Drinkaware response to the 10-year health plan consultation

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

Drinkaware wants to see action to reduce alcohol-related harm included in the 10-year plan. Alcohol is linked to over 200 diseases and conditions, including liver disease, heart diseases, mental health conditions as well as at least seven types of cancer [1] (for example, breast and bowel cancer—two of the UK's most common cancer types).[2] It remains a leading risk factor for early death and disability among 15-49-year-olds in England and places a significant burden, not just on the healthcare system, but families, communities, and society.

Around 1 in 20 of all hospitalisations in England are alcohol-related; totalling 942,312 in 2022/23 (including 320,082 wholly due to alcohol).[3] Alcohol places a significant burden on A&E departments and other emergency services, with many resources dedicated to addressing alcohol-related injuries, acute intoxication, as well as complications from chronic illnesses.

In 2021, alcohol-*related* deaths in England totalled 20,970—equivalent to 57 deaths per day.[4] Alcohol-*specific* deaths in England reached a record high in 2022, with 7,912 deaths wholly caused by alcohol—a rate of 14.5 persons per 100,000 population; a 35.5% increase since 2018 (10.7 per 100,000 population).[5] Approximately three-quarters of alcohol-specific deaths are the result of alcohol-related liver disease—a 'silent killer' that can go unnoticed until the disease has progressed significantly, emphasising the importance of prevention and early detection.

Alcohol harm impacts families, friends, and society through violence and crime, financial strain, workplace absenteeism and presenteeism, and road traffic accidents. It can cause lifelong conditions, such as Foetal Alcohol Spectrum Disorders (FASD), which impact an estimated 2-4% of the UK population.[6] While 80% of UK adults recognise that the safest approach is avoid alcohol entirely during pregnancy and where pregnancy is possible,[7] prevalence studies reveal the UK as having among the highest proportion of alcohol use during pregnancy.[8,9]

Alcohol harm disproportionately affects England's most deprived communities, despite lower average consumption in what is known as the Alcohol Harm Paradox.[10,11] For example, the rate of alcohol specific deaths and hospital admissions in the most deprived areas are *double* the rate of the least deprived.[4] Recent findings indicate that this disparity also extends to self-reported alcohol-related harms.[12] Drinking patterns alone cannot explain this disparity; harm is intertwined with complex risk factors linked to the wider determinants of health, such as poverty, stress, housing instability, and access to healthcare, which compound the risk of experiencing poorer health outcomes.[13]

Alcohol-related harm is estimated to cost the NHS in England £3.5 billion every year – with the latest estimates putting that cost at £4.9 billion.[14] Alcohol-related conditions also accounted for an estimated 151,010 potential working years of life lost in England in 2022—a 18.2% increase since 2016.[3]

While these challenges are substantial, there is a trend toward greater moderation and reduced alcohol consumption.[15] According to self-reported data from our 2024 Drinkaware Monitor—an annual, nationally representative survey of UK drinking habits—81% of UK drinkers reported drinking within the UK Chief Medical Officers' low-risk guideline of 14 units per week (compared to 77% in 2018), and 39% of drinkers stated they never binge drink (compared to 34% in 2018). This trend is reflected in the growing use of self-reported techniques to reduce alcohol consumption—particularly alcohol-free and low-alcohol products, which have increased from 25% to 31% and 28% to 34%, respectively, between 2023 and 2024.[15]

While these encouraging trends, if sustained, may help alleviate the healthcare burden in the future, they have not been observed amongst individuals who drink the most—the level of which has remained largely unchanged since 2018.[15] The COVID-19 pandemic exacerbated unhealthy drinking patterns for many, but particularly those drinking the most.[16]

However, alcohol harm is not confined to the heaviest drinkers. While it is disproportionately felt among those from more marginalised and disadvantaged communities, it can affect anyone, including those who see themselves as social or moderate drinkers. Many alcohol-related harms occur among those drinking at

increasing or higher-risk levels—individuals who may not perceive their alcohol use as problematic but are still vulnerable to its health and social consequences. Currently, one in five (19%) UK drinkers—an estimated 8.6 million adults—drink alcohol above the UK Chief Medical Officers' low-risk drinking guidelines.[7] To reduce the healthcare burden of alcohol harm, it is essential that approaches to prevention address this broader group of drinkers.

Drinkaware would like to see the development of a national strategy to reduce alcohol harm given that the last national alcohol strategy was introduced more than a decade ago. An updated approach is needed to address current and emerging trends. This strategy would target the estimated 8.6 million adults who drink above the UK Chief Medical Officers' low-risk drinking guidelines and recognise the growing divide between those who drink within the guidelines (or abstain from alcohol entirely) and those who regularly exceed them.

Public awareness around alcohol units, the UK Chief Medical Officers' low-risk drinking guidelines,[17] and alcohol's link to major health conditions, such as cancer, remains low.[18] While half (49%) of UK adults recognise a general link between alcohol and cancer, awareness of its connection to specific cancers—such as breast or bowel cancer—is even lower.[19] Just 17% can correctly identify the low-risk guideline as no more than 14 units a week, and only 1 in 10 can correctly identify that the guidelines are the same for men and women.[7] This underscores the critical role of public awareness campaigns in any population-wide, preventative approach to alcohol harm reduction.

In developing a long-term approach to addressing alcohol harm, it is important to engage all stakeholders—public health experts, policymakers, charities and industry—to ensure a collaborative and sustainable approach. All measures to reduce alcohol harm need to be reviewed, such as the affordability, acceptability and availability of alcohol, alongside more targeted public education campaigns, early intervention, and accessible treatment services. The role of alcohol-free and low-strength products could also be considered as part of harm reduction efforts. Their growing popularity [20] and use as tools for moderating alcohol consumption [7] underscores their potential role as part of wider harm reduction efforts, particularly for certain groups.[21]

Normalising alcohol-related conversations both within healthcare settings and in everyday life is crucial for prevention. Initiatives, such as *Making Every Contact Count* (MECC), are well-established, can help normalise conversations about alcohol consumption through brief intervention,[22] and are recommended as a simple, cost-effective approach to fostering behaviour change.[23] The first conversation someone has about their alcohol use and health should not be when they present at a GP or hospital with an alcohol-related condition.

Drinkaware would like to see these brief interventions being routinely delivered in community settings, so that more people are asked about their alcohol consumption, more often, and provided with advice and signposting, where needed. In addition to being delivered in health and care settings within the community, there is value in extending these conversations to non-clinical settings too (such as workplaces, supermarkets, community hubs, and shopping centres), to normalise such conversations, identify risky drinking behaviours early and encourage people to seek support should they need it.

Drinkaware Monitor data reveal that only around 1 in 4 (27%) UK adults have ever been asked to complete an alcohol assessment – rising to just over 1 in 3 (35%) among those who drink above the weekly unit guidelines.[7] This data highlights the need for broader engagement.

Any long-term plan for the NHS should ensure that anyone who needs treatment and support for alcohol should be able to receive it. This should include support for families of those affected. In 2019 to 2020, there were an estimated 608,416 adults (18 and over) with alcohol dependence in England.[24] However, approximately 4 in 5 adults in need of specialist treatment do not receive it.[25] This highlights the need for investment in accessible support that prioritises recovery; however, inequalities in access to treatment and care must also be addressed.[26,27,28]

Alcohol Care Teams (ACTs) have demonstrated value in reducing hospital admissions, shortening hospital stays, and reducing visits to emergency departments—and their clinical and cost-effectiveness is currently being further investigated via the ProACTIVE research programme.[29] ACTs have the potential to bridge gaps in care for more vulnerable and disproportionately affected groups through their strategic placement in areas most impacted by alcohol harm. Transitioning care from hospitals into communities presents an opportunity to build on ACTs' successes by expanding their reach beyond hospital settings into communities, identifying and addressing harm before it brings individuals to hospital.

Alcohol harm is preventable, yet it continues to be a leading cause of premature death and ill health. Tackling this issue requires a multifaceted approach that reflects its complexity. A strategy should involve engaging a wide range of stakeholders and combining awareness-raising, preventative measures, and targeted interventions to reduce harm and address inequalities.

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Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Challenges: Alcohol harm does not affect all communities equally, with those in more deprived areas disproportionately impacted.[1,2] These communities also face greater healthcare inequalities in relation to healthcare access, experience and outcomes.[3] For example, men in the most deprived areas of England are four times more likely to die from an alcohol-related condition than those in the least deprived areas.[4] A shift towards community-based care must ensure equitable access to avoid exacerbating existing disparities.

While some health effects of alcohol, such as injuries or acute intoxication, are immediate, others—like alcohol-related liver disease—develop silently over time and often go undetected until serious illness occurs. This delay in diagnosis underscores the importance of early intervention and prevention. Normalising conversations about alcohol and implementing Identification and Brief Advice (IBA) can raise awareness and encourage early support-seeking. However, opportunities for alcohol assessments are often neglected in healthcare settings. For example, only 38% of NHS Health Check attendees are assessed for alcohol use.[5] Lack of skills, knowledge, resources and time have been identified as barriers to implementation.[6,7] Without addressing these barriers, community settings risk replicating the missed opportunities observed in healthcare settings.

Enablers: Digital technology offers a scalable and accessible means to extend early identification of hazardous alcohol use beyond health and care settings. For example, FibroScans, a non-invasive screening tool for liver disease, can be delivered in community settings to improve early detection and prevention.[8] This approach can expand access to underserved groups who may not seek traditional care but are at higher risk of liver damage due to alcohol use.[9]

There is extensive and consistent evidence that brief interventions in primary care settings can reduce alcohol-related harm.[10,11,12] While the evidence for their application outside clinical settings remains underdeveloped, the potential for digital tools to deliver brief interventions is significant—not least as they have the potential to overcome some of the implementation barriers faced by practitioner-delivered interventions.[14,15,16] Advances in artificial intelligence and machine learning also have the potential to deliver more personalised advice,[17] such as delivering ‘just-in-time’ adaptive interventions.[18]

Expanding care into communities should leverage partnerships, not just within traditional health and care settings, but in places people visit as part of their daily lives, such as supermarkets, shopping centres, community hubs, train stations, workplaces and other social settings. Meeting people where they live, work, and socialise offers a unique opportunity to normalise conversations about alcohol and engage individuals who may never have been asked about their alcohol use before. Such settings have shown promise in delivering alcohol brief interventions [19,20] as well as other health-care interventions, and have also shown promise in reaching ‘hard to reach’ groups.[21] Drinkaware has worked with major supermarket chains, such as Tesco and Sainsbury’s, and local authorities, including Leicester City Council to raise awareness of the guidelines and encourage individuals to check their drinking. Drinkaware is committed to furthering these efforts with the support of funders and stakeholders.

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Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Challenges: The challenges of moving towards digital care to reduce alcohol-related harm reflects the broader challenges in the transition to digital healthcare generally. Digital health technology holds significant promise for prevention, early intervention, and disease management, and the COVID-19 pandemic accelerated its adoption. However, digital exclusion remains a challenge, stemming from disparities in access, skills and motivation.[1] These issues are closely related to other forms of marginality and social disadvantage.[2,3,4] Consequently, there is a risk that a rapid expansion of digital healthcare risks exacerbating existing health inequalities.[5] Reaching underserved communities, therefore, is crucial for addressing public health challenges, including alcohol-related harm and for ensuring that digital health technologies fulfil their potential to improve population health.

To address these, digital health interventions must place inclusivity at the centre of their design and implementation. Too often, interventions are designed without adequately considering the needs of digitally excluded populations,[6] or addressing the systemic factors that contribute to their marginalisation.[7] This principle is not unique to approaches to addressing alcohol-related harm but is vital across the health and care system. Moreover, it is essential to preserve non-digital options to ensure equitable access for those unable or unwilling to engage with digital platforms.[8] A dual approach, which offers both digital and non-digital pathways, ensures that no one is left behind in the transition to digital care.

Finally, the long-term success of digital health technology, whether addressing alcohol-related harm or broader health challenges, depends on its ability to demonstrate effectiveness in improving health outcomes.

Enablers: Digital health technologies, including mobile apps, wearable devices, telehealth, and personalised medicine, offer transformative potential.[9,10] These tools can deliver personalised and anonymous support; and evidence in the mental health space suggests it can reach those hesitant to seek traditional, in-person help due to stigma or privacy concerns.[11] Digital tools are convenient, accessible anytime and anywhere, capable of reaching a broader audience than face-to-face interventions, and are often more cost-effective.

Drinkaware's digital resources, such as the *Drinkaware app* and the *Unit and Calorie Calculator*, aim to empower users to track their drinking habits, set goals, and make informed decisions about their alcohol consumption. In addition, our *Drinking Check*, an alcohol screening tool based on the well-evidenced Alcohol Use Disorders Identification Test, is a readymade digital solution that can be integrated into other settings. Our Drinking Check tool has been completed by more than 1 million adults since the beginning of our strategy period in 2023—including over 620,000 adults this year alone. Feedback underscores strong trust in the Drinkaware brand, with 8 in 10 users affirming that it enhanced their confidence in the information and advice provided.[12] Drinkaware is committed to advancing these successes by developing solutions that are even more adaptive, user-friendly, and impactful.

Partnerships amplify the reach and impact of Drinkaware's digital tools. Collaborating with employers, community organisations, and retailers among others, helps us better understand how to communicate with people about their drinking. Partnerships with Tesco, Sainsbury's and Morrisons allow us to focus on areas with high alcohol-related harm, while pilot projects with Punch and Star pubs introduce Drinking Check materials into pub settings to explore the acceptability of specific place-based interventions. By leveraging these partnerships, Drinkaware can extend the reach of these digital tools, creating opportunities for greater uptake and impact.

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Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenges: Stigma around alcohol misuse is a significant barrier to seeking support.[1,2,3] Indeed, our Drinkware Monitor data identified 'being labelled' as one of the biggest barriers that would prevent drinkers from seeking help if they were worried about their drinking.[4] This stigma must be addressed, and is where normalising conversations about alcohol is important and ensuring there are multiple points where people are asked about their consumption, as the first conversation may not be the one that resonates.

Additionally, there is a lack of awareness around the full spectrum of alcohol-related harm**.** Alcohol harm can affect anyone, including those who see themselves as social or moderate drinkers. An estimated 8.6 million adults drink alcohol above the UK Chief Medical Officers' low-risk drinking guidelines,[4] and more than half (55%) of these drinkers report no concerns about their drinking.[4] To reduce the healthcare burden of alcohol-related harm, prevention strategies must address this broader group of drinkers by raising awareness of the risks associated with different levels of consumption. This includes employing tools like brief interventions and encouraging the normalisation of conversations about alcohol to help individuals understand and reduce their risk.

Alcohol harm disproportionately affects England's most deprived communities, despite lower average consumption, in what is known as the Alcohol Harm Paradox.[5,6] However, this paradox cannot be explained by drinking patterns alone. Research shows drinking patterns account for only about 30% of the differences in alcohol-related harm between socioeconomic groups.[7] Instead, harm is intertwined with complex risk factors linked to the wider determinants of health, which compound the risk of experiencing poorer health outcomes. Addressing alcohol-related health inequalities needs to tackle these broader determinants alongside drinking behaviours.

Enablers: Prevention forms the foundation of Drinkaware's work. Supporting and extending our work, and the work of organisations like ours could be of significant benefit. Through initiatives that promote education and build awareness, we seek to address alcohol-related risks before they escalate into serious health problems.

There are opportunities to drive positive change and enable earlier identification of alcohol-related health risks. Drinkaware is uniquely positioned to support prevention and early intervention through its tools, including its digital IBA, the *Drinking Check*. Evidence has consistently shown that brief interventions in primary care settings can significantly reduce alcohol-related harm,[8] and digital tools have the potential to extend this reach beyond traditional healthcare settings.[9,10,11] For example, initial research from the Drinking Check found that 51% of participants reported taking at least one action after using the tool, with the most common being a reduction in their overall drinking.[12] This highlights the potential value of digital tools in raising awareness about alcohol-related harm, providing accessible information and support.

Expanding prevention efforts into everyday community settings has the potential to increase the reach and accessibility of interventions to reduce both alcohol-related harm and reliance on traditional healthcare services. Drinkaware has developed partnerships with major supermarket chains like Tesco's, Sainsbury's, and Morrisons and local authorities such as Leicester City Council, which enable us to engage with individuals in their daily lives, making it easier for them to access information and support without having to seek out healthcare services.

Finally, there has been rapid growth in the popularity of alcohol-free and low-alcohol products,[13] with more people using these products as a way to moderate their drinking.[4] This change presents a unique opportunity to lean into this trend and promote such products as a substitute among individuals who may not see themselves as at risk of alcohol harm, but who drink at increasing or higher-risk levels. Drinkaware is well-positioned to harness this shift to normalise healthier behaviours and further support individuals in making informed decisions about their alcohol consumption.

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Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

Quick to do:

Increasing public understanding of alcohol units, the UK Chief Medical Officers' (CMO) low-risk drinking guidelines and the link between alcohol and health conditions is crucial. Many people remain unaware of both the guidelines and the risks of drinking above them.[1,2,3,4] Awareness campaigns should leverage digital tools, along with traditional and social media, to reach both at risk and underserved populations, focusing on raising awareness of health risks and promoting early recognition of alcohol-related conditions.

Drinkaware can support this effort by embedding evidence-based digital Identification and Brief Advice (IBA) interventions into community settings. By reaching and engaging people in everyday settings, and normalising conversations about alcohol, risky drinking has the potential to be identified earlier.

Next 2-5 years:

Tailored interventions, such as apps to help individuals track alcohol consumption and manage their drinking, are key to prevention and early support for some (though not all) drinkers. Such interventions, including our own *Drinkaware App*, *Unit and Calorie Calculator* and *Drinking Check,* can be enhanced to provide personalised feedback and guidance, improving engagement and outcomes. In addition, such interventions can connect to service finder tools for those who need them, enabling individuals to find local alcohol-related support. However, that support needs to be available for those who need it, emphasising the need for investment in treatment and support services.

The increasing popularity and acceptance of alcohol-free and low-alcohol products as substitutes for full-strength alcohol presents an opportunity to further normalise moderation and non-drinking as socially acceptable norms. Partnerships with retailers and brands can amplify this shift, encouraging healthier choices among consumers.

In addition, incentivising businesses to adopt practices that reduce alcohol-related harm should be a priority, as such measures could drive broader adoption. Aligning business objectives with public health goals could yield benefits for both industries and communities. Lessons from previous initiatives should guide the development of effective incentives, enabling industries to actively contribute to public health outcomes.

Collaborating with workplaces and community-based organisations to deliver prevention and early intervention strategies outside traditional healthcare settings can help to meet individuals where they are and reach populations that might otherwise be overlooked.

In the hospitality sector, consistent and comprehensive safeguarding training can create safer environments for customers, covering key issues, including drink spiking prevention, managing vulnerabilities, and ensuring safety in venues. A standardised approach to training across the industry can help businesses play an active role in safeguarding.

Finally, dialogue should be opened on the need for a coordinated, long-term approach to addressing alcohol harm, ensuring that all stakeholders are actively engaged in shaping future policies and frameworks.

Long-term change:

Alcohol harm prevention should be prioritised alongside other public health issues to reduce the burden on the NHS. Long-term strategies should focus on tackling the clustering of unhealthy behaviours [5] and addressing inequalities linked to the Alcohol Harm Paradox by considering the broader determinants of health.

In addition, efforts to normalise how we talk about alcohol should also be a priority. Expanding brief interventions into community settings, and ensuring more people are asked about their alcohol consumption, more often, and provided with advice and signposting, where needed, has the potential to increase problem recognition. This can facilitate earlier identification of alcohol harm and encourage earlier support seeking.

Finally, investing in community services to provide equitable, accessible support for alcohol harm is critical. Local authorities and healthcare providers should work together to create joined-up care pathways that ensure all individuals receive the help they need, regardless of location or socioeconomic status.

Drinkaware is well-positioned to support this by leveraging its expertise and tools to:

- Deliver evidence-based interventions (e.g., IBAs) in diverse settings.
- Raise public awareness about drinking risks and guidelines.
- Complement existing community initiatives with scalable resources.
- Partner with organisations to promote healthier drinking behaviours.

By focusing on prevention and early intervention, these approaches aim to reduce alcohol harm, improve health outcomes, and lessen the strain on the NHS over the next decade.

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