

UK adult drinking behaviours and attitudes

Findings from Drinkaware Monitor 2017

A YouGov report for Drinkaware by Briony Gunstone and Ben Butler



Table of Contents

1	<i>Executive summary</i>	4
1.1	Summary of approach	4
1.2	Key findings	4
2	<i>Introduction</i>	11
2.1	Background	11
2.2	Objectives	11
3	<i>Methodology</i>	12
3.1	Standardised tools	12
3.2	Interpreting the data	16
3.3	Acknowledgements	16
4	<i>Segmentation of adult drinkers in the UK</i>	17
4.1	Background	17
4.2	Segmentation methodology	17
4.3	Segment 1	19
4.4	Segment 2	20
4.5	Segment 3	21
4.6	Segment 4	22
4.7	Segment 5	22
4.8	Segment 6	23
4.9	Segment 7	24
4.10	Segment 8	25
5	<i>Alcohol consumption patterns among adults in the UK</i>	28
5.1	Drinking frequency	28
5.2	Weekly consumption	29
5.3	Frequency of 'binge' drinking	31
6	<i>Drinking occasions and motivations</i>	33
6.1	Drinking occasions	33
6.2	Motivations for drinking	37
7	<i>Harmful drinking and moderation</i>	42
7.1	Prevalence of harmful drinking	42

7.2	Harmful drinking _____	45
7.3	Health and lifestyle _____	50
7.4	Likelihood of increased health problems _____	52
7.5	Perceptions of own drinking levels _____	52
7.6	Moderation techniques _____	55
8	Appendices _____	62

This report should be cited as: Gunstone, B. and Butler, B. (2017) *UK adult drinking behaviours and attitudes: Findings from Drinkaware Monitor 2017*. London: YouGov and Drinkaware.

1 Executive summary

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

YouGov was commissioned by Drinkaware to conduct a survey of UK adults covering drinking behaviour, drinking occasions and motivations, harmful drinking behaviour, and moderation techniques. Additionally the survey explored some wider health and lifestyle areas such as diet, exercise and smoking. The research has also been used to segment adult drinkers in the UK into distinct clusters according to their behaviour and attitudes, to help Drinkaware to tailor messages and campaigns aimed at reducing harmful drinking.

1.1 Summary of approach

Detailed in this report are findings from research undertaken in spring 2017. YouGov interviewed a representative sample of 6,174 UK adults aged 18 to 75 online, between 27th March and 18th April 2017. Previously, similar research has been conducted for Drinkaware by Ipsos MORI (since 2009), and this report builds on the existing evidence base provided by these previous surveys. Where appropriate, findings from 2017 are reported in the context of those from the previous waves of research conducted by Ipsos MORI.

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

For the purpose of this study a new tool was also created to assess the risk of alcohol consumption in relation to other unhealthy lifestyle behaviours: smoking, poor diet and lack of exercise. The combined risk index is a numeric score derived from units of alcohol consumed each week, frequency of exercise each week, number of fruit and vegetable portions consumed each week, and the amount people smoke each week.

1.2 Key findings

Segmentation of adult drinkers in the UK

Segmentation, or cluster analysis, is a technique used to classify respondents into groups that are as similar as possible within themselves, but as different as possible to the other groups identified. The segmentation analysis conducted as part of this study identified eight segments of adult drinkers in the UK, which are briefly described below.

Segment 1

Segment 1 drink fairly frequently and also drink a relatively high amount of units. They are predominantly younger (74% aged 18-44) and skewed towards male, with a high proportion of full-time students. They tend to drink on social occasions including nights out with friends, get-togethers at home and meals out. They drink most often for social and enhancement reasons, but drinking for conformity and coping reasons also occurs among this group. They have average mental wellbeing but a high combined risk index score, due to their high alcohol consumption as well as a higher proportion of smoking. Perhaps related to being a younger segment, they show little agreement with drinking moderation techniques.

Segment 2

Segment 2 drink fairly moderately and also do not usually exceed daily limits when drinking alcohol. They are fairly balanced between men and women, slightly younger, and the majority are in full-time or part-time work. They tend to drink on social occasions including with their partner at home, family get-togethers at home, and meals out. They drink most often for social and enhancement reasons, and are less likely to drink for coping or conformity reasons. They have average mental wellbeing, and have a low combined risk index score. As there is often little perceived need to cut down on drinking among this group, they show little agreement with drinking moderation techniques.

Segment 3

Segment 3 drink rarely and also usually only drink up to two units when drinking alcohol. They are more likely to be women, and more likely to be older. The majority are in full-time work, though a high proportion are in retirement or in unemployment. They tend to drink only during social occasions including family get-togethers at home, and meals out. They drink most often for social and enhancement reasons. They are more likely to have lower mental wellbeing, and have a very low combined risk index score. As there is often little perceived need to cut down on drinking among this group, they show little agreement with drinking moderation techniques.

Segment 4

Segment 4 drink frequently, but are likely to drink moderately and have a lower tendency to 'binge' drink. They are slightly more likely to be men, and more likely to be older. Almost a third of Segment 4 are in retirement. The occasions in which Segment 4 drinkers are most likely to consume alcohol is in the home where they often drink small or large amounts of alcohol with a partner. They drink most often for social and enhancement reasons. They are more likely to have higher mental wellbeing, and have a moderate combined risk index score. Just under half say they sometimes think they should cut down on their drinking.

Segment 5

Segment 5 drink frequently, though they rarely exceed 4 units when drinking. They are balanced on gender, slightly more likely to be younger or middle-aged, and a quarter are not in work. They are most likely to drink for coping reasons, but also drink for social and enhancement motivations. They are the most likely segment to have low mental wellbeing, and have a moderate combined risk index score. There is often little perceived need to cut down on drinking among this group, and they show little agreement with drinking moderation techniques.

Segment 6

Segment 6 have a relatively low drinking frequency, and when they do drink they are likely to drink less than 7 units in a sitting. Compared to the average they are more likely to be male, young and in work. Segment 6 drinkers are more likely than average to drink at social events such as with family or when going out for a meal. They are most likely to drink for conformity reasons, but also drink for social and enhancement motivations. They are likely to have average or lower mental wellbeing, and have a moderate combined risk index score. They are not likely to be employing drinking moderation techniques.

Segment 7

Segment 7 drink frequently but drink low amounts when they do drink alcohol. They are equally likely to be men and women, and slightly more likely to be young or middle-aged. The majority are in full-time work, and are in social grades ABC1. They are more likely to drink with a partner or out during meals. They drink most often for social and enhancement reasons. They are likely to have average mental wellbeing, and have a low combined risk index score. They show little engagement with drinking moderation techniques, which may be due to this segment mostly being comprised of low risk drinkers who are overall less likely to think it necessary to change their behaviour.

Segment 8

Segment 8 drink very frequently and are likely to drink large amounts when they do drink; being the most likely to 'binge' drink weekly. They are more likely to be men than women and aged 45 or over. They are also relatively more likely to be out of work. They are most likely to drink overall and to drink during social occasions, including family get-togethers at home and meals out. They are the most likely segmentation group to frequently drink at home alone but are also likely to drink at home with a partner. They are likely to have very low mental wellbeing, and have the highest combined risk index score. They often recognise that they do drink too much and around a third say they are trying something now to cut down on their drinking.

Consumption patterns

The vast majority of UK adults drink alcohol, with 84% stating that they do so at least once a year, and 13% saying that they never drink alcohol. Around half (52%) drink at least once a week. Alcohol consumption is higher among men, older age groups and higher social grades.

The results show a continuing trend of falling alcohol consumption over time. The proportion that reported drinking at least yearly has fallen from 87% in 2014 to 84% in 2017, and the proportion drinking weekly or more often has fallen from 60% to 52%. This decrease has been driven predominantly by men's behaviour.

Three quarters (74%) of UK adults typically drink at lower risk levels (or not at all), while a quarter (26%) typically exceed the limit recommended by the UK Chief Medical Officer (up to 14 units per week). Among this group, 21 percentage points drink at increasing risk levels (15-34 units for women and 15-49 units for men) and 5 percentage points fall into the high risk category (50 or more units for men, and 35 or more units for women). Men are more likely to exceed the recommended limits than women, and middle-aged and older people are more likely to do so than younger adults.

For the purposes of this report, drinking six or more units for women, or eight or more units for men, in a single occasion has been defined as 'binge' drinking. Among all UK adults aged 18 to 75, close to three-fifths (59%) reported that they ever drink at these levels, and 15% say that they typically do so on a weekly or more frequent basis. Men were much more likely to report 'binge' drinking than women (65% ever do so compared with 52% of women) and although young people drink less frequently overall than older people, they are more likely to 'binge' drink.

Drinking occasions and motivations

Having a small number of drinks at home with a partner as a couple is the most common situation in which adults drink overall, with over a quarter (26%) of UK drinkers saying they do this at least once a week, and 42% doing so at least once a month. Drinking at home alone is the second most common drinking occasion, with 20% saying that they do this at least once a week and a third (33%) at least once a month.

The occasions in which people choose to drink differ between men and women. Whilst the top two most common occasions for drinking are shared by men and women, men are significantly more likely to drink at home alone (64% ever do so, versus 53% of women). Overall, men are more likely to drink at most social occasions.

Having a small number of drinks at home with a partner as a couple, and drinking at home alone are the top two occasions for drinking among all age groups. However, drinkers aged between 18 and 34 are more likely to drink at events such as parties and evenings out, while middle-aged drinkers (35 to 54) and older drinkers (55 and over) are much more likely to drink during more home-based occasions, or regularly with their partner and family. For example, around a quarter (23%) of over 35s drink at home alone at least once a week compared to only 14% of 18 to 34 year-olds.

The most common motivations overall for drinking are social reasons with over four-fifths (84%) of those who drink alcohol in the UK doing so at least some of the time. Seventy-nine percent of drinkers in the UK drink at least some of the time because it makes social gatherings more fun; 72% because it improves parties and celebrations, and 69% because it helps them enjoy a party.

Personal enhancement reasons are also common motivations for drinking. Seventy-seven percent of UK drinkers say they drink because it is fun; 72% because they like the feeling, and around half (51%) to get a buzz.

Coping reasons are an important, but less common reason overall for drinking. Just under half (47%) of UK drinkers drink alcohol to cheer them up when they are in a bad mood; 41% when feeling depressed or nervous, and over a third (38%) to forget about their problems.

Drinking to conform is the least frequent motivation for drinking. Just over a third (36%) say they drink to fit in with another group; 32% to avoid feeling left out, and around a fifth (21%) to be liked.

Men are significantly more likely to drink for enhancement reasons than women. Perhaps of more concern, men are also significantly more likely to drink to conform with others (for example, 42% of men say they drink to fit in with another group, versus just 30% of women). Coping motivations for drinking are fairly balanced between men and women.

Younger people aged 18 to 34 are more likely to choose all listed reasons for drinking, however, they are particularly more likely than middle aged and older drinkers to drink for social reasons, as well as enhancement reasons.

Prevalence of harmful drinking

The Alcohol Use Disorders Identification Test (AUDIT) tool has been used to measure individuals' levels of risk and/or harm in relation to their alcohol consumption. Overall, two thirds (67%) of the UK population (including non-drinkers) fall into the 'low-risk' category according to the AUDIT measure. A quarter (25%) fall into the 'increasing-risk' category, and eight percent are classified as 'high-risk' (4%) or 'possible dependence' drinkers (4%).

Men are significantly more likely to exhibit risky drinking behaviours compared to women. Almost a third (31%) of men in the UK are categorised as 'increasing-risk' by the AUDIT measure, compared with a quarter (25%) of women, and six percent of men exhibit 'high-risk' drinking behaviours (versus three percent of women).

The extent of harmful drinking behaviours differs with age. Older adults (aged 55 and over) are most likely (76%) to be 'low-risk' drinkers according to the AUDIT measure, and younger drinkers (aged 18 to 34), are least likely to be low-risk drinkers (58%). Middle-aged adults (aged 35-54) are in between with 68% exhibiting low-risk drinking behaviours. Conversely, younger people are more likely to show 'increasing-risk' drinking behaviours: almost a third (31%) of younger people are classified as 'increasing-risk', compared with 25% of middle-aged adults and only 18% of older adults. However, there is less difference in the age breakdown of 'high-risk' and 'possible dependence' drinkers: younger adults are only slightly more likely to be 'possible-dependence' drinkers (5%) compared to middle-aged (3%) and older adults (2%).

Consequences of harmful drinking

A tenth (10%) of UK alcohol drinkers say they have found that they had not been able to stop drinking once they had started at least once a month, and nine percent have experienced a feeling of guilt or remorse after drinking. Eight percent have not been able to remember what happened the night before due to drinking alcohol, five percent have failed to do what was normally expected of them due to drinking, and three percent have needed an alcoholic drink in the morning to get going after a heavy drinking session. Men are generally more likely to have experienced these short-term consequences than women, and younger drinkers are more likely to have experienced them than older drinkers.

Fourteen percent of the drinking population reported that they, or someone else, had ever been injured as a result of their drinking; three percent of which said this had happened in the past year. Men are significantly more likely to say that their drinking has injured them or someone else (17% compared to 11% of women), and younger drinkers (aged 18 to 34) are more likely to report this than middle-aged drinkers or older drinkers.

When asked if a relative, friend, a doctor or medical health professional has been concerned about their drinking habits or suggested they cut down, 12% of drinkers say they have experienced this (five percent say this has occurred in the last year). As with the other indicators of harmful drinking behaviour, men are more likely than women to have experienced this, and younger drinkers are most likely to say that someone has been concerned about their drinking.

Mental wellbeing

Using the short WEMWBS (or SWEMWBS) scoring system, there are key differences in mental wellbeing measures to be seen for 'higher-risk' and 'possible dependence' drinkers (defined by the AUDIT tool) compared to low-risk drinkers. Forty-seven percent of both high-risk and possible dependence drinkers have a SWEMWBS score of 7-21, meaning that they are likely to react negatively to a range of positive statements about their current wellbeing. In comparison, over two thirds (70%) of 'lower-risk' drinkers have high SWEMWBS scores of 28 or higher, showing that they respond positively to a range of positive statements about their current wellbeing.

Likelihood of increased health problems

A fifth of the UK drinking population say that it is likely that they would have increased health problems in the future if they continue to drink at their current level, while almost three quarters (73%) think their current drinking level is unlikely to lead to increased health problems in the future.

Men are significantly more likely than women to say it is likely they will have increased health problems in the future if they continue to drink at their current level (24% versus 16%). A fifth (21%) of both 18 to 34 year olds and 35 to 54 year olds think this is likely, compared to 18% of older drinkers aged 55 and over.

Perceptions of own drinking levels

The majority of UK drinkers (69%) say they don't think they drink too much when asked. This was higher among women (75%) than men (64%); perhaps showing to some extent that men recognise their more frequent and heavy drinking overall in comparison to women. Almost a third (32%) of men say they sometimes think they should cut down their drinking, compared to 24% of women.

Almost a fifth (18%) of UK drinkers say they are changing their drinking habits right now. This was slightly lower among older drinkers aged 55 and over (15% versus 19% of 18 to 24 year olds and 20% of 35 to 54 year olds).

Moderation techniques

At least two fifths of the UK drinking population have utilised certain scheduling or planning methods to cut down on their alcohol consumption, such as avoiding drinking on a school night (58%), alternating alcoholic drinks with soft drinks or water (49%), setting themselves a limit (e.g. just one glass or bottle) (48%), or staying off alcohol for a fixed time-period (44%). Other methods, such as recording how much they drink (15%), drinking low-alcohol or no-alcohol beers/wines (23%), or drinking alcoholic drinks with lower alcohol content (25%) are less common.

Women are much more likely to have alternated alcoholic drinks with soft drinks or water (57% versus 40% of men). They are also much more likely to drink smaller glasses of wine or beer in order to cut their alcohol consumption (42% versus 28% of men). Finally, women are also more likely to be receptive to official advice by saying that they 'drink within daily guidelines' (50% versus 38% of men).

Younger people (aged 18-34) are more likely to employ methods avoiding alcohol altogether in certain situations, such as avoiding drinking on school nights (59% versus 51% of older drinkers aged 55+), and avoiding keeping alcohol in the house (34% versus 23% of older drinkers). Older drinkers are more likely than others to limit themselves when they do drink, such as setting themselves a limit (54% versus 41% of younger drinkers), and drinking within the guidelines (50% versus 35%).

2 Introduction

2.1 Background

Drinkaware is a charity providing impartial, evidence-based information, advice and practical resources to help people make better choices about their drinking. To support its work in this arena, it is important for Drinkaware to utilise research and evidence to understand the prevalence of drinking behaviours within the population, as well as the contexts, attitudes and motivations behind different types of drinking behaviour. This evidence will inform Drinkaware's work to reduce alcohol-related harm, and help the charity to determine how and where to focus its efforts.

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

2.2 Objectives

The main objectives of this research were:

- To provide an overview of adults' drinking behaviour in the UK, including how frequently and how much they are drinking
- To explore attitudes towards alcohol, drinking occasions, motivations for drinking, harmful drinking behaviour, and strategies people use to moderate their drinking
- To investigate drinking behaviour among different demographic groups and explore which groups may be at higher risk of alcohol-related harm
- To provide profiles of different types of drinkers, to help Drinkaware to target its communications and tailor its messages effectively

3 Methodology

YouGov interviewed a representative sample of 6,174 UK adults aged 18 to 75 online, between 27th March and 18th April 2017. Data has been weighted to be representative of the UK adult population (aged 18 to 75) according to gender, age, social grade, and region.

3.1 Standardised tools

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

Alcohol Use Disorder Identification Test (AUDIT)

The AUDIT tool, developed by the World Health Organisation¹, is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns. The test consists of ten questions, each of which carries a score of 0-4, depending on the answer given. This gives each individual an overall AUDIT score between 0 and 40. Scores for this tool have been grouped as shown in the table below.

Table 1: AUDIT categories

Category	AUDIT score
Low risk	0-7
Increasing risk	8-15
Higher risk	16-19
Possible dependence	20+

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

The first three questions in the AUDIT tool provide a measure of consumption levels only (whereas the full tool also incorporates harmful impacts of drinking). These three questions each carry a score of 0-4, depending on the answer given. This gives each individual an AUDIT-C score between 0 and 12. Scores for this tool have been grouped as shown in the table below.

Table 2: AUDIT-C categories

Category	AUDIT-C score
Low risk	0-4
Increasing and higher risk	5-10
Possible dependency	11-12

¹ Babor 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.

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

The Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF)² consists of 12 motivations for drinking and a five point response scale. An individual's responses are used to determine the extent to which they drink for social reasons (e.g. to improve parties and celebrations), enhancement reasons (e.g. because they like the feeling), conformity (e.g. to be liked), or coping reasons (e.g. to improve a bad mood). This measure was included in the survey to enable responses to be analysed according to the different motivations.

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

The WEMWBS, developed by Warwick and Edinburgh Universities, uses a set of 14 positively worded statements about specific thoughts and feelings, with five response categories to determine how often an individual has experienced them; this is used to assess mental wellbeing. A shortened version of the tool, called SWEMWBS, with 7 items, was used in the survey, to allow for analysis of any difference in response patterns according to mental wellbeing³. Each of the 7 items carried a score between 1 and 7, giving individual participants an overall score between 7 and 35, with a lower score denoting a lower level of mental wellbeing. For the purpose of analysis in this report the level of mental wellbeing has been assessed as either low, medium or high (see Table 3).

Table 3: SWEMWBS categories

Category	SWEMWBS score
Low mental health wellbeing	7-21
Medium mental wellbeing	22-27
High mental wellbeing	28-35

² Kuntsche, E. & Kuntsche, S. (2009). Development and validation of the Drinking Motive Questionnaire Revised Short Form (DMQ-R SF). *Journal of Clinical Child and Adolescent Psychology*, 38:6, 899-908.

³ Stewart-Brown, S. Tennant, A, Tennent, R. Platt, S., Parkinson, J. and Weich, S. (2009) Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Surve. *Health and Quality of Life Outcome*. 7:15 doi:10.1186/1477-7525-7-15

Drinking occasions

Informed by a recent study (Ally et al., 2016⁴) identifying key typical drinking occasions in the UK we developed a tool for people to self-identify the extent to which they engaged in any of these. In this report the results of this section of the questionnaire are discussed in the ‘Drinking Occasions’ section; mostly comparing the likelihood of drinkers to drink at each occasion at least once per week. The occasions included in the tool were:

- Drinking at home alone
- A small number of drinks at home with the family
- A small number of drinks at home with a partner as a couple
- Several drinks at home with a partner
- Getting together at your or someone else’s house
- Going out for a meal
- Evening or night out with friends, with no drinking at home
- Mixed home drinking and night out with friends

Monetary Choice Questionnaire

The Monetary Choice Questionnaire is a tool based upon Kirby and Marakovic’s (1996)⁵ work on the delay-discounting rate, and it aims to assess each participant’s overall impulsiveness. This tool was included based on research suggesting a link between unhealthy lifestyle behaviours and people’s impulsiveness to seek immediate gratification linked to socioeconomic factors⁶. The measure is shown to assess a general dispositional tendency with regards to delay gratification, and has been applied to health behaviours such as eating, smoking and alcohol misuse⁷. Whilst this report does not extensively detail the different levels of deferred gratification UK adults have, we do include the scores exhibited by different types of UK drinkers (or different ‘segments’, as discussed below) to further explore their behaviour.

⁴ Ally, A. K., Lovatt, M., Meier, P. S., Brennan, A., & Holmes, J. (2016). Developing a social practice-based typology of British drinking culture in 2009–2011: implications for alcohol policy analysis. *Addiction*, 111: 1568–1579. doi: [10.1111/add.13397](https://doi.org/10.1111/add.13397).

⁵ Kirby, K. N. and Maracovic, N. N. (1996) Delay-discounting probabilistic rewards: Rates decrease as amounts increase. *Psychonomic Bulletin and Review* March;3(1): 100-104.

⁶ Bissel, P., Peacock, M., Blackburn, J. & Smith, C. (2016). The discordant pleasures of everyday eating: Reflections on the social gradient in obesity under neo-liberalism. *Social Science & Medicine*, 159:14-21 ([link](#))

⁷ Petry, N. M., Kirby, K. N. & Kranzler, H. R. (2002). Effects of gender and family history of alcohol dependence on a behavioral task of impulsivity in healthy subjects. *Journal of Studies on Alcohol*, 63(1): 83-90 ([link](#))

Readiness to Change Questionnaire (RCQ)

This study also includes a shortened version of the Readiness to Change Questionnaire, developed in the context of alcohol behaviour by Hannover et al. (2002)⁸. Rather than seeking to specify the actual stage of readiness to change people are at, a shortened version of the questionnaire, used in this study, simply seeks to assess the extent to which a person is ready to change by asking those who drink alcohol to say if they agree or disagree that either they don't think they drink too much, sometimes think they should cut down, or are actively trying to cut down on their drinking.

Diagnoses of physical and mental conditions

To determine whether our participants had been diagnosed with certain physical or mental conditions, we displayed a list of conditions and asked if they had ever been diagnosed with the following conditions. The diagnoses of physical and mental health conditions are not reported on extensively in this document, but do add additional detail to the segmentation of drinkers.

Overall combined risk index

For the purpose of this study a tool was created to assess the risk of alcohol consumption in relation to other unhealthy lifestyle behaviours: smoking, poor diet and lack of exercise. The risk from drinking is significantly affected by such other behaviours, and they have been found to be more likely to co-occur in lower socioeconomic groups, which is a likely key explanation for the so-called 'alcohol harm paradox' whereby higher levels of alcohol-related mortality are found in lower socioeconomic groups despite evidence to suggest people in higher socioeconomic groups are drinking no less⁹. Previous research has successfully assessed overall risk from combined lifestyle behaviours by looking at the occurrence of smoking, poor diet, lack of exercise and alcohol consumption^{10,11}, and a similar approach was adopted here. As the focus for the present research is alcohol-related harm the measure was constructed with guidance from academic experts to emphasise harm from alcohol, with additional consideration of the likely exacerbating impact of smoking, poor diet and exercise. The combined score is a total score from units of alcohol consumed each week, frequency of exercise each week, number of fruit and vegetable portions consumed each week, and the amount people smoke each week. The end result is a numeric score. Those scoring above 6 on this scale are considered to be high-risk in terms of their overall health lifestyle. (Please see Appendix C for more detail about the scoring).

⁸ Hannover, W., Thyrian, J. R., Hapke, U., Rumpf, H.-J., Meyer, C., & John, U. (2002). The Readiness to Change Questionnaire in subjects with hazardous alcohol consumption, alcohol misuse and dependence in a general population survey. *Alcohol and Alcoholism*, 37(4), 362-369.

⁹ Bellis, M. A., Hughes, K., Nicholls, J., Sheron, N., Gilmore, I. & Jones, L. (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 ([link](#))

¹⁰ Buck, D. & Frosini, F. (2012). Clustering of unhealthy behaviours over time: implications for policy and practice. *The Kings Fund* Retrieved from https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

¹¹ Watts, P. Buck, D., Netuveli, G. & Renton, A. (2015). Clustering of lifestyle risk behaviours among residents of forty deprived neighbourhoods in London: Lessons for targeting public health interventions. *Journal of Public Health*, 38 (2): 308-315 ([link](#))

3.2 Interpreting the data

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

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

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

3.3 Acknowledgements

This 2017 Drinkaware Monitor report explores in detail the drinking attitudes and behaviours of UK adults, and presents a segmentation analysis of different types of drinkers. The work has been overseen by Drinkaware's Director of Evidence and Impact Dr John Larsen and supported by Andrew Russell and Anita Appleton, who were Research and Insight Managers during the development period. The approach and selection of suitable measurement instruments to be used in the study were guided through unpaid advice provided by external research experts: Professor W. Miles Cox, Bangor University; Elizabeth Fuller, NatCen Social Research; Professor Derek Heim, Edge Hill University; Dr Antony Moss, London South Bank University; Dr Melissa Stepney, University of Oxford; Dr Paul Watts, University of East London; and Professor Sue Ziebland, University of Oxford.

4 Segmentation of adult drinkers in the UK

This report provides segmentation analysis of adult drinkers in the UK. Segments have been created by bringing together clusters of respondents who express similar attitudes or behaviours, based on responses to key questions/metrics. The resulting segments were then profiled according to demographics and other relevant variables.

This chapter describes the attitudes, behaviours and characteristics of eight distinct groups of drinkers, identified using segmentation analysis.

4.1 Background

In 2015, a segmentation of adult drinkers was developed for Drinkaware by Ipsos MORI, based on the 2014 wave of the Drinkaware Monitor survey¹². Cluster analysis was used to identify five groups of drinkers. For the 2017 research, the decision was made to create a new segmentation, incorporating information relating to general health and lifestyle, as well as information relating to alcohol specifically. The intention of this was to take account of the wider context of people's risky lifestyle behaviours (smoking, poor diet and lack of exercise) which may impact health in conjunction with alcohol consumption¹³. Additionally, the larger sample size in 2017 provided scope to identify a larger number of segments, compared to the 2014 research, allowing for further differentiation according to different drinking attitudes and practices.

4.2 Segmentation methodology

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

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

¹² Ipsos MORI (2015). Drinkaware Monitor 2014: Adults' drinking behaviour and attitudes in the UK. [Online]. Retrieved from: https://www.drinkaware.co.uk/media/1465/drinkaware_monitor_2014_adults.pdf

¹³ 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.

For this study, adult drinkers (aged 18 to 75) were segmented according to the following criteria:

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

Following preliminary analysis exploring several different segmentation solutions, a solution with eight clusters was selected as the most suitable; providing robust sample sizes for each segment while also giving the desired level of detail and differentiation between segments. Table 4 below shows the relative sizes of the eight segments, and their distribution across the different UK nations. (Please see Appendix H for a table showing the distribution across the regions of England).

Table 4: Segment sizes across UK nations

	% of UK adult population (n=6,174)	% of England adult population (n=3,527)	% of Scotland adult population (n=1,129)	% of Wales adult population (n=1,012)	% of Northern Ireland adult population (n=506)
Segment 1	7.2%	7.4%	5.7%	6.7%	6.0%
Segment 2	11.0%	10.6%	10.6%	13.8%	14.9%
Segment 3	25.5%	25.4%	26.4%	26.8%	24.0%
Segment 4	11.8%	11.7%	12.5%	11.7%	12.6%
Segment 5	7.8%	7.9%	7.2%	6.9%	8.6%
Segment 6	7.2%	7.4%	7.7%	5.6%	6.0%
Segment 7	11.4%	11.6%	9.6%	11.7%	5.8%
Segment 8	5.4%	5.5%	6.6%	4.5%	4.5%
Non-drinkers	12.7%	12.5%	13.7%	12.4%	17.6%

4.3 Segment 1

Segment 1 drink fairly frequently and also drink a higher number of units than many other segments. They are predominantly younger and skewed towards male, with a high proportion of full-time students. They tend to drink on social occasions including nights out with friends, get-togethers at home, and meals out. They drink most often for social and enhancement reasons, but drinking for conformity and coping reasons also occurs among this group. They have average mental wellbeing but a high combined risk index, due to their high alcohol consumption as well as a higher proportion of smoking. Perhaps related to being a younger segment, they show little agreement with drinking moderation techniques at this point in their lives.

Key characteristics

- Regular drinkers (86% drink weekly or more often) with high unit consumption: 74% typically drink 4 or more units on a drinking day, and 46% 'binge' drink weekly or more often (defined as 6 or more units in a drinking session for women, and 8 or more for men).
- Using the full AUDIT scoring:
 - 19% are 'low-risk' drinkers
 - 59% are 'increasing-risk' drinkers
 - 11% are 'high-risk' drinkers
 - 11% are 'possible dependence' drinkers
- Social drinkers, tending to drink on nights out with friends, home get-togethers with friends, and meals out
- 98% drink for social reasons, 99% drink for enhancement reasons. Higher than average drinking for conformity reasons (57%)
- Little agreement with moderation techniques
- Average mental wellbeing (58% have a medium SWEMWBS score)
- High combined risk index (incorporating drinking, smoking, diet and exercise)

Key demographics

- 61% male, 39% female
- 74% aged 18 to 44, 26% aged 45 and over
- 23% are full time students – the highest proportion among the segments
- 61% are in ABC1 social grades

4.4 Segment 2

Segment 2 drink fairly moderately and do not usually exceed daily limits when drinking alcohol. They are fairly balanced between men and women. Slightly more are younger and the majority are in full-time or part-time work. They tend to drink on social occasions including with their partner at home, family get-togethers at home, and during meals out. They drink most often for social and enhancement reasons, and are less likely to drink for coping or conformity reasons. They have average mental wellbeing, and have a low combined risk score which includes their alcohol consumption, smoking behaviour and diet. As there is often little perceived need to cut down on drinking among this group, they show little agreement with drinking moderation techniques.

Key characteristics

- Moderate drinkers (54% drink weekly or more often) with an intermediate unit consumption: 54% typically drink up to 4 units in a drinking day, and 53% 'binge' drink less than monthly
- Using the full AUDIT scoring:
 - 69% are 'low-risk' drinkers
 - 30% are 'increasing-risk' drinkers
 - 1% are 'high-risk' drinkers
 - 0% are 'possible dependence' drinkers
- Social drinkers, tending to drink alcohol mostly with a partner or family at home, or when going out for meals
- 100% drink for social reasons, 99% for enhancement reasons. Lower than average drink for coping reasons (53%)
- Little agreement with moderation techniques
- Average mental wellbeing (54% have a medium SWEMWBS score)
- Low combined risk index (incorporating drinking, smoking, diet and exercise)

Key demographics

- 52% male, 48% female
- 60% aged 18 to 44, 40% aged 45 and over
- 61% are in full-time or part-time work
- 62% are in ABC1 social grades

4.5 Segment 3

Segment 3 drink rarely and also usually only drink up to 2 units when drinking alcohol. They are more likely to be women, and more likely to be older. The majority are in full-time work, though a high proportion are in retirement or in unemployment. They tend to drink only during social occasions including family get-togethers at home, and meals out. They drink most often for social and enhancement reasons. They are more likely to have lower mental wellbeing, and have a very low combined risk score which includes their alcohol consumption, smoking behaviour and diet. As there is often little perceived need to cut down on drinking among this group, they show little agreement with drinking moderation techniques.

Key characteristics

- Very light drinkers (only 21% drink weekly or more often) with a low unit count when they do drink: 88% typically drink no more than 4 units in a drinking day, and 70% never 'binge' drink
- Using the full AUDIT scoring:
 - 96% are 'low-risk' drinkers
 - 4% are 'increasing-risk' drinkers
 - None are 'high-risk' drinkers
 - None are 'possible dependence' drinkers
- Tend to drink at social occasions such as family events or meals out
- Most drink for social (61%) or enhancement (54%) reasons
- Little agreement with moderation techniques
- More likely to have average or low mental wellbeing (19% have a high SWEMWBS score)
- Very low combined risk index (incorporating drinking, smoking, diet and exercise)

Key demographics

- 40% male, 60% female
- 39% aged 18 to 44, 61% aged 45 and over
- 41% are retired or not working full-time or part-time
- 62% are in ABC1 social grades

4.6 Segment 4

Segment 4 drink frequently, but are likely to drink moderately and have a lower tendency to 'binge' drink. They are slightly more likely to be men, and more likely to be older. Almost a third of Segment 4 are in retirement. The occasions in which Segment 4 drinkers are most likely to consume alcohol is in the home where they often drink small or large amounts of alcohol with a partner. They drink most often for social and enhancement reasons. They are more likely to have higher mental wellbeing, and have a moderate combined risk score which includes their alcohol consumption, smoking behaviour and diet. Just under half say they sometimes think they should cut down on their drinking.

Key characteristics

- Frequent drinkers (95% drink weekly or more often) with a moderate unit count when they do drink: 59% typically drink up to 4 units in a drinking day, and 34% 'binge' drink less than monthly
- Using the full AUDIT scoring:
 - 54% are 'low-risk' drinkers
 - 40% are 'increasing-risk' drinkers
 - 5% are 'high-risk' drinkers
 - 1% are 'possible dependence' drinkers
- Tend to drink a lot or a little at home with a partner
- Most drink for social (90%) or enhancement (94%) reasons
- Half (48%) agree they sometimes think they should cut down on their drinking
- More likely to have higher mental wellbeing (32% have a high SWEMWBS score)
- Moderate combined risk index score (incorporating drinking, smoking, diet and exercise)

Key demographics

- 54% male, 46% female
- 34% aged 18 to 44, 66% aged 45 and over
- 32% are retired
- 63% are in ABC1 social grades

4.7 Segment 5

Segment 5 drink frequently, though they rarely exceed 4 units when drinking and are likely to 'binge' drink less often. They are slightly more likely to be younger or middle-aged, and a quarter are not in work. They are most likely to drink for coping reasons, but also drink for social and enhancement motivations. They are the most likely segment to have low mental wellbeing. There is often little perceived need to cut down on drinking among this group, and they show little agreement with drinking moderation techniques.

Key characteristics

- Frequent drinkers (72% drink weekly or more often) with an average unit count when they do drink: 55% typically drink up to 4 units in a drinking day, and 43% 'binge' drink at least once a month
- Using the full AUDIT scoring:
 - 49% are 'low-risk' drinkers
 - 39% are 'increasing-risk' drinkers
 - 8% are 'high-risk' drinkers
 - 4% are 'possible dependence' drinkers
- More likely than others to drink at home alone, but also drink with family or with a partner
- More likely to drink for coping reasons (100%), but also for social (96%) and enhancement reasons (99%)
- Despite the higher drinking risk, 58% think they do not drink too much
- Most likely to have low mental wellbeing (63% have a low SWEMWBS score)
- An moderate combined risk index (incorporating drinking, smoking, diet and exercise)

Key demographics

- 49% male, 51% female
- 58% aged 18 to 44, 42% aged 45 and over
- 24% are not working full-time or part-time
- 56% are in C2DE social grades

4.8 Segment 6

Segment 6 have a low drinking frequency, and when they do drink they are likely to drink less than 7 units in a sitting. Compared to the average they are more likely be male, young and in work. Segment 6 drinkers are more likely than average to drink at social events such as with family or when going out for a meal. They are most likely to drink for conformity reasons, but also drink for social and enhancement motivations. They are likely to have average or lower mental wellbeing, and have a moderate combined risk score which includes their alcohol consumption, smoking behaviour and diet. They are not likely to be employing drinking moderation techniques.

Key characteristics

- Less frequent drinkers (57% drink weekly or more often) with an average unit count when they do drink: 70% typically drink up to 6 units in a drinking day, and 38% 'binge' drink less than monthly
- Using the full AUDIT scoring:
 - 41% are 'low-risk' drinkers
 - 39% are 'increasing-risk' drinkers
 - 12% are 'high-risk' drinkers
 - 9% are 'possible dependence' drinkers
- Tend to drink at social occasions such as family events or meals out
- Most likely to drink for confirmity reasons (100%), but also more likely than average to drink for social (99%) and enhancement reasons (96%)
- Little agreement with moderation techniques
- More likely to have average or low mental wellbeing (19% have a high SWEMWBS score)
- Moderate combined risk index (incorporating drinking, smoking, diet and exercise)

Key demographics

- 64% male, 36% female
- 64% aged 18 to 44, 36% aged 45 and over
- 64% are working full-time or part-time
- 51% are social grade ABC1 and 49% are C2DE

4.9 Segment 7

Segment 7 drink frequently but drink low amounts when they do drink alcohol. They are equally likely to be men and women, though slightly more likely to be young or middle-aged. The majority are in full-time work, and are in social grades ABC1. They are more likely to drink with a partner or out during meals. They drink most often for social and enhancement reasons. They are more likely to have average mental wellbeing, and have a low combined risk score highlighting their health-conscious nature, including their alcohol consumption, smoking behaviour and diet. They show little engagement with drinking moderation techniques, which may be due to this segment mostly being comprised of low risk drinkers who are overall less likely to think it necessary to change their behaviour.

Key characteristics

- Frequent drinkers (79% drink weekly or more often) with a low unit count when they do drink: 76% typically drink up to 4 units in a drinking day, and 46% 'binge' drink less than monthly
- Using the full AUDIT scoring:
 - 69% are 'low-risk' drinkers
 - 27% are 'increasing-risk' drinkers
 - 3% are 'high-risk' drinkers
 - 1% are 'possible dependence' drinkers
- Tend to drink with family or with a partner, and also going out for meals
- Most drink for social (84%) or enhancement (84%) reasons
- Little engagement with moderation techniques
- More likely to have average mental wellbeing (57% have a medium SWEMWBS score)
- Low combined risk index (incorporating drinking, smoking, diet and exercise)

Key demographics

- 49% male, 51% female
- 54% aged 18 to 44, 46% aged 45 and over
- 65% are working full-time or part-time
- 64% are in ABC1 social grades

4.10 Segment 8

Segment 8 drink very frequently and are likely to drink large amounts when they do drink; being the most likely segment to 'binge' drink weekly. They are more likely to be men than women and aged 45 or over. They are also relatively more likely to be out of work. They are the most likely to drink overall and to drink during social occasions, including family get-togethers at home, and meals out. They are the most likely segmentation group to frequently drink at home alone but are also likely to drink at home with a partner. They are likely to have a very low wellbeing score and have the highest combined risk score which includes their alcohol consumption, smoking behaviour and diet. They often recognise that they do drink too much and around a third say they are trying something now to cut down on their drinking.

Key characteristics

- Very frequent drinkers (93% drink weekly or more often, 39% drink 6 times or more per week) with a high unit count when they do drink: 69% typically drink 7 units or more in a drinking day, and 44% 'binge' drink weekly
- Using the full AUDIT scoring:
 - 5% are 'low-risk' drinkers
 - 46% are 'increasing-risk' drinkers
 - 20% are 'high-risk' drinkers
 - 28% are 'possible dependence' drinkers
- Most likely to drink at home alone, and also likely to drink with a partner at home
- More likely than average to drink for coping reasons (83%), but also for social (81%) and enhancement reasons (94%)
- Most think they do drink too much (64%), and 35% say they are trying something now to cut down
- More likely than average to have low mental wellbeing (45% have a low SWEMWBS score)
- Has the highest combined risk index of all the segments (incorporating drinking, smoking, diet, and exercise)

Key demographics

- 65% male, 35% female
- 32% aged 18 to 44, 68% aged 45 and over
- 20% are not working full-time or part-time
- 53% are in social grades ABC1, 47% are in C2DE

Table 5: Segment key statistics (Please see Appendix B for further detail)

Segment:	1	2	3	4	5	6	7	8	All drinkers
Median units per week	19	2.9	-	15	9.4	5.4	8	40	5.5
AUDIT score	Lower risk (0-7)	19%	69%	54%	49%	41%	69%	5%	63%
	Increasing risk (8-15)	59%	30%	4%	40%	39%	27%	46%	28%
	Higher risk (16-19)	11%	1%	-	5%	8%	3%	20%	5%
	Possible dependence (20+)	11%	0%	0%	1%	4%	1%	28%	4%
AUDIT-C score	Low risk	10%	43%	90%	25%	43%	50%	3%	49%
	Increasing risk	85%	57%	10%	72%	63%	49%	66%	47%
	Higher risk	5%	0%	-	3%	1%	1%	31%	3%
Top drinking occasion (weekly)	Mixed home drinking and night out with friends		A small number of drinks at home with a partner as a couple	A small number of drinks at home with a partner as a couple	Drinking at home alone	A small number of drinks at home with a partner as a couple	A small number of drinks at home with a partner as a couple	Drinking at home alone	A small number of drinks at home with a partner as a couple
	I don't think I drink too much (% agree)	50%	87%	93%	47%	58%	72%	17%	69%
Readiness to change	Sometimes I think I should cut down my drinking (% agree)	50%	14%	5%	48%	37%	23%	76%	28%
	I am actually changing my drinking habits right now	22%	10%	7%	31%	23%	16%	35%	18%
Gender	Male	60%	52%	40%	54%	49%	49%	65%	51%
	Female	40%	48%	60%	46%	51%	51%	35%	49%
Age	18-34	60%	42%	21%	16%	33%	38%	18%	31%
	35 to 54	27%	32%	43%	39%	45%	34%	42%	38%
	55+	14%	26%	37%	45%	22%	20%	39%	31%
	18-24	37%	17%	7%	3%	16%	18%	11%	12%
Age (5-way) 18-24 / 25-34 / 35-44 / 45-54 / 55+	25-34	23%	25%	13%	13%	16%	27%	13%	19%
	35-44	15%	18%	18%	18%	26%	19%	16%	18%
	45-54	12%	14%	24%	21%	19%	16%	18%	20%
	55+	14%	26%	37%	45%	22%	20%	28%	31%
Perception of health risk in the future (due to current drinking)	Likely	39%	7%	3%	27%	27%	17%	69%	20%
	Unlikely	50%	92%	92%	62%	65%	80%	11%	73%

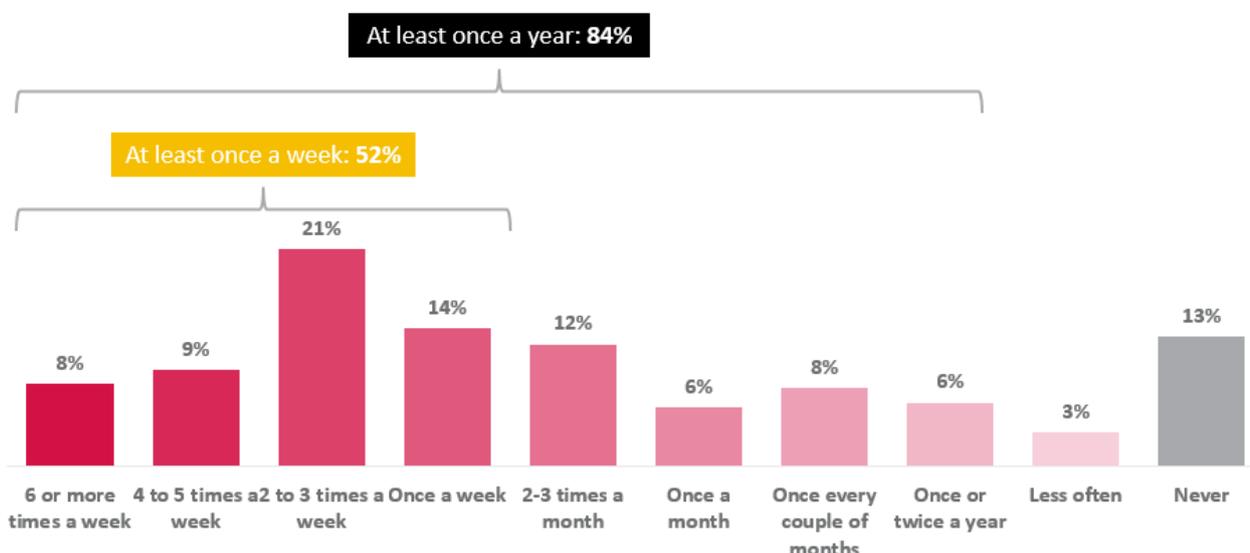
5 Alcohol consumption patterns among adults in the UK

This chapter provides an overview of alcohol consumption pattern among adults (aged 18 to 75) in the UK, including frequency of drinking, consumption levels and frequency of 'binge' drinking.

5.1 Drinking frequency

The vast majority of UK adults drink alcohol, with 84% stating that they do so at least once a year, and 13% saying that they never drink alcohol. Around half (52%) drink at least once a week. Most commonly, people drink two to three times a week, with this category accounting for a fifth (21%) of the population. Close to a fifth (18%) drink four or more times per week.

Figure 1: Frequency of drinking alcohol among UK adults



Base: all UK adults aged 18 to 75 (n=6,174)

As might be expected, the frequency of drinking varies among different demographic groups. Men are more likely to *ever* drink (89% compared to 85% of women) and additionally more likely to drink on a regular basis. Fifty-nine percent of men reported drinking weekly or more often, compared to 46% of women, and over a fifth (21%) stated that they drink four times a week or more, compared to just 14% of women.

Age has only a modest impact on the likelihood of *ever* drinking. Eighty-six percent of 18 to 24s ever drink and the same is true of 25 to 34s; this rises to 88% among those aged 35 or older, but then remains stable from that point throughout the remaining age categories. However, age makes more difference to the *frequency* of drinking: 29% of people aged 65-75 report drinking four times a week or more, compared to just eight percent of 18 to 24s, and 12% of 25 to 34s.

Socio-economic grade also has some impact on drinking levels: 91% of those in social grades ABC1 ever drink, compared to 83% of those in social grades C2DE, and 59% of ABC1s drink weekly or more often, compared to 45% of C2DEs. This may be partly driven by variations by age, since middle aged and older people are more likely to fall into grade ABC1, whereas younger people are more likely to be classified as C2DE.

Among the devolved nations, those in Scotland (88%) and England (87%) were most likely to ever drink; this compares with 86% in Wales and only 82% in Northern Ireland. However the frequency of drinking was highest in England: 53% drink weekly or more often, compared to 49% in Wales, 48% in Scotland, and just 43% in Northern Ireland.

Drinking frequency among the segments differs considerably. Segment 8 drinkers are the most likely to drink four or more times a week, with 61% saying they drink at this frequency. This is compared to 46% of Segment 4 drinkers, 27% of Segment 1 drinkers, and 25% of Segment 5 drinkers.

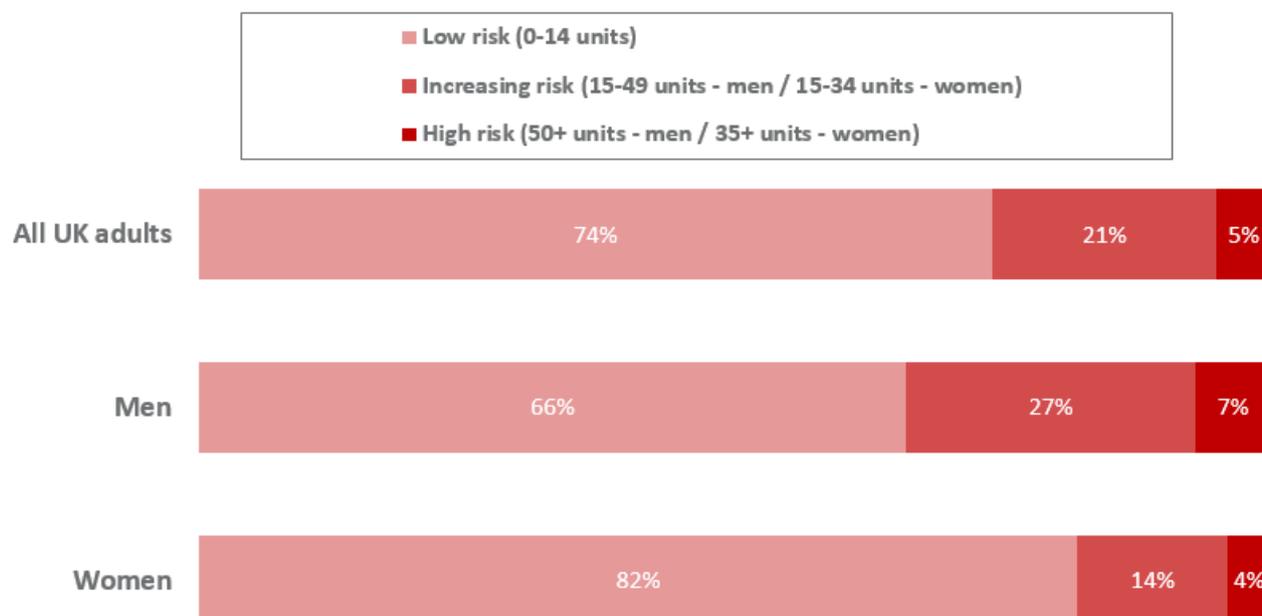
Comparing the results with those from previous years shows a continuation of a pattern identified previously, whereby the frequency of alcohol consumption seems to be falling over time. The proportion that reported drinking at least yearly has fallen from 87% in 2014 to 84% in 2017, and the proportion drinking weekly or more often has fallen from 60% to 52%. The results suggest that this decrease has been driven particularly by men's behaviour: 71% of men reported drinking weekly or more often in 2014, but this has fallen to 59% in 2017. Among women, the decrease is considerably smaller (from 49% in 2014 to 46% in 2017).

5.2 Weekly consumption

Three quarters (74%) of UK adults typically drink at lower risk levels (or not at all). In line with guidance from the UK Chief Medical Officer issued in 2016, the lower risk category is defined as up to 14 units per week for both men and women. A quarter (26%) of adults typically exceed this recommended limit, with 21% drinking at increasing risk levels and 5% falling into the high risk category (50 or more units for men, and 35 or more units for women).

Men are more likely to exceed the recommended limit: a third (34%) do so compared to just 18% of women. They are also more likely to fall into the high risk category (7% compared to 4% of women).

Figure 2: Weekly alcohol unit consumption among UK adults



Base: all UK adults aged 18 to 75 (n=6,174)

The likelihood of drinking above the recommended limit of 14 units increases somewhat among middle-aged (35 to 54) and older people (55 and over). Among 18 to 34 year olds, 77% are in the low-risk category; this falls to 74% among those aged 35 to 54 and 70% among those aged 55+. By contrast, the proportion falling into the high-risk category is just four percent among 18 to 34s, rising to six percent of 35 to 54s and seven percent of those aged 55+.

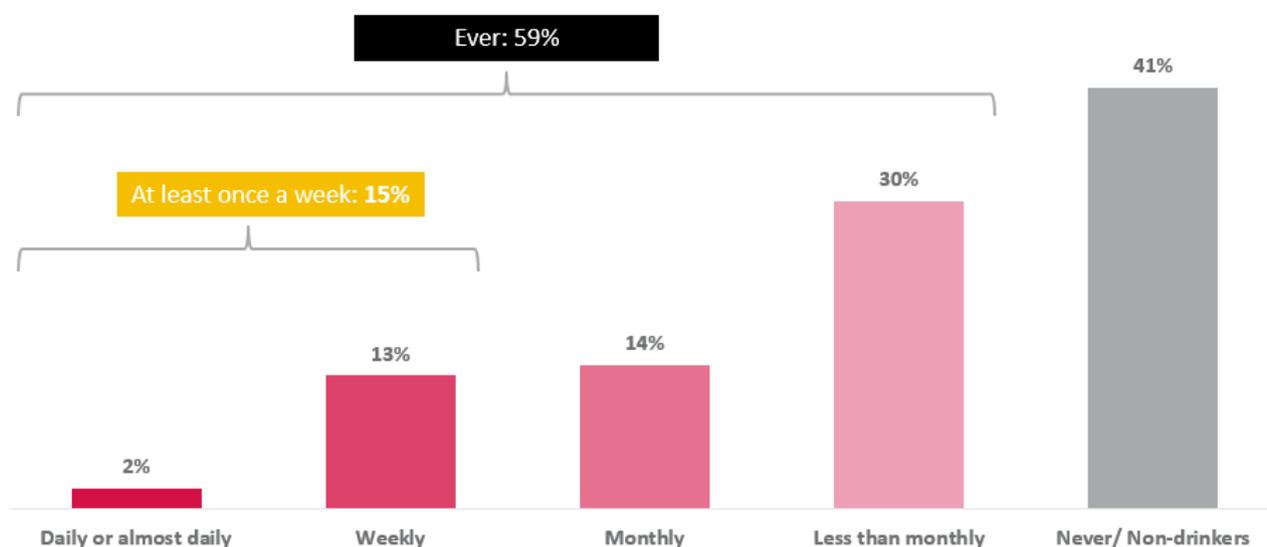
In line with the findings in Section 5.1, which showed that those in social grades ABC1 were likely to drink more frequently than those in C2DE social grades, ABC1s are also likely to consume more units per week. Seventy-one percent fall into the low-risk category (0-14 units) compared to 78% of C2DEs. However, the proportion of each group falling into the high-risk category is similar (both 5%). Instead, a higher proportion of ABC1s fall into the middle-risk category (24% compared to 17% of C2DEs).

Low risk drinking guidelines changed in 2016¹⁴, which revised the recommended limit for men from 21 units to 14 units per week. The proportion of all UK adults falling into this low-risk drinking category is now 74% compared to 70% in 2015¹⁵. In 2015, eight percent of UK adults fell into the high-risk category (50+ units per week for men and 35+ for women), and in 2017 this has decreased to five percent. (Please see Appendix L for statistical confidence intervals when comparing between waves).

5.3 Frequency of 'binge' drinking

For the purposes of this report, drinking six or more units for women, or eight or more units for men, in a single occasion has been defined as 'binge' drinking. Among all UK adults aged 18 to 75, close to three-fifths (59%) reported that they ever drink at these levels, and 15% say that they typically do so on a weekly basis.

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



Base: all adults aged 18 to 75 (n=6,174)

Men were much more likely to report 'binge' drinking than women: 65% of adult men said they ever drink in this way compared to 52% of women, and 20% reported doing so at least weekly, compared to just 10% of women.

While young people drink less frequently overall than older people (as discussed in Section 5.1), they are more likely to 'binge' drink. Thirty-five percent of 18 to 34s and 29% of 35 to 54s report 'binge' drinking monthly or more often, compared to 22% of those aged 55+.

¹⁴The United Kingdom Chief Medical Officers' Low Risk Drinking Guidelines are available online at: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>

¹⁵Drinkaware Monitor Report 2015: https://www.drinkaware.co.uk/media/1553/drinkaware_monitor-2015-reportv2.pdf

People in social grades ABC1 were slightly more likely to report 'binge' drinking: 64% stated that they ever do so (compared to 53% of C2DEs) and 16% that they do so on a weekly basis (compared to 13% of C2DEs).

Among the devolved nations, the proportion of people who ever 'binge' drink was significantly higher in Scotland (62%) than in England (59%), Wales (57%) or Northern Ireland (58%).

6 Drinking occasions and motivations

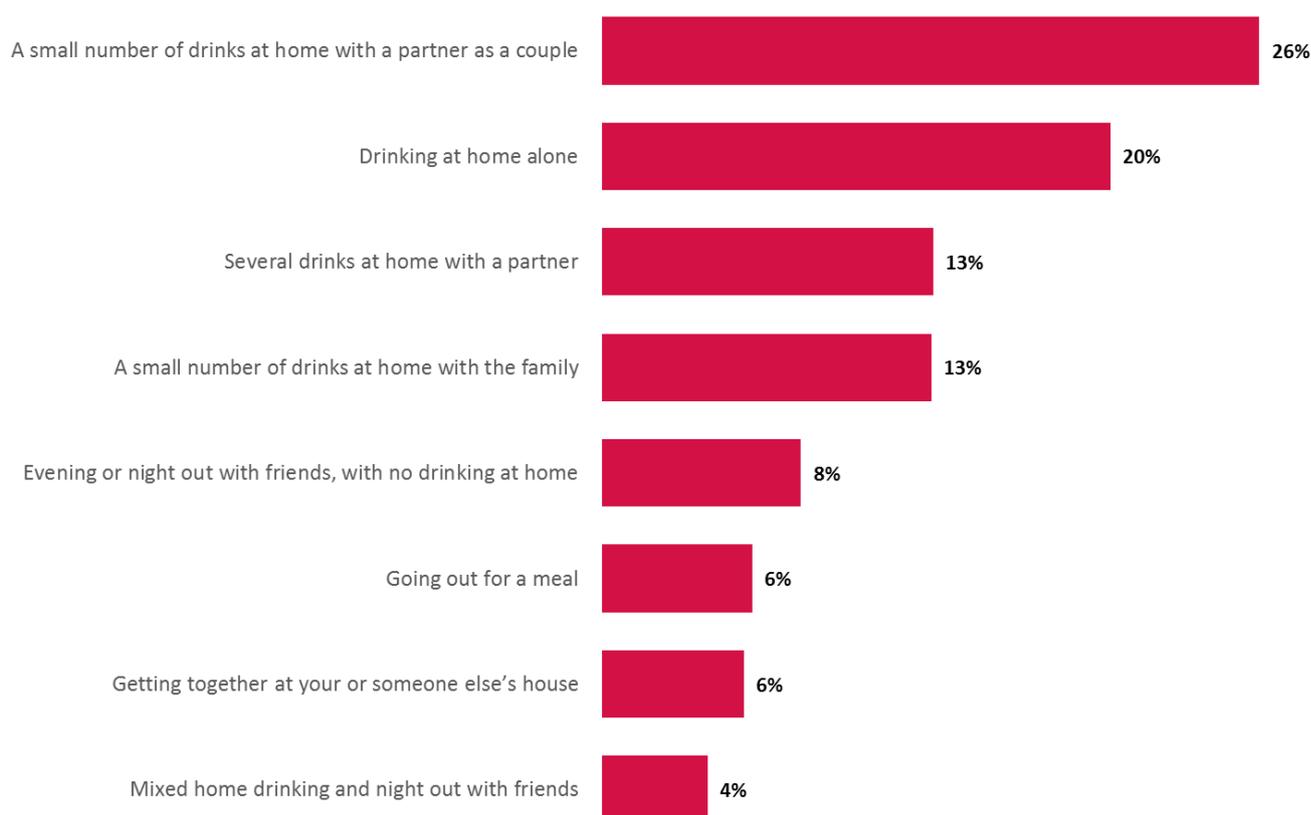
This chapter provides a review of the drinking population of the UK and their pattern of behaviour around drinking; the occasions on which they drink and the reasons behind their drinking.

6.1 Drinking occasions

Whilst the occasions in which people drink vary, some occasions are much more common than others. Having a small number of drinks at home with a partner as a couple is the most common situation adults drink overall, with over a quarter (26%) of UK drinkers saying they do this at least once a week. The proportion who do this at least once a month is higher at 42% of the drinking population.

Drinking at home alone, though more common for men than women as shown below, is the second most common drinking occasion for all drinkers, with 20% saying that they do this at least once a week. A third of drinkers (33%) in the UK do this at least once a month, and four percent of drinkers do this five or more times a week.

Figure 4: Prevalence of drinking occasions for UK drinkers (at least once a week)



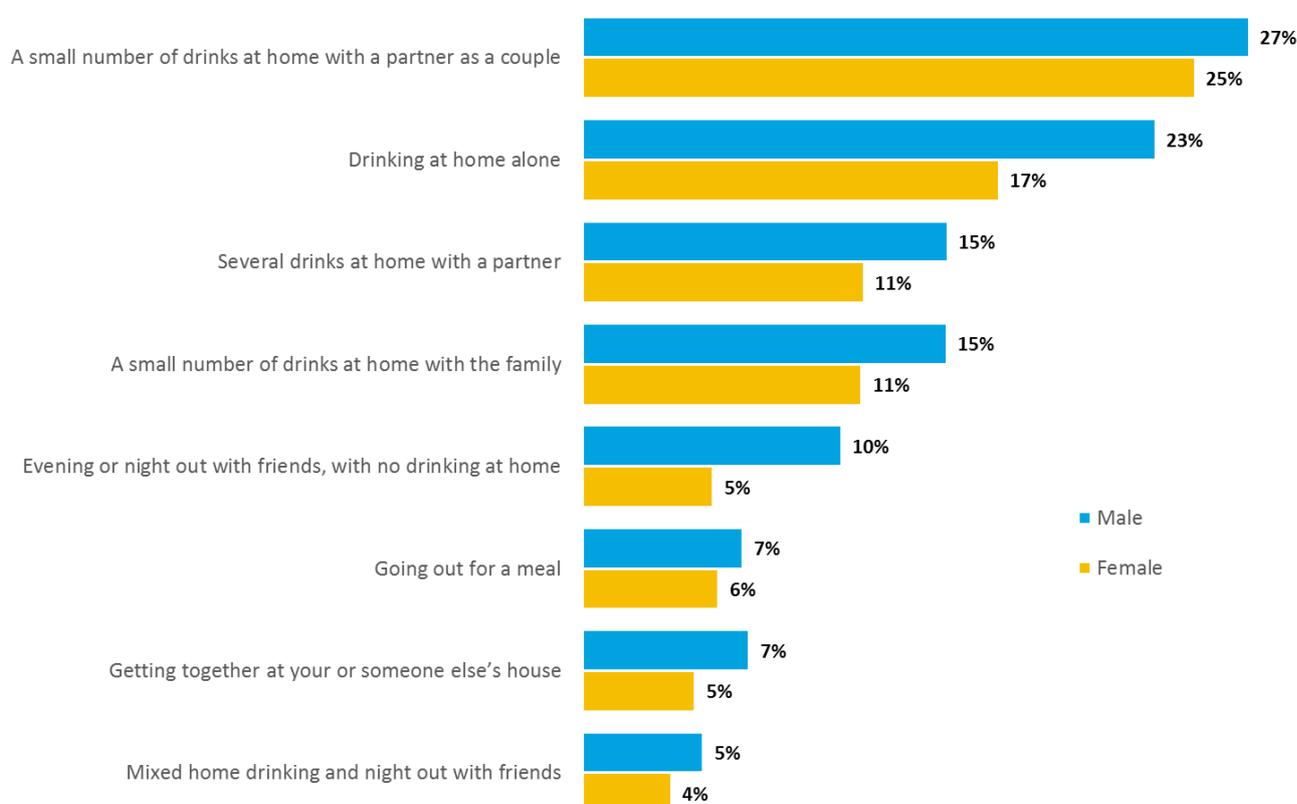
Base: all UK adults who drink alcohol (n=5,427)

The occasions in which people choose to drink differ between men and women. Whilst the top two most common occasions for drinking are shared by men and women, men are significantly more likely to drink at home alone at least once a week (23% of men versus 17% of women).

Overall, men are more likely to drink at social occasions. The only occasion where this isn't the case is drinking a small number of drinks at home with the family, in which case over a quarter of men (27%) said they never do this, compared to 23% of women.

Men are much more likely to ever drink at home alone compared to women (64% versus 53% of women). Nearly two-fifths of men (39%) say they drink home alone at least once a month, compared to just over a quarter (28%) of women.

Figure 5: Prevalence of drinking occasions for male and female drinkers (at least once a week)



Base: all UK adults who drink alcohol: Men (n=2,766); Women (n=2,661)

Some of the widest differences in behaviour are seen when comparing different age groups and the occasions in which they drink alcohol. Having a small number of drinks at home with a partner as a couple, and drinking at home alone remain the top two occasions for drinking among all age groups, though there are key differences between younger and older people.

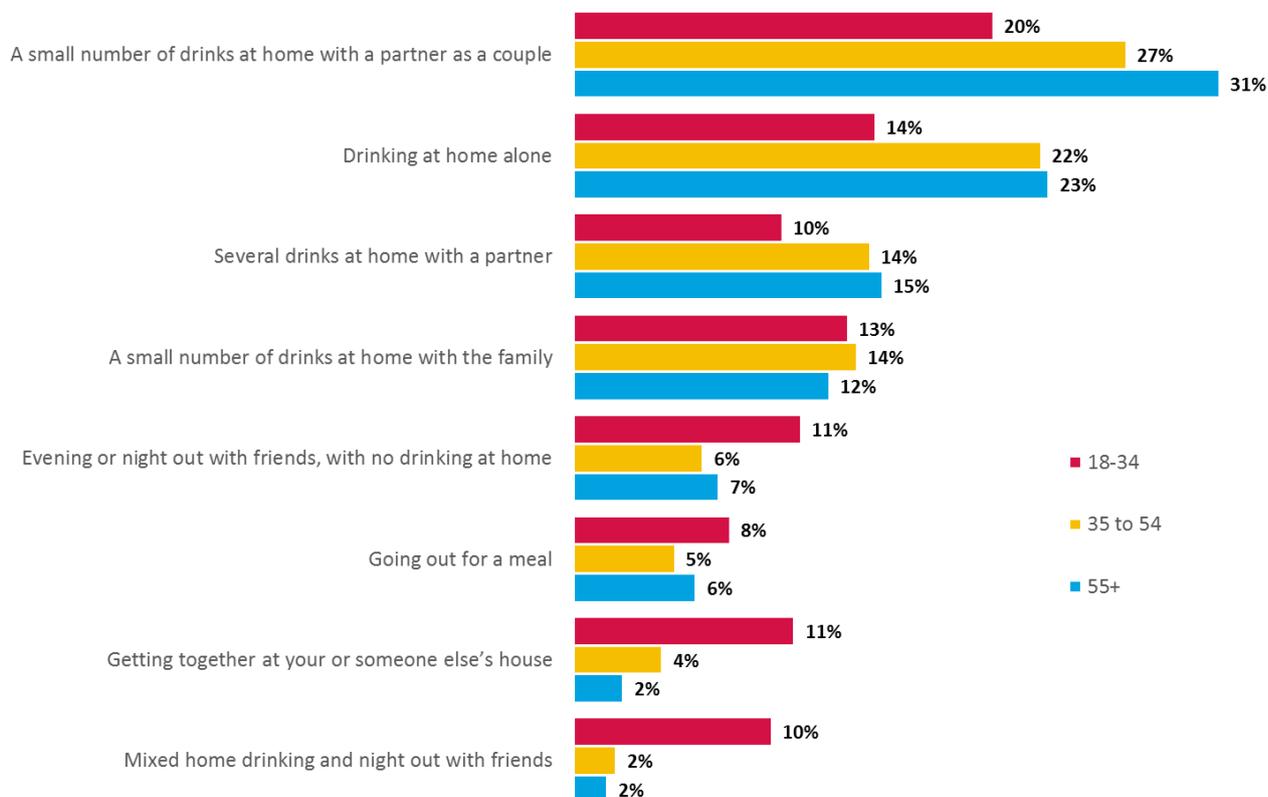
Drinkers aged between 18 and 34 are more likely to drink at events such as parties and evenings out compared to older people. Eleven percent of drinkers aged 18 to 34 drink during an evening or night out with friends at least once a week compared to only six percent of those aged 35 to 54 and seven percent of those aged 55 and over. A tenth (10%) of 18 to 34 year-olds drink during a night out including some drinking at someone's home at least once a week compared to two percent of those aged 35 and over.

Middle-aged drinkers (35 to 54) and older drinkers (55 and over) have similar drinking behaviour in terms of the types of occasions in which they most commonly drink. In contrast to the behaviours of younger people, middle-aged and older drinkers are far more likely to drink during more home-based occasions, or regularly with their partner and family. For example, over a fifth (22%) of over 35s drink at home alone at least once a week compared to only 14% of 18 to 34 year-olds.

Younger drinkers, aged 18 to 24, have notably different habits each month than older drinkers. For example, drinkers aged 18 to 24 are more likely than any other age group to drink at least once a month at a get-together at their or a friend's home (46%, compared to only 16% of those aged 55 and over). Younger drinkers are also more likely to take part in extended social drinking occasions at least once a month; 40% drinking on a night out with friends (compared to 20% of those aged over 55); 43% drinking at a friend's home and an evening out in one session (versus just 7% of those aged over 55), and 34% drinking a small number of drinks at home with the family (compared to 27% of those aged 55 and over). (Please see Appendix I for this more detailed age breakdown of drinking occasions.

Drinking a small number of drinks at home as a couple at least once a month is more the purview of the over 25s with 44% doing so compared to 31% of drinkers aged 18 to 24.

Figure 6: Prevalence of drinking occasions for drinkers across age groups (at least once a week)



Base: all UK adults who drink alcohol: Aged 18 to 34 (n=1,500); Aged 35 to 54 (n=2,119); Aged 55+ (n=1,808)

Social grade appears to be a significant factor in drinking behaviour and the occasions in which they choose to drink. Regular drinking is more of a higher social grade activity. However, there are some drinking occasions higher social grades particularly take part in regularly. For example, drinkers in the higher social grades A, B and C1 (ABC1) are significantly more likely than drinkers in social grades C2, D and E (C2DE) to drink a small number of drinks at home with a partner at least once a week (30% versus 21%). This difference is mainly driven by drinkers in social grades A and B amongst whom 35% drink this way at least once a week, compared to around a quarter of C1 (26%) and C2DE drinkers (22%).

Solitary drinking occasions are more common amongst high-risk drinkers and drinkers with possible alcohol dependence (using the AUDIT measure). Half (50%) of high-risk or possible alcohol dependence (AUDIT score 16 and above) drink at home alone at least once a week. Around a third (32%) of these drinkers have several drinks at home with a partner at least once a week, and a similar proportion (29%) have a small number of drinks at home with a partner as a couple.

When comparing the segments, there are clear patterns in the occasions in which drinkers choose to consume alcohol. Looking first at Segment 1, these drinkers are far more likely to drink at least once a week compared to other segments. Being predominantly younger, this segment of drinkers also is far more likely to have an evening out drinking with friends at least once a week (36% versus 8% of all drinkers). Other main occasions for drinking participated in at least once a week by Segment 1 are: drinking at home alone (28%), mixed home drinking and a night out with friends (27%), and a get-together at home or someone else's home (22%).

Segment 8 drinkers, having on average the highest AUDIT risk scores, are also likely to participate in more home-based drinking activity with one in three (30%) having several drinks at home with a partner at least once a week. Segment 8 are also the group for which regular drinking at home alone is most common; with over half (57%) saying they do this at least once a week.

6.2 Motivations for drinking

As with the Drinkaware Monitor in 2014, the motivations for drinking remain an important aspect of drinking behaviour. The most common motivations overall for drinking are social reasons with over four-fifths (84%) of those who drink alcohol in the UK doing so at least some of the time for this reason. Seventy-nine percent of drinkers in the UK drink at least some of the time because it makes social gatherings more fun; 72% because it improves parties and celebrations, and 69% because it helps them enjoy a party.

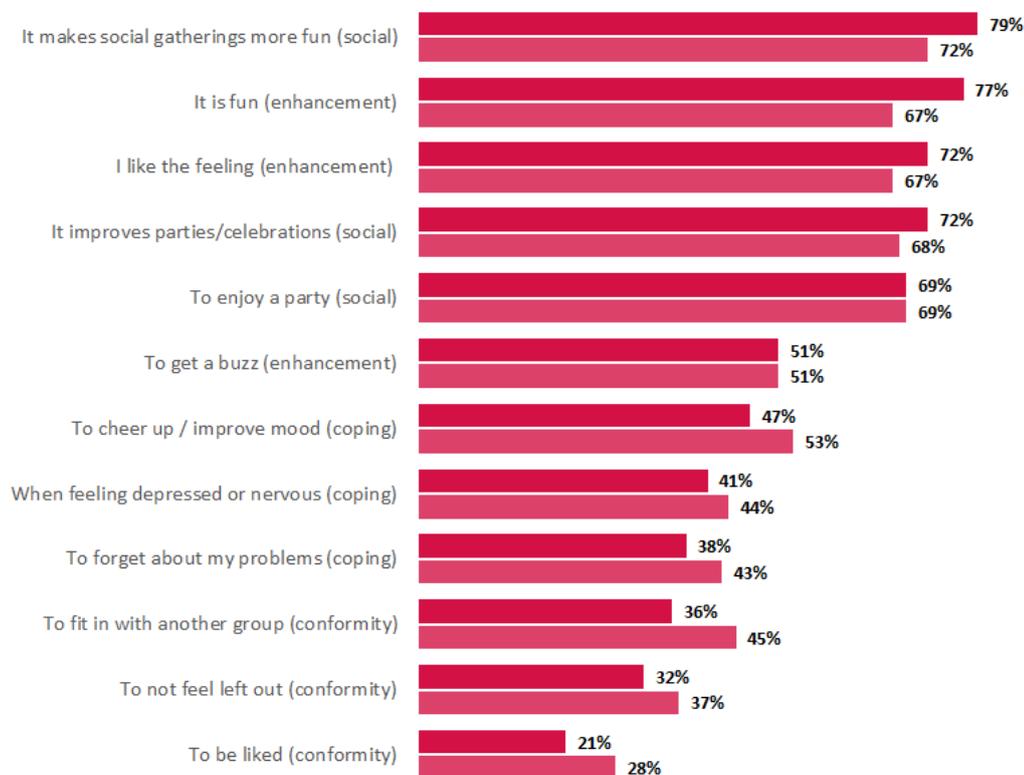
Personal enhancement reasons are also common motivations for drinking. Seventy-seven percent of UK drinkers say they drink because it is fun; 72% because they like the feeling, and around half (51%) to get a buzz.

Coping reasons are an important, but less common reason overall for drinking. Just under half (47%) of UK drinkers drink alcohol to cheer them up when they are in a bad mood; 41% when feeling depressed or nervous, and over a third (38%) to forget about their problems.

Drinking to conform is the least frequent motivation for drinking. Just over a third (36%) say they drink to fit in with another group; 32% to avoid feeling left out, and around a fifth (21%) to be liked.

When comparing drinkers' motivations to drink, there has been a shift since 2014 from coping and conformity motivations towards social and enhancement reasons. The notable examples being the proportion saying they drink because it makes social gathering more fun increasing from 72% in 2014, to 79% in 2017. Additionally, the proportion of UK adults drinking for conformity reasons has fallen, so that the proportion who says they at least some of the time drink to be liked has fallen from 28% in 2014, to 21% in 2017 and the proportion who drinks to fit in with another group has in the same period fallen from 45% to 36%.

Figure 7: Motivations for drinking among UK drinkers (at least some of the time)



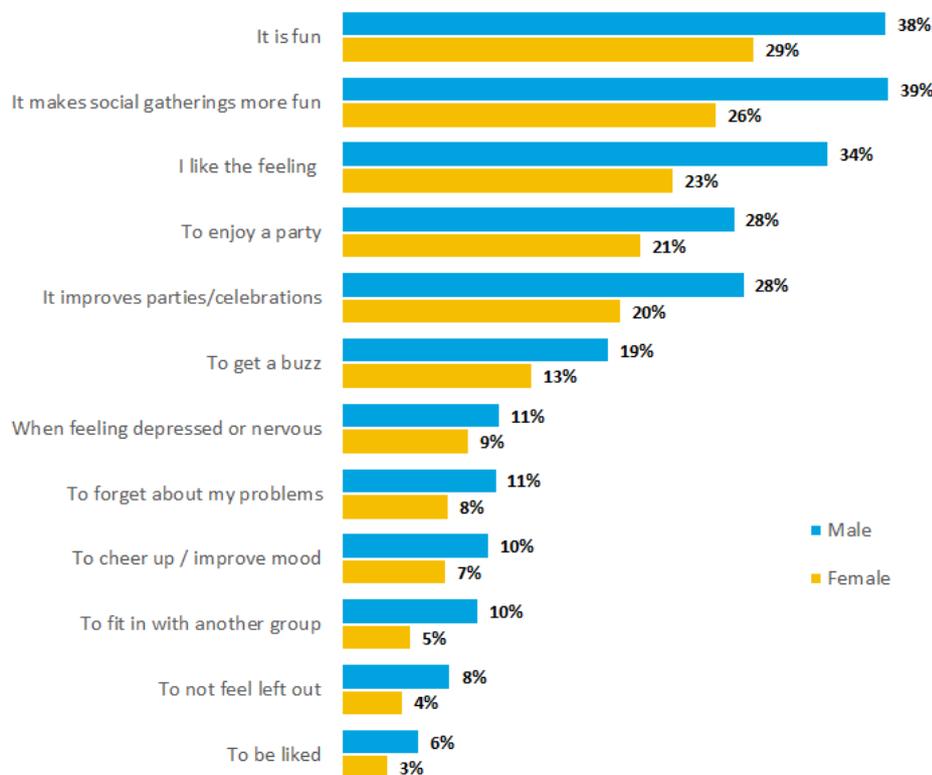
Base: all UK adults who drink alcohol: Total 2017 (n=5,427); Total 2014 (n=1,981)

Women are less likely to drink overall, and this is reflected in the overall drinking motivation results from the survey. Coping motivations for drinking seem to be fairly balanced between men and women, for example, 48% of men say they drink to improve their mood, compared to 45% of women. Also, just over two-fifths of men (42%) say they drink when feeling depressed or nervous compared to a similar proportion of women (40%).

One main difference between men and women is that men are significantly more likely to drink for enhancement reasons. For example, over three quarters (76%) of men say they drink because they like the feeling, compared to 67% of women. A clear difference between genders is that 56% of men drink to get a buzz, whereas only 45% of women have the same motivation for drinking.

A more concerning difference, perhaps, between men and women is that men are significantly more likely also to drink to conform to others. Forty-two percent of men say they drink to fit in with another group, versus just 30% of women. Over a quarter of men (26%) say they drink to be liked, compared to only 16% of women.

Figure 8: Motivations for drinking among male and female drinkers (most or all of the time)



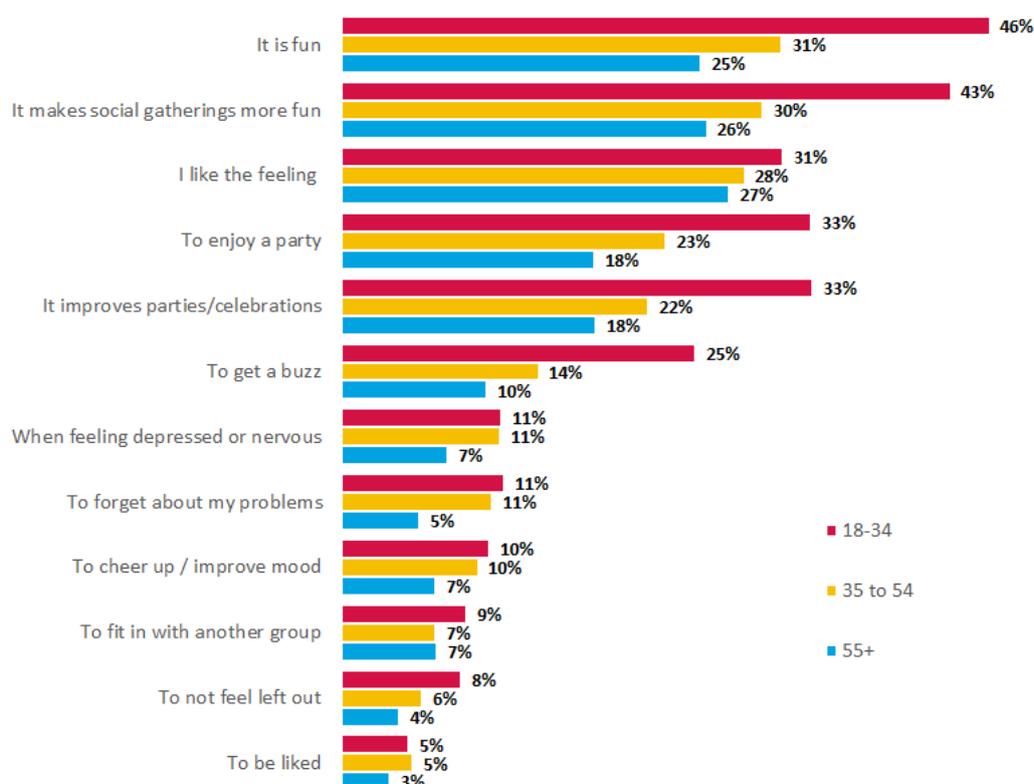
Base: all UK adults who drink alcohol: Men (n=2,766); Women (n=2,661)

Motivations to drink vary substantially between age groups. Younger people aged 18 to 34 are more likely to choose all listed reasons, however, they are much more likely than those aged 35 to 54 and those aged 55 and over to drink for social reasons. For example, 83% of younger people drink to enjoy a party, compared to 69% of middle-aged and 56% of older aged drinkers. Enhancement reasons are also important motivations for drinking among younger people; over two-thirds (68%) of younger people drink to get a buzz compared to only half (50%) of middle-aged drinkers, and a third (33%) of older drinkers aged 55 and over.

Older drinkers, aged 55 and over, are significantly less likely to drink for coping reasons compared to younger or middle-aged drinkers. Only 35% of older drinkers drink alcohol to cheer up or improve their mood compared to over half (54%) of younger drinkers, and 49% of middle-aged drinkers aged 35 to 54.

Whilst the reasons for drinking are more prevalent among young drinkers, there are some key differences between the youngest and oldest drinkers in our sample. Drinkers aged 65 and over are much less likely to be motivated particularly by parties or social gatherings, and to get a buzz from drinking or because it is fun. Forty-seven percent of drinkers aged 18 to 24 say they drink most or all of the time because it is fun, compared to 21% of over 65s; 29% of 18 to 24s are motivated to get a buzz (compared to just 9% of over 65s). Thirty-eight percent of drinkers aged 18 to 24 say they are motivated to drink most of the times or always to enjoy a party compared to 16% of over 65s. (Please see Appendix J for this information)

Figure 9: Motivations for drinking among drinkers across age groups (most or all of the time)



Base: all UK adults who drink alcohol: Aged 18 to 34 (n=1,500); Aged 35 to 54 (n=2,119); Aged 55+ (n=1,808)

Drinkers in higher social grades ABC1 are more likely to choose all listed reasons for drinking than drinkers in lower social grades C2DE; though there are key differences in drinking motivation between these two groups. For example, ABC1 drinkers are more likely to drink because it makes social gatherings more fun compared to lower social grades (81% versus 77% for C2DE), or because it improves parties and celebrations (74% versus 70%).

C2DE drinkers, however, are significantly more likely to drink for coping reasons compared to higher social grades. For example, 44% of C2DE drinkers are motivated to drink when they feel depressed or nervous compared to 38% of ABC1 drinkers. Also, 41% of C2DE drinkers drink to forget about their problems compared to 36% of higher social grade drinkers.

Increasing risk, high risk and drinkers with possible alcohol dependence (using the AUDIT score of 8 or above) are also most likely to drink for enhancement reasons. For example, 93% of increasing, high risk and possible dependence drinkers say they ever drink because it is fun (compared to 67% of low risk drinkers), and 91% ever drink because they like the feeling (compared with 61% of low risk drinkers). Social reasons are the next most common amongst the higher-risk groups; 92% say they drink because it makes social gatherings more fun (compared to 71% of lower risk drinkers).

However, the increasing risk, high risk and drinkers with possible alcohol dependence (using the AUDIT score of 8 or above) are the most likely to exhibit more unhealthy coping motivations for drinking. For example, three-fifths (58%) of these drinkers say they drink to forget about their problems. Fifty-nine percent say they drink when they are depressed or nervous, and 68% say they drink to cheer up from a bad mood.

There are few differences between drinkers of the devolved nations when it comes to their motivations. Overall, Scotland is least likely to drink for coping reasons. For example, 39% of drinkers in Scotland drink to cheer up and improve their mood compared to 47% of English drinkers, 46% of Welsh drinkers and 45% of Northern Irish drinkers.

Notably, drinkers in Northern Ireland are more likely on average to say they drink for personal enhancement reasons. For example, 60% of Northern Irish drinkers say they drink to get a buzz compared to 50% of English drinkers, 51% of Scottish drinkers and 51% of Welsh drinkers.

7 Harmful drinking and moderation

7.1 Prevalence of harmful drinking

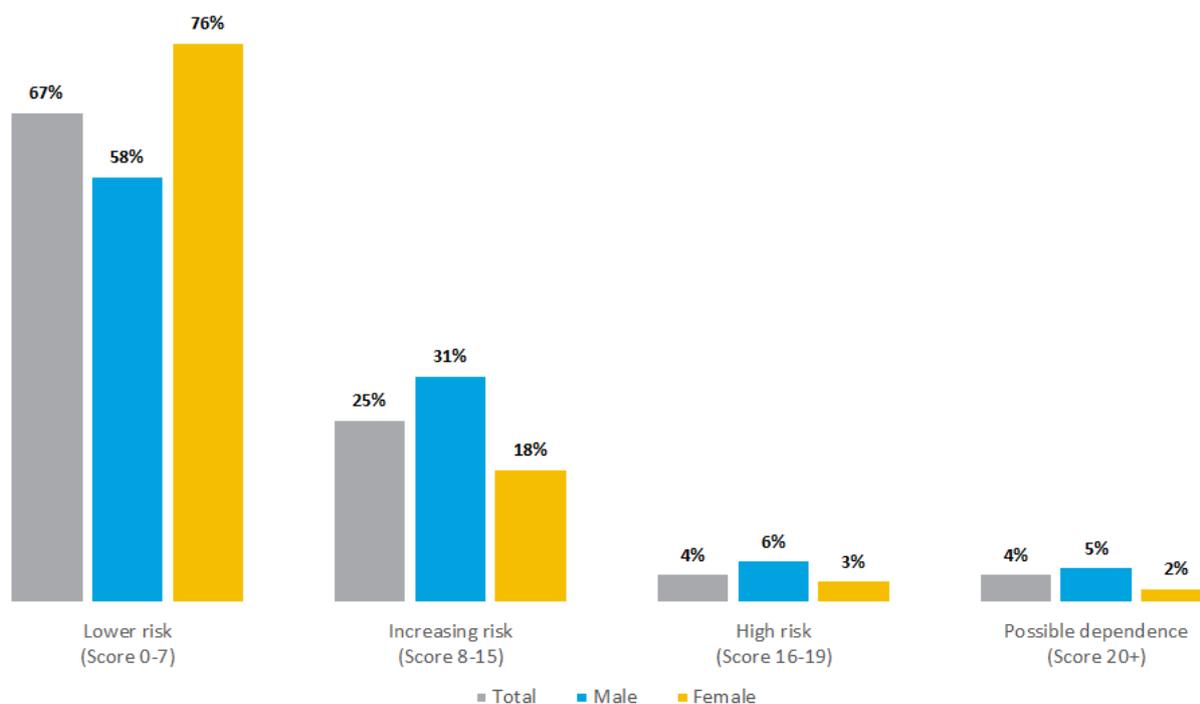
This chapter analyses the extent to which UK adults drink in harmful quantities or frequencies. We also consider some of the potential consequences of drinking in harmful ways.

In our analysis, we define harmful drinking using the Alcohol Use Disorders Identification Test (AUDIT) scoring system. The test is comprised of ten questions ranging from overall frequency, quantity, types of drinking, and behaviour whilst drinking; a score is then created by assigning a number to responses and totalling the figures. A risk score is determined by the following brackets: 'low risk' drinkers, scoring 0-7 throughout the AUDIT questionnaire; 'increasing risk' drinkers scoring 8-15; 'high risk' drinkers scoring 16-19, and 'possible dependence' drinkers scoring over 20.

Overall, two thirds (67%) of the UK population in total fall under the 'low risk' category in the AUDIT measure. A quarter (25%) of the UK adult population fall into the 'increasing risk' category. Eight percent of the UK adult population score above fifteen points in the AUDIT measure, defining them as 'high risk' (4%) or 'possible dependence' drinkers (4%).

Men are significantly more likely to exhibit risky drinking behaviours compared to women. Almost a third (31%) of all adult men in the UK show results of increasing risk when completing the AUDIT measure; this is compared with a fifth (18%) of all UK adult women. While six percent of men exhibit high risk drinking behaviours, three percent of women have high risk drinking behaviours. The gap is wider still with possible dependence drinkers as five percent of men fit this category compared with two percent of women.

Figure 10: AUDIT categories for UK adults



Base: all UK adults: Total (n=6,174); Men (n=3,076); Women (3,098)

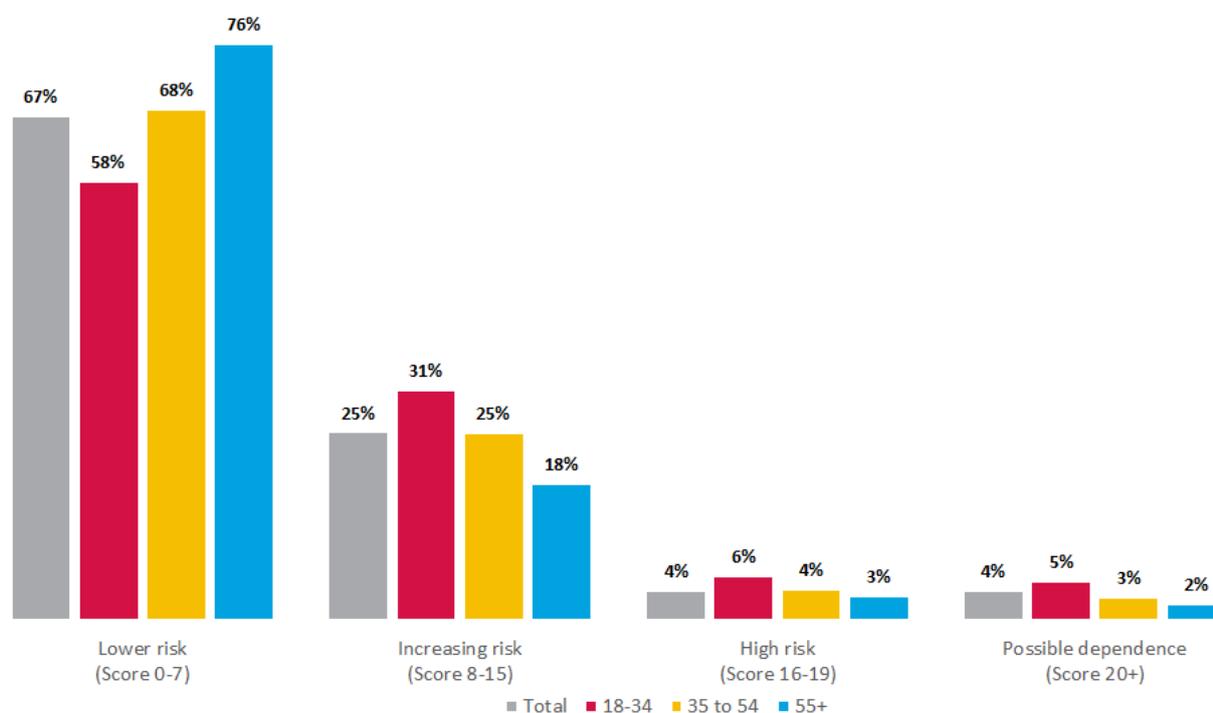
The extent of harmful drinking behaviours differs with age. Older adults in the UK (aged 55 and over) are most likely (76%) to be low risk drinkers (scores 0-7) when answering the AUDIT questions about their drinking behaviour. Younger drinkers (aged 18 to 34), however, are less likely to be low-risk drinkers as only 3 in 5 (58%) score under eight in the AUDIT measure. Middle-aged adults confirm this age pattern by sitting in-between, with 68% of UK adults aged 35 to 54 exhibiting low risk drinking behaviours. Over three quarters (77%) of women this age show an AUDIT score of under eight, compared to 71% of 25 to 34 year olds.

Women aged 18 to 24 are significantly more likely to be increasing risk, high risk or possible dependence drinkers (AUDIT score 8 and above). (Please see Appendix K for more information).

When analysing increasing risk drinking (scores 8-15) behaviour, the age breakdown seen in low risk drinking is inverted. Younger people are more likely to show increasing risk drinking behaviours when completing the AUDIT test. Almost a third (31%) of younger people show increasing risk drinking behaviour whilst 25% of middle-aged adults do, and only 18% of older adults score eight to fifteen points in this measure.

There is little difference in the age breakdown of high risk and possible dependence drinkers. Younger adults are only slightly more likely to be possible dependence drinkers (5%) compared to middle-aged (3%) and older adults (2%).

Figure 11: AUDIT categories for UK adults across age groups



Base: all UK adults: Aged 18 to 34 (n=1,724); Aged 35 to 54 (n=2,396); Aged 55+ (n=1,054)

Adults in upper social grades A, B and C1 (ABC1) are more likely to be in the increasing risk category of drinking behaviour with over a quarter (27%) scoring from eight to fifteen points when answering the AUDIT questions. This is compared to just over a fifth (22%) of lower social grade adults showing increasing risk drinking behaviour. This may be as a result of different drinking occasions, frequency and amount of drinking that upper social grade adults take part in, as shown in other chapters of this report. Conversely, C2DE adults are more likely to be categorised as low risk (70% compared 65%). However there are no significant differences in levels of higher risk/possible dependence drinking: eight percent of both ABC1 and C2DE adults fall into these categories.

Segment 8 has, by far, the highest proportion of high risk and possible dependence drinkers of any segment, with almost half (48%) of this segment scoring above 15 points in the AUDIT measure. This compares to an average of nine percent for all other drinking segments. The next most likely segment to fall under the high risk category of drinking behaviour is the younger Segment 1; 22% of these drinkers score above fifteen in the AUDIT measure.

Looking at the segment breakdown among increasing risk or high risk drinkers (scoring eight or above in the AUDIT test) is a more mixed story. As might be expected, our higher drinking risk segments, Segment 1 and Segment 8, have high proportions in the increasing risk category (59%, and 46% respectively). However, all other segments except Segment 3 have at least 30% of their group drinking at the increasing risk level or higher. Whilst the AUDIT measure is important in identifying the highest-risk segments of the population, other factors differentiate these groups including motivations, drinking occasions and other health measures.

It is important to note the differences between the AUDIT-C and full AUDIT score results. This is especially evident in the differences within segments when comparing the shorter and full versions of the risk calculation. For example, according to AUDIT-C a quarter (25%) of Segment 4 drinkers are categorised as low risk drinkers, whereas this changes to 54% when the full AUDIT is considered. (Please see Appendix A for more information)

7.2 Harmful drinking

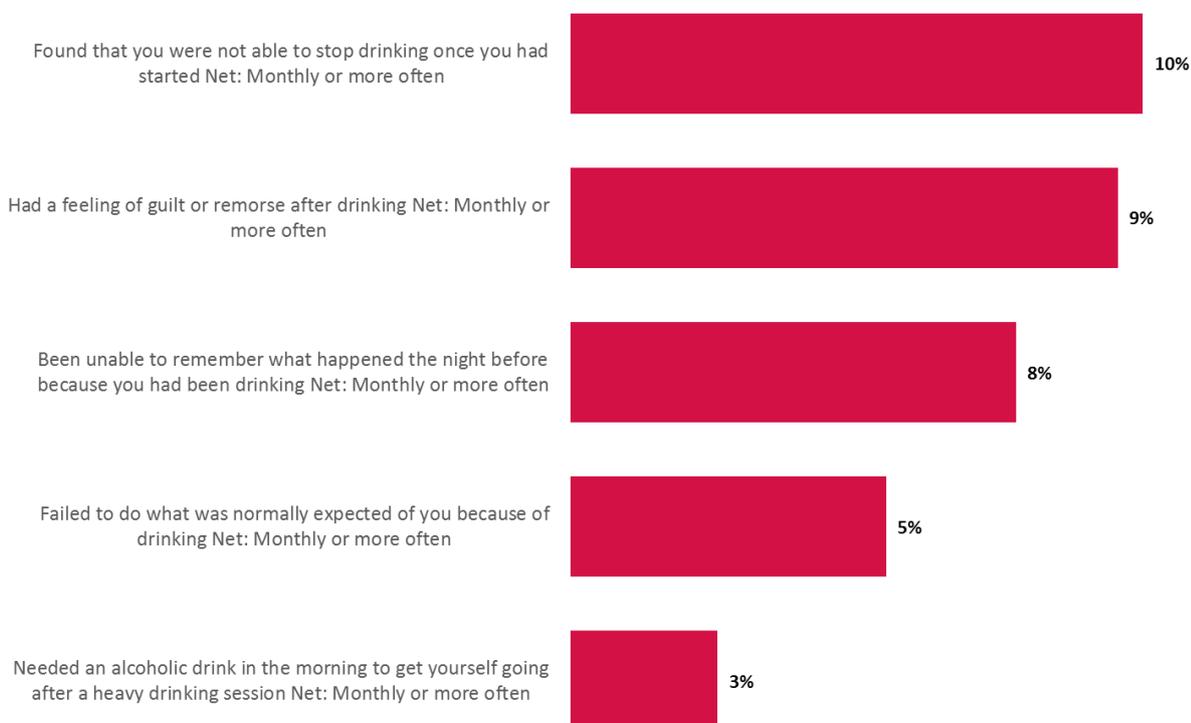
General consequences

There can be many long-term and short-term consequences of drinking. While many of the long-term consequences may be more difficult to definitively measure, short-term effects can often be more commonly experienced by the UK drinking population. When asked how often a range of things have happened to them as a result of drinking over the past 12 months, we see a different picture when looking at a range of groups.

A tenth (10%) of UK adults who drink alcohol say they have found that they had not been able to stop drinking once they had started at least once a month. Another common experience for drinking adults is a feeling of guilt or remorse after drinking, which nine percent experience at least once a month.

Other experiences have more direct consequences on daily life. At least once a month, eight percent have not been able to remember what happened the night before due to drinking alcohol, five percent have failed to do what was normally expected of them due to drinking, and three percent have needed an alcoholic drink in the morning to get going after a heavy drinking session.

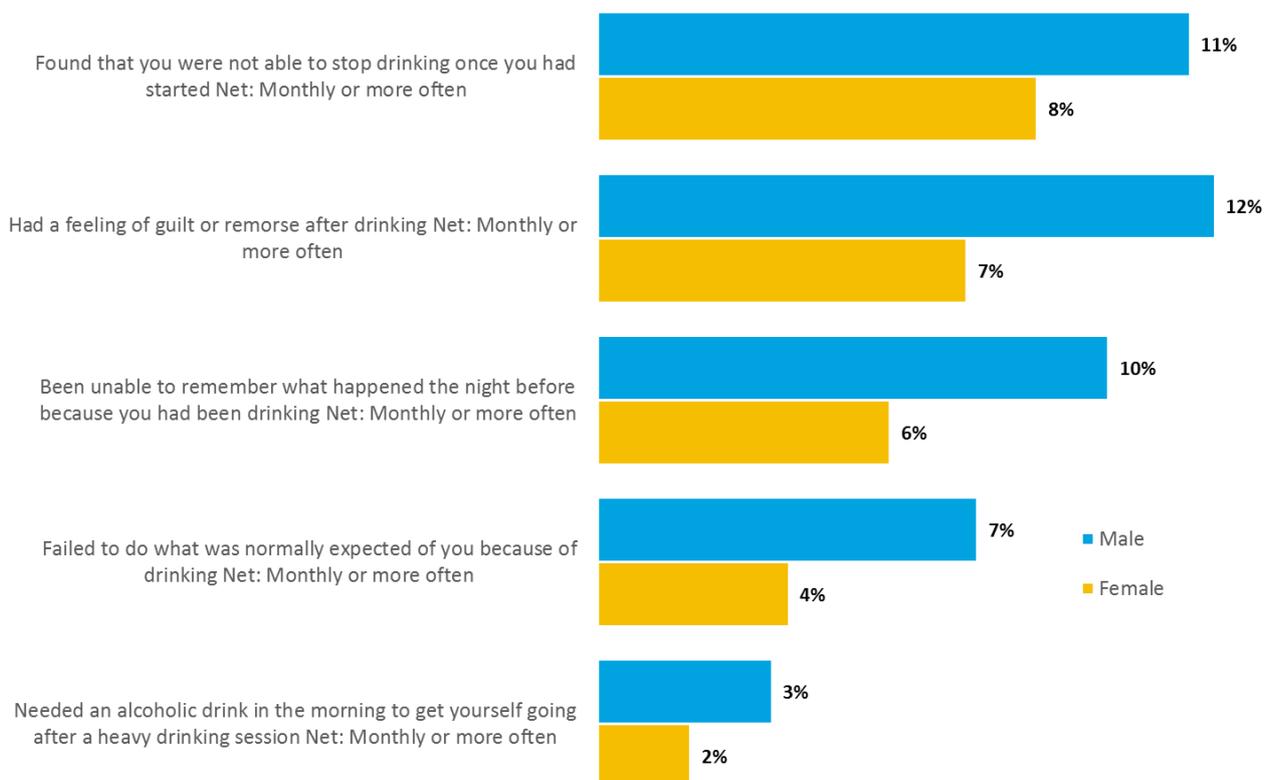
Figure 12: Drinking consequences experienced by UK drinkers over the past 12 months (monthly or more often)



Base: all UK adults who drink alcohol (n=5,427)

As with other measures of drinking behaviour and experience, there are key differences between men and women in their common experiences due to drinking. Men are much more likely, compared to women, to say that they found they were not able to stop drinking once they had started at least once a month (11% versus 8%). Also, men were significantly more likely to say that at least once a month they had a feeling of remorse or guilt after drinking (12%, versus 7% of women).

Figure 13: Drinking consequences experienced by male and female UK drinkers over the past 12 months (monthly or more often)

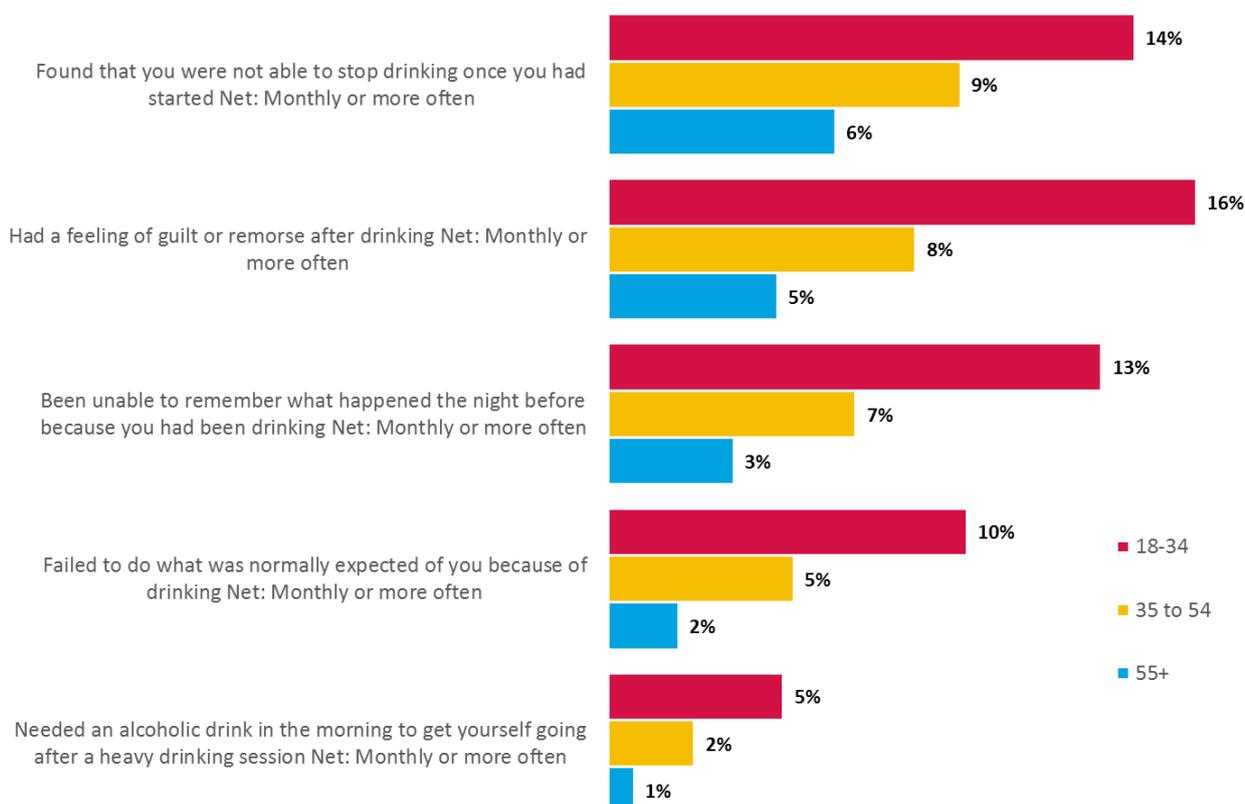


Base: all UK adults who drink alcohol: Men (n=2,766); Women (n=2,661)

Overall, short-term experiences and consequences of drinking alcohol are more common among young drinkers (aged 18 to 34). The largest difference is seen amongst those who feel remorse or regret after drinking. Sixteen percent of young people say they experience this at least once a month, compared to only eight percent of middle-aged drinkers (aged 35 to 54) and just five percent of older drinkers (aged 55 and over).

Young drinkers are also much more likely to have been unable to remember what happened the night before due to drinking. Thirteen percent of those aged 18 to 34 have experienced this at least once a month, compared to seven percent of middle-aged drinkers and just three percent of older drinkers.

Figure 14: Drinking consequences experienced by UK drinkers across age groups over the past 12 months (monthly or more often)



Base: all UK adults who drink alcohol: Aged 18 to 34 (n=1,500); Aged 35 to 54 (n=2,119); Aged 55+ (n=1,808)

Whilst overall there are few differences between social grades and the common consequences of their drinking behaviour, almost three-quarters (73%) of C2DE drinkers have never had a feeling of guilt or remorse due to drinking alcohol, compared to 69% of ABC1 drinkers.

Drinkers in England and Wales are least likely to have been unable to remember what happened the night before due to drinking alcohol (27%), compared to a third of Northern Irish drinkers (34%). Eight percent of Northern Irish drinkers have needed an alcoholic drink to get themselves going after a night of heavy drinking, compared to five percent of English or Welsh drinkers and four percent of Scottish drinkers.

Analysing the consequences that have been experienced as a result of alcohol among our drinking segments highlights key differences between them. Segment 8 drinkers are most likely to have ever felt guilt or remorse after drinking (59%), to have been unable to remember what happened the night before due to drinking (56%) and to have ever found that they were unable to stop drinking alcohol once they had started (53%).

Injury as a result of drinking

One serious consequence of drinking alcohol is physical injury. When the drinking population was asked if they, or someone else, had ever been injured as a result of their drinking, 14% said yes; three percent of which said this had happened in the past year.

Men are significantly more likely to say that their drinking has injured them or someone else. Seventeen percent of men say that this was the case, compared to 11% of women.

Younger drinkers, aged 18 to 34 are the most likely group to say they or someone else has ever been injured as a result of their drinking, with over a fifth (22%) saying so. This is compared to 13% of middle-aged drinkers (aged 34 to 54), and seven percent of older drinkers (aged 55 and over).

Segment 1 and Segment 8 drinkers are most likely to say that they or someone else has been injured by their drinking (27% and 26% respectively). These drinking segments are also the most likely to say this personal injury or injury to someone else has occurred during the past year (10% and 8% respectively).

Concern from family, friends or health professionals

Outside perspectives can sometimes show signs to drinkers that their drinking behaviour may be harmful. When asked if a relative, friend, a doctor or medical health professional has been concerned about their drinking habits or suggested they cut down, 12% of drinkers in the UK say they have experienced this. Five percent of UK drinkers say that someone has shown concern about their drinking in these ways sometime in the past year.

As with the other indicators of harmful drinking behaviour, men are more likely than women to have experienced an outside voice being concerned about their drinking or even suggesting they cut down. Seventeen percent of men say a relative, friend or health professional has been concerned about their drinking or suggested they cut down, this is compared to only eight percent of women who have experienced this. Seven percent of men say this has happened within the past year, compared to three percent of women.

Younger drinkers are most likely to say that someone has been concerned about their drinking. Fourteen percent of younger people say someone has shown concern about their drinking, compared to 11% of middle-aged, and 12% of older people. Six percent of younger people say this concern has occurred in the past year.

Drinkers' risk scores during the AUDIT test correlate highly with reported outside concern, with the majority of high-risk drinkers saying that a relative, friend or health professional has been concerned about their drinking behaviour or suggested they cut down. Sixty-three percent of high-risk or possible dependence drinkers say that someone has been concerned about their drinking. There is a significant drop-off though as only 19% of 'increased-risk' drinkers say that someone has been concerned or suggested they cut down their drinking, suggesting that people may more often be inclined to intervene in the most extreme of cases, rather than for any risky drinking behaviour.

Almost half (49%) of Segment 8 drinkers say that a relative, friend or health professional has shown concern about their drinking behaviour or suggested they cut down. As with the AUDIT score analysis with this question, it seems that the people in drinkers' lives may only be inclined to intervene in the most extreme of cases, as shown by the rate at which this happens in another relatively high-risk drinking population, Segment 1 (21%).

Mental wellbeing

Using the SWEMWBS scoring system, there are key differences in mental wellbeing measures to be seen for high risk and possible dependence drinkers (AUDIT) compared to low risk drinkers. Forty-seven percent of both high risk and possible dependence drinkers report having low mental wellbeing (a SWEMWBS score of 7-21). In comparison, over two thirds (70%) of low risk drinkers have high mental wellbeing (SWEMWBS scores of 28 or higher).

In addition to levels of mental wellbeing as measured using the SWEMWBS scoring system, we can see, to a certain extent, a correlation between high risk alcohol consumption behaviour and the incidence of some mental disorders. This is especially the case for conditions such as depression. Of those with high risk or possible dependence (AUDIT) drinking behaviour 51% have experienced depression, 24% have experienced alcohol or drug dependence and 13% have experienced a nervous breakdown.

7.3 Health and lifestyle

A range of lifestyle factors inform the drinking segments' make-up and the drinking behaviour patterns of the UK adult population. Previous research has successfully assessed overall risk from combined lifestyle behaviours by looking at the occurrence of smoking, poor diet, lack of exercise and alcohol consumption^{16,17}, and a similar approach was adopted here. These lifestyle factors were included in the segmentation of drinkers as part of the combined risk score in this report. This section outlines the main findings when considering drinking segments, drinking behaviour and elements of a healthy or unhealthy lifestyle.

Exercise

The majority of drinkers in the UK report doing at least 30 minutes of exercise per week (86%). Segments 3 and 8 show the lower end of health with 18% and 24% respectively reporting no exercise of any kind each week. Segments 7 and 4 show the highest levels of exercise with 94% and 91% respectively doing at least 30 minutes of exercise per week, with 63% and 62% respectively reporting at least 2 and a half hours of exercise per week.

¹⁶ Buck, D. & Frosini, F. (2012). Clustering of unhealthy behaviours over time: implications for policy and practice. *The Kings Fund* Retrieved from https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

¹⁷ Watts, P. Buck, D., Netuveli, G. & Renton, A. (2015). Clustering of lifestyle risk behaviours among residents of forty deprived neighbourhoods in London: Lessons for targeting public health interventions. *Journal of Public Health*, 38 (2): 308-315 ([link](#))

Diet

As an indicator of a healthy diet, the survey asked participants how many portions of fruit or vegetables they consume on a typical day; with five or more indicating a more balanced diet.

Segment 4 have the highest proportion eating five or more portions of fruit or vegetables a day (34%), with Segment 7 and Segment 3 also having five or more portions a day (32% and 29% respectively). Segment 8 is the least likely to have this balanced diet with only 17% eating five or more portions of fruit and vegetables in a typical day.

Smoking

Segments 7 and 3 show a healthier lifestyle with smoking, too, with 58% and 57% respectively never having smoked in their lifetimes. Ninety-one percent of Segment 4 drinkers do not smoke currently, along with 89% of Segment 3 and Segment 7 drinkers.

Segment 8 are the most likely to have ever smoked (77%) and are the most likely to be current smokers (44%).

Table 6: Health and lifestyle by Segments

Segment:		1	2	3	4	5	6	7	8
Daily fruit & veg	5 portions or more	21%	24%	29%	34%	22%	22%	32%	17%
	Under 5 portions	79%	76%	71%	66%	78%	78%	68%	83%
Smoking	Never smoker	43%	53%	57%	51%	44%	50%	58%	23%
	Former smoker	26%	34%	32%	41%	30%	30%	31%	34%
	Smoke but not every day	17%	4%	2%	4%	6%	9%	5%	9%
	Daily smoker	0.14	0.09	0.09	0.05	0.20	0.11	0.06	0.34
Weekly exercise	150 mins or more	57%	55%	50%	62%	47%	56%	63%	39%
	30 to 149 mins	31%	33%	31%	29%	37%	30%	31%	35%
	Under 30 mins	12%	12%	19%	9%	16%	13%	6%	26%
BMI ¹⁸	Healthy weight	50%	46%	34%	41%	39%	46%	50%	29%
	Net: Overweight/obese	43%	50%	64%	59%	57%	50%	47%	70%

¹⁸ A healthy BMI score is between 18.5 and 25.0

7.4 Likelihood of increased health problems

A fifth of the UK drinking population say that it is likely that they would have increased health problems in the future if they continue to drink at their current level. On the other hand almost three quarters (73%) think their current drinking level is unlikely to lead to increased health problems in the future, with seven percent saying they don't know.

Men are significantly more likely than women to say it is likely they will have increased health problems in the future if they continue to drink at their current level (24% versus 16%).

There are differences between age groups in terms of the proportions who think it is likely that they will have increased health problems in the future if they continue to drink at their current level. A fifth (21%) of both 18 to 34 year olds and 35 to 54 year olds think this is likely, compared to 18% of older drinkers aged 55 and over.

Drinkers in social grades ABC1 are significantly more likely to think their current drinking levels will mean they have increased health problems in the future (21% of ABC1 drinkers compared to 18% of C2DE drinkers).

When looking at both AUDIT-C and full AUDIT scores, we see the pattern that the higher risk drinker someone is, the more likely they think it will be that they would have increased health problems in the future if they continued their current drinking levels. Just five percent of low-risk AUDIT-C drinkers say this outcome is likely; almost a third (31%) of increasing-risk drinkers think this is likely, whereas over three-quarters (78%) of high-risk AUDIT-C drinkers think this outcome is likely if their alcohol consumption levels are maintained.

This pattern holds true when considering the full AUDIT scoring. Six percent of lower-risk drinkers (scoring 0 to 7) think increased health problems in the future are likely if they continue drinking as they do. A third (33%) of increasing risk drinkers (scoring 8 to 15) think this is likely, as do 70% of high risk drinkers (scoring 16 to 19) and 80% of possible dependence drinkers (scoring 20 and over).

Significantly more male drinkers in the increasing risk AUDIT category think their drinking behaviour is not likely to cause health problems in the future; 16% do not think so compared to only 9% of females in the increasing risk AUDIT category.

The two drinking segmentation groups with high risk drinking behaviour both recognise the likelihood that their current drinking levels, if maintained, will lead to increased health problems in the future. 69% of Segment 8 recognise that their current behaviour will likely increase health problems for them in the future, as do 39% of Segment 1 drinkers. Among the moderate risk drinking segments 4, 5 and 6 it is over a quarter who expect future health problems linked to their drinking (27%, 27% and 30%, respectively).

7.5 Perceptions of own drinking levels

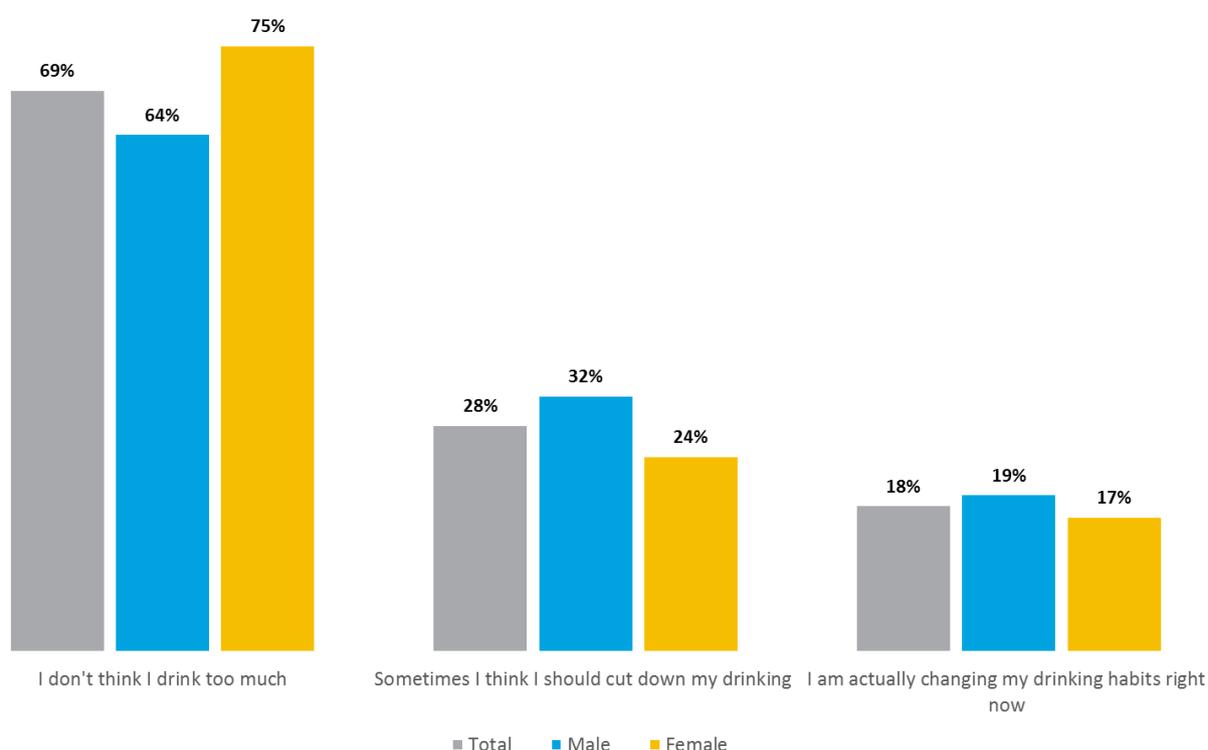
Though many consequences of drinking are well known and publicised, perceptions of these risks among the UK drinking population differ with the actual risk that drinking alcohol can cause for different sections of the population. The majority of drinkers (69%) say they don't think they drink too much when asked.

The differences in drinking experiences and behaviour between men and women had some influence on risk-perception, however, three-quarters (75%) of women say they don't drink too much compared to 64% of men; perhaps showing to some extent that men recognise their more frequent and heavy drinking overall in comparison to women.

Almost a third (32%) of men say they sometimes think they should cut down their drinking, compared to 24% of women.

Almost a fifth (18%) of the UK drinking population say they are changing their drinking habits right now.

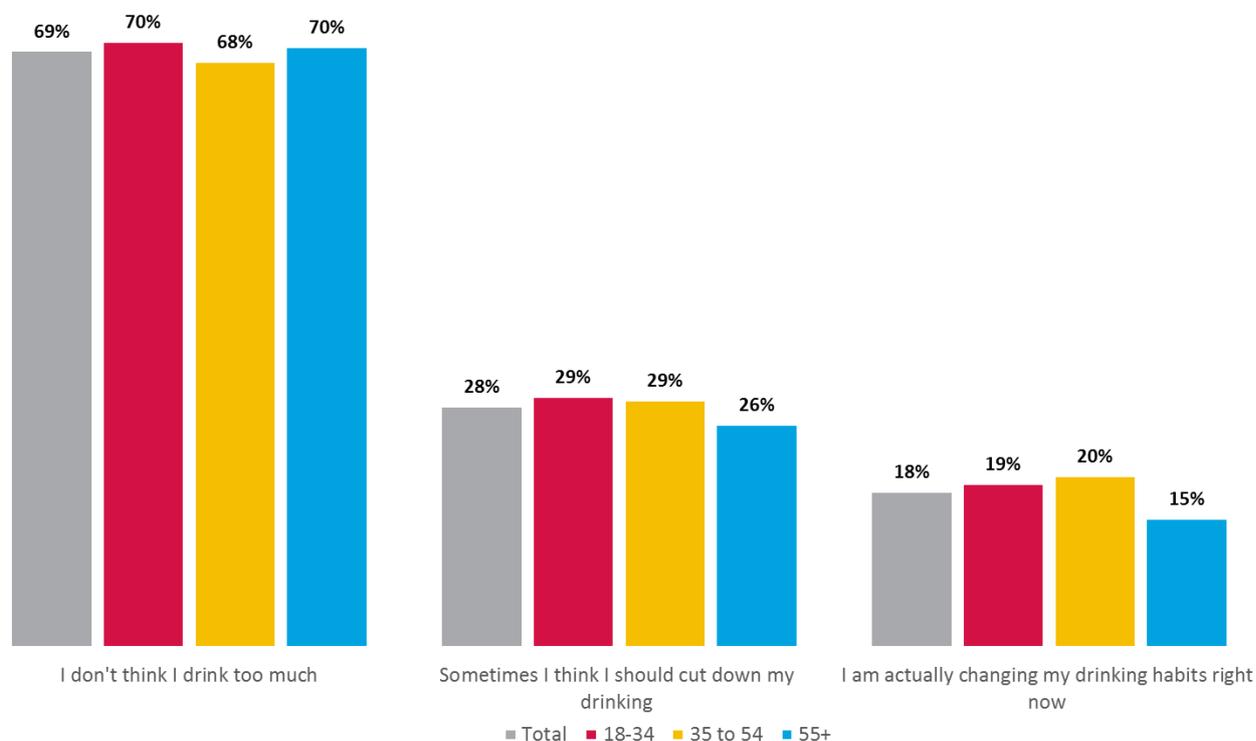
Figure 15: UK drinkers' perception of the need to cut alcohol consumption



Base: all UK adults who drink alcohol: Total (n=5,427); Men (n=2,766); Women (n=2,661)

Whilst most age groups perceive their drinking behaviour in the same way, older drinkers (aged 55 and over) are least likely to say they are actually changing their drinking habits right now (15% versus 19% of 18 to 24 year olds and 20% of 35 to 54 year olds). Between the younger age groups, 25 to 34 year olds are more likely to think they should cut down their drinking compared to 18 to 24 year old drinkers (32% compared to 24%).

Figure 16: UK drinkers' perception of the need to cut alcohol consumption across age groups



Base: all UK adults who drink alcohol: Total (n=5,427); Aged 18 to 34 (n=1,500); Aged 35 to 54 (n=2,119); Aged 55+ (n=1,808)

C2DE drinkers are significantly more likely to think that they do not drink too much compared to ABC1 drinkers in the UK (71% versus 67%). However, ABC1 drinkers are as likely to say they are actually changing their drinking habits right now (19% compared to 17% of C2DE drinkers).

Perception of harmful drinking does broadly match drinking levels, with those who measure as 'higher-risk' in the AUDIT test more likely to say that they do need to cut down their drinking. It is however noticeable that a fifth (21%) of 'high-risk' or 'possible dependence' drinkers (scoring over 16 during the AUDIT test) think that they do not drink too much. This is true for around half (45%) of 'increasing-risk' drinkers, and 87% of 'low-risk' drinkers. Among male low-risk drinkers it is 88% and among female low-risk drinkers it is 92% who think that they do not drink too much.

This increasing recognition of excessive drinking also shows among the risk groups when asked if they are actually doing things now to cut down their alcohol consumption. Two-fifths (41%) of higher-risk or possible dependence drinkers said they are doing something now to cut down on their drinking. It is noticeable that the proportion is slightly lower among possible dependence drinkers with 39% who say they are taking measures to cut down, compared with 42% of higher-risk drinkers who say this. Twenty-eight percent of increasing-risk and 10% of lower-risk drinkers say they are taking measures to cut down.

Drinkers in Scotland and Northern Ireland are most likely to think they do not drink too much, with just under three quarters (72%) agreeing. This is compared to 69% of English drinkers and 68% of Welsh drinkers. There are, however no differences between nations in the proportion of drinkers who say they are actually doing something to cut down.

Following on from the risk score comparisons for this question, higher risk drinking segments for the most part, are also the least likely to think they do not drink too much. Segment 8 drinkers, the highest risk drinkers, are the least likely to say they think they do not drink too much (17%). Half (50%) of Segment 1 drinkers think they do not drink too much. Fifty-nine percent of Segment 6 drinkers don't think they drink too much, along with 58% of Segment 5 drinkers and 47% of Segment 4 drinkers – a high proportion considering the moderate risk scores for this group.

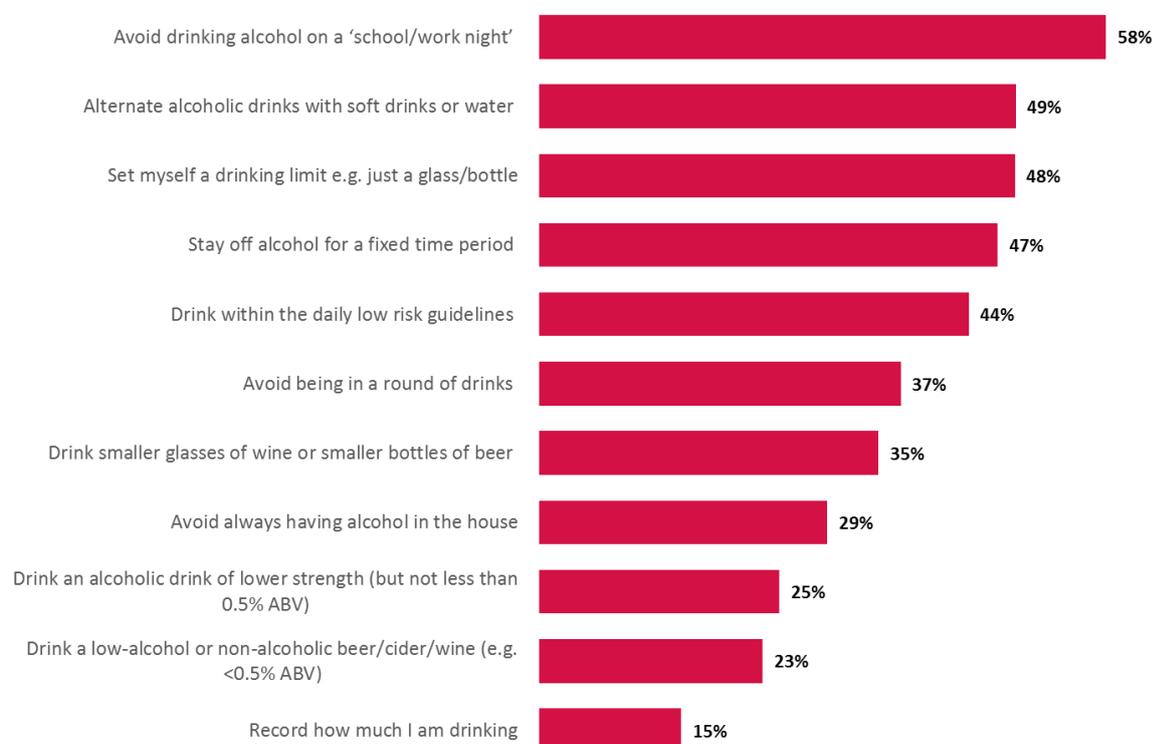
7.6 Moderation techniques

As we have seen above, around a fifth (18%) of UK drinkers say they are doing something now to cut down their alcohol consumption. Asking all drinkers which methods they are employing or have done in the past to cut down drinking shows that some methods are much more popular than others, and with different groups.

At least two fifths of the UK drinking population have utilised certain scheduling or planning methods to cut down on their alcohol consumption such as avoiding drinking on a school night (58%), alternating alcoholic drinks with soft drinks or water (49%), setting themselves a limit (e.g. just one glass or bottle) (48%) or staying off alcohol for a fixed time-period (47%).

Other methods are less common overall and tend to require detailed planning or knowledge of the alcoholic content of alcoholic drinks; such as recording how much they drink (15%), drinking low-alcohol or no-alcohol beers/wines (23%) or drinking alcoholic drinks with lower alcohol content than usual (25%).

Figure 17: Methods employed by UK drinkers when attempting to reduce alcohol consumption (currently doing, or have done in the past)

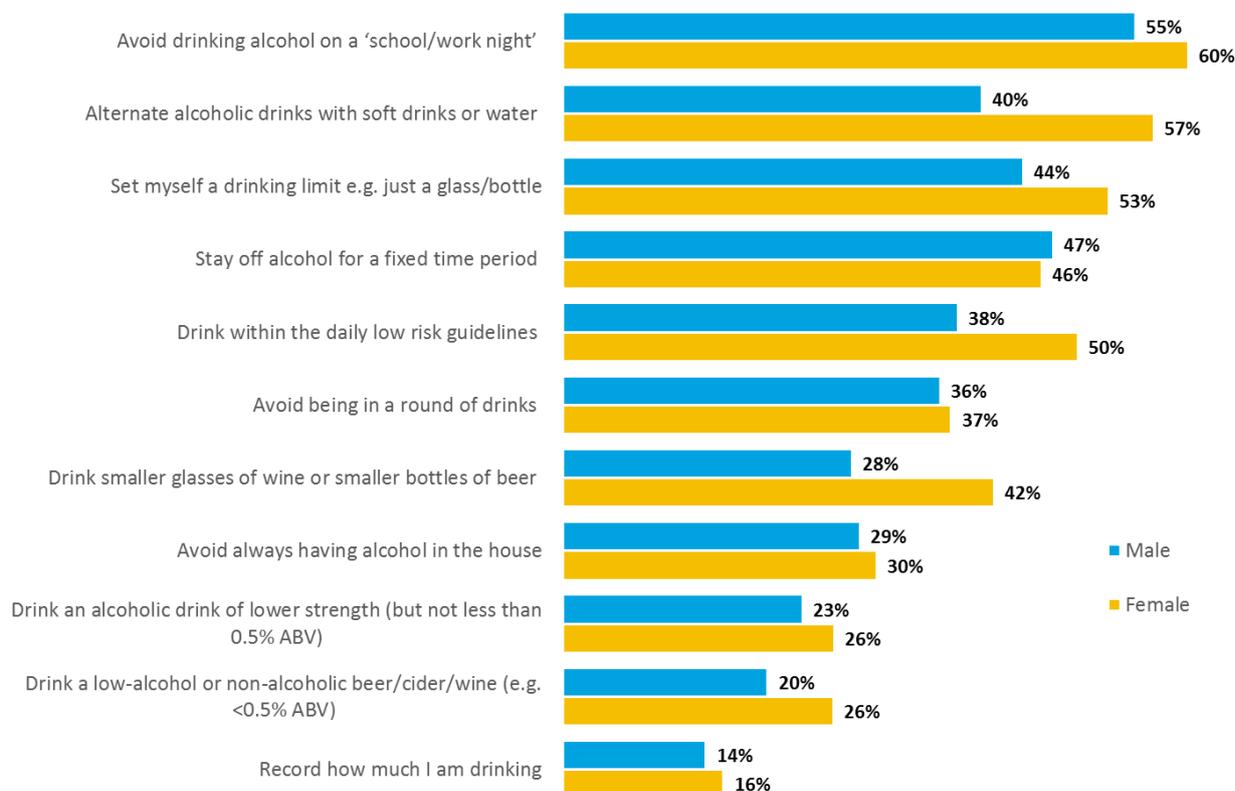


Base: all UK adults who drink alcohol (n=5,427)

Whilst methods of reducing alcohol intake such as avoiding alcoholic drinks on a school or work night are the most common among men and women, there are key differences between their preferred methods for cutting down.

Women are much more likely to alter what they drink when drinking more than one alcoholic drink, and to have alternated alcoholic drinks with soft drinks or water (57% versus 40% of men). They are also much more likely to drink smaller glasses of wine or beer in order to cut their alcohol consumption (42% versus 28% of men). Finally, women are also more likely to be receptive to official advice by saying that they 'drink within daily guidelines' (50% versus 38% of men). In respect to the wording of this, it should be noted that the current low risk drinking guidelines published in 2016 does not offer a daily but a weekly limit (as discussed earlier).

Figure 18: Methods employed by male and female UK drinkers when attempting to reduce alcohol consumption (currently doing, or have done in the past)

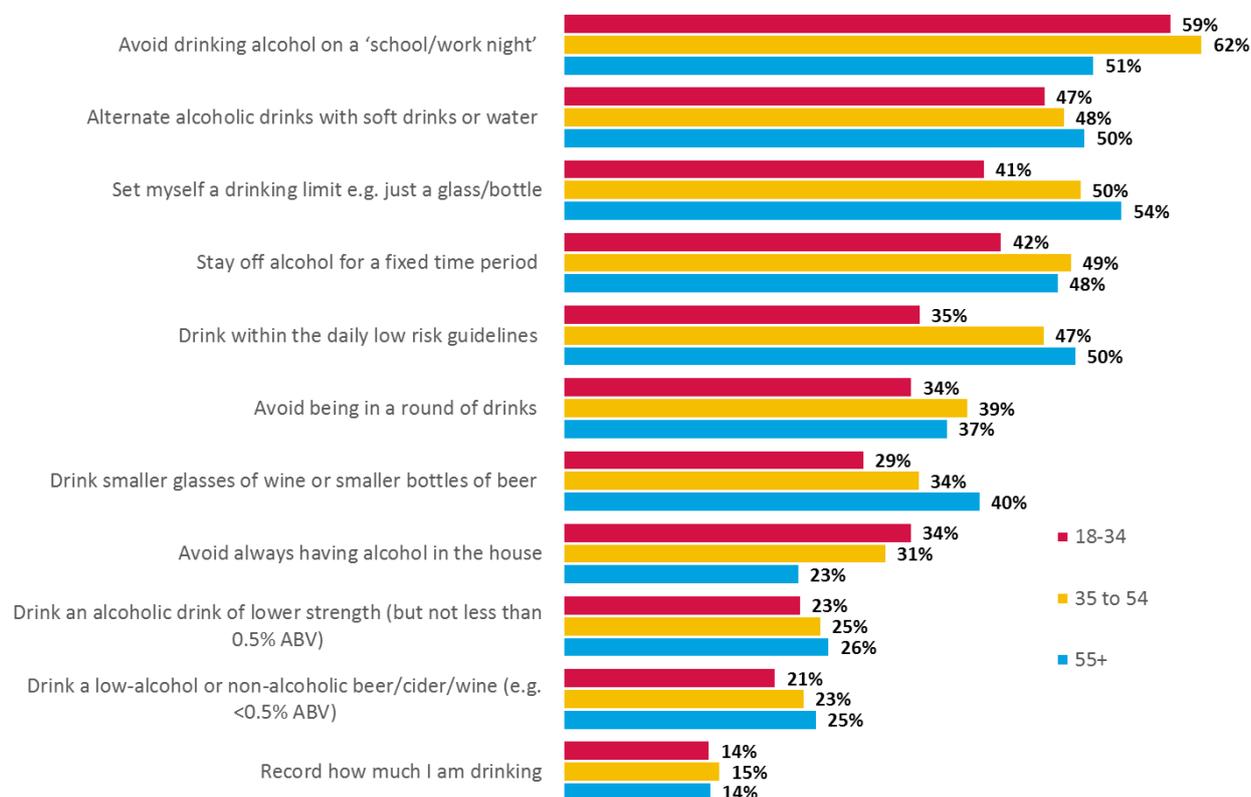


Base: all UK adults who drink alcohol: Men (n=2,766); Women (n=2,661)

Methods of cutting alcohol consumption differ for different age groups. Younger people (aged 18-34) are more likely to employ methods avoiding alcohol altogether in certain situations such as avoiding drinking on school nights (59% versus 51% of older drinkers aged 55+), and avoiding keeping alcohol in the house (34% versus 23% of older drinkers).

Older drinkers are far more likely than others to limit themselves when they do drink, such as setting themselves a limit (54% versus 41% of younger drinkers), and drinking within the guidelines (50% versus 35%) - note that low risk drinking guidelines are now weekly, not daily.

Figure 19: Methods employed by UK drinkers across age groups when attempting to reduce alcohol consumption (currently doing, or have done in the past)

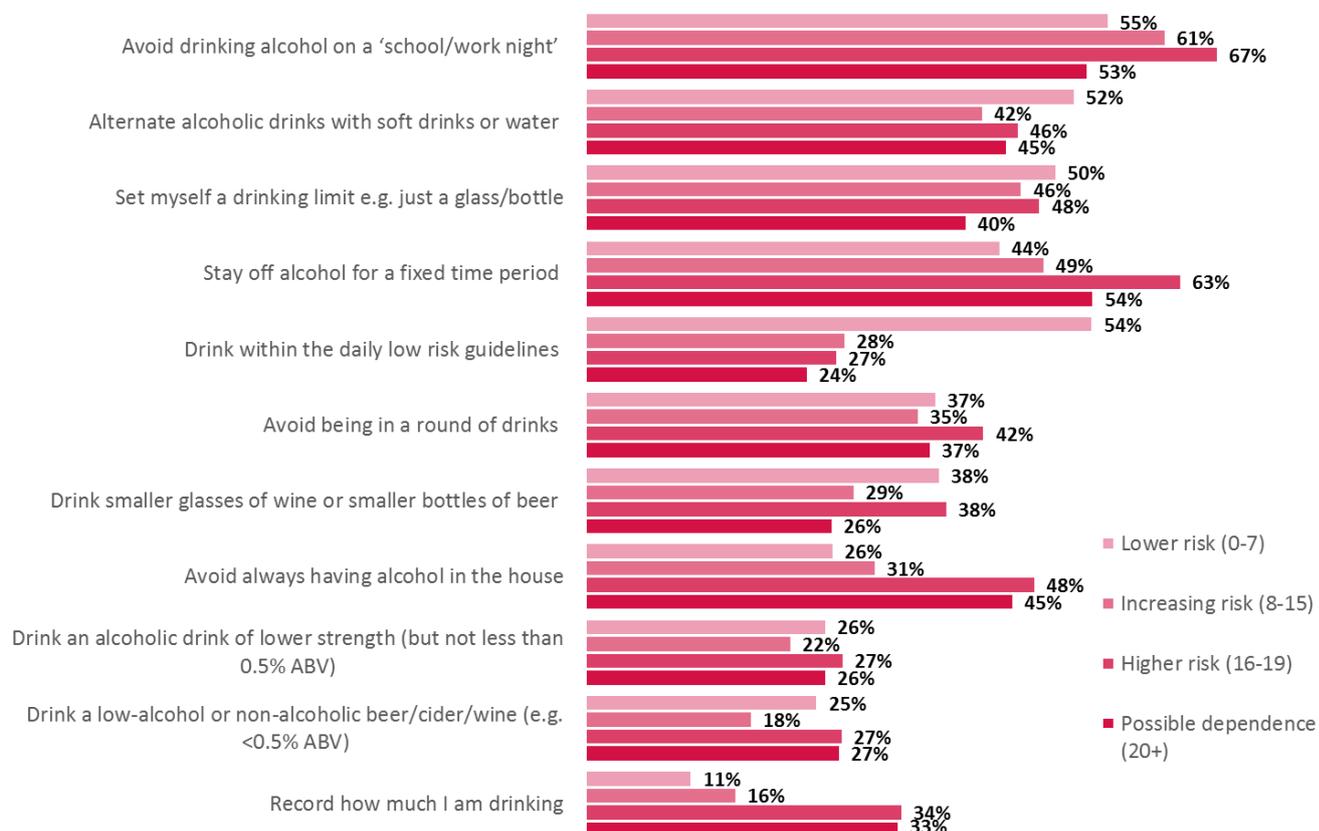


Base: all UK adults who drink alcohol: Aged 18 to 34 (n=1,500); Aged 35 to 54 (n=2,119); Aged 55+ (n=1,808)

ABC1 drinkers are much more likely to employ methods limiting the amounts of alcohol consumed when drinking, such as drinking smaller glasses of wine or beer when drinking (70% have done, are doing, or would consider this versus 66% of C2DE drinkers). C2DE drinkers on the other hand are more likely to avoid alcohol altogether as a technique, for example, avoiding keeping alcohol in the home (56% have done or would consider, versus 52% of ABC1 drinkers).

When considering the methods that people with different levels of risky drinking behaviour (measured by AUDIT) have employed in the past or use now to cut down their drinking consumption, high risk drinkers are consistently less likely to use, or have used, any method of cutting down compared to lower or increasing risk drinkers. The only method of cutting down which high risk drinkers are the most likely to have used is recording their alcohol consumption. A third (32%) of high-risk drinkers use or have used this method of cutting down their drinking compared to 16% of increasing-risk drinkers and 11% of low-risk drinkers.

Figure 20: Methods employed by UK drinkers across AUDIT scores when attempting to reduce alcohol consumption (currently doing, or have done in the past)



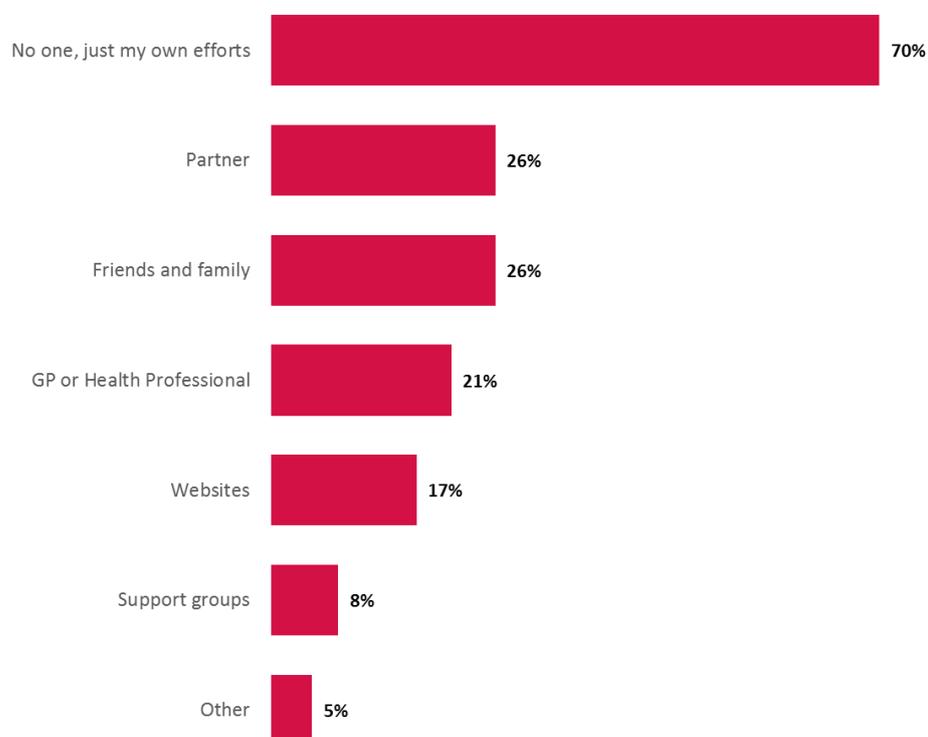
Base: all UK adults who drink alcohol: 'Low-risk' 0-7 (3,424); 'Increasing-risk' 8-15 (1,515); 'Higher-risk' 16-19 (263); 'Possible dependence' 20+ (225)

Drinkers in Northern Ireland are most likely to avoid keeping alcohol in the home as a way of cutting down their alcohol consumption (62% have done or would consider, versus 57% of Welsh drinkers, 56% of Scottish drinkers and 53% of English drinkers).

Cutting-down success

The data suggest that drinkers do not feel that there are many avenues of support for those wishing to lower their alcohol consumption and to choose less risky drinking behaviours, or at least those that exist do not appear to be attractive to them. When UK drinkers were asked if/when they tried to cut down the amount of alcohol they drink and which options for help would they turn to for support and advice, a majority of over two-thirds (70%) said they wouldn't use any option and only use their own efforts.

Figure 21: Sources of support and advice when choosing to reduce alcohol consumption (currently doing or would do)



Base: all UK adults who drink alcohol (n=5,427)

Women are more likely overall to say they would employ an option at all, but other than trying to cut down on their own, women are most likely to say they would turn to friends and family for support and advice (28% versus 24% of men).

Older people aged 55 or over are the most likely age group to say they would do it alone (81% versus 72% of those aged 35 to 54, and 58% of younger people aged 18 to 34).

C2DE drinkers were more likely to say they would turn to a GP or health professional for advice and support (23% compared to 20% of ABC1 drinkers). However, ABC1 drinkers were more likely to say they would turn to their partner for advice and support with cutting their alcohol consumption (28% compared to 23% of C2DE drinkers).

Support groups remain relatively unpopular with drinkers, with only eight percent of drinkers saying they would turn to a support group for advice and support in this situation.

Another factor in successful and healthy habit-forming in relation to alcohol can also be a drinkers' willingness to commit to and stick with a 'sacrifice' of immediate gratification in order to achieve a greater reward in the future; a sense of deferred gratification. Deferred gratification can be measured by the monetary choice score (explained further in the method section).

When analysed by the monetary choice score (explained in the method section) – the eight drinking segments show some correlation between higher-risk drinking and lower monetary choice scores, meaning that they are less likely to sacrifice an experience of immediate gratification (e.g. a desired drink now) in order to achieve a benefit in the future (e.g. better health and wellbeing). Around a quarter (27%) of Segment 8 drinkers score low (up to 33%). On the other hand, Segment 6 and Segment 3 drinkers are more likely to score high monetary choice scores of 74% to 100% (20% and 18% respectively), meaning that they are more likely to commit to delayed gratification. See the appendices for the detailed breakdown of these scores by segment.

There is also a correlation between the AUDIT score and the monetary-choice score, with possible dependence drinkers more likely to score the lowest monetary-choice score of up to 33% (26%). This is compared to just 18% of low risk drinkers. Seventeen percent of low-risk drinkers have the highest monetary-choice score of 74% to 100%. (Please see Appendix F for more information).

8 Appendices

Appendix A: Segment breakdown 1

Segment:	1	2	3	4	5	6	7	8	All drinkers
Median units per week	19	2.9	-	15	9.4	5.4	8	40	5.5
AUDIT score	Lower risk (0-7)	19%	69%	96%	54%	41%	69%	5%	63%
	Increasing risk (8-15)	59%	30%	4%	40%	39%	27%	46%	28%
	Higher risk (16-19)	11%	1%	-	5%	8%	12%	3%	5%
	Possible dependence (20+)	11%	0%	0%	1%	4%	9%	1%	4%
AUDIT-C score	Low risk	10%	43%	90%	25%	43%	50%	3%	49%
	Increasing risk	85%	57%	10%	72%	63%	54%	66%	47%
	Higher risk	5%	0%	-	3%	1%	4%	1%	3%
Top drinking occasion (weekly)	Evening or night out with friends		A small number of drinks at home with a partner as a couple	A small number of drinks at home with a partner as a couple	Drinking at home alone	A small number of drinks at home with a partner as a couple	A small number of drinks at home with a partner as a couple	Drinking at home alone	A small number of drinks at home with a partner as a couple
	I don't think I drink too much (% agree)	50%	87%	93%	47%	58%	72%	17%	69%
Readiness to change	Sometimes I think I should cut down my drinking (% agree)	50%	14%	5%	48%	37%	23%	76%	28%
	I am actually changing my drinking habits right now	22%	10%	7%	31%	23%	16%	35%	18%
Gender	Male	60%	52%	40%	54%	49%	49%	65%	51%
	Female	40%	48%	60%	46%	51%	51%	35%	49%
Age	18-34	60%	42%	21%	16%	33%	38%	18%	32%
	35 to 54	27%	32%	43%	39%	45%	34%	42%	38%
	55+	14%	26%	37%	45%	22%	28%	39%	31%
	18-24	37%	17%	7%	3%	16%	18%	11%	13%
Age (5-way) 18-24 / 25-34 / 35-44 / 45-54 / 55+	25-34	23%	25%	13%	13%	16%	27%	13%	19%
	35-44	15%	18%	18%	18%	26%	19%	16%	18%
	45-54	12%	14%	24%	21%	19%	16%	18%	20%
	55+	14%	26%	37%	45%	22%	20%	28%	31%
Perception of health risk in the future (due to current drinking)	Likely	39%	7%	3%	27%	27%	17%	69%	20%
	Unlikely	50%	92%	92%	62%	65%	80%	11%	73%



Appendix B: Segment breakdown 2

Segment:	1	2	3	4	5	6	7	8	All drinkers
Social Grade	61%	62%	49%	63%	44%	51%	63%	53%	55%
	39%	38%	51%	37%	56%	49%	37%	47%	45%
SWEMWBS	27%	17%	34%	13%	63%	46%	21%	45%	31%
	58%	54%	47%	54%	31%	43%	57%	46%	49%
	16%	29%	19%	32%	6%	11%	22%	10%	20%
	23.76	25.20	23.39	25.63	20.79	22.34	24.60	22.09	24.00
% drinking over 14 units per week	58%	19%	2%	53%	40%	29%	28%	84%	30%
% 'binge' drinking weekly or more often	46%	9%	1%	22%	20%	20%	8%	72%	17%
To enjoy a party	41%	63%	3%	14%	45%	51%	6%	22%	24%
When you feel depressed or nervous	3%	4%	0%	2%	51%	36%	2%	20%	10%
To cheer up when you are in a bad mood	7%	1%	0%	1%	50%	28%	1%	16%	9%
I like the feeling	40%	55%	3%	32%	59%	45%	11%	48%	29%
To get a buzz	26%	34%	1%	6%	40%	43%	3%	20%	16%
It makes social gatherings more fun	61%	77%	4%	24%	51%	62%	13%	33%	33%
To fit in with a group you like	4%	7%	1%	2%	7%	54%	1%	5%	7%
It improves parties and celebrations	42%	60%	1%	16%	38%	59%	8%	24%	24%
To forget about your problems	6%	2%	1%	1%	45%	32%	3%	20%	9%
It's fun	63%	74%	3%	36%	46%	59%	17%	39%	34%
To be liked	1%	1%	0%	1%	2%	44%	2%	2%	4%
So you won't feel left out	4%	2%	0%	1%	2%	57%	1%	3%	6%
Social reasons	98%	100%	61%	90%	96%	99%	84%	81%	84%
Enhancement reasons	99%	99%	54%	94%	99%	96%	84%	94%	83%
Coping reasons	66%	53%	30%	62%	100%	86%	60%	83%	58%
Conformity reasons	57%	49%	29%	42%	46%	100%	44%	54%	47%

Appendix C: Overall combined risk score method

The combined risk score is comprised of the scoring system summarised in the table here. The overall health system applies to those who drink more than 14 units in a typical week. In terms of the risk from alcohol consumption the levels were based on the analysis informing the 2016 Chief Medical Advisors' guidelines¹⁹.

If Weekly Units = 0-14, Risk Index = 0	
If Weekly Units= 14.01+, score as follows:	
	Scoring
Weekly alcohol units	
14.01-18 (F) or 14.01-23 (M)	1
18.01-22 (F) or 23.01-30 (M)	2
22.01-26 (F) or 30.01-37 (M)	3
26.01-30 (F) or 37.01-43 (M)	4
30.01-34.9 (F) or 43.01-49.9 (M)	5
35+ (F) or 50+ (M)	6
Weekly Exercise	
150 mins or more	0
30 to 149 mins	0.5
Under 30 mins	1
Fruit & Veg	
5 portions or more	0
Under 5 portions	1
Smoking	
Never smoker	0
Former smoker	0.33
Smoke but not every day	1.66
Daily smoker	2
SUM of Weekly units + Weekly Exercise + Fruit & Veg + Smoking	

¹⁹ Holmes J et al. (2016) '[Mortality and morbidity risks from alcohol consumption in the UK: Analyses using the Sheffield Alcohol Policy Model \(v.2.7\) to inform the UK Chief Medical Officers' review of the UK lower risk drinking guidelines](#)', ScHARR, University of Sheffield

Appendix D: Overall combined risk score by segment

Segment:		1	2	3	4	5	6	7	8
Combined Health Risk score	0	42%	81%	98%	47%	60%	71%	72%	16%
	Net: 1 - 3.83	15%	15%	1%	32%	20%	12%	18%	4%
	Net: 4 - 5.83	17%	3%	0%	12%	10%	5%	8%	16%
	Net: 6 or higher	26%	1%	0%	9%	9%	12%	3%	64%
	Mean score	3.1	0.58	0.06	1.94	1.67	1.42	0.98	5.92

Appendix E: Risk perception by segment

Segment:		1	2	3	4	5	6	7	8
Thinking about your alcohol consumption, how likely or not do you think it is that you would have increased health problems in the future if you continue to drink at your current level?	Very likely	9%	2%	1%	5%	8%	7%	2%	33%
	Fairly likely	30%	6%	2%	22%	18%	23%	15%	36%
	Not very likely	38%	46%	25%	49%	43%	39%	48%	9%
	Not at all likely	12%	45%	68%	13%	22%	24%	32%	1%
	Don't know	10%	1%	4%	12%	9%	8%	3%	20%

Appendix F: Monetary choice score by segment

Segment:		1	2	3	4	5	6	7	8
Monetary choice score	Up to 33%	19%	15%	17%	15%	20%	23%	17%	27%
	37% - 44%	22%	20%	22%	27%	28%	22%	24%	25%
	48% - 56%	24%	25%	21%	23%	22%	17%	21%	21%
	59% - 70%	19%	26%	21%	21%	16%	18%	21%	16%
	74% - 100%	16%	13%	18%	15%	13%	20%	17%	11%

Appendix G: Segmentation analysis process

Initially we conducted factor analysis to reduce the number of variables. Factor analysis is used to group questions/variables into similar areas. This identifies questions which are answered similarly by respondents and reduces the number of variables to be included in the cluster analysis.

We then conducted cluster analysis following a two stage process:

1. Stage 1 involves Hierarchical clustering, which is an iterative process starting with each respondent as its own cluster and joining the two closest clusters to give a solution with one less cluster. This process is repeated until all respondents are in a single cluster. This provides a range of solutions all of which contain well differentiated segments.
2. In Stage 2, the clusters identified in stage 1 undergo K-means clustering to ensure the respondents in all the clusters as similar to each other as possible. K-means clustering starts with a specific number of clusters, for instance six cluster centres are identified (using the centres of the clusters identified in stage 1). Then each respondent is allocated to the cluster centre they are closest to. This process is then repeated until all respondents are allocated to the cluster they currently sit within.

Appendix H: Segmentation across England regions

Segments	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
1	7.8%	9.5%	8.3%	4.0%	4.5%	4.8%	11.0%	7.0%	7.6%
2	6.0%	11.2%	11.3%	8.6%	9.8%	11.1%	10.4%	12.9%	10.3%
3	30.7%	23.1%	23.6%	34.1%	27.3%	23.7%	21.3%	25.3%	25.6%
4	9.4%	12.0%	13.2%	12.8%	12.0%	11.1%	11.6%	11.1%	11.9%
5	11.5%	10.3%	9.0%	6.3%	6.3%	8.0%	6.4%	6.8%	9.2%
6	8.0%	6.9%	6.3%	8.1%	9.2%	7.1%	9.1%	6.1%	5.9%
7	9.9%	8.7%	9.0%	10.0%	10.6%	13.0%	13.0%	14.1%	13.9%
8	6.7%	7.0%	6.3%	4.5%	5.2%	5.2%	4.7%	5.6%	4.6%
Non-Drinkers	9.9%	11.3%	12.9%	11.8%	15.3%	15.9%	12.6%	11.1%	11.0%

Appendix I: Drinking Occasions by age

Dinking Occasions	Total	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Drinking at home alone at least once a week	20%	12%	16%	20%	25%	23%	22%
A small number of drinks at home with the family at least once a week	13%	15%	12%	13%	14%	11%	14%
A small number of drinks at home with a partner as a couple at least once a week	26%	11%	26%	26%	27%	29%	34%
Several drinks at home with a partner at least once a week	13%	6%	12%	14%	15%	15%	15%
Getting together at your or someone else's house at least once a week	6%	12%	10%	4%	4%	3%	2%
Going out for a meal at least once a week	6%	7%	8%	6%	4%	5%	6%
Evening or night out with friends, with no drinking at home at least once a week	8%	12%	10%	5%	7%	8%	6%
Mixed home drinking and night out with friends at least once a week	4%	14%	7%	2%	2%	2%	1%

Appendix J: Drinking Motivations by age

#	Total	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
To enjoy a party	24%	38%	30%	26%	19%	20%	16%
When you feel depressed or nervous	10%	13%	10%	12%	10%	9%	6%
To cheer up when you are in a bad mood	9%	12%	9%	11%	8%	7%	6%
Like the feeling	29%	35%	29%	30%	26%	29%	26%
To get a buzz	16%	29%	22%	17%	11%	11%	9%
It makes social gatherings more fun	33%	46%	41%	34%	26%	27%	25%
To fit in with a group you like	7%	9%	9%	6%	7%	7%	6%
It improves parties and celebrations	24%	34%	33%	24%	19%	18%	18%
To forget about your problems	9%	11%	12%	12%	9%	7%	4%
It's fun	34%	47%	45%	35%	27%	29%	21%
To be liked	4%	4%	5%	5%	5%	4%	3%
So you won't feel left out	6%	9%	8%	6%	6%	6%	2%
Net: Any social reasons	84%	92%	92%	85%	82%	77%	74%
Net: Any enhancement reasons	83%	89%	90%	86%	80%	77%	73%
Net: Any coping reasons	58%	67%	68%	66%	58%	48%	41%
Net: Any conformity reasons	47%	59%	56%	47%	42%	38%	37%

Appendix K: AUDIT by age and gender

AUDIT score		18-24		25-34		35-44		45-54		55+	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Full AUDIT score	Lower risk (0-7)	48%	62%	50%	71%	59%	74%	58%	80%	68%	85%
	Increasing risk (8-15)	37%	30%	35%	22%	31%	20%	32%	16%	25%	12%
	Higher risk (16-19)	8%	4%	8%	5%	6%	4%	5%	2%	4%	2%
	Possible dependence (20+)	8%	5%	7%	2%	4%	2%	5%	2%	3%	2%
AUDIT- C score	Lower risk (0-4)	41%	53%	41%	63%	44%	66%	48%	68%	50%	71%
	Increasing risk (5-10)	57%	47%	55%	36%	54%	33%	45%	30%	45%	27%
	Higher risk (11-12)	2%	1%	4%	1%	3%	1%	7%	2%	6%	1%

Appendix L: Confidence levels of drinking risk by average unit consumption per week

When results are compared between sub-groups, different results may be obtained. The difference may be 'real', or it may occur by chance. 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.

Figure	Base size	% in survey	Confidence interval	Minimum %	Maximum %
Proportion of drinkers classified as low risk (2017)	6,174	74.1	+/- 1.1%	73.0	75.2
Proportion of drinkers classified as medium risk (2017)	6,174	21.6	+/- 1.0%	20.6	22.6
Proportion of drinkers classified as high risk (2017)	6,174	5.3	+/- 0.5%	4.8	5.8
Proportion of drinkers classified as low risk (2014)	2,294	70	+/- 1.9%	68.1	71.9
Proportion of drinkers classified as medium risk (2014)	2,294	22	+/- 1.7%	20.3	23.7
Proportion of drinkers classified as high risk (2014)	2,294	8	+/- 1.1%	6.9	9.1