

# How we can better support At Risk drinkers (and their Friends & Family)

*“I feel like I’m depending on it... it’s a nice evening, I should be out now, going for a nice walk or going in the gym and I should be doing that and I’m not, i’m coming home getting comfy and slobbering in front of the telly with a glass of wine”*

At Risk drinker

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# 1. EXECUTIVE SUMMARY

As part of Drinkaware's broader ambition to be a supportive and empathetic organisation, research was sought to understand the support needs of At Risk drinkers (defined as those who score 16+ on the WHO AUDIT Score), and their Friends & Family to help moderate their drinking. Research showed, quite clearly, that online services have a huge potential to support both audiences, but the support information, advice and tools required by At Risk Drinkers are quite different from their Friends & Family.

## AT RISK DRINKERS

The research showed that although At Risk Drinkers may be aware they drink *too much*, many of the depictions they see of 'problem drinking' aren't relatable and are dismissed as 'not them'. Any support that Drinkaware offers needs to anchor to real-life depictions of risky drinking behaviours to better reflect the nuance of people's own experience. This also includes metrics that are easier for people to understand. By speaking the same language and empathising, Drinkaware will be able to help people recognise themselves and so better connect with them.

In addition, to fuel the motivation to change, Drinkaware needs to piggyback onto what people already care about, in the here and now. This means helping to connect the dots between drinking too much and what motivates them in their everyday lives such as losing weight, their mental & physical health, saving money and their relationships.

In summary, the research identified a number of ways High Risk drinkers can be better supported to make change, especially via online information, advice and tools. They include:

1. **Increase the salience of their drinking and build awareness that they might need to change** - Drinkaware need to help them recognize the link between alcohol and their wider lifestyle goals
2. **Tap into the motivation they already have to make a change** - Drinkaware need to create empathy and understanding by positively talking about moderation and reassuring that change is possible
3. **Support them to work out what changes they can make that are relevant to their drinking behaviours** - Drinkaware need to help people identify the right moderation tips and strategies that are best suited to their lifestyle
4. **Help them put their plan into action and maintain change over time** - use the Drinkaware app to show the progress they've made and top up their inspiration to stick to their plan

## THEIR FRIENDS & FAMILY

Friends & Family are motivated to help moderate the drinking of At Risk drinkers but they frequently feel powerless, not knowing where to start or who to turn to - it can be a very lonely experience. And the experiences (and hence related support needs) can be quite different for spouses and partners who are living with an At Risk Drinker compared to a more distant concerned friend or family member. Reassuring them that they're not alone - as well as empowering them to navigate the drinking of their loved one - helps them feel as though they're in the right place while also giving some agency about their situation.

A number of triggers were identified, where a spouse, family member or friend is prompted to seek help. These range from noticing an increase in the volume or frequency of drinking, to seeing the negative impact their drinking has on relationships to the more extreme triggers (including hospitalisations, altercations with the police and public arguments). These triggers are a powerful opportunity to connect with friends and family which is why it's critical that Drinkaware reflects their full breadth from the smaller events they experience at home to the bigger incidents they experience in public.

The research identified how spouses/partners, friends and wider family can be better supported to help moderate the drinking of someone they really cared about:

1. **Reassure them they're not alone and empower them to help** - Drinkaware need to help them feel they've come to the right place as well as give some agency that they can do something about their situation
2. **Equip and support them with tools/services to help them and their loved ones** - Drinkaware need to provide guidance as well as practical steps
3. **Provide ongoing support and reassurance from someone who understands** - Drinkaware need to recognise that this process can feel 'stop-start' and sometimes quite hopeless (especially when their loved one falls 'off the wagon'!)

## 2. INTRODUCTION

### 2.a Background and aims

Drinkaware have been looking at how to better support the UK's riskiest drinkers to help reduce their drinking. In particular, what they can provide online by way of information, advice and tools that will make a difference to this audience. This aim follows Drinkaware's ambition to become a more supportive and empathetic organisation. In addition to risky drinkers, Drinkaware were also keen to explore what support they can offer Friends & Family who are living with or intimately connected to heavy drinkers.

### 2.b Methodology

This was a qualitative study with an emphasis on gaining rich insight to uncover genuine opportunities to better connect with and support Higher Risk and Possible Dependent drinkers (i.e. 'At Risk' drinkers), as well as their Friends & Family. Research fieldwork was conducted in September 2021.

We primarily used a longitudinal online methodology conducted over 10 days with participants' identity hidden. This allowed people to be more honest and confident in sharing their experiences of drinking and attempts at change (or of living with problem drinkers). Full details of methodology, see the appendix.

### 2.c Who we spoke to

We included two key audiences within this study: AT RISK DRINKERS and SUPPORTERS (Friends & Family of At Risk drinkers).

#### AT RISK DRINKERS (N=15 At Risk Drinkers + N=6 Former At Risk Drinkers)

These were people whose consumption patterns and behaviours were identified as problematic (or used to be problematic) using the World Health Organisation's Alcohol Use Disorders Identification Test ([AUDIT](#)). This is a series of questions that not only look at how much and how often people drink but also how drinking impacts other areas of their life (e.g. feeling guilt or remorse, having trouble getting going in the morning after drinking). In total our sample included three key groups:

	AUDIT SCORE / description	N=21
Possible Dependent	20+	5
Higher Risk	16-19	10
Former At Risk Drinkers 'Positive Changer'	Former Possible Dependent or Higher Risk who have made positive changes to their drinking habits	6

#### SUPPORTERS OF AT RISK DRINKERS (N=9)

These were people who were worried about the drinking levels of a close friend, family member or partner who they would classify as a 'possible dependent' or 'higher risk' in terms of their drinking. In total we spoke to N=9 supporters - covering a range of relationships including spouse, partner, sibling, wider family member, and friend.

### 2.d Limitations of the research

We sought to develop a sample framework and design a robust methodology that would surface the subconscious drivers and barriers to decision making and behaviour. However, there are limitations which need to be recognised, these include:

- There is evidence to show that people routinely under-report their alcohol consumption in surveys. This was born out through the research when a truer picture of volume and frequency of consumption emerged and contrasted with participants original self-classification
- In addition, the heaviest drinkers are less willing to participate in studies such as this. Within this study we experienced two dropouts who classified as Possible Dependents, as well as one drop out classified as Higher Risk Drinker. NB. These did not affect overall sample numbers as over recruitment allowed for this
- Please note, this was a qualitative study with a low sample size to allow us to gather deep insight from participants.

#### **Note on terminology: *At Risk drinkers***

Although we know there is no risk free level of drinking, throughout this report we have used the term 'At Risk drinkers' to differentiate between lower risk drinkers and higher risk ones (as defined in 2.c)

## 3. UNDERSTANDING AT RISK DRINKERS

### 3.a Depicting the At Risk drinkers

At Risk drinkers may be aware that they drink ‘too much’ but they struggle to relate their own behaviours and experiences to many depictions of ‘problem drinkers’. The depictions they regularly see and hear online and in literature anchor to **extreme stereotypes or metrics** and are quickly dismissed as ‘not them’, ‘not realistic’ and not relevant.

#### ‘The alcoholic stereotype’

Unable to identify their drinking with this negative image of a ‘problematic drinker’ so reject the idea that their behaviours are truly problematic

*“I wouldn’t consider myself as a problem drinker because I have a pretty good job, fairly happy, got a fiancé and stuff...you wouldn’t consider that a problem drinker”*

**Male, Higher Risk**

#### ‘Anything above 14 units per week’

Unrealistic and limiting to current lifestyle (e.g. 7 pints of lager a week / 7 glasses of wine a week)

*“It feels so extreme, if alcohol is your lifestyle it feels like a ridiculous goal, it’s literally only a bottle and a half a week, where in a dinner party you’d consumer that or more in a night”*

**Male, Higher Risk**

To better connect with At Risk drinkers, **we need to anchor to real-life depictions** that are much easier for them to relate to and reflect the nuance of their own experiences. We also need **drinking metrics that feel realistic** in today’s normalised drinking culture in the UK.

*“[talking about a real-life story highlighted online] Sven’s story was amazing - so honest and honestly quite relatable in a lot of ways. I think this is an important thing - far from this being a problem of a down-and-out sitting on a park bench somewhere, an alcoholic can just as easily have a high-flying career.”* **Female, Higher Risk**

*“The Dr said this is a lot, you should cut it down but 14 units a week is tiny... I’d be surprised if anyone sticks to that”* **Male, Higher Risk**

Using negative language such as ‘high risk’ or ‘problematic’ can lead to them switching off. They’re more likely to feel judged and defensive and a lot less open to any advice.

*“I said I drink 3 bottles of wine a week and was told I drink more than 90% of females my age which I don’t believe but also don’t find helpful or encouraging”* **Female, Higher Risk**

## UNDERSTANDING AT RISK DRINKERS

There are many more **realistic anchors** that they already see in their own lives and will be more able to relate to:

frequently say yes to a drink despite pledging they wouldn't drink that evening

or

having a sense of shame and anxiety about what they did or said the night before

or

feeling unproductive and can't be bothered to do anything

*"I keep thinking I want to go to the gym but if I had a drink the night before then I'm so tired I don't wanna go to the gym, I can't be bothered. My life is so busy anyway with work, I'm a single parent and if I have had a drink it affects you so much."* **Female, Higher Risk**

These are the anchors that reflect their lives, their contexts and circumstances. **By reflecting these back we're better able to help them recognise themselves and connect in the first place.**

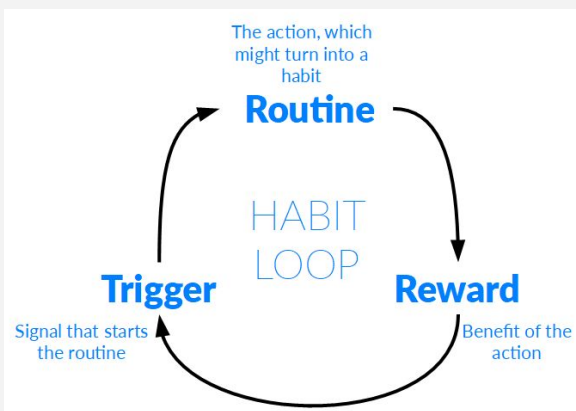
### 3.b Breaking down the habits of At Risk drinkers

When At Risk drinkers think about their own drinking behaviours, they **rarely relate to the language of 'units consumed'**. If anything, this language has a tendency to alienate and disengage.

*"I usually glaze over things like units and even calories, but comparing it to things like an ice cream sundae or a pizza, yes that's something I can understand"* **Female, Higher Risk**

People tend to recognise their drinking through the **habits** they've developed around it. The regular patterns they fall into time and again that shape when they drink. To be open to support, they first need to think 'that's me, I do that!'

The habit loop is a useful way to think about the formation — and breaking — of habits. By **showing and reflecting back their own habits**, we have a better chance of connecting and supporting positive change for people. There are 3 core components that form their drinking habit loop:



Duhigg, Charles. (2012) *The power of habit*

The **TRIGGER** in their environmental or social context that prompts them to have a drink

The **ROUTINES** they adopt for how they typically drink

The **REWARDS** they feel when they drink



**These are the triggers, routines and rewards we heard from our At Risk drinkers:**

**TRIGGERS** - Their triggers to drink are quite varied and are experienced by any of the following combinations: time of day, place, feelings, other people or other things they're doing at the time.

*"When I finish work at 5 o'clock I just go straight to the fridge to open a bottle of wine, that's the first thing I do"* **Female, Higher Risk**



**ROUTINES** - The routines they've adopted are around how much and how often they drink (in their own language) as well as the type of alcohol they typically drink:

*"All our socialising revolves around drinking...we've had to try finding other hobbies because otherwise it's so easy to not have a single drink free day"* **Male, Higher Risk**



**REWARDS** - The rewards our At Risk drinkers get from drinking are emotional, either to attain a different emotional state or escape how they're currently feeling.

*"For myself in particular, alcohol is practically a balm, a way of relaxing after the stresses of a day."* **Male, Higher Risk**

*"I think overall drinking is becoming a way to escape as opposed to drinking to have a good time."* **Female, Higher**



*These behaviours and this style of language needs to be reflected if we're to help people recognize their own drinking and how they can make changes*

### 3.c What will motivate them to change?

This audience are less motivated by potential risk of future health scares. They enjoy the rewards of drinking in the here and now. These distant threats just don't cut through and are quickly dismissed.

*"I get that they're trying to highlight how dangerous drinking is long term, but like everything causes cancer, there could be a number of things that could cause liver disease or heart disease. It's kind of annoying if I'm being honest"* **Female, High Risk**

Instead, we need to tap into what they care about, in the here and now. This is about **connecting the dots between drinking too much and the things that motivate them in their immediate everyday lives.**

*"For some reason I'm very good at just burying my head in the sand when it comes to the negative side, which is why things like long term liver damage it's like 'Ah I'll just deal with that when it comes to it' whereas if it's like 'you could save 600 calories today by not drinking' it's like 'oh wow great!' there's an immediacy there that I definitely respond to"* **Male, High Risk**

They're often aware that they should cut down but equally, because of their habits, it's hard to say no. But by **piggybacking onto what they're already motivated by** we have a better chance of reaching them in a meaningful way. This is not about frightening them, instead it's **sounding positive about the benefits reduced drinking can bring** and (where possible) showing them evidence or comparative life stories of people who've made the change.

**Here's how we can positively connect reduced drinking to the everyday things this audience really care about:**

<p><b>WEIGHT LOSS</b></p> <p>How many 'hidden' calories in alcohol they'll save in an average session and how that translates to weight loss (e.g. X pints, X glasses of wine)</p>	<p><b>BETTER MENTAL HEALTH</b></p> <p>Showing the impact moderated drinking has on improving mood, reducing stress levels, improving cognitive function (memory loss/concentration), and improving sleep (cycles)</p>	<p><b>BETTER PHYSICAL HEALTH</b></p> <p>Showing the impact moderated drinking has on everyday physical health such as improved appearance (skin/eyes), menstrual cycles, heartburn / digestion</p>	
<p><b>SAVING MONEY</b></p> <p>Showing how every moderated drink contributes to money saved (home consumption and / or out of home)</p>	<p><b>MANAGING RESPONSIBILITIES</b></p> <p>Showing how moderated drinking contributes to ability to be a better parent, improved career chances</p>	<p><b>GETTING MORE OUT OF LIFE</b></p> <p>Showing how moderated drinking can contribute to more energy so don't miss out on social commitments etc</p>	<p><b>FOR OTHERS (RELATIONSHIPS)</b></p> <p>Showing how moderated drinking makes for better partners (even lovers!)</p>

3.d Support that can most help this audience

We've identified a number of ways High Risk drinkers can be better supported to make change, especially via online information, advice and tools:

<p><b>BUILD THEIR AWARENESS THAT THEY MIGHT NEED TO CHANGE</b></p>	<p><b>FUEL MOTIVATION TO MAKE CHANGE</b></p>	<p><b>HELP THEM WORK OUT WHAT CHANGE TO MAKE</b></p>	<p><b>HELP PUT THEIR PLAN INTO ACTION AND MAINTAIN CHANGE OVER TIME</b></p>
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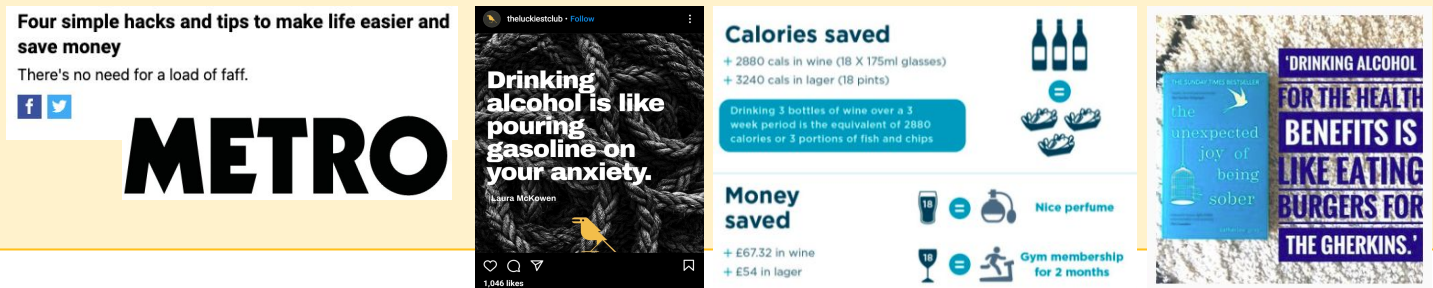
**1. BUILD THEIR AWARENESS THAT THEY MIGHT NEED TO CHANGE:**

This is about helping them recognise the link between alcohol and their wider lifestyle goals.

Show up in the places they're already using for lifestyle advice, or where they'll be more receptive to this advice

And use lifestyle metrics they're already familiar with rather than units e.g

- Consuming X calories in one glass
- Trying not to spend more than £X over the weekend
- Wanting to get X hours of sleep



REF (from left to right)

- 1) metro.co.uk
- 2) instagram.com/p/CZuMjy6uQQb
- 3) Priorygroup.com
- 4) instagram.com/p/CKqXr5pjPGw/

## 2. FUEL MOTIVATION TO MAKE CHANGE:

This is about creating empathy and understanding, positively talking about moderation and reassuring them that change is possible for them

Portray recognisable and realistic drinking habits

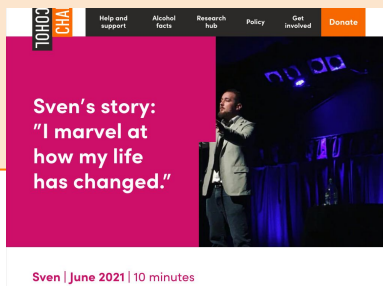
*And use adult-to-adult tone of voice and real-life stories to bring those habits to life*

Swap negative framing and language for positive frames and language

*Promote short term lifestyle rewards over long term health benefits*

Provide inspiration for the small steps they can take to make a change (i.e. huge change isn't essential)

*Show how others like them have managed to make a change*



How to stop drinking alcohol:  
7 things I did that REALLY helped

## 3. HELP THEM WORK OUT WHAT CHANGE TO MAKE:

This is about helping people identify the right moderation tips and strategies that are best suited to their lifestyle and making a plan

What's the right strategy - is it cutting down the number of drinks during a session or is it increasing the number of dry days?

*Provide tailored tactics to support this overall strategy*

Help drinkers translate their personal motivators into specific goals for moderation

*And help them make a plan to achieve these goals*

### Cutting back on nights out

#### On the night:

- Buy a soft drink along with your alcoholic drink
- Make your drink longer: dilute wine with soda water or ice or choose a single shot with more mixer
- Match the person drinking least in the group
- Opt out of rounds
- Make sure your first drink is a pint of something non-alcoholic
- Always have a large glass of water with you

#### Planning ahead:

- Try spending more time with friends who don't drink as much
- Consider driving to the event (so you don't start drinking)
- Take up fun activities where drinking isn't part of the experience

REF Examples (from left to right)

- 1) [alcoholchange.org.uk](http://alcoholchange.org.uk)
- 2) [healthline.com](http://healthline.com)
- 3) [goodto.com](http://goodto.com)

#### 4. HELP THEM PUT THEIR PLAN INTO ACTION AND MAINTAIN CHANGE OVER TIME

This is about showing people the progress they've made and topping up their inspiration to stick with it

Help users log their drinking and track the changes that matter

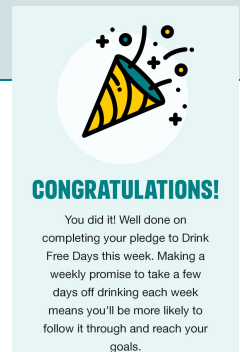
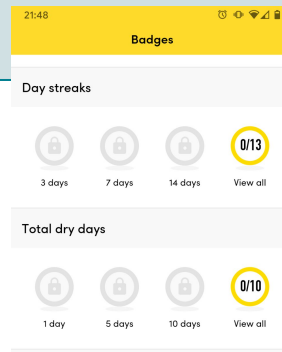
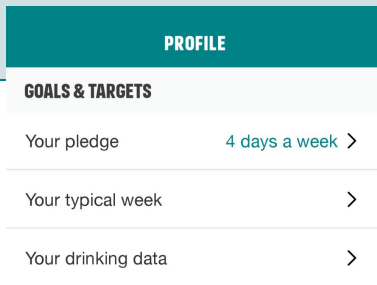
*Help celebrate the small wins to maintain motivation*

Reminders of their personal motivators / community inspiration

*Remind people of the benefits (that matter to them)*

*Provide inspiration for new tactics to try*

*Share stories from drinkers who've slipped up but managed to get back on*



REF (from left to right)

- 1) [alcoholchange.org.uk/](http://alcoholchange.org.uk/)
- 2) NHS Drink Free Days App
- 3) Dry January App
- 4) NHS Drink Free Days App

## 4. UNDERSTANDING FRIENDS & FAMILY (OF AT RISK DRINKERS)

### 4.a The everyday experience of supporting a problem drinker

Friends & Family can be an important gateway to help moderate drinking of At Risk drinkers. They're already motivated to help and can see the benefits - both short-term and for the long-term.

*I fear the drink will soon affect her health as she is getting older. I also worry about her mental health and mood swings. The alcohol just seems to exacerbate this. **Son of Drinker***

But they can feel powerless in the situation. They don't know where to start, who they can turn to or how to go about it. It can be an incredibly lonely experience.

*I have looked into talking therapy and told him to go to the GP to have a health check and a discussion about his drinking, but he's rarely honest as he knows he's drinking too much and doesn't want to be told as much [by a GP] **Partner of Drinker***

The experiences and support needs are quite different depending on which group they fall into -

### PARTNER / SPOUSE

Intimate relationship, mostly living together and in and out of each others lives regularly



### CONCERNED FAMILY / FRIEND

More distant relationship (physically and/or emotionally) e.g. parent, sibling, uncle, friend



**Partners/spouses** are intimately connected with the Drinker, their everyday life is affected in many ways and the situation they find themselves in can be very intense. They're living in unstable environments and their partner's drinking has become their norm.

To avoid backlash, they often try softer, more subtle strategies to help their partner moderate, e.g. buying non-alcoholic beer, moderating their own drinking and not drinking around them. They can feel a real sense of shame talking about their partner's drinking to others and can find it difficult to even know when they could seek help.

*"It's really hard. When you love someone, you can't switch your feelings off, I wish I could at times..."*

### A PARTNER'S STORY:

Sally's boyfriend is a heavy drinker and struggles with a vicious cycle of his drinking habits. He often feels low and unmotivated and struggles with his mental health. He tends to drink as a coping mechanism to numb his mood.

His drinking puts a real strain on their relationship. He frequently starts arguments - even on WhatsApp "why won't you admit you love me?". And he turns up unexpectedly to Sally's place drunk.

When he wakes up he often feels guilty and apologises for the things he's said to her when drunk. But as soon as he feels low again he starts drinking to cope with his mood.

Sally doesn't like talking about it with her friends or family as she feels they will judge her for staying with him and ask "why don't you just leave him?". But she loves him.

Whenever she tries to discuss his drinking habits, he gets defensive and denies he has a problem and it has become a touchy no-go area.

*"I've tried to talk to him about AA and support groups but he doesn't think has a problem. He says he doesn't wake up and crave a drink [so he's not an alcoholic]"*

In contrast, **wider family or friends** will tend to have a more distant relationship; their everyday lives are less acutely affected by the behaviours of the drinker. They may still carry a sense of responsibility but they're more able to step away from the everyday impact.

They'll often attempt more direct strategies to address the drinking. For example, staging interventions, initiating confronting conversations or openly suggesting medical support. But they can feel powerless to help their loved one as they perceive they have less control or influence on a day to day basis.

### A SON'S STORY:

Ben's in his early 30's. In 2010, his father died and after that he's seen his mum's drinking steadily increase. Before, she always drank socially and regularly went out to bars with friends, so it hasn't been that noticeable to other people. Since his Dad's death she started to drink more, having more wine with dinner, going to the pub more and switching to heavier spirits.

But since lockdown, Ben's seen how her drinking habits have gotten worse, drinking more frequently and earlier in the day, and it's started to change her personality. She has mood swings most days, is more irritable and increasingly forgetful. He's become concerned about the effect her drinking is having on her.

When he tries to bring up the subject of her drinking she dismisses it. They aren't a family that really talks about their problems and she grew up in a family with a 'stiff upper lip' to things.

He feels unsure how best to help her when she doesn't want to help herself. He's suggested reaching out to her friends or family but that hasn't worked and NHS or AA doesn't feel right for her.

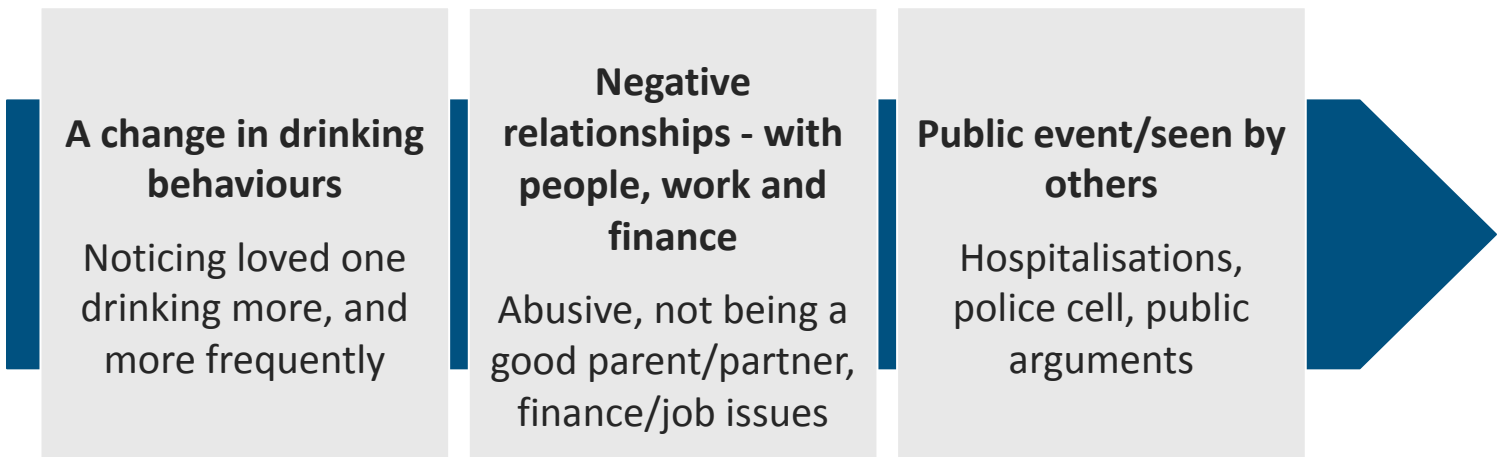
*"I suggested only drinking when out socialising but this has not gone down well. Then I suggested speaking to a GP, whom she trusts, this also was seen as an attack on her..."*

*"I don't want a rehab centre as that will scare my mum I just want someone for her to talk to"*



## 4.b The times when Friends & Family are more likely to reach out for support

There are a number of events that might trigger a spouse, friend or family member to look for help. And the more outward-facing these events, the more powerful they are as a trigger.



For some, triggers that prompt them to seek help can be quite moderate, such as noticing changes in how much their loved one is depending on alcohol.

*“Now after 18 months or so working from home he drinks more than ever, going into the office with morning drunk eyes is no longer a concern, going to bed earlier is no longer a concern and nor is working with a hangover”* **Spouse of drinker**

For others, triggers to look for support can follow negative impact on other areas of their life such as negative outbursts with others, or missing work commitments.

*“We noticed that he was drinking more, on jobs he would sneak out to go to the shop to buy alcohol, wouldn’t turn up for work as he was hungover or planning on going to the pub especially in nice weather.”* **Friend of drinker**

At the more extreme end, the triggers are more public events - difficulties that are often witnessed by others that forces the loved one to confront their need for help.

*“The drinking’s always been a problem in the background for all the time we’ve been together but in 2017 it sort of came to a head when we were on a family holiday and he got very drunk and had to spend the night in a police cell as a result of his drunkenness”* **Spouse of drinker**

**To connect with Supporters in the moments they’re looking for help, we need to reflect these triggers** - from the smaller changes they notice to the bigger incidents they experience.

### 4.c Support that can most help this audience

We've identified a number of ways spouses & partners, friends and wider family can be better supported to help moderate the drinking of someone they really care about, especially via online information, advice and tools:

<b>AWARENESS IS LESS RELEVANT FOR F&amp;F. THEY'RE ALREADY VERY AWARE OF THEIR LOVED ONE'S ISSUES</b>	<b>REASSURE SUPPORTERS THEY'RE NOT ALONE AND HELP EMPOWER THEM TO NAVIGATE THEIR LOVED ONE'S DRINKING</b>	<b>EQUIP AND SUPPORT THEM WITH TOOLS AND SIGNPOSTS TO RELEVANT SERVICES (FOR THEM AND THEIR LOVED ONE)</b>	<b>OFFER ONGOING SUPPORT AND REASSURANCE FROM SOMEONE WHO UNDERSTANDS</b>
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### 2. REASSURE THEM THEY'RE NOT ALONE AND EMPOWER THEM TO HELP:

**This is about helping them feel they're in the right place**  
Immediately make it clear that this online support is for Friends & Family concerned about the drinking of a loved one. Try and relate to them by helping identify their own situation  
*e.g.. whose drinking are they concerned about?*

Help them navigate how problematic the drinking behaviours are

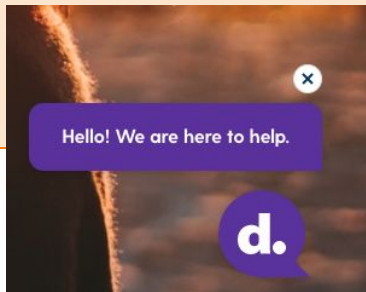
Offer them someone to chat to early on so they can share their own situation and concerns. Use 'online chat' functionality as more private, for many Supporters this is the first time they might have openly talked about the drinking of their loved one

**Whilst also giving them some agency that they can do something about their situation.**  
At this point they need help around:  
*How big a problem it is (using evidence based terms / language)*  
*What change might be realistic - knowing there is a limit to their actions/influence (their loved one has to do the hard work)*  
*How to look after themselves as well as their loved one*

#### Worried about your parents' drinking?

If you're concerned about how much your parents are drinking there is help available. Visit [the National Association for Children of Alcoholics \(NACOA\)](#) or phone their free helpline on 0800 358 3456 for more information and support.

[Find more support services here](#)



**My partner drinks too much - what can I do?**

## 2. EQUIP AND SUPPORT THEM WITH TOOLS/SERVICES TO HELP THEM AND THEIR LOVED ONES:

This is about providing guidance as to practical and tangible steps they can take.

Provide tangible, realistic tips and strategies, e.g. 'what not to say', 'conversational moments'

Provide tips and strategies that are tailored to the type of drinker or situation e.g. strategies for dealing with a partner who can never say no

### Start your sentences with "I"

Starting your sentences with "I" helps you to say how you feel without making the other person feel defensive. Talk about how concerned you are – "I feel really worried about you".

Avoid sentences that start with "you" – "You're a mess".

## 4. PROVIDE ONGOING SUPPORT AND REASSURANCE FROM SOMEONE WHO UNDERSTANDS:

This is about recognising that this process can feel 'stop-start' and even feel quite hopeless if their loved one falls 'off the wagon'!

Normalise the struggles that Friends & Family experience when attempting to moderate the drinking of a loved one

*Reassure them that lapsing behaviour is common with case studies*

*Give 'troubleshooting' ideas for when the drinker is struggling*

*Remind them of places they can turn to for their own wellbeing, e.g. support groups*

Be realistic about what change might be possible

### Looking after yourself

Tips to help you stay calm and positive.

[Talking about a loved one's drinking or drug use](#)

[Setting boundaries](#)

[How to support someone who has stopped drinking](#)

[What to do if a loved one relapses](#)

[How to look after yourself](#)

[Self-harm: advice for parents](#)

[How to have better conversations](#)

REF: Both examples taken from WeAreWithYou.org.uk

## 5. CONCLUSIONS

For both At Risk Drinkers and Friends & Family, the research clearly indicates that to successfully support people, Drinkaware need to show empathy and understanding to people's different experiences and behaviours.

Living in the UK where drinking alcohol is normalised (and celebrated), it's more challenging for people to recognise that their level of drinking is actually high risk. Their experiences can feel normal and that they're in control. By using extreme representations and negative language around drinking behaviours (e.g. alcoholic, homeless stereotypes) there's a greater chance that Drinkaware alienate the very audience they need to connect with.

Instead, this research shows that Drinkaware need to reflect the many varied and nuanced experiences as described by At Risk drinkers themselves; many of which feel commonplace within UK culture. By increasing the likelihood this audience can see themselves the more they'll feel that Drinkaware understands them without judgement and can provide relevant online support.

There are similar findings around recommended metrics. 14 units equates to approximately 1.5 bottles of wine or 6 pints over a week which for many of our participants, feels like a normal night out especially when comparing themselves to their peers. 'Normal' is all relative. Advice to reduce weekly consumption to less than 14 units can feel extreme, unrealistic and be quickly dismissed. Drinkaware have more chance of connecting by giving advice on *cutting back* and *moderation* as well as providing practical strategies to help.

The support mechanisms At Risk Drinkers need are quite different to the support that Friends & Family require. Friends & Family are already motivated to help their loved ones and can easily see the benefits of moderation. But many feel powerless to help and feel alone in their situation, often too ashamed to talk to their friends or members of their own family.

Drinkaware need to offer a separate range of support services tailored to Friends & Family, their starting place and their needs are vastly different (to At Risk drinkers). Services need to firstly reassure Friends & Family that they're not alone, that their experience is understood and that Drinkaware can help. They then need to empower Friends & Family and help them navigate how risky are the drinking behaviours before providing support strategies to do something about their situation.

## 6. APPENDIX

### SAMPLE & METHODOLOGY IN DETAIL

#### SAMPLE

We included two key audiences within this study: AT RISK DRINKERS and FRIENDS & FAMILY of At Risk drinkers.

#### AT RISK DRINKERS

These were people whose consumption patterns and behaviours were identified as problematic using the Audit screening tool. ([Audit score](#) developed by WHO). This was a series of questions that not only looked at how much and how often people drank but also how drinking impacted other areas of their life (e.g. feeling guilt or remorse, having trouble to get going in the morning after drinking).

In total we spoke N=21 people within our qualitative sample and these split out across three groups:

	AUDIT SCORE / DESCRIPTION	N=21
Possible Dependent	20+	5
Higher Risk	16-19	10
Former At Risk Drinkers 'Positive Changer'	Former Possible Dependent or Higher Risk who have made positive changes to their drinking habits	6

NB. It should be noted that the distinction between Possible Dependent and Higher Risk drinkers was less pronounced in the research. Risk classification tended to depend on how the person was feeling on the day they took the quiz.

Interestingly, in this sample a small number of participants' risk classification changed during the course of the research.

Captured within this qualitative sample, we represented these demographic groups:

- 12 male and 14 female
- 12 aged 25-39 years, 10 aged 40-54 years, 4 aged 55+ years
- 2 living in Scotland, 12 living North, 5 living in the Midlands and 7 living in the South

#### FRIENDS & FAMILY OF AT RISK DRINKERS

These were people who were worried about the drinking levels of a close friend, family member or partner who they would classify as a 'possible dependent' or 'higher risk' in terms of their drinking.

FRIEND / FAMILY MEMBER	N=9
Partner / Spouse	3
Family member (brother, mother, father, uncle) / Friend	6

To reflect Friends & Family audience, we included these demographic groups:

- 3 male and 7 female
- 7 aged 25-39, 1 aged 40-54, 2 aged 55+
- 3 living North, 1 living in the Midlands and 6 living in the South

### RECRUITMENT PROCESS

We gathered our sample using an independent recruitment agency, who used a screening process to ensure recruited participants fell in line with key sample criteria. At risk participants were asked their alcohol intake in relation to the WHO Audit guidelines, along with other alcohol related behaviours. For this group only participants who scored 16 or higher on the WHO audit and stated they were willing to change their alcohol consumption habits were recruited. The Friends & Family group were recruited by asking potential participants whether they were concerned about the drinking behaviours of someone they were close to and to give a brief summary of their relationship with said person.

Throughout screening we ensured that a sensitive recruitment process was adopted in order to protect participant and ensure this was put first when approaching participants about a potentially sensitive subject such as drinking. This included clear signposting of support links where participants could receive for information and support about any of the issues discussed throughout the process.

### METHOD

We wanted to explore the everyday context of these audiences and the habits they'd developed around their drinking. We used a 3-stage iterative approach with behavioural change and habit theory at its core.

We began by reviewing SEO data and some past research reports with a behavioural lens. We also conducted a behavioural review of other online tools and services that are successfully supporting behaviour change. These included apps around problem drinking as well as other challenge areas such as diet and exercise.

The SEO data together with the competitive review shaped a series of behavioural hypotheses to hone the primary research.

### AT RISK DRINKERS

A longitudinal online platform running over 10 days where we began with a broad conversation around drinking in the UK before a more focussed enquiry that explored their own drinking habits. We conducted a screen recording exercise where each participant looked at support-based websites and recorded their responses. We finished by setting a 'disruptive' task whereby each participant selected a tool or website (from a list) relating to drink management and share their experiences and any impact it had on their own habits and thought processes. Participants remained anonymous throughout the research process to try and remove self consciousness and maximise honesty.

Half the participants were followed up with a telephone interview, this allowed for deeper exploration into their drinking habits and experiences they've had to change those habits.

In addition we also interviewed former problem drinkers who had made positive changes to their drinking habits because of online support tools and advice.

### FRIENDS & FAMILY OF AT RISK DRINKERS

A longitudinal online platform running over 5 days to gather their thoughts around the nation's attitude to drinking before focusing on the concerns and drinking habits of their loved one. We relied heavily on voice notes and audio diaries to capture their observations and any attempts where they've tried to moderate the drinking of a loved one.

Half the participants were followed up with a telephone interview, this allowed for deeper exploration into their lived experience, attempts they've made and the information, service and tools they're looking for.

### ANALYSIS PROCESS

We also conducted a behavioural science audit of Drinkaware's online services to examine potential friction points and where behavioural science could optimise the user experience. Additionally participant's natural online behaviour was examined to explore the psychological barriers and drivers to accepting and seeking support online and the extent to which certain sites facilitated to this search. This involved analysing elements of various support sites that participants were drawn to and what they were put off by such as use of language, imagery, support tools and services etc.

Responses to these as well as responses on the online platform and the follow up in depth interviews were all analysed in relation to the HABIT model - which identified key triggers, motivations, ability and rewards to drinking. This model enabled us to analyse the multifaceted drivers of behaviour in relation to alcohol consumption and seeking help.

**UNIT GUIDE**

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)



**The following drinks have more than one unit:**

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml “super” lager, 250ml glass of wine (12%) or a bottle of wine.

The following questions are validated as screening tools for alcohol use

**WHO AUDIT SCORE**

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>TOTAL :</b>						

A score of **less than 5** indicates *lower risk drinking*



**Scores of 5+** requires the following 7 questions to be completed:

AUDIT Questions (after completing 3 AUDIT-C questions above)	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>TOTAL</b>						

ALCOHOL SCREENING TOOL

**SCORING: ADD the 2 scores together to identify necessary action (e.g. Brief Advice)**

**AUDIT C \_\_\_\_\_ + AUDIT \_\_\_\_\_ =**

*“Based on your answers, your drinking places you in the ... risk category.” (for 8+ scores lead to Brief Advice with)  
“How do you feel about that?”*

AUDIT SCORE RISK CATEGORY DESIRED ACTION:

- 0 –7    Lower risk = No Intervention required**
- 8 –15    Increasing risk = Brief Advice**
- 16-19    Higher risk = Brief Advice and/or extended BA**
- 20+    Possible dependence = Referral to services (see below)**