertainty around the statement to agreement.

This is further reflected with the third statement, ‘I’ve seen quite a bit recently about the dangers of drinking too much’, where the proportion of people agreeing with the statement has increased over time (moving from 46% in 2014 to 54% in 2015) while the proportion that *disagrees* has not changed.



82% of UK adults agree that they ‘do not have to get drunk to have a good night out’

Over one fifth *disagree* that 'Moderate drinking is good for your health', and over time there has been an increase in the percentage of people disagreeing with the statement (from 19% in 2014 to 22% in 2015), although of the four statements, this statement has the largest proportion of participants selecting *neither agree nor disagree*, suggesting uncertainty around whether moderate drinking is good for your health.

Men are more likely than women to agree that 'it is not as acceptable to get as drunk as it used to be' (60% versus 55%), and to agree that 'moderate drinking is good for your health' (38% versus 31%), while women are more likely than men to agree that they have seen information recently about the dangers of drinking too much (58% versus 50% respectively).

Compared to the youngest age group (18-24), 45-65 year olds are more likely to agree that they 'do not have to get drunk to have a good night out' (85% say this compared to 81% of 18-24 year olds), that 'it is not as acceptable these days to get as drunk as it used to be' (66% versus 43%), and that they have 'seen quite a bit recently about the dangers of drinking too much' (54% versus 50%).

Broader perceptions around alcohol: differences by segment

- Risky Social and Coping Drinkers are more likely than people in other segments to agree that 'Moderate drinking is good for your health'; half (51%) do so, compared to one in three participants (34%) overall. Risky Career Drinkers and Comfortable Social Drinkers are also more likely than average to agree with this statement - 46% and 40% respectively within these groups do so. Meanwhile 31% of Self-Contained Moderate Drinkers and 28% of Controlled Home Drinkers agree that this is the case.
- Risky Social and Coping Drinkers are also more likely to *disagree* with the statement, 'I don't have to get drunk to have a good night out' – one in six (16%) of participants in this segment do so. Meanwhile one in ten (10%) Comfortable Social Drinkers and eight per cent of Risky Career Drinkers *disagree* with this statement. This compares to just three per cent of Self-Contained Moderate Drinkers and two per cent of Controlled Home Drinkers who disagree with the statement.

These patterns reflect the relative likelihood of each of the segments to drink in potentially harmful ways.

5. Experiences of cutting down

5. Experiences of cutting down



This chapter explores individuals' experiences of cutting down on their drinking; looking at their motivations to do so, goals, success stories, strategies and sources of support.

The results of three distinct groups are presented:

- Drinkers who are currently trying to cut down their drinking (n=194);
- Drinkers who are currently thinking of cutting down their drinking (n=220); and
- Drinkers who have tried to cut down in the past (but who are not currently thinking of cutting down or trying to do so)²⁶ (n=276).

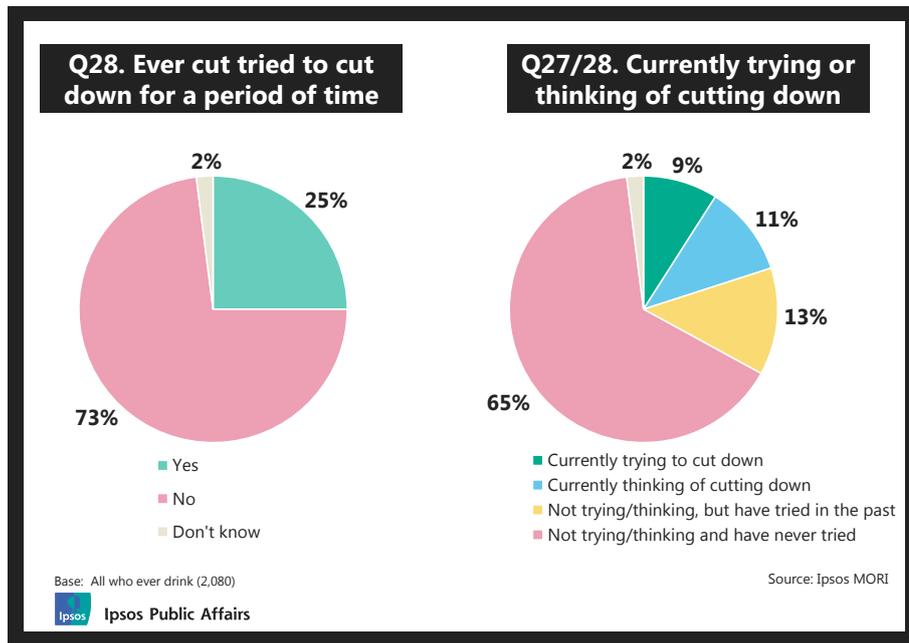
This chapter concludes with a brief discussion about drinkers who have no experiences of cutting down.

5.1 Cutting down among UK drinkers – the landscape

A quarter of UK adult drinkers say that they have tried to cut down their drinking in the past. Approaching one in ten say that they are currently trying to cut down their drinking, and a further 11% are currently thinking of cutting down. About two thirds (65%) of UK drinkers have never had a serious attempt to cut back their drinking and are not currently trying nor thinking about it.

²⁶ Note that these three groups are non-overlapping. In order to minimise burden, the questionnaire was carefully designed so that participants were routed to questions that were most relevant for their experience.

Figure 5.1: Proportion of drinkers who have ever tried to cut down and drinkers currently trying to or thinking of cutting down



25%



of drinkers have ever tried to cut down their drinking

Although we know that the majority of UK alcohol drinkers do try and moderate their drinking in some way²⁷, serious attempts to cut down are less common. A quarter of UK drinkers report ever trying to cut down *over a period of time* (25%), and one out of eleven alcohol drinkers in the UK is currently undertaking an attempt to cut down (nine per cent). A similar proportion are thinking about it (11%), which suggests further potential for positive change in drinking habits among UK drinkers. A further 13% are drinkers who are not trying nor thinking of cutting down at the moment, but who have had at least one serious attempt to cut down in the past. Meanwhile, approaching two thirds have had no experience of cutting down and are not considering it at the moment (65%).

The next section looks at the profiles of these groups and why they matter to Drinkaware.

5.2 A closer look at the key groups

Those who are currently **trying to cut down** and those who are **thinking about cutting down** are two groups that present an immediate opportunity for Drinkaware’s work; both groups could benefit from practical advice on managing their drinking, but may have different needs to be catered for.

Drinkers who are trying to cut down

Unsurprisingly, drinkers who are **trying to cut down** often display a risky relationship with alcohol. They tend to be frequent drinkers – over two fifths

²⁷ Ipsos MORI (2015). Drinkaware Monitor 2014: Adults’ drinking behaviours and attitudes in the UK.

drink four or more times a week (43%, compared to 20% among drinkers overall), and the vast majority drink at least once a week (85%, compared to 63% of all drinkers). Although two thirds claim that they don't have to get drunk to have a good night out (65%), the proportions who disagree or who neither agree nor disagree are higher than among drinkers overall (14% and 20%, compared to 11% and 7%, respectively), suggesting that moderate consumption when out is particularly challenging for some drinkers, despite their active decision to cut down. This is important given that this group of drinkers frequently drink outside home – 46% do so, compared to 27% on average.

Seventy nine per cent are classified as increasing risk drinkers (AUDIT zones 2-4), compared to 31% of all drinkers; and a third (32%) are harmful or dependent drinkers (zones 3-4), compared to six per cent overall. Half self-assess their drinking as being above 'safe' limits (47%, versus 24% among all drinkers). They are also much more likely than other drinkers to say it is likely they will have increased health problems in the future if they continue drinking at their current levels (63% compared to 20% among all drinkers).

They are mostly young to middle age drinkers: 69% are aged 26-55 (56% among drinkers overall). They are most likely to be Risky Social and Coping Drinkers (36%, compared to 12% overall); considerable, but similar to average proportions are Risky Career Drinkers (22%) and Comfortable Social Drinkers (21%).

Drinkers who are thinking of cutting down

These drinkers exhibit very similar behaviours and relationships with alcohol as those already trying to cut down. In particular:

- 95% drink alcohol at least once a week and 54% drink outside of home at least once a week;
- 68% agree that they don't need to get drunk to have a good night out; however, 15% disagree and a similar proportion neither agree nor disagree (16%);
- 76% are classified as AUDIT zones 2-4; 21% as zones 3-4;
- 62% believe that their own drinking is above 'safe' limits, and 65% that they are likely to develop health problems in the future if they continue drinking at current levels.

There is some indication that this group tend to drink more often and, at the same time, express more concern about the consequences of drinking than those already trying to cut down. However, these differences are not big enough to be statistically significant, considering the incidence of these groups among UK drinkers.

This group of drinkers are more likely than drinkers overall to be male (60%, compared to 49% overall).

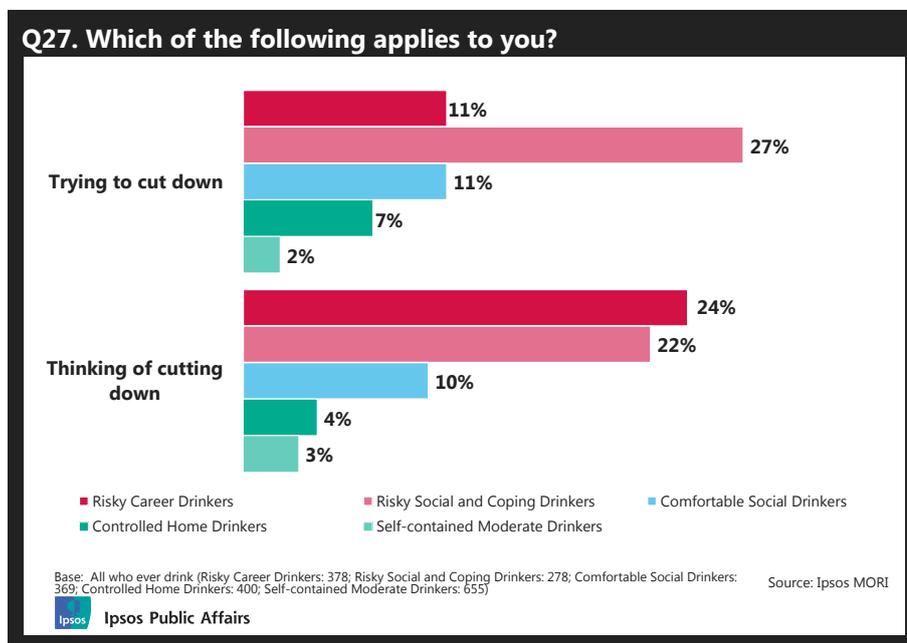
Among both groups – drinkers **trying to cut** down and those **thinking of cutting down** – there is some appetite for help in doing it: one third (29%) in either group would like more guidance on how they could moderate their drinking, compared to nine per cent of all drinkers.

Trying to cut down and thinking of cutting down: differences by segment

There are some interesting differences here according to the segmentation of drinkers. In particular, Risky Social and Coping Drinkers are much more likely than other segments to be currently *trying to cut down*. More than a quarter (27%) of people in these groups say they are doing so. This compares to one in nine Risky Career Drinkers and Comfortable Social Drinkers (each 11%), seven per cent of Controlled Home Drinkers and just two per cent of Self-contained Moderate Drinkers.

Both Risky Career Drinkers and Risky Social and Coping Drinkers are much more likely than other segments to be *thinking of cutting down*. Around one in four (24%) Risky Career Drinkers and a similar proportion (22%) of Risky Social and Coping Drinkers are, compared to one in ten Comfortable Social Drinkers (10%), four per cent of Controlled Home Drinkers and three per cent of Self-Contained Moderate Drinkers. This represents an opportunity for Drinkaware to provide support to those risky drinkers who are already working on cutting down, and also encouragement for those thinking of doing so, to take action.

Figure 5.2: Trying to and thinking of cutting down by segment



Drinkers who have tried to cut down in the past (but are not currently trying to or thinking of cutting down)

These drinkers are likely to be a mix of different of people with a range of different experiences of cutting down – for example, the following would fall into this group:

- Drinkers who may have tried to cut down for a limited period of time for reasons such as pregnancy, illness or a sobriety challenge like Dry January, but are now back at their 'usual' levels of drinking and are not presently considering cutting down.
- Drinkers who have had a successful attempt at cutting down in the past and are still drinking at lower levels. Although they continue to drink alcohol, they are not considering cutting back further.
- Drinkers who may have had one or more attempts in the past, but have not been successful and are not considering trying again.

On the whole, these drinkers tend to have somewhat higher than average alcohol consumption, drinking on average 17.1 units in a typical week compared to an average of 12.9 units a week among all drinkers.

They do, however, typically drink less than those who are currently trying to cut down or thinking of cutting down – among whom average unit consumption figures for a typical week are 27.2 and 33.9 respectively. This perhaps suggests that many in this group have been successful in cutting back, now drinking less than they used to, before they began making efforts to cut down.

While the majority of this group believe their drinking levels are 'safe', this proportion is lower than among drinkers overall (69%, compared to 75% of all drinkers). Forty three per cent are classified as zones 2-4 in AUDIT (34% among drinkers overall); however, only five per cent are harmful or dependent drinkers, which is in line with the average.

At the same time, this group are less likely than average to think that their current drinking levels will lead to increased health problems in the future (79% find it unlikely, compared to 74% overall), and only seven per cent would like more guidance on how to moderate their drinking (nine per cent overall).

The age profile of these people is consistent with the 'average drinker', but there is a male skew in this group – 57% are male, compared to 49% among drinkers overall. The most represented segments are Risky Career Drinkers (26%) and Comfortable Social Drinkers (24%).

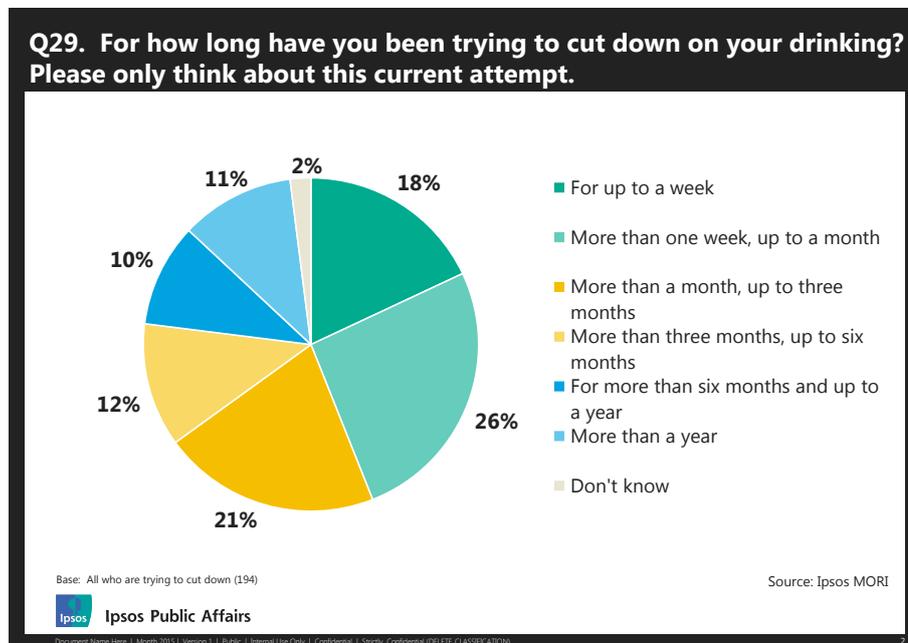
5.3 Length of current attempt

Some drinkers have been trying to cut down for a long time.

Those who are currently **trying to cut down** have been doing so for varying periods of time. Over half (54%) have been trying for more than a month, while a quarter say that the attempt has been going on for more than a week and up to a month (26%), and 18% say that it has been up to a week.

Some drinkers have been trying to cut down for a long time – about a fifth for more than six months (21%) of which some for more than a year (11%). This suggests that some people may find it harder than others to modify their drinking habits or perhaps that they are using longer-term strategies (such as a gradual change over a longer period of time).

Figure 5.3: Length of current attempt to cut down



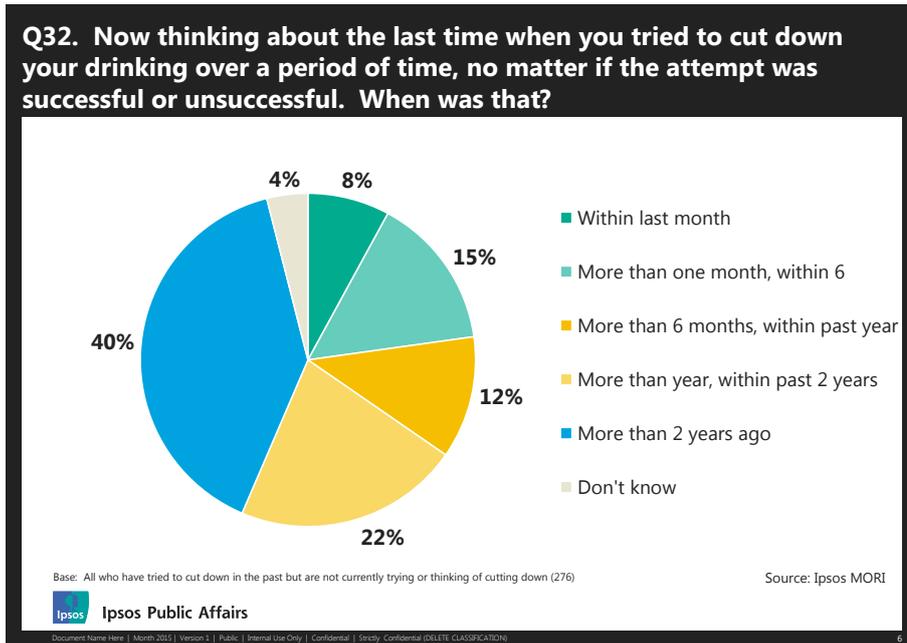
5.4 Time since last attempt

The majority of attempts to cut down happened more than a year ago.

Those who are **not currently trying to cut down nor thinking about it, but have tried in the past**, were asked when their most recent attempt was.

The majority said that their most recent attempt took place more than a year ago (61%), and four out of ten report that it was more than two years ago (40%). Just over a fifth (23%) say that they last tried to cut down their drinking at some point within the last six months, and eight per cent did so within the last month.

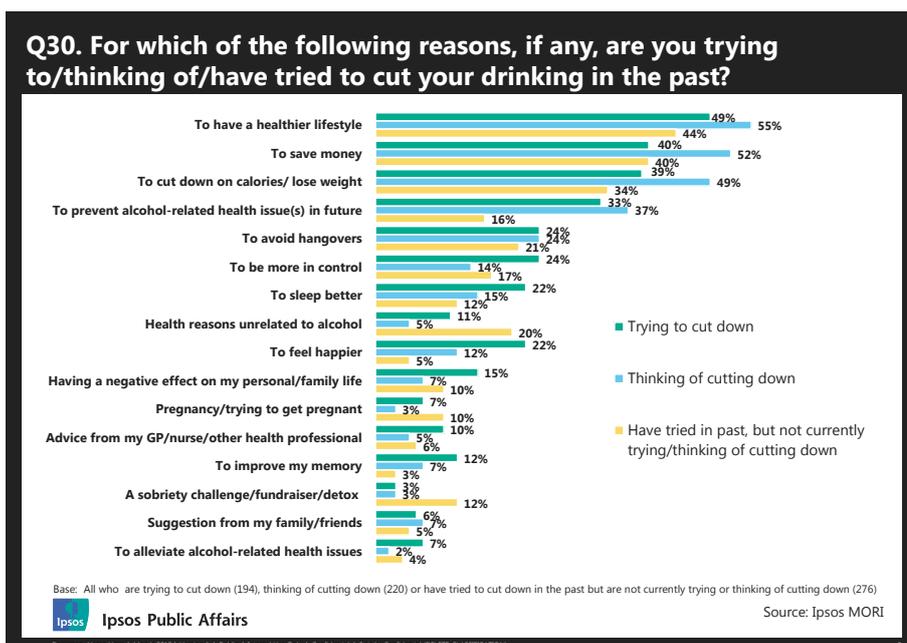
Figure 5.4: Time since most recent attempt to cut down



5.5 Key reasons why drinkers try to cut down

Having a healthier lifestyle, saving money and reducing calories/losing weight are the main reasons people give for thinking about or trying to cut down their drinking. Those who are trying to do so, those who are thinking about it, and those who have tried in the past name slightly different motivators; these differences are most likely a result of expectations and recall.

Figure 5.5: Reasons for cutting down



'To have a healthier lifestyle' is the most common reason people give for trying to cut down their drinking or for why they are considering cutting down. Other common reasons include 'saving money' and 'cutting down on calories/losing weight'. 'Preventing alcohol-related health issues in the future' is also a frequently given reason to cut down, although the proportions mentioning it vary across the three groups of interest.

Smaller, but sizeable proportions also mention reasons such as 'to avoid hangovers', 'to be more in control', 'to sleep better', 'health reasons unrelated to alcohol', 'to be happier', and the negative impact alcohol is/was having on their personal/family life.

While there is consistency in terms of the top three reasons across the groups answering the question, there are also some notable differences in the popularity of certain motivations.

Those currently **trying to cut down** seem somewhat more focused and specific in their reasons for doing so. This group are more likely to mention psychological benefits of cutting down - in particular:

- 24% are cutting down 'to be more in control'
- 22% are cutting down 'to feel happier'
- 15% are cutting down because drinking has a negative impact on their personal/family life

As well as the potential benefits of cutting down in terms of mental wellbeing, this group are more likely to mention specific aspects of their physical wellbeing as factors inspiring their efforts. For example:

- 22% are cutting down 'to sleep better'
- 12% say that improving their memory capacity is a factor
- 10% say advice from their GP (or another health professional) contributed to their decision
- Seven per cent cite alcohol-related health issues

Those **thinking of cutting down** generally show a similar pattern as those already trying to cut down, but the balance is somewhat skewed towards more high-level, generalised benefits of alcohol reduction. This group is more likely than others to indicate having a healthier lifestyle (55%), saving money (52%), cutting down on calories/losing weight (49%), and preventing alcohol-related health issues in the future (37%) as reasons that make them think of cutting down on alcohol.

Those not currently trying nor thinking of cutting down, but who **have tried in the past** are generally similar in their answers to the other groups, but are the most likely group to say that 'Health reasons unrelated to alcohol' have been a reason to cut down in the past – a fifth do (20%), compared to 11%



among those currently trying and five per cent among those thinking of it. This may suggest that the necessity of cutting down/cutting out alcohol led them to successfully do so – hence they are no longer trying or thinking of cutting down. Likewise, some motivations such as 'pregnancy' and 'sobriety challenge/fundraiser/detox' are also mentioned more often by this group. This reflects the fact that this group were asked about to think of any reasons that have ever motivated them to cut down, and not just one particular attempt. It also suggests that the intention of some people in this group may have been to cut down on a temporary basis for a clear, defined reason or time period – hence they are no longer trying to or thinking of cutting down. Indeed, the proportions citing reasons such as 'health reasons unrelated to alcohol (e.g. taking antibiotics)' (20%), 'pregnancy/trying to get pregnant' (10%), or a 'sobriety challenge/fundraiser/detox' (12%) are highest in this group.

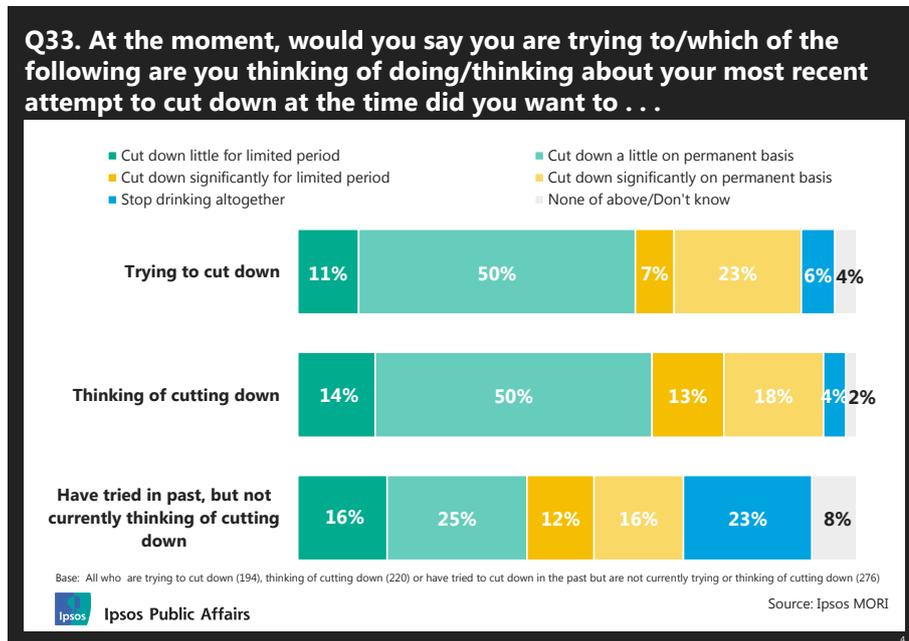
A number of other reasons are less commonly cited among this group, but this may simply be due to poorer recall of secondary reasons that may have contributed to decisions to cut down in the past – particularly if those past attempts were not successful or did not lead to a permanent change in drinking behaviour.

5.6 Objectives and self-perceived chances of success

It appears that most people who embark on an attempt to try and cut down their drinking do so with at least an approximate objective in mind. Most would like to cut down on a permanent basis, rather than short-term. Drinkers who are already trying to cut down tend to be more optimistic about their chances of success than those who are only thinking about cutting down.

Objectives set

Figure 5.6: Desired outcome when cutting down on drinking



6%

of those who are currently trying to cut down and 4% of those who are thinking of doing so would like to stop drinking altogether

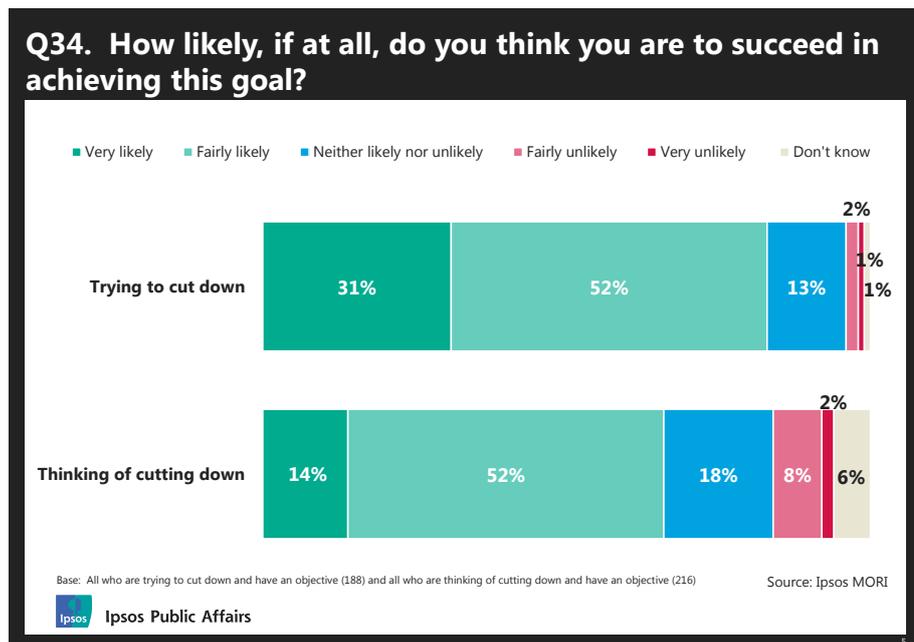
The objectives of those who are currently **trying to cut down** their drinking and those who are **thinking of doing so** are largely similar. In both groups, half declare that they would like to 'cut down a little on a permanent basis' (50%); smaller, but sizeable proportions would like to 'cut down significantly on a permanent basis' (23% and 18%, respectively). Overall, about three quarters in each group would like to reduce their drinking on a permanent basis, which suggest a serious approach to cutting down.

The pattern is somewhat different among those not currently trying and not thinking about it, but who have **tried to cut down in the past**. While two in five (41%) declare that they wanted to cut down a little/significantly on a permanent basis during their most recent attempt, just under a quarter (23%) intended to stop drinking altogether.

Likelihood of success in cutting down

It is interesting to compare the views of those trying to and those thinking of cutting down on the likelihood of achieving their goals (Figure 5.7). 'Fairly likely' is the most common answer among both groups (52%), suggesting moderate levels of optimism. However, those who have already embarked on an attempt to cut down are twice as likely to think that they are 'very likely' to succeed in their goal (31% compared to 14%), while the latter group are somewhat more likely to think that they are neither likely nor unlikely, fairly unlikely, or they do not know.

Figure 5.7: Likelihood of succeeding in cutting down on drinking



45%



of those who have tried to cut down in the past but are not currently trying, say they reduced their drinking on a permanent basis on their last attempt

It may be the case that the decision and taking actual steps to cut down increases people’s confidence that change is achievable. On the other hand, it could be that a lack of confidence in a positive outcome is holding some people back from trying to cut down.

This could present important implications for campaigns designed to persuade people to reduce harmful drinking. Self-perceived likelihood of succeeding in a behavioural change, such as reducing one’s alcohol consumption, is associated with personal beliefs about one’s control over a given behaviour (‘perceived behavioural control’, or ‘self-efficacy’). This is a central concept to some well-known theories of behavioural change; for example, the **reasoned-action approach** of Fishbein and Ajzen²⁸ recognises it as one of the main predictors of the intention to change. Perceived behavioural control is related to a number of factors, such as prior success in the same or similar endeavour and outside sources of persuasion, among others.

Although it seems that those who are already thinking of cutting down tend to be quite optimistic about their chances to succeed, addressing the self-belief of those who are not may be one potential way to encourage them to take action.

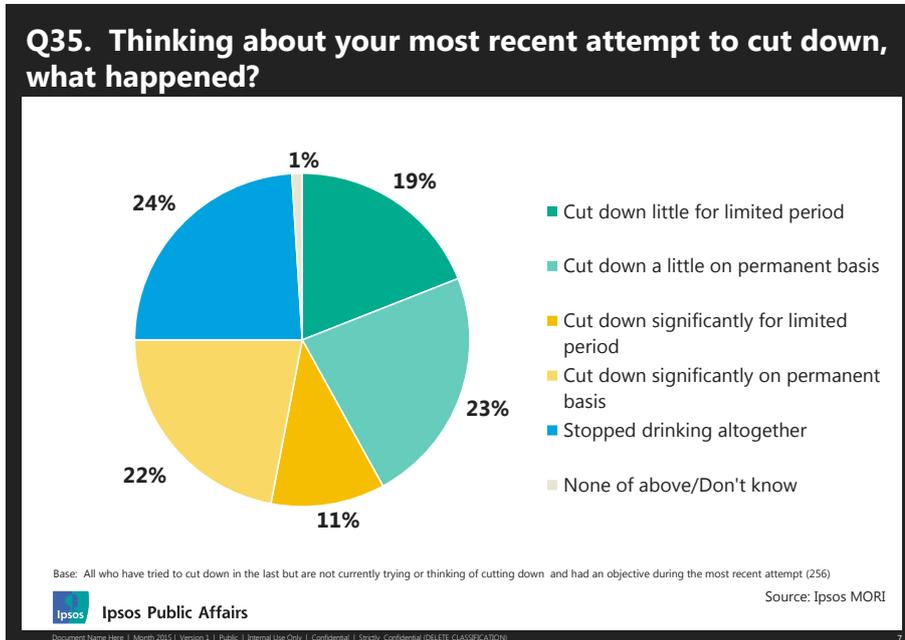
5.7 Success in cutting down

Those who have tried to cut down in the past (but are not currently trying to nor thinking of cutting down) seem to have been largely successful in their most recent attempt: most report having reduced

²⁸ Fishbein, M., & Ajzen, I. (2010). Predicting and changing behaviour. The Reasoned Action Approach. New York: Taylor & Francis

their consumption in line with the initial objective, and half of them are still drinking at lower levels.

Figure 5.8: Outcome of most recent attempt to cut down



As shown in Figure 5.8, during their most recent attempt to cut down almost half reduced their drinking on a permanent basis: for about a quarter it was cutting down a little (23%), while a similar proportion reports cutting down 'significantly' (22%).

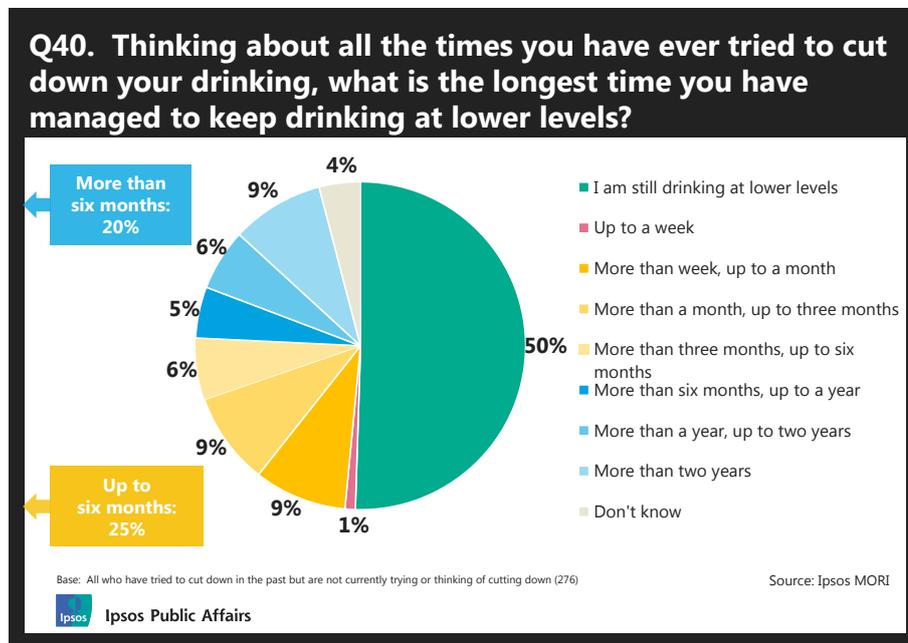
Another quarter stopped drinking altogether (24%), without specifying the timeframe. A further 19% 'cut down a little for a limited period' and one in nine 'cut down significantly for a limited period' (11%).

More detailed analysis of response patterns confirms that drinkers in this group were generally very successful in achieving their intended outcome. For example, of the 70 people who said that they wanted to 'cut down a little on a permanent basis', 59 declared that they succeeded in achieving this or more (i.e. cutting down a little on a permanent basis/ cutting down significantly on a permanent basis/ quitting alcohol altogether). Similarly, of the 63 people whose objective was to quit completely (without specifying the timeframe), 55 achieved this.

It is worth noting that a considerable proportion of these attempts happened a relatively long time ago (61% more than a year ago), and it could be the case that memory, and – in certain cases – even psychological mechanisms linked to maintaining a positive self-image may play a role in what some people remember their goals to have been, relative to the actual outcome. Bearing this in mind, it is plausible that drinkers in this group tended to be particularly motivated when cutting back on alcohol which helped them succeed in their goals. Responses to the next question provide some further support for this. People in this group were asked about the longest time they have ever managed to drink at lower levels, considering all the attempts that

they may have had in the past. As shown in Figure 5.9, half report that they are still drinking at a lower level (which implies they have been drinking at lower levels since their most recent attempt to cut down).

Figure 5.9: Longest time drinking at lower levels

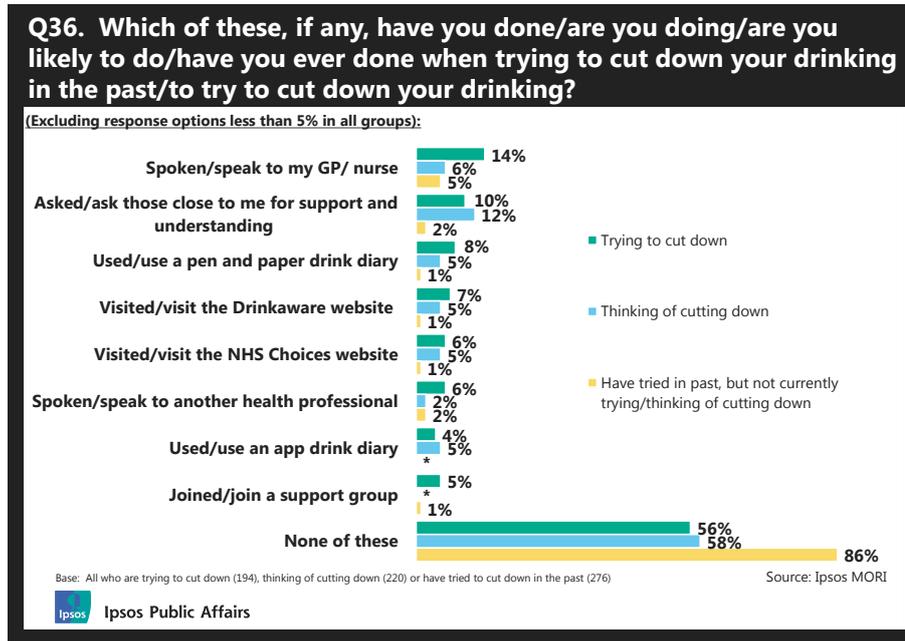


There is a significant amount of variation among the remaining 50% regarding the longest time they have ever managed to drink at lower levels. A further 20% report the longest time they managed to drink at lower levels has been more than six months, while for a quarter it has been up to six months (25%). This may reflect both different intentions (i.e. reducing short- or long-term) and reasons for cutting down, as well as varying levels of success in maintaining lower levels of drinking among some people in this group.

5.8 Actions taken to cut down

Attempts to cut down seem to be primarily made through willpower alone, with only small proportions saying that they have sought support from friends and family, healthcare professionals or other tools and information sources. Those presently trying to cut down are more likely to have spoken to a health professional, used a pen and paper drink diary or visited Drinkaware’s website, while those thinking of cutting down are more likely to have sought support and understanding from friends and family.

Figure 5.10: Actions people have taken or would be likely to take when trying to cut down drinking



7%



of those trying to cut down have used Drinkaware's website

When presented with a list of actions they may have taken in order to cut down their drinking, only relatively small proportions say they have taken one or more of these actions. Speaking to a GP/nurse and seeking the support of close ones are most commonly mentioned.

Those who are **currently trying to cut down** are most likely to say that they have spoken to a GP or nurse; 14% say this, compared to six per cent of those thinking of cutting down or who have tried to cut down in the past. Six per cent say they have spoken to another health professional; this compares to just two per cent of people who are thinking of cutting down and of those who have tried to in the past. Meanwhile, seven per cent say they have used Drinkaware's website, as have five per cent of those thinking of cutting down.

Those **thinking of cutting down** are most likely to say that they have asked those around them for support and understanding; 12% say this, compared to ten per cent of those trying to cut down and just two per cent of those who have tried in the past to cut down. Among this group, five per cent have used an app drink diary, as have four per cent of people who are trying to cut down, but less than one per cent of those who have tried to cut down in the past.

Similar proportions (six per cent) of both those trying to cut down and those thinking of doing so, have visited the NHS Choices website for information.

Those who are not currently trying or thinking of cutting down, but **have tried to cut down in the past** are less likely to say they have taken each of the actions listed. It is worth noting that some of these individuals' attempts to cut down have happened a long time ago, which may have an impact on

recall. In addition, some resources such as apps or websites are only available since relatively recently.

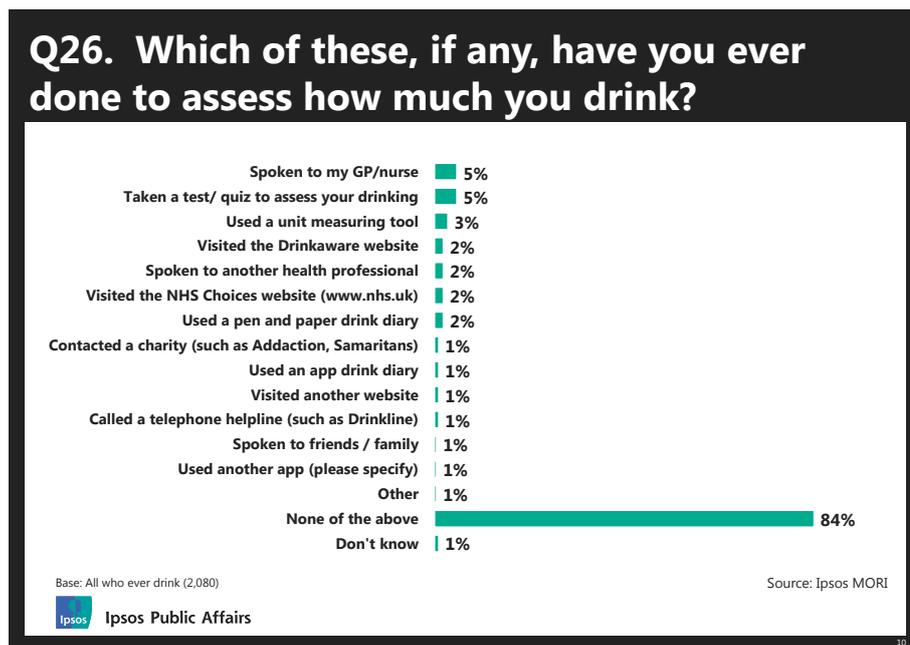
For the most part, participants who did take any of these actions say that they found them useful in helping them to drink less. In particular, the majority among the small numbers who report having spoken to a GP, used the Drinkaware or NHS Choices websites or used a support group or helpline are positive about how helpful they found these resources.²⁹

Assessing drinking levels

Many people may not have a realistic idea of how much they are drinking. Interpreting government guidelines may be tricky, and other research shows that people do not typically check the number of units contained in alcoholic drinks³⁰. At the same time, there is a growing offering of online and offline resources and tools to help people assess and manage their drinking levels.

As seen in Figure 5.11 below, very small proportions of drinkers overall have used any help to assess how much they are drinking.

Figure 5.11: Help and tools used in assessing own drinking levels



Talking to a GP/nurse and taking a test or quiz are most popular, with five per cent of drinkers saying they have done this. Two per cent have visited the Drinkaware website; similar proportions mentioned visiting the NHS Choices website, using a unit measurement tool, a pen and paper drink diary and speaking to another health professional. Eighty four per cent of drinkers

²⁹ Please note that due to small base sizes of participants who have taken each of the listed actions, it is not possible to report quantitatively upon how useful each is perceived to have been.

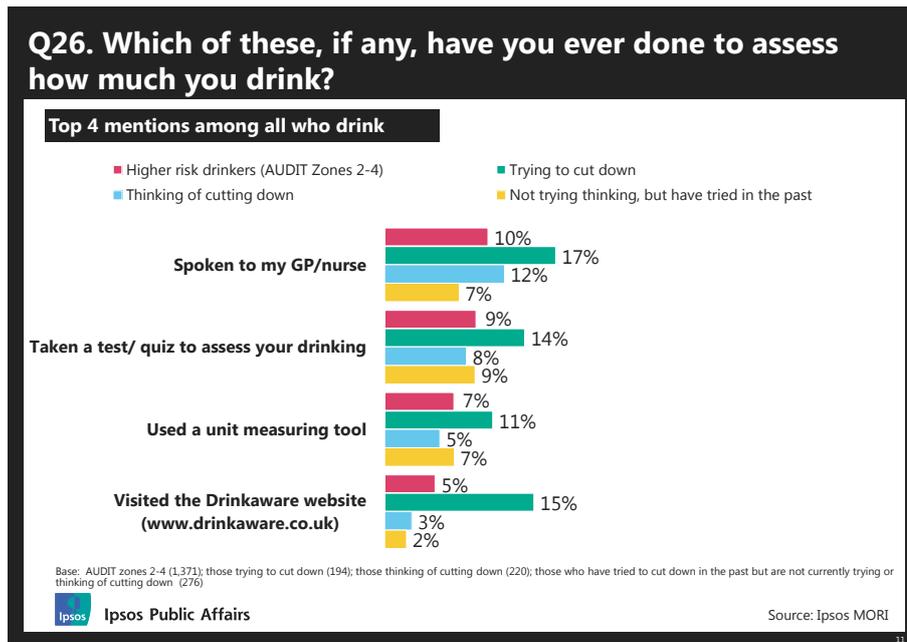
³⁰ Drinkaware Monitor 2014: Adults' drinking behaviour and attitudes in the UK, Ipsos MORI

84% of drinkers have not used any of the listed resources to assess their drinking

have not used any of listed resources and methods to assess their drinking level.

Some groups, however, are more likely to have used resources than others. In particular, those who are currently trying to cut down their drinking and higher risk drinkers overall (AUDIT zones 2-4).

Figure 5.12: Help and tools used in assessing own drinking levels – sub-groups



As with drinkers overall, talking to a GP/nurse, taking a test/quiz, using a unit measuring tool and visiting the Drinkaware website are the most popular resources used among these groups. Those currently trying to cut down are the group most likely to have used each of them – 17% have spoken to their GP/nurse, 15% have visited the Drinkaware website, 14% have taken a test/quiz to assess how much they drink, while 11% have used a unit measuring tool.

Usage of these resources is also significantly higher among those thinking of cutting down and higher risk drinkers (zones 2-4) overall; it is slightly higher than average among drinkers who have tried to cut down in the past (but who are not currently trying or thinking about it).

Moderation more broadly

Moderation, as opposed to ‘cutting down’ refers to exhibiting self-control when it comes to alcohol consumption in order to avoid drinking more than intended. The majority of UK drinkers employ one or more moderation strategies (73% have exercised some form of moderation for at least the past two to three months), but much lower proportions admit to having ever tried to cut down (25%), or are cutting down at the moment (nine per cent) as discussed in section 5.1. Drinkers can, and many do, moderate their drinking on an ongoing basis using a variety of strategies that help them to

avoid excess without necessarily feeling as if they are attempting to 'cut down'.

The reader is advised to consult the 2014 Drinkaware Monitor report for a detailed discussion of drinkers' attitudes to moderation, the uptake and success of various moderation strategies and trends over time. This is discussed further in Chapter 6 ('Opportunities for cutting down and moderating').

5.9 Drinkers with no experience of cutting down

As referenced in section 5.1, a major group of drinkers (65%) do not have any experience of cutting down – they **have never tried to cut down** and are not considering it at the moment.

These are relatively infrequent drinkers – 48% drink less than once a week (compared to 37% of all drinkers). They do drink outside the home, although less often than other drinkers (49% once a month, compared to 58% of all drinkers). Eighty one per cent are low risk (AUDIT zone 1) drinkers; this compares to 66% of all drinkers. It is not surprising, then, that a higher than average proportion believe that they drink within 'safe' limits (86% versus an average of 75%) and that they are unlikely to develop health issues in the future if they continue drinking at current levels (87% versus an average of 74%).

The age and gender profile of these people is consistent with drinkers overall. Their segment profile reflects their moderate drinking behaviour: 42% are Self-contained Moderate Drinkers, and a further 22% are Controlled Home Drinkers.

While they have never tried to actively cut down, some drinkers among this group are currently using drinking moderation strategies; the proportions doing so are in line with the average for all drinkers.

6. Opportunities for cutting down & moderating

6. Opportunities for cutting down and moderating



This chapter explores drinkers' attitudes towards their own drinking behaviours, and whether and to what extent they feel they should, or would like to, cut back on their drinking. It goes on to explore the occasions in which people would consider drinking less, or doing less often as a way to cut down their drinking. It then looks at some of the main challenges people face when attempting to cut down their drinking, and their views on how people could try to overcome these challenges and achieve their goals in cutting down.

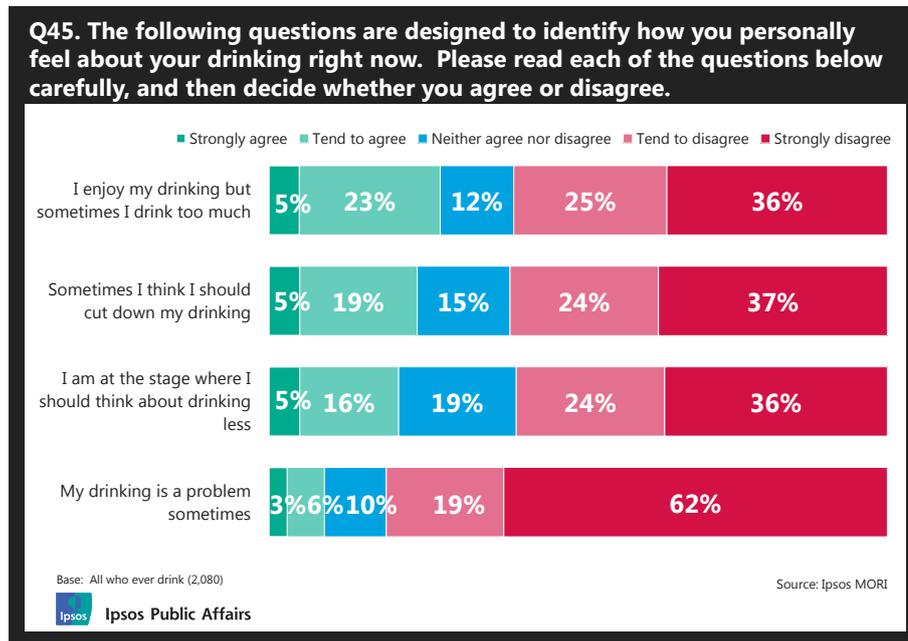
6.1 Readiness to Change

Although the majority of drinkers do not feel they should think about cutting down the amount of alcohol they drink, a considerable minority do. In particular, more than a quarter say that sometimes they drink too much, while a similar proportion say that they sometimes think they should cut down. Heavier drinkers and groups who display riskier drinking patterns and behaviours are more likely to indicate an openness or desire to cut down.

To enable detailed analysis of survey responses according to attitudes towards cutting down on drinking, the Readiness to Change (RTC)³¹ tool was included in the survey. The tool asks participants to indicate their level of agreement or disagreement with a number of statements about drinking alcohol and cutting down. Figure 6.1 shows responses to selected statements, each of which pertains to cutting down or thinking about potentially cutting down on drinking alcohol.

³¹ Please see chapter 2 of this report for an explanation of the RTC tool, or refer to the appendix.

Figure 6.1: Readiness To Change statements – potential for cutting down



28% 

of drinkers say they 'sometimes drink too much'

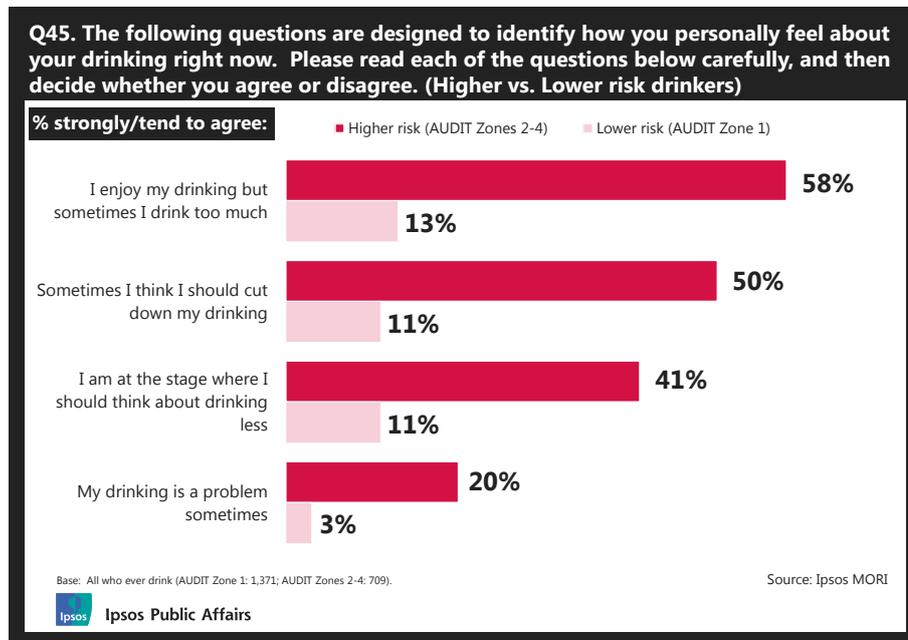
Relatively small proportions of drinkers agree with each of the statements, implying that the minority feel they should try to cut down on their drinking. However, there is some appetite for change. More than a quarter (28%) of drinkers say that they 'sometimes drink too much', and a similar proportion (23%) say that they 'sometimes think they should cut down'. Additionally, one in five (21%) see themselves as being 'at the stage at which they should think about drinking less', and almost one in ten agree that their drinking 'is a problem sometimes' (nine per cent).

Certain groups are more likely to agree across each of these statements, suggesting that they are more likely to be in need of cutting down on their drinking. The patterns seen here broadly reflect those identified in Chapter 3 of this report in terms of the frequency with which different groups drink and the amount of alcohol they consume. Encouragingly, people who drink more frequently and show riskier drinking patterns generally are more likely to agree with each of the statements, suggesting that there is some awareness among this group that they could benefit from cutting down the amount of alcohol they consume. In particular, the following groups are more likely to agree with each of the statements:

- Men;
- Those from ABC1 social grades;
- Those who drink more frequently (i.e. once a week or more often);
- Riskier drinkers (i.e. those in AUDIT zones 2-4);
- Those who are already trying to or thinking of cutting down the amount they drink;

- Those who fall into the 'Risky Career Drinkers', 'Risky Social and Coping Drinkers' and 'Comfortable Social Drinkers' segments (as compared to those in the 'Controlled Home Drinkers' and 'Self-contained Moderate Drinkers' segments).

Figure 6.2: Readiness to Change statements – higher vs. lower risk drinkers



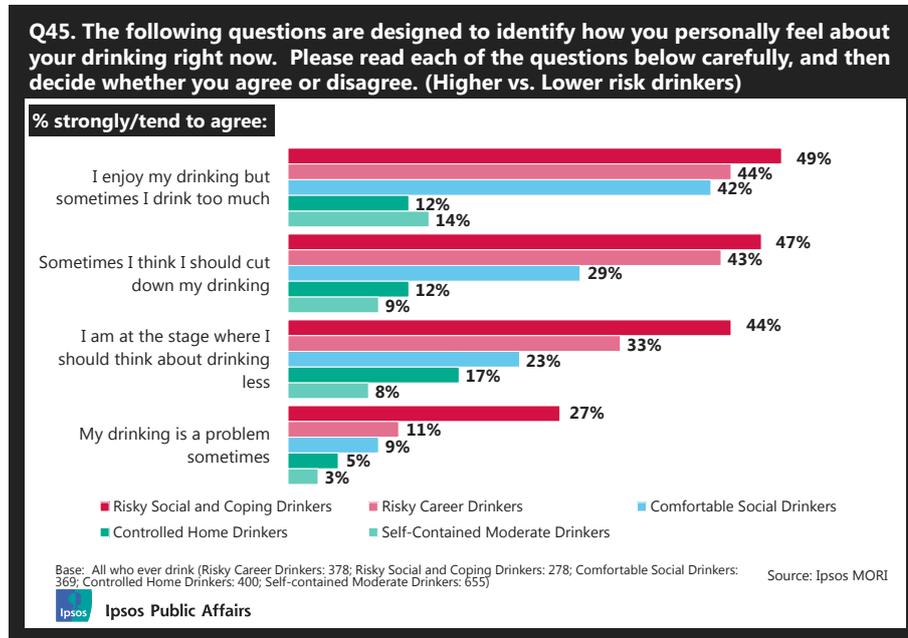
As Figure 6.2 shows, higher risk drinkers - those who fall into AUDIT zones 2-4 - are much more likely to agree with the four statements compared to those in zone 1 (lower risk). In particular, almost six in ten (58%) higher risk drinkers agree that they 'enjoy their drinking but sometimes drink too much'; this compares to around one in eight (13%) lower risk drinkers agreeing with this statement. Similarly, while half (50%) of higher risk drinkers agree that 'sometimes I think I should cut down my drinking', around one in nine (11%) lower risk drinkers do so. This suggests that among heavier drinkers, many do recognise their behaviour as being potentially damaging and that it may be beneficial to cut down.

There is, however, a smaller sub-group of heavier drinkers who are less likely to agree with each of the statements. For example, one in four (24%) of those in AUDIT zones 2-4 *disagree* with the statement, 'I enjoy my drinking but sometimes I drink too much', while almost a third (31%) do not think that they should cut down their drinking. Again, around one in three people in AUDIT zones 2-4 (34%) *disagree* with the statement, 'I am at the stage where I should think about drinking less', while almost two thirds (62%) do not think that their drinking is a problem sometimes. This suggests that there may be some reluctance to cut down among this group. For many, this may be due to a lack of awareness of the risks posed by drinking at the levels they do; indeed, 45% of those in AUDIT zones 2-4 believe themselves to be drinking within safe limits, and a similar proportion (46%) believe that

they are unlikely to develop health problems in the future if they continue drinking at these levels.³²

Readiness to Change – by segment

Figure 6.3: Readiness to Change by segment



There are interesting differences in opinion by segment regarding the individual RTC statements, with those who display riskier drinking behaviours being more likely to agree with each one.

- Almost half (49%) of Risky Social and Coping Drinkers and 44% of Risky Career Drinkers agree that they ‘enjoy their drinking but sometimes drink too much’; this compares to 42% of Comfortable Social Drinkers, 14% of Self-contained Moderate Drinkers and 12% of Controlled Home Drinkers.
- Similarly just under half (47%) of Risky Social and Coping Drinkers agree that they ‘sometimes think they should cut down’ their drinking, as do 43% of Risky Career Drinkers. Three in ten Comfortable Social Drinkers (29%) agree with this statement, while 12% of Controlled Home Drinkers and nine per cent of Self-contained Moderate Drinkers agree.
- More than two in five (44%) Risky Social and Coping Drinkers agree that ‘I am at the stage where I should think about drinking less alcohol’. This group is much more likely than any other segment to agree with this statement, including Risky Career Drinkers - of whom 33% agree. Almost one in four Comfortable Social Drinkers (23%)

³² See Chapter 4 for more details.

agree with this statement, as do 17% of Controlled Home Drinkers and nine per cent of Self-contained Moderate Drinkers.

- Risky Social and Coping Drinkers are again the most likely to agree that their drinking 'is a problem sometimes' – 27% do, compared to just 11% of Risky Career Drinkers, nine per cent of Comfortable Social Drinkers, five per cent of Controlled Home Drinkers and three per cent of Self-contained Moderate Drinkers.

As seen in Chapter 5, in which Risky Social and Coping Drinkers and Risky Career Drinkers emerge as being the most likely segments to be trying to or thinking about cutting down their drinking, they again demonstrate here some awareness of the harm their drinking patterns could result in. As seen in chapter 5, the Risky Social and Coping Drinkers seem to be somewhat more certain of this, and more open to the idea of change than the Risky Career Drinkers.

Analysis of these RTC statements also provides interesting insight into the language that resonates with people in terms of cutting down their drinking. Each of the four statements explored in this section essentially convey similar meaning – the fact that the participant drinks to excess and would benefit from drinking less – but each is worded slightly differently. The varying levels of agreement with each statement suggest that certain phrasing is likely to elicit a more positive response. For example, people are more likely to agree with; 'I enjoy my drinking but sometimes I drink too much', compared to 'My drinking is a problem sometimes'. Perhaps the use of the term 'problem' or the prefacing of the former statement with 'I enjoy my drinking' contributes to the way in which people interpret and respond to these statements. Similarly, the higher levels of agreement with the statement 'Sometimes I think I should cut down my drinking' when compared with 'I am at the stage where I should think about drinking less' suggests that people are less likely to respond positively to the idea of a defined 'stage' in drinking to excess when compared with the more universal idea of simply thinking about drinking less.

6.3 Potential circumstances for cutting down

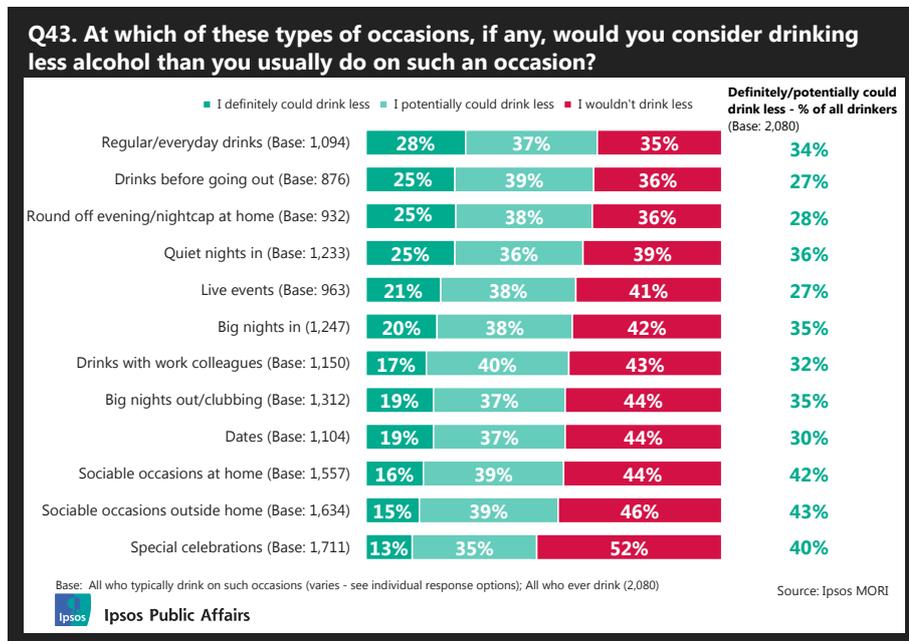
Although social events represent the types of occasion in which the highest proportions of people typically drink, people tend to be more open to cutting down through reducing the amount they drink, or drinking less often, at home and in more habitual circumstances.

Opportunities to drink less

Participants are generally open to the idea of drinking less across many of the examples of occasions listed in the survey. The occasions which represent the most promising opportunities for drinking less (for those who do typically drink in such circumstances) are regular or everyday drinks, and those occasions that tend to happen in the home – in particular drinks before going out, nightcaps to round off an evening of drinking and quiet or big nights in.

People are generally less open to the idea of drinking less on more sociable occasions such as special celebrations, sociable occasions outside the home, dates or big nights out.

Figure 6.4: Occasions on which people would consider drinking less (overall)



Regular and everyday drinks represent the top opportunity for cutting down, with two thirds (65%) of those who drink in this way saying they could *definitely* or *potentially* drink less in this circumstance. Similar proportions of those who drink before going out (64%) or have ‘nightcaps’ or drinks to round off an evening (63%) see these as opportunities to drink less. On the other hand, fewer than half (48%) of those who drink on special celebrations would consider drinking less in these circumstances - although one in eight (13%) *definitely* would.

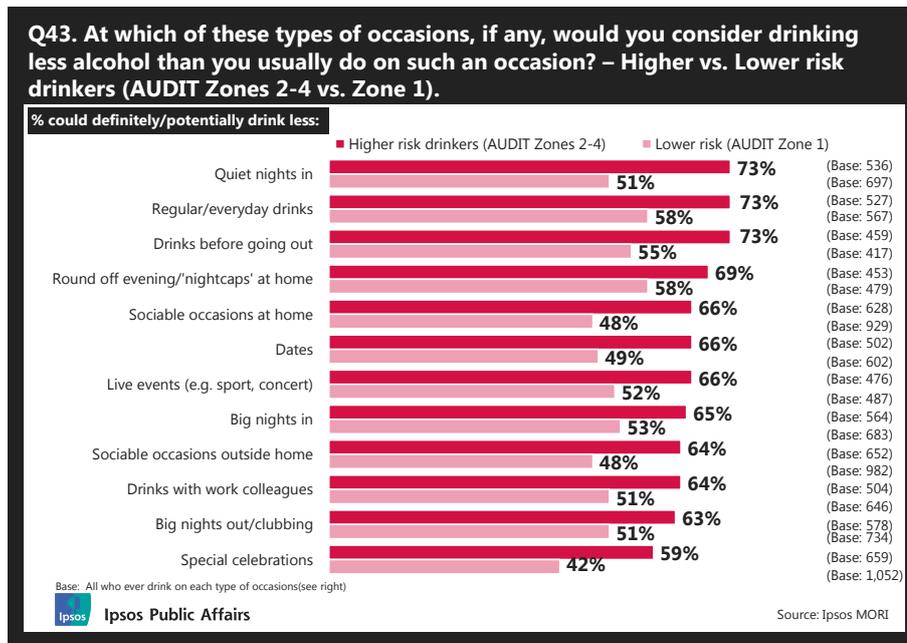
Among all those who drink alcohol, sociable occasions outside the home and sociable occasions at home are the occasions in which the greatest proportion would consider drinking less, with 43% and 42% respectively saying they could definitely or potentially do so. Similarly, 40% say they could definitely or potentially drink less during special celebrations. These figures represent the higher proportions of drinkers who typically drink on such occasions.

Drinks before going out (in which 27% could definitely/potentially drink less), live events (27%), drinks to round off an evening (28%) and dates (30%) are less likely to be seen as potential occasions in which to drink less, among all drinkers; again, this reflects the relatively low likelihood for people to drink (or perhaps participate at all) in such occasions.

Opportunities to drink less – sub-group differences

Encouragingly, higher risk drinkers (those who fall into AUDIT zones 2-4) are significantly more likely to identify potential for drinking less across all of the occasion types listed. This is shown in Figure 6.5.

Figure 6.5: Occasions on which people would consider drinking less (AUDIT)



There are certain other groups who tend to be more open to the idea of drinking less across each of the occasions on which they drink. The following groups are more likely to say that they could *definitely* or *potentially* drink less in each situation:

- More frequent drinkers;
- Younger people;
- Those who try to moderate their drinking in some way;
- Those who say they want guidance on how to moderate their drinking;
- Those who are trying to cut down, thinking of cutting down or have tried in the past to cut down their drinking;
- Those who score higher on the RTC measure (0-24);
- Those who say they typically drink more than what is considered 'safe'.



65% of drinkers feel they could drink less when having regular and everyday drinks

Opportunities to drink less: differences by segment

There are some differences between the segments in terms of their likelihood to see particular occasion types as potential opportunities to drink less. These tend to follow the same pattern seen in Chapter 3, with the occasions each segment is most likely to drink on being the ones in which they are most likely to consider drinking less. Across all occasions, the riskiest groups (Risky Social and Coping Drinkers and Risky Career Drinkers) are the most likely to identify opportunities to drink less. Comfortable Social Drinkers are also quite likely to consider certain occasion types to be opportunities to drink less. In particular:

- Risky Career Drinkers are particularly likely to say that they could definitely or potentially drink less when having regular or everyday drinks (59%), during quiet nights in (57%) or during sociable occasions at home or outside the home (both 56%). Older women in this group (aged 35 and over) are more likely to see regular or everyday drinks as an opportunity to drink less³³; 30% say they could *definitely* drink less on such occasions, compared to 14% of men aged 35+ and 19% of all those aged 18-34³⁴. They are also more likely to say they could *definitely* drink less during quiet nights in – 29% say this, compared to 16% of their male counterparts.
- Risky Social and Coping Drinkers are also particularly likely – although very slightly less so than Risky Career Drinkers - to say they could definitely or potentially drink less during regular or everyday drinks (56%), sociable occasions at home (55%) and outside the home (54%), and quiet nights in (54%). Reflecting the broad spectrum of occasions on which they typically drink, this group is also the most likely to say they could drink less before going out (54%), at special celebrations (54%), to round off an evening (50%) or during drinks with work colleagues (48%).
- Comfortable Social Drinkers, along with Risky Career Drinkers, are the most likely to identify sociable occasions outside the home as potential occasions in which to drink less (56% say this). Likewise, 55% say they could definitely or potentially drink less during sociable occasions at home. They are the most likely segment to see big nights out as occasions on which to drink less, with 49% saying this. Younger members of this segment are particularly likely to say this; 59% of those aged 18-34 say they could definitely or potentially drink less on such occasions, compared to 45% of those aged 35 and older.

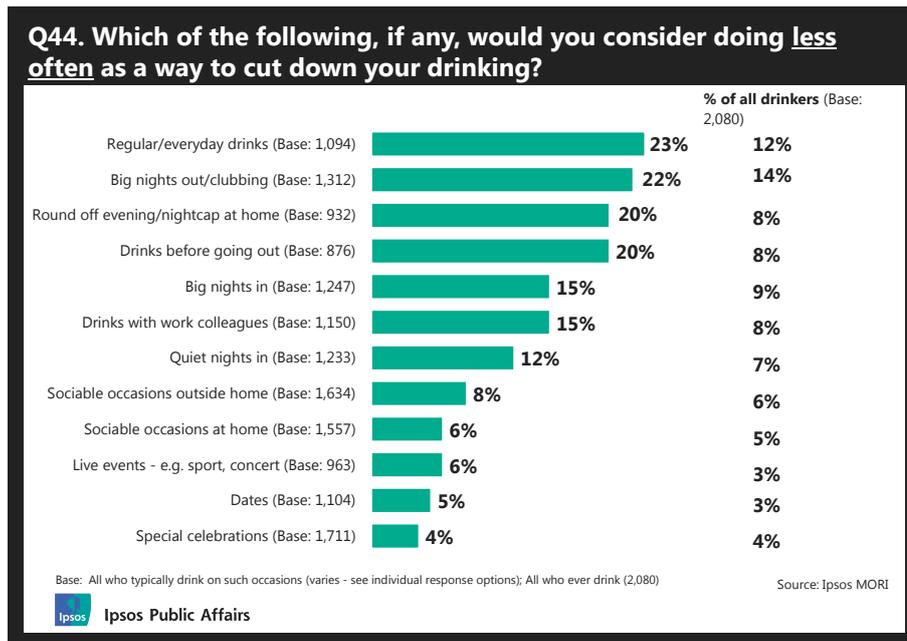
³³ Please note that due to small base sizes (Risky Career Drinkers aged 18-34: 88; Risky Career Drinkers, female aged 35+: 88), these findings should be considered indicative only and interpreted with caution.

³⁴ Please note that the difference in response between women aged 35+ and all aged 18-34 is not considered statistically significant, and should be seen as indicative only.

Activities people would consider taking part in less often as a way to cut down on drinking

Having asked about occasions in which people typically drink and/or view as potential situations in which they could *drink less*, participants were then asked whether they would consider participating in such activities *less often* as a way to cut down on their drinking.

Figure 6.6: Activities people would consider doing less often as a way to cut down their drinking



Regular or everyday drinks are again the occasion that the highest proportion of people would consider doing less frequently, with almost a quarter (23%) who drink on such occasions saying this. However, people would also consider having fewer big nights out or going clubbing, selected by 22% of those who drink on such occasions. Around one in five (20%) of those who drink ‘nightcaps’ to round off a night, and those who drink before going out say that they would consider doing these things less often. People are again more reluctant to reduce their participation in sociable occasions and celebrations in order to reduce their drinking. Among all drinkers, each of these occasions retains a similar ranking in terms of popularity as occasions in which to partake less often. However, ‘Big nights out/clubbing’ becomes the top option (selected by 14%), while live events and dates are the least popular (three per cent each).

Similar sub-group differences can be seen for this question as those described for the occasions in which people would consider drinking less. For example:

- Higher risk drinkers (AUDIT zones 2-4) are more likely than lower risk drinkers (AUDIT zone 1) to consider participating less often in each of the occasions listed, with the exception of special celebrations such as birthdays or anniversaries;

- Those who want guidance on how to moderate their drinking, those who are trying to cut down or thinking of cutting down and those who have tried to cut down in the past are all more likely, across the board, to consider drinking less often in the occasions they normally drink in;
- Those who score higher on the RTC Measure (0-24) are more likely to consider taking part less frequently in each of the occasions;
- Older participants are more likely to answer 'none of the above'; this suggests that they are more reluctant to consider doing less often any of the activities in which they would normally drink.

Opportunities to drink less – by segment

Once again there are differences between the segments in terms of which occasions people would consider partaking less often as a way to drink less. In particular:

- Risky Social and Coping Drinkers who typically drink at special celebrations and sociable occasions at home are more likely to consider doing so less often; 10% and 12% respectively select these occasion types, compared to six per cent and four per cent of all those who drink on such occasions. Meanwhile, 13% of those in this segment who typically drink during social occasions outside the home would consider doing this less often, compared to eight per cent of all those who drink in such occasions. Of those who tend to drink with work colleagues, 20% would consider doing so less often, compared to 15% of all participants who drink on such occasions.
- Both Risky Social and Coping Drinkers and Controlled Home Drinkers who typically drink during quiet nights in are particularly likely to consider drinking less on these occasions; 17% within each of these segments say this, compared to 12% of all who drink on these occasions.
- Comfortable Social Drinkers are most likely to identify regular or everyday drinks as occasions to partake in less often in order to drink less. More than a third (35%) of those in this group who typically drink on such occasions say this, compared to 23% of all those who typically have regular or everyday drinks. This group are also particularly likely to name drinks before going out (30%, vs. 20% overall) and drinks to round off a night (28%, vs. 20% overall) as potential occasions to be involved in less often.
- Risky Career Drinkers emerge as being somewhat more likely to consider being involved less often in several occasion types, when compared with all who drink on those occasions. However, the differences are generally minor and not statistically significant; this suggests a reluctance among this segment to consider reducing their involvement in drinking occasions. This somewhat contradicts this group's claimed openness to cutting back.

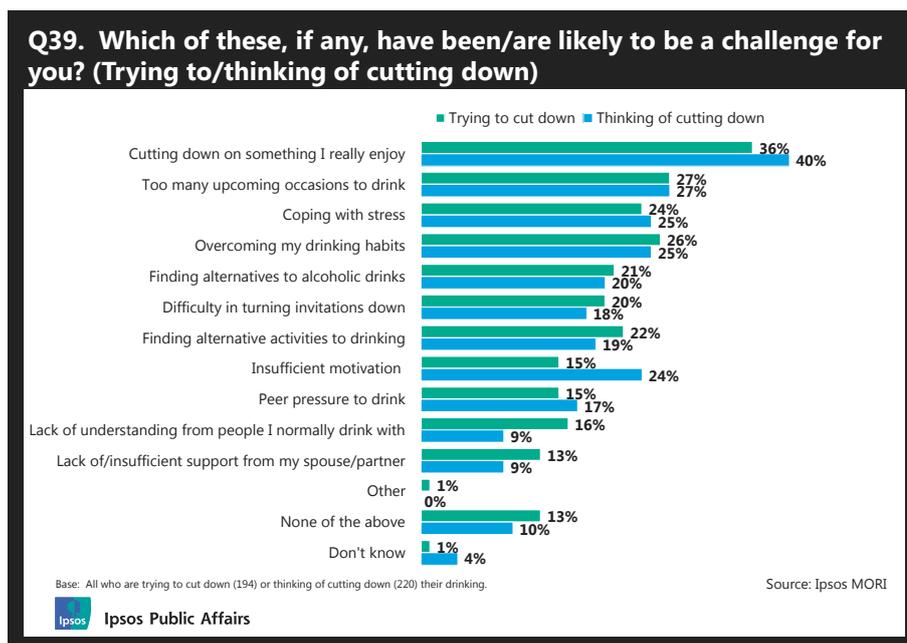
6.4 Challenges of cutting down

Enjoyment of drinking, too many opportunities to drink, coping with stress and overcoming habits and a lack of motivation are key challenges that people face, or believe they will face, when attempting to cut down their drinking. Linked to this, when asked to give advice to others who wish to cut down, people suggest maintaining willpower and determination, avoiding temptation by taking up alternative activities or hobbies, and setting achievable goals or incentives to work towards.

Challenges experienced or expected during attempts to cut down on drinking

Those who identified themselves as being in the process of trying to cut down or thinking of cutting down, and those who had tried in the past to cut down their alcohol intake were asked about the types of challenge they faced (or expected to face) during their current or most recent attempt.

Figure 6.7: Challenges faced/expected when attempting to cut down

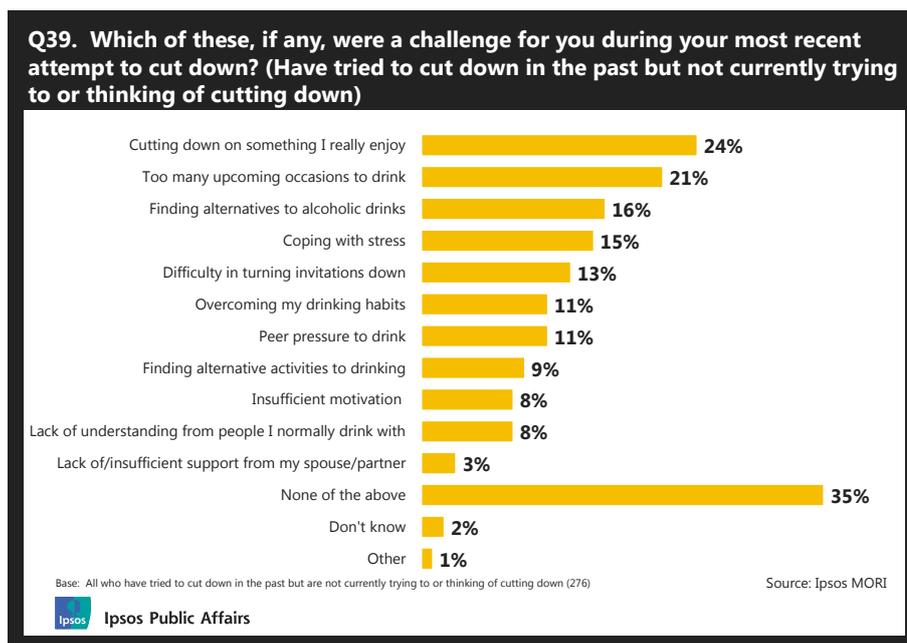


Responses from those who are currently trying to cut down their drinking or thinking of doing so are largely very similar. The top challenge these groups have experienced or expect to experience is that of cutting down on or missing out on something they enjoy doing; 36% of those currently trying to cut down and 40% of those thinking of doing so mention this as a challenge. Opportunities to drink also present a challenge, with just over one in four people (27%) in each of the groups mentioning upcoming occasions in which to drink. Similar proportions (24% of those trying to cut down and 25% of those thinking of doing so) think that coping with stress is, or will be, challenging when trying to drink less, or are facing or expecting to face difficulties in overcoming their habits (26% and 25% respectively say this).

The main differences in response between those who are currently cutting down and those who are thinking of doing so pertain to motivation and having support/understanding from others around them. Around a quarter (24%) of those thinking of cutting down say that insufficient motivation has been a challenge, compared to 15% of those currently trying to cut down. Conversely, those who are currently trying to cut down are more likely to say they have faced challenges due to a lack of understanding from the people they normally drink with or a lack of support from their spouse or partner (16% and 13% respectively mention these challenges, compared to nine per cent of those who are thinking of cutting down who think they will face these challenges). This may be because those thinking of cutting down have not yet encountered the actual challenges of cutting down, and perhaps have not yet discussed their intentions with friends and family.

Responses to this question are somewhat different again among those who have tried to cut down in the past; however, many of these differences may be at least in part attributable to the need for this group to recall what happened during their most recent attempt to cut down, which may have been some time ago.

Figure 6.8: Challenges faced during most recent attempt to cut down



Among this group, as with those trying to or thinking of cutting down, enjoyment of drinking and having many opportunities/occasions in which to drink top the list of challenges faced when they last tried to cut down (mentioned by 24% and 21% respectively). Finding alternatives to alcoholic drinks, mentioned by 16%, is also high on their list, as is coping with stress (15%). Relatively small proportions say that a lack of or insufficient support from a partner or spouse (three per cent), a lack of understanding from the people they normally drink with or insufficient motivation (both eight per cent) posed a challenge.

This group is more likely to say they did not face any of the challenges listed, with 35% saying this compared to 13% of those trying to cut down and 10% of those thinking of doing so. This is perhaps due to their attempts having been successful, leading them to perceive fewer challenges because they were able to overcome them. Or, it may be in part due to the relative difficulty of recalling events, thoughts and feelings of an attempt to cut down that happened in the past, compared to thoughts or experiences that are current and ongoing for the other groups. Furthermore, some people in this group may have been cutting down or abstaining for a defined time period – for example due to pregnancy or as part of a sobriety challenge – and therefore they may have faced fewer difficulties.

16%

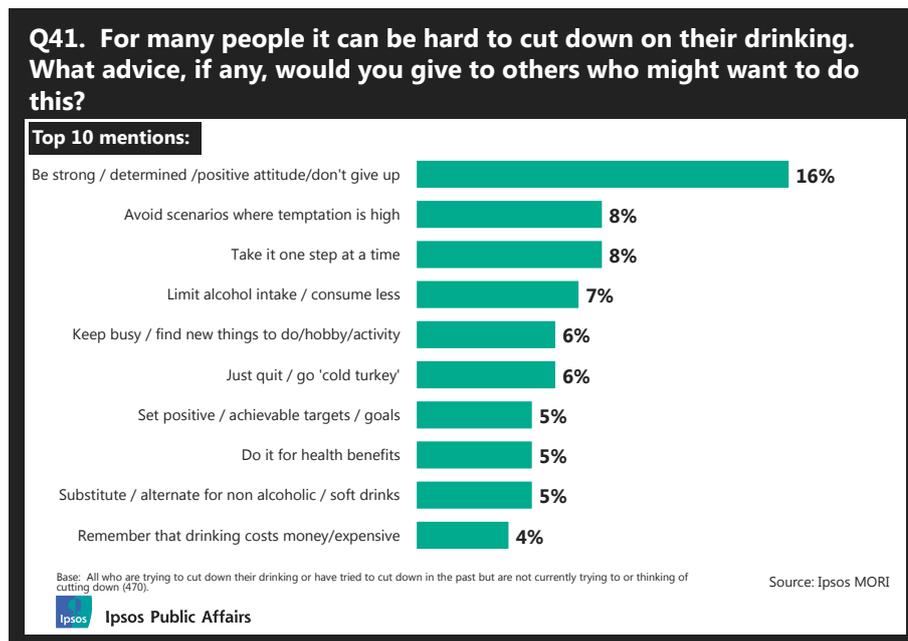


of those who have experience of cutting down advise others to stay strong, be determined, and keep a positive attitude

Advice for others who want to cut down their drinking

Those currently trying to cut down and those who have tried to cut down in the past were also asked what advice they would give to other people who want to cut down on their drinking. This was an open-ended question in which people could free-type their response; responses were then collated and coded to create a quantified table of responses. The top 10 mentions are shown in Figure 6.9.

Figure 6.9: Advice for others trying to cut down their drinking



The top piece of advice from those with experience of cutting down (or attempting to do so) is to stay strong, be determined or keep a positive attitude; one in six (16%) say this. Meanwhile around one in twelve (eight per cent) advise avoiding situations in which temptation is high, and 'taking it one step at a time'. All of these link to the fact that enjoyment of drinking, having too many opportunities to drink or breaking habits, and coping with stress are key challenges faced during efforts to cut down.

Other pieces of advice include limiting alcohol intake (seven per cent), substituting soft drinks instead (five per cent) or giving up completely –

'going cold turkey' (six per cent), setting achievable goals (five per cent) or keeping busy by finding alternative activities or hobbies to take part in instead of drinking (six per cent). Again, this advice links to the idea of breaking habits. There were also some mentions of the health benefits of cutting down (five per cent) and the financial benefits/the high cost of alcohol (four per cent).

Verbatim examples

Below are some examples of verbatim responses participants gave to this question.

"Look at your waistline... and remember being headache free is great."

"Just do it, and distract yourself with other activities -join a club, for example."

"Find the thing that motivates you most - money, health, weight – and incentivise not drinking."

"Do it day by day and the longer you do it the easier it becomes."

"I would tend to avoid people who try to pressure me into drinking."

"Set daily limits. If it fails do not give up - just re-set your goals."

"Avoid situations in which you might be tempted to indulge."

"Just do it slowly, be determined – and get your family or a partner to be there for you."

"Look at why you want to do it, for the longer term gain. For example if you want to lose weight then cutting down has a longer term benefit of making you feel better."

Moderation strategies

Many of those who drink alcohol employ one or more strategies in order to moderate the amount of alcohol they drink.

Figure 6.10 shows the proportions of drinkers overall, those in AUDIT zones 2-4 and those currently thinking of cutting down their drinking who are open to the idea of moderating their drinking in one or more of these ways.



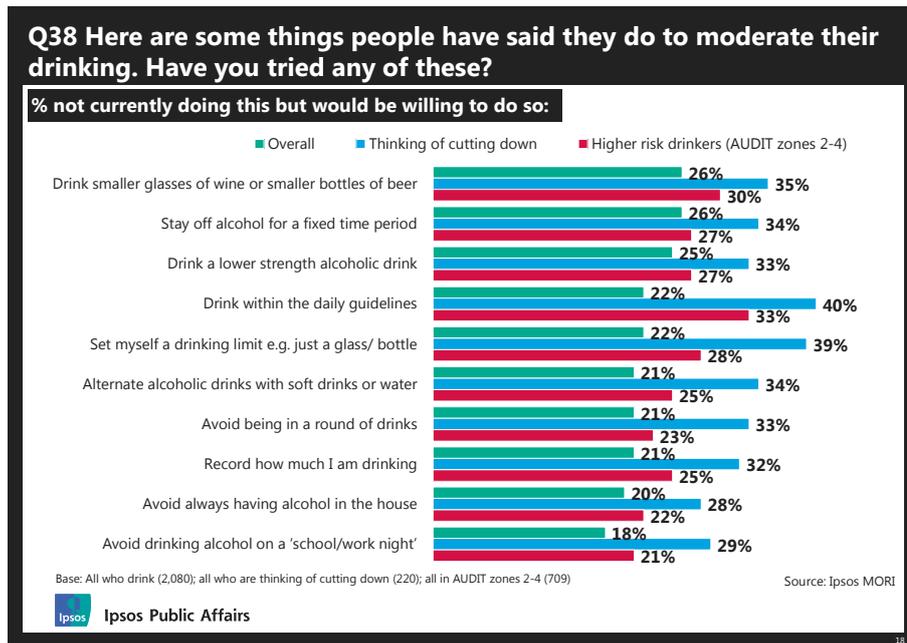
Distract yourself with other activities - join a club.



Look at why you want to do it, for the longer term gain.



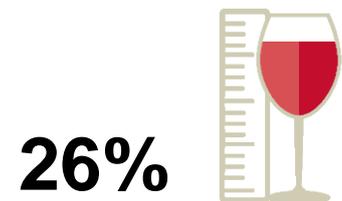
Figure 6.10: Openness to moderation strategies



There is some openness to moderation strategies among people who are not currently using them. In particular, the strategies which the highest proportions of participants overall say they are 'not doing but would be willing to do' are drinking smaller glasses of wine or smaller bottles of beer (26%), staying off alcohol for a fixed time period (26%) and drinking lower strength alcoholic drinks (25%).

Among higher risk drinkers (those in AUDIT zones 2-4), the strategies that the highest proportions would consider trying are drinking within the recommended guidelines (33% would consider this), drinking smaller glasses or bottles of alcoholic drinks (30%), and setting themselves a drinking limit (28%). Drinkers in this group are significantly more likely to say they would consider each of these strategies when compared with drinkers overall. They are also more likely to consider alternating non-alcoholic drinks with alcohol (25% would consider this, vs. 21% overall) and recording how much they drink (25% vs., 21% overall).

Those who are currently thinking of cutting down their drinking are even more open to moderating their drinking, with higher proportions of this group saying they would be willing to try each of the strategies when compared with all drinkers. In particular, two in five (40%) would be willing to try drinking within the guidelines, and a similar proportion (39%) would consider setting themselves a drinking limit as a way to moderate; this compares to 22% of all drinkers who would consider each of these strategies.



of those who are thinking of cutting down would be willing to drink smaller glasses of wine or smaller bottles of beer

Appendix

Appendix

Academic tools and question sets

Alcohol Use Disorder Identification Test (AUDIT)

The AUDIT tool, developed by the World Health Organisation, is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns³⁵. The test consists of ten questions, each of which carries a score of 0-4 depending on the answer given.

Table 7.1 – AUDIT questions and scores

	Response	Score
How often do you have a drink containing alcohol?	Never	0
	Monthly or less	1
	2 to 4 times a month	2
	2 to 3 times a week	3
	4 or more times a week	4
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	0
	3 or 4	1
	5 or 6	2
	7-9	3
	10 or more	4
How often do you have six or more drinks on one occasion?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
During the last 12 months, how often have you found that you were not able to stop drinking once you had started?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

³⁵Babor et al. (2001). AUDIT; The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care. Second Edition. World Health Organisation: Department of Mental Health and Substance Dependence.

During the last 12 months, how often have you failed to do what was normally expected of you because of drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
During the last 12 months, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
During the last 12 months, how often have you had a feeling of guilt or remorse after drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
During the last 12 months, how often have you been unable to remember what happened the night before because you had been drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
Have you or someone else been injured as a result of your drinking?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4
Has a relative or friend, a doctor or another health worker been concerned about your drinking and suggested you cut down?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4

The scores for each individual question are then added together to give an overall score between zero and 40. The overall score is used to allocate participants to one of four groups based on the risk of potential harm posed by their levels and patterns of drinking alcohol. The allocation of scores to risk categories is detailed in Table 7.2.

Table 7.2 – Scoring AUDIT

	Overall score
Zone 1 (low risk)	0-7
Zone 2 (hazardous)	8-15
Zone 3 (harmful)	16-19
Zone 4 (dependency)	20-40

Please note that in order to maintain as far as possible a similar ordering of survey questions to that used in previous years, the AUDIT questions were asked in the intended order but were interspersed with other questions.

Weekly unit consumption

To track change in typical weekly drinking and the proportion of UK adults who drink above guidelines, as in previous years the survey asked participants about their weekly drinking habits. Participants were asked which types of drinks (e.g. lager, wine, spirits with a mixer) they typically drank, then asked to specify in what quantities (e.g. a bottle, pint or half-pint of lager) and how many of each they drank in a typical week. This was used to calculate their approximate weekly unit intake. Table 7.3 shows the unit values used for each type of drink.

Table 7.3 – Unit conversions for different drink types and sizes

	No. of units
Pint of lager	2.8
Half pint of lager	1.4
Can of lager	2.2
Bottle of lager	1.7
Pint of other beer or ale	2.8
Half pint of other beer or ale	1.4
Can of other beer or ale	2.2
Bottle of other beer and ale	1.7
Large glass of white or red wine (250ml)	3.3
Medium glass of white or red wine (175ml)	2.3
Small glass of white or red wine (125ml)	1.6
Bottle of wine	9.8
Medium glass of Champagne (175ml)	2.1
Bottle of Champagne	9
Single spirit and mixer	1
Double spirit and mixer	2
Pint of cider	2.8

Half pint of cider	1.4
Bottle of cider	1.7
Can of cider	2.2
Single shot	1
Double shot	2
Bottle of Alco-pop (275ml)	1.4
Bottle of Alco-pop (500ml)	2.5
Fortified wine	1
Cocktail	2

In 2015 two additional options, 'bottle of wine' and 'bottle of Champagne' were included.

To allow comparison with previous waves of data, participants' weekly unit intakes were used to allocate them to a risk category using the pre-2016 guidelines¹. Table 7.4. shows the risk definitions based on pre-2016 guidelines, and Table 7.5 shows current guidelines.

Table 7.4 – Risk category definitions (pre-2016)

	Low risk	Increasing risk	High risk
Men	0-20	21-49	50+
Women	0-14	15-34	35+

Table 7.5 – Risk category definitions (2016)

	Within guidelines (Lower risk)	Above guidelines
All adults	0-14	15+

Readiness to Change (RTC)

The Readiness to Change (RTC) instrument is a 12-item questionnaire originally measuring readiness to change among hazardous and harmful drinkers who do not seek treatment³⁶. Twelve statements around individuals' drinking behaviour are rated on a five-point a scale ranging from 'strongly disagree' to 'strongly agree'. Each response carries a score from -2 to 2.

The RTC tool allows for allocating each participant to a *stage of change* based on their scores on three subsets of questions, which can be used to help allocate patients to types of interventions in clinical settings. Each subset consists of four questions and corresponds to one of the three *stages*

³⁶ Budd, R. & Rollnick, S. (1996). The structure of the Readiness to Change Questionnaire: A test of Prochaska and DiClemente's transtheoretical model. *British Journal of Health Psychology*, 1, 365–376.

of change: *Pre-contemplation*, *Contemplation* and *Action*, identified by Prochaska and DiClemente in their model³⁷. Table 7.6 lists the statements and the stage they represent. The response scoring key is shown below.

Table 7.6 – RTC(Q) questions and scores

Statements and corresponding dimension of change	
The following questions are designed to identify how you personally feel about your drinking right now. Please read each statement carefully, and then decide whether you agree or disagree with the statements	Stage of change
I don't think I drink too much	<i>Precontemplation</i>
I am trying to drink less than I used to	<i>Action</i>
I enjoy my drinking but sometimes I drink too much	<i>Contemplation</i>
Sometimes I think I should cut down my drinking	<i>Contemplation</i>
It's a waste of time thinking about my drinking	<i>Precontemplation</i>
I have just recently changed my drinking habits	<i>Action</i>
Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it	<i>Action</i>
I am at the stage where I should think about drinking less alcohol	<i>Contemplation</i>
My drinking is a problem sometimes	<i>Contemplation</i>
There is no need for me to think about changing my drinking	<i>Precontemplation</i>
I am actually changing my drinking habits right now	<i>Action</i>
Drinking less alcohol would be pointless for me	<i>Precontemplation</i>
Response scoring key	
Response option	Score
Strongly disagree	-2
Disagree	-1
Unsure	0
Agree	1
Strongly agree	2

The RTC tool allows for allocating each participant to a *stage of change* based on their scores on these subsets of questions, which can be used to help allocate patients to types of interventions in clinical settings. Two

³⁷ Prochaska, J.O. & DiClemente, C.C. (1986). Toward a comprehensive model of change, in: Miller, W.R. & Heather, N. (Eds: Treating addictive behaviours: Processes of Change (New York, Plenum).

methods have been developed to do this. Using the 'quick method' RTC, drinkers fall into one of three categories, based on their raw scores for each; *Pre-contemplation*, *Contemplation* or *Action*. The 'refined method' uses four categories; *Pre-contemplation*, *Contemplation*, *Preparation* and *Action*. Detailed instructions for calculation can be found in Heather and Rollnick (1993)³⁸. In short, the key disadvantage to using the refined method is that a proportion of participants are not allocated to any category; using the quick method, if an individual has identical scores for more than one category, they will be automatically allocated to the one farthest along the continuum (Precontemplation – Contemplation – Action). See for example Heather and Honekopp (2008)¹¹ for a detailed discussion of the advantages and disadvantages of each method.

Given the limitations of both the quick and refined methods of allocating participants to an RTC category – particularly when using the tool in a general population survey – we felt that it was more appropriate to group participants according to their actual numeric scores for our analysis.

Thus, for the purposes of this report a total score ranging from -24 to 24 was calculated by adding individual statement scores together (scores for statements in the *Pre-contemplation* subset were first reversed). Participants were then classified as having a low (-24 to -12), medium (-11 to -1) or high (0 to 24) RTC score for comparative purposes. These categories were derived based on the proportions of the sample falling into each, with our aim being to define three groups of similar size to enable clear and robust comparisons. Table 7.7 shows the cut-off points that were used, and the numbers of participants in each group.

Table 7.7 – Allocation of scores to categories

	Low	Medium	High
Score	-24 to -12	-11 to -1	0 to 24
No. of participants	712	772	596

Motives for Abstaining from Alcohol Questionnaire (MAAQ)

The Motives for Abstaining from Alcohol Questionnaire (MAAQ) was developed by Stritzke and Butt to capture motivations for not drinking alcohol among adolescents in Australia³⁹. It consists of nineteen statements which are rated on a scale of agreement from *strongly disagree* to *strongly agree*. For the purposes of this study, the tool was adapted slightly with certain statements being omitted. The rationale behind this was primarily that the item as whole, positioned in between other similarly structured questions,

³⁸ Heather, N & Rollnick, S. (1993). Readiness to Change Questionnaire: User's Manual. Technical Report 19. Kensington, Australia: National Drug and Alcohol Research Centre, University of New South Wales,

³⁹ Stritzke, W.G.K. and Butt, J.C.M. (2001). Motives for not drinking alcohol among Australian adolescents: Development and initial validation of a five-factor scale. *Addictive Behaviours*, 26, 633-649.

may lead to participants feeling overburdened and thus influence their answers. Additionally, because the MAAQ was designed for adolescents, some of the statements were not considered appropriate for use in a survey of adults. For these reasons, fourteen of the MAAQ statements were included in the survey and reported on individually. Table 7.9 shows the question wording, statements and response options for the adapted MAAQ tool used in the survey.

Table 7.9 – MAAQ statements and response options

MAAQ - Statements
The following items are reasons given by people for not drinking alcoholic beverages on a particular occasion or for not drinking alcohol at all. Please indicate how important each statement is to you personally as a reason for not drinking, by choosing the appropriate response.
I am trying to drink less than I used to
I need my money for things other than alcohol
I don't want to act like people I've encountered who were drunk
Being intoxicated or drunk may make me vulnerable and put me at risk for harm
Alcohol may affect my work
I have a medical condition that is made worse by alcohol
I have or used to have a drinking problem
A health professional told me not to drink alcohol
One or both of my parents have or have had a drinking problem
I was brought up to abstain from alcoholic beverages
My family disapproves of drinking alcohol
Drinking alcohol is against my spiritual and religious beliefs
I have no desire to drink alcohol
I do not like the taste or smell of alcohol
MAAQ – Response options
Strongly disagree
Disagree
Unsure
Agree
Strongly agree

Segmentation (cluster analysis)

First designed for the 2014 Drinkaware Monitor Survey, the segments are created by bringing together clusters of survey participants who express similar attitudes or behaviours. In choosing which questions to use to identify the segments, a large number of different combinations were explored. This resulted in the selection of 34 questions on drinking behaviour and attitudes to be used. For details on the methodology, a full list of the segmentation variables and alternative approaches explored the please consult the Drinkaware Monitor 2014 report.²⁸

Golden questions

To allow us to apply the segmentation to a new sample, a reduced sub-set of questions was identified which would most efficiently and accurately segment the existing sample; these questions are referred to as 'golden questions'. This process was done using discriminant analysis. For every cluster, a mathematical formula is calculated and each participant's set of responses are fed into each formula; the participant is then assigned to the cluster which yields the highest score. This provides a tool to determine which segment each participant is likely to belong to. Although this is typically done with a high degree of accuracy, this method carries an error and therefore any fluctuations in the distribution of segments in the sample need to be interpreted with caution.

Table 7.10 lists the 'golden questions' that were used to replicate the segmentation. Please note that in order to maintain as far as possible a similar ordering of the survey questions to that used in previous years, the 'golden questions' were asked in the intended order but were interspersed with other questions.

Table 7.10 – Segmentation - 'golden questions'

Please indicate your gender	Male
	Female
How often do you have a drink containing alcohol?	6 or more times a week
	4 to 5 times a week
	2 to 3 times a week
	Once a week
	2 to 3 times a month
	Once a month
	Once every couple of months

	<p>Once or twice a year</p> <p>Less often</p>
<p>How often would you say you drink for the following reasons:⁴⁰</p>	
<p><i>To forget about your problems</i></p>	<p>Almost never/never</p> <p>Some of the time</p> <p>Half of the time</p> <p>Most of the time</p> <p>Almost always/always</p>
<p><i>Because it makes social gatherings more fun</i></p>	<p>Almost never/never</p> <p>Some of the time</p> <p>Half of the time</p> <p>Most of the time</p> <p>Almost always/always</p>
<p><i>To be liked</i></p>	<p>Almost never/never</p> <p>Some of the time</p> <p>Half of the time</p> <p>Most of the time</p> <p>Almost always/always</p>
<p>Here are some things people have said they do to moderate their drinking. Have you tried any of these?³⁹</p>	
<p><i>Stay off alcohol for a fixed time period</i></p>	<p>I have been doing this for a while</p> <p>I started doing this recently (last two or three months)</p> <p>I have done this in the past but I no longer do it</p>

⁴⁰ Please note that these questions were taken from longer sets; refer to the Drinkaware Monitor 2014 report for more detail.

<p><i>Drink smaller glasses of wine or smaller bottles of beer</i></p>	I am not doing this but would be willing to do so
	I could never see myself doing this
	I have been doing this for a while
	I started doing this recently (last two or three months)
	I have done this in the past but I no longer do it
<p><i>Set myself a drinking limit e.g. just a glass/bottle</i></p>	I am not doing this but would be willing to do so
	I could never see myself doing this
	I have been doing this for a while
	I started doing this recently (last two or three months)
	I have done this in the past but I no longer do it
	I am not doing this but would be willing to do so
	I could never see myself doing this
	I have been doing this for a while
	I started doing this recently (last two or three months)
	I have done this in the past but I no longer do it

The five segments

The segmentation analysis identified five key clusters of adult drinkers in the UK:

A high level summary of each segment follows.

Segment 1: Comfortable social drinkers

This group tend to drink fairly frequently, sometimes at home but also fairly frequently outside the home. They are low risk drinkers who use a number of different strategies to moderate their drinking, with the majority rarely or never getting drunk or experiencing negative consequences from drinking. They are predominantly aged between 25 and 54, married or living with a partner, affluent and well-educated. They have good mental wellbeing, and predominantly drink for social and enhancement reasons.

Segment 2: Controlled home drinkers

Drinkers in this segment are predominantly occasional, moderate and sensible drinkers. The vast majority are low-risk drinkers; they drink at home and are the least likely group to drink in pubs, clubs, bars or other venues. They do not binge drink. They are the most likely to use a variety of methods to moderate their drinking, and are the least likely to get drunk, either intentionally or unintentionally. This segment contains the highest proportion of women and the majority are aged 45 and over. They tend to be less well-educated and have lower household incomes; the majority are married or living with a partner, although this segment has the highest proportion who are divorced/separated or widowed.

Segment 3: Risky social and coping drinkers

People in this segment are predominantly frequent drinkers, who regularly drink outside the home. A high proportion are increasing or high risk drinkers. They are the second most likely group to binge drink, and the most likely to get drunk. In particular, they are the most likely to intentionally pursue drunkenness. They drink primarily for coping and conformity reasons, although they are also highly likely to drink for social and enhancement purposes. Although relatively likely to try to moderate their drinking, this group includes a mix of attitudes towards drinking, including significant groups of people who either recognise, or do not acknowledge, their harmful drinking behaviour. This segment is mainly made up of younger adults and those from lower social grades.

Segment 4: Self-contained moderate drinkers

People in this segment tend to drink fairly infrequently and moderately, and are considered low risk drinkers. They tend to drink at home, and are unlikely to get drunk or binge drink. Drinkers in this segment are the least likely to use moderation techniques, perhaps due to the generally moderate and sensible manner in which the majority usually drink.

Segment 5: Risky career drinkers

People in this segment are predominantly male, over 45, well-educated and on relatively high incomes. The majority are married or live with a partner. They tend to drink frequently, with much of their drinking taking place outside the home. They drink primarily for enhancement and social reasons, although high proportions also drink for coping reasons. They are relatively unlikely to moderate their drinking in comparison to other segments, and all within this segment are considered increasing or high risk drinkers.

Guide to statistical reliability

The variation between the sample results and the 'true' values (the findings that would have been obtained if everyone aged 18-75 in the UK had completed the questionnaire) can be predicted from knowledge of the sample sizes on which the results are based, and the number of times that a particular answer is given. The confidence with which we can make this prediction is usually chosen to be 95%, that is, the chances are 95 in 100

that the “true” values will fall within a specified range. The following table illustrates the predicted ranges for different percentage results at the ‘95% confidence interval’. The ranges take into account the size of the overall population of 18-75 year-old adults in the UK⁴¹.

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
2,303 adults aged 18-75 in the UK	1.2	1.9	2.0
2,080 adults aged 18-75 in the UK who ever drink alcohol	1.3	2.0	2.1
1,136 males aged 18-75 in the UK	1.7	2.7	2.9
223 adults aged 18-75 in the UK who never drink	3.9	5.9	6.4

For example, on a question where 50% of all participants respond with a particular answer, the chances are 95 in 100 that this result would not vary, plus or minus, by more than 2 percentage points if the survey was repeated. The smaller the sample responding to a question, the greater the potential variation.

Comparing percentages between sub-groups

When results are compared between sub-groups, different results may be obtained. The difference may be ‘real’, or it may occur by chance (because not everyone completed a questionnaire). To test if the difference is a real one - i.e. if it is ‘statistically significant’ - we have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume a “95% confidence interval”, the differences required are as per the following table.

⁴¹ The estimated UK population of adults aged 18-75, as per ONS’ most recent estimate (mid-2014) is 46,166,819.

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90% ±	30% or 70% ±	50% ±
All male participants (1136) vs. all females (1167)	2.5	3.7	4.1
All participants aged 18-24 (253) vs. all aged 65-75 (338)	4.9	7.5	8.2
All who are trying to cut down (194) vs. all who are thinking of cutting down their drinking (220)	5.8	8.9	9.7

Sub-group differences discussed throughout this report are only those considered statistically significant when sampling tolerances, as per the examples above, are taken into account. Where differences not considered statistically significant are reported on, this is stated.

Louise Park

Associate Director and Public Health Lead
louise.park@ipsos.com

Ewa Ochmann

Senior Research Executive
ewa.ochmann@ipsos.com

Stephanie Crowe

Senior Research Executive
stephanie.crowe@ipsos.com

Emma Carragher

Research Executive
emma.carragher@ipsos.com

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com

<http://twitter.com/IpsosMORI>

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