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Drinkaware Monitor 2014: Adults' drinking behaviour and attitudes in the UK

An Ipsos MORI report for Drinkaware

drinkaware.co.uk

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Executive summary

1 Executive summary

Drinkaware works to reduce alcohol misuse and harm in the UK. In order to determine where and how best to focus its work for maximum effect, Drinkaware draws upon a wide base of research and evidence; which this report contributes to.

Ipsos MORI was commissioned by Drinkaware to undertake a survey of UK adults to provide a picture of drinking behaviour; looking at attitudes towards alcohol, motivations for drinking, drunkenness, harmful drinking behaviour and strategies to moderate levels of alcohol consumption. The research has also been used to segment adult drinkers in the UK into distinct clusters according to their behaviour and attitudes, thus helping Drinkaware to target communications and tailor its messages to reduce harmful drinking.

1.1 Summary of approach

Detailed in this report are findings from research undertaken in late 2014. A nationally representative sample of 2,294 UK adults aged 18-75 were surveyed online between 17th November and 10th December 2014. The research also surveyed young people aged 10-17 and parents of this age group – the results of which are reported upon separately.

Ipsos MORI has conducted similar research for Drinkaware on an annual basis since 2009. The face-to-face methodology used in 2009-11 was changed to an online methodology for 2012-14. Where appropriate, the 2014 findings are situated within the context of the previous waves of online research, though changes over time in the questionnaires used mean any trend data should be interpreted with caution. This year a number of standardised research tools were included in the survey, including the Alcohol Use Disorder Identification Test (AUDIT) and Drinking Motive Questionnaire (DMQ-R SF) among others.

1.2 Key findings

Consumption patterns

The majority of UK adults drink alcohol whilst only a small minority claim to never drink. At present, 87% of UK adults drink at least once a year and 11% say they never do so. The frequency of alcohol consumption by UK adults is reasonably high with 60% drinking alcohol at least once a week. Alcohol consumption is higher, and more frequent, among men and older age groups.

Changes in alcohol consumption patterns can be observed over time among particular age groups. Comparing 2014 data with findings from

2013 and 2012, the proportion of young adults (18-24) and people aged 25-44 who drink at least once a week has fallen, while the proportion of people aged 45-65 who drink at least once a week has risen. Whilst changes over time in the proportion of 18-24 year olds drinking at least once a week are not considered statistically significant, when taken in the context of changes observed in the other age groups and behavioural trends observed more widely[1], the data are indicative of a shift in consumption patterns according to age.

The majority of UK adult drinkers can be classed as 'low-risk drinkers' meaning they drink no more than 14 units a week (women) or 21 units a week (men). However, just over a quarter of all UK adults exceed these amounts in a typical week of drinking (27%). Seven per cent of UK adults typically drink enough alcohol to be classified as 'high-risk' drinkers. These are individuals who drink more than 35 units a week (women) or 50 units a week (men). Reflecting patterns seen in the frequency of drinking, individuals who fall into this high-risk classification on the basis of their consumption levels are again more likely to be male and older.

Drinking at home prior to going out is not very common with one in five adults doing so (20%). However this behaviour is more commonly associated with younger age groups and those based in lower social grades.

Motivations for drinking

Individuals' rationale for drinking alcohol was explored through the use of the DMQ-R SF questionnaire. This tool asks individuals to identify how often they drink for 12 particular reasons.

People most commonly drink for social reasons or to enhance feelings or experiences. They seek positive reinforcement for their drinking. Most commonly people say they drink to make social gatherings more fun (72%) and because it helps them to enjoy a party (69%).

Individuals less commonly drink for reasons which are categorised as 'coping' or 'conformity' strategies. The least common reasons given for drinking are that it stops individuals feeling left out (37%) and to be liked (28%). Individuals exhibiting risky drinking behaviours are more likely to say they drink for the purposes of coping and/or conforming.

There are also differences in drinking motivations observable by age and gender. Younger people are more likely to say they drink for each of the motivations explored – social, enhancement, coping and conformity. However, the differences in response between younger and older

[1] Office for National Statistics (2015). Adult Drinking Habits in Great Britain, 2013. http://www.ons.gov.uk/ons/dcp171778_395191.pdf

participants are more marked for some motivations than others; in particular, younger people are far more likely to drink for enhancement and conformity reasons compared to their older counterparts. There are also gender differences in terms of drinking motivations, with males more likely to drink for reasons of enhancement or conformity compared to females – in particular men are much more likely to say they drink to fit in with a group they like (50% compared to 39% of women).

Drunkenness

UK drinkers exhibit diverse behaviours in relation to drunkenness. While a quarter of people report that their drinking never results in them getting drunk (26%), one in eight people say drinking almost always, or always, leads to them becoming drunk (12%). Drunkenness decreases with age, with the group of individuals most likely to get drunk being those aged 18-24.

Almost half of adult drinkers say they never drink to get drunk (48%). However a small minority (nine per cent) drink with the specific intention of getting drunk every time or most times when they drink. Again younger individuals are much more likely to drink to get drunk than their older counterparts.

When drunk, younger people are more likely to continue drinking to maintain the 'right' level of drunkenness or to get as drunk as possible. Conversely, people from older age groups are more likely to try and sober up. Across the UK population of adult drinkers who report ever getting drunk, just over a third say they try to sober up when drunk (36%) whilst one in 20 adults keep drinking to get as drunk as possible (five per cent).

Harmful drinking

The Alcohol Use Disorder Identification Test (AUDIT) tool has been used to measure individuals' level of risk and/or harm in relation to their alcohol consumption. As shown in figure 1.1, most UK adults (76%) are classified as 'low risk' drinkers, falling into AUDIT zone 1. Almost one in five (18%) are in zone 2, displaying 'hazardous' drinking behaviours. A minority are classified as zone 3 – 'harmful' (four per cent), and zone 4 – 'dependency' (three per cent).

Figure 1.1 – Overall AUDIT score

AUDIT Score
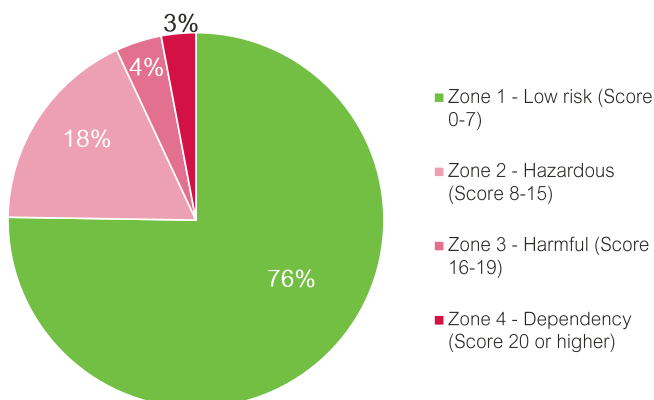
3%
4%
18%
76%

■ Zone 1 - Low risk (Score 0-7)

■ Zone 2 - Hazardous (Score 8-15)

■ Zone 3 - Harmful (Score 16-19)

■ Zone 4 - Dependency (Score 20 or higher)

Base: All participants (2,294)   Source: Ipsos MORI

The socio-demographic profiles of the four AUDIT groups differ. Individuals defined as being in zone 1 (and therefore considered low risk drinkers) are more likely to be female and older. They also tend to have higher wellbeing scores and are more likely to drink for social or enhancement reasons rather than being motivated by the need to 'cope' or 'conform'.

Individuals who fall into the higher AUDIT zones (2-4), and thus who demonstrate some degree of harmful drinking behaviour, are conversely more likely to be male, younger, exhibit lower levels of mental wellbeing and drink for reasons relating to coping and conformity. These individuals are also more likely to have experienced a negative consequence as a result of their drinking.

The most common consequences of drinking are to experience memory loss (25% of all UK drinkers have ever experienced this) and to have had feelings of remorse or guilt after drinking (24%). A number of specific outcomes are experienced by drinkers – most commonly they have done something to put themselves in a risky situation (14%), have missed a day of work/school/college/university (13%), and/or have lost a valued possession such as a phone or wallet (13%).

For the majority of people, drinking has not had a harmful effect on their work or studies, domestic life, relationships, friendships or finances in the past 12 months. Where it has led to problems it is most likely to be related to the ability to carry out household chores (14%), or having an impact on individuals' finances (13%).

One in nine drinkers (11%) concede that a friend, doctor or other health worker has expressed concern about their drinking and suggested they cut down.

Risk awareness and moderation

UK adults commonly associate drinking with liver disease (72% of individuals spontaneously name this as a health problem which can result from regularly drinking too much). However, individuals are poor at naming other health problems associated with drinking; with the second most commonly mentioned issue being coronary heart disease referenced by 17% of people.

Individuals appear confused about whether moderate drinking is good for peoples' health – opinions on this matter are split and may reflect the conflicting perspectives on this issue within the literature and media.

One in five drinkers believe they will have increased health problems in the future as a result of their drinking (22%). Those who fall into the higher AUDIT zones (and therefore exhibit more harmful drinking behaviours) are more likely to say they will face health problems in the future compared to individuals in zone 1 (classified as low risk). However, there is a group of high risk drinkers (in AUDIT zones 3 and 4) who think their alcohol consumption levels are unlikely to result in future health problems (20%).

Related to this, there exists a wider group of individuals within the population who fail to recognise their harmful drinking habits. Just under two-fifths of individuals who display an increasing or high-risk weekly intake of alcohol claim themselves to be drinking within 'safe limits' (37%).[2] This group is of particular interest to Drinkaware, given that they may need assistance in recognising the potentially harmful effects of their drinking. As would be expected given other findings reported throughout, this group of individuals are more likely to be male and have a younger age profile.

Encouragingly, there is some, though moderate, appetite for cutting down on alcohol consumption levels. Almost one in five people who drink say they would like to cut back on the amount of alcohol they drink (18%), and one in eight (12%) say they would like more guidance on how to moderate their drinking.

Individuals employ a range of moderation strategies to try and help them cut down on the amount of alcohol they consume. The most common moderation strategies are avoiding drinking on a school/work night (53%) and drinking within daily guidelines (50%). Other fairly popular moderation strategies include setting drinking limits (currently practised by 49%) and alternating alcoholic drinks with soft drinks (44%).

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[2] We acknowledge that there are no recognised 'safe limits' for drinking. However, as this was the wording used in previous surveys it was decided to keep the question unchanged, allowing the monitoring of changes in attitudes.

A number of moderation strategies are less popular, with high proportions of participants claiming they could never see themselves using them. The least popular are recording how much they drink (53% say they could not see themselves doing this) and avoiding having alcohol in the house (43% would not try this).

There is some willingness to try moderation techniques, as denoted by individuals saying they are not currently doing a particular action but that they would be willing to try it. Individuals appear to be most open to changes that do not require reducing the frequency of their drinking; over a quarter of drinkers are willing to drink lower strength alcoholic drinks (29%) and to drink reduced amounts such as smaller glasses of wine (29%).

The moderation strategies most commonly employed are often, but not always, considered the most successful. Avoiding drinks on a school/work night, setting a drinking limit, alternating alcoholic with soft drinks, and staying off alcohol for a fixed period of time are popular strategies and also considered to be the most effective moderation techniques. However, drinking within daily guidelines (the second most popular moderation strategy) is also considered to be one of the least effective, which may reflect a poor understanding of the daily guidelines among UK adults.

Segmentation of adult drinkers in the UK

Segmentation, or cluster analysis, is a technique used to classify individuals, or 'cases' into groups that are as similar as possible within themselves, but as different as possible to the other groups identified. The segmentation analysis undertaken as part of this study identified five key clusters of adults drinkers in the UK:

Segment 1: Comfortable social drinkers (accounting for 17% of drinkers);

Segment 2: Controlled home drinkers (23%);

Segment 3: Risky social and coping drinkers (16%);

Segment 4: Self-contained moderate drinkers (21%);

Segment 5: Risky career drinkers (23%).

A high level summary of each segment follows. Of particular interest to Drinkaware are segments 3 and 5; being those that exhibit the most risky drinking behaviours. Drinkaware is presently undertaking explorative analysis to help identify meaningful subgroups within each segment according to socio-demographic variables.

Segment 1: Comfortable social drinkers

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

Segment 2: Controlled home drinkers

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

Segment 3: Risky social and coping drinkers

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

Segment 4: Self-contained moderate drinkers

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

Segment 5: Risky career drinkers

People in this segment are predominantly male, over 45, well-educated and on relatively high incomes. The majority are married or live with a partner.

They tend to drink frequently, with much of their drinking taking place outside the home. They drink primarily for enhancement and social reasons, although high proportions also drink for coping reasons. They are relatively unlikely to moderate their drinking in comparison to other segments, and all within this segment are considered increasing or high risk drinkers.

1.3 Implications for Drinkaware

In its work to reduce alcohol misuse and harm in the UK, Drinkaware faces a number of challenges. It needs to work with younger age groups that, early indications show, are beginning to drink less frequently but amongst whom alcohol harm and drunkenness are concentrated. Meanwhile Drinkaware must also look to engage older age groups among whom there appears to be a growing trend towards more frequent drinking above the weekly low risk limits.

The research also highlights to Drinkaware the presence of a sizeable group of adult drinkers who believe themselves to drink within what they consider to be 'safe limits', despite being classified as increasing- or high-risk on the basis of their typical weekly alcohol intake. This misperception may stem from the confusion around alcohol consumption guidelines with individuals themselves admitting that they try to stay within these parameters but do not find it a very successful way of moderating their drinking. Being unable (or unwilling) to consider themselves an increasing- or high-risk drinker may also relate to the poor understanding of the health risks associated with regularly drinking above guideline amounts. Liver disease is commonly associated with alcohol but few other health conditions can be named.

Whilst there are education barriers to be overcome, Drinkaware should be encouraged by the proportion of UK drinkers who say they want to cut down and who specifically say they would like more guidance on how to do so. Similarly, there appears to be some openness to moderation strategies which individuals do not currently employ but may do so in the future – particularly around drinking smaller glasses of alcohol and/or drinking lower strength alcoholic drinks.

The segmentation analysis has provided Drinkaware with a better understanding of the drinking landscape among adults across the UK. There are two clear segments where focusing its efforts is likely to result in maximum impact for Drinkaware. Testing communication materials and interventions specifically among these groups will enable Drinkaware to progress its understanding of how people respond based, not just on their socio-demographic profile, but on the behaviours and attitudes they exhibit towards alcohol.

Introduction

2 Introduction

2.1 Background to this report

Alcohol misuse is a leading cause of ill-health in the UK. It can contribute to a number of serious health conditions, including cancer, liver disease and heart disease. In 2011/12 there were more than a million alcohol related hospital admissions in England alone; ONS estimates that in 2013, just over 7,000 deaths registered in England and Wales were alcohol-related - about 1.4% of all deaths for that period. Excessive consumption of alcohol is also associated with violent crime; in just over a half of all instances of violent crime in England and Wales in 2013/14, the victim believed that the perpetrator was drunk[3].

As a charity working to reduce alcohol misuse and harm in the UK, it is important for Drinkaware to draw on research and evidence to understand the contexts, attitudes and motivations behind harmful drinking behaviours, as well as the prevalence of these behaviours within the population, in order to determine where and how best to focus its work for maximum impact.

This report sets out findings from research undertaken in November-December 2014 into UK adults' drinking behaviour and their attitudes towards alcohol. Ipsos MORI has conducted similar research for Drinkaware on an annual basis since 2009; thus, where appropriate, 2014 findings are situated within the context of those from previous waves of Ipsos MORI's research.

2.2 Aims and objectives

The main aims of this research were:

- To provide an overview of adults' drinking behaviour in the UK; when, where and how they are drinking;

- To take a close look at attitudes towards alcohol, motivations for drinking, drunkenness, harmful drinking behaviour, and strategies people use to help moderate their drinking;

- To identify which demographic groups display particular drinking behaviour patterns, and which groups may be most at risk of harm, and

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[3] Office for National Statistics (2015). Adult Drinking Habits in Great Britain, 2013. http://www.ons.gov.uk/ons/dcp171778_395191.pdf

- To provide profiles of different types of drinkers, to help Drinkaware identify where best to target communications and tailor its messages to reduce harmful drinking.

2.3 Methodology

Between 17th November and 10th December 2014, Ipsos MORI surveyed, online, a representative sample of 2,294 UK adults, aged 18-75. The research also surveyed young people aged 10-17 and parents of this age group – the results of which are reported upon separately.

Ipsos MORI has carried out similar research for Drinkaware annually since 2009. However, since the first survey was conducted in 2009, there have been a number of changes to the methodology and questionnaires used, as well as to the specific audiences surveyed. The main changes in data collection methods are;

- The move from a face-to-face methodology in 2009-11 to an online methodology in 2012-14.

- The move from GB coverage for the face-to-research (in 2009-2011) to UK coverage for the online research from 2012 onwards.

As a result of these methodological changes, the 2014 findings are not directly comparable to those from previous surveys, in particular those from 2011 and earlier. For this reason, where trend data is available this report focuses only on data from 2012 and 2013, when the online methodology was used. It should be noted also that due to several changes to question wording and order, 2014 data is not directly comparable to 2013 and 2012 data and any comparisons made should be interpreted with caution.

2.3.1 Standardised tools and question sets

Throughout this report, a number of terms are used to refer to specific groups or types of participants; each of these groupings are determined by individuals' responses to multiple questions or sets of questions within the survey. In order to group participants in terms of drinking behaviours, motivations, mental wellbeing and harms experienced as a result of drinking, the following standardised tools and/or definitions were included in the surveys and analysis[4]:

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

Alcohol Use Disorder Identification Test (AUDIT)

The AUDIT tool, developed by the World Health Organisation, is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns[5]. The test consists of ten questions, each of which carries a score of 0-4, depending on the answer given. This gives an individual an overall AUDIT score between zero and 40, used to allocate them to one of four groups as follows;

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

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

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

The original Drinking Motive Questionnaire (DMQ) consists of 15 reasons why people might drink alcoholic beverages, and asks participants to rate on a four-point scale how frequently they drink for each reason[6]. A revised form of this (the DMQ-R) was later developed, to include 20 reasons and a five-point response scale. The revised short form (DMQ-R SF), developed by Kuntsche and Kuntsche[7], uses 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 (e.g. because they like the feeling), conformity (e.g. to be liked) or coping (e.g. to improve a bad mood). This measure was included in the 2014 survey to enable response patterns to be analysed according to the different motivations.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The WEMWBS, developed by Warwick and Edinburgh Universities, uses a set of 14 positively worded statements about specific thoughts and feelings,

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[5] 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.*
[6] Cooper, et al. (1992). Development and validation of a three-dimensional measure of drinking motives. *Psychological Assessment*, 4:2, 123-132.
[7] Kuntsche, E. and 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.

with five response categories to determine how often an individual has experienced them; this is used to assess an individual or a population´s mental wellbeing[8]. A shortened version of the WEMWBS, with 7 items, was used in the 2014 survey, to allow for analysis of any differences in response patterns according to mental wellbeing. 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.

Gender, Alcohol and Culture: International Study (GENACIS) Core questions on alcohol-related harms

Also included in the 2014 survey were two questions taken from the GENACIS Core questionnaire on alcohol and drinking[9]. These questions examine how frequently participants have experienced particular harmful effects on various aspects of their life (for example their work, studies or employment opportunities, or marriage or intimate relationship) as a result of drinking alcohol in the last 12 months.

Risk

Throughout the report, sub-group analysis is carried out according to drinking-related 'risk' levels, with reference to three distinct groups; low risk drinkers, increasing risk drinkers and high risk drinkers. Participants are thus defined based on their weekly alcohol unit intake. This information was derived from their responses to two particular questions. They were first asked which types of drinks (e.g. lager, wine, spirits with a mixer) they typically drank, then asked to specify in what quantities (e.g. a bottle, pint or half-pint of lager) and how many of each they drank in a typical week. This was used to calculate their approximate weekly unit intake, from which the three risk categories were derived. Participants are classified as low risk if they do not exceed 14 units (for women) or 21 units (for men) in a typical week, increasing risk if they exceed these amounts, and high risk if they typically drink more than 35 units (women) a week or 50 units (men).[10]

Social Boozers

References are also made in the analysis to 'Social Boozers'. Participants who meet the following criteria are considered 'Social Boozers':

- They drink alcohol 2-5 times a week;

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[8] Stewart-Brown, S. and Janmohamed, K. (2008). Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) User Guide Version 1. *Warwick Medical School, University of Warwick.*
[9] http://www.genacis.org/questionnaires/core.pdf
[10] It should be noted that Public Health England advises that the measure of weekly units is not a good indicator of risk levels, and that the advice is to follow the daily guidance and not regularly exceed these limits. However, these risk categories have been used to allow for comparisons with data from previous years.

- They drink in bars, pubs or clubs at least once a month; and

- They get drunk, and drink to get drunk at least occasionally.

2.3.2 Segmentation

Chapter 8 of this report provides analysis on a segmentation of adult drinkers in the UK. Segments are created by bringing together clusters of survey participants who express similar attitudes or behaviours. In this instance the decision was made to cluster around the survey participants' values, attitudes and behaviours, based on their responses to five key questions, or sets of questions. The resulting segments were then profiled according to available demographics, and responses to other important behavioural metrics.

2.4 Interpreting the data

The data discussed in this report are weighted by gender, age, social grade and region, so that it is representative of the UK population.

Where differences in the responses of particular sub-groups are discussed in this report, only those differences that are statistically significant are reported (unless otherwise explicitly stated). These differences are statistically significant to a confidence level of 95%, and therefore have a p-value of 0.05. Base sizes of less than 100 should be treated with caution and these results seen as indicative only. Where percentages do not sum to 100, this is due to computer rounding and/or participants being able to select multiple responses.

2.4.1 Sub-group analysis

Throughout this report, analysis is provided on differences in response according to various demographics, for example gender, age and socio-economic status. Although a number of differences were observed in the responses of participants from black and minority ethnic (BME) groups compared with those of white participants, these are not discussed in this report. This is because a higher proportion of BME participants fell into the younger age groups, and without further research specifically with individuals from BME backgrounds, it is not possible to say with certainty that the differences observed by ethnicity are not largely attributable to this younger age profile.

2.5 Structure of this report

This report sets out Ipsos MORI's analysis of responses to the survey of UK adults aged 18-75. Chapter 3 explores alcohol consumption patterns; Chapter 4 looks at motivations for drinking alcohol and Chapter 5 examines behaviour in terms of getting or being drunk. Chapter 6 explores harmful drinking behaviour, while Chapter 7 examines the ways in which people

attempt to moderate their drinking behaviour. Chapter 8 provides analysis on the segmentation of drinkers based on their responses throughout the survey, providing pen-portraits of the drinking behaviours and attitudes of five distinct groups.

2.6 Acknowledgements

Significant changes were made to the Drinkaware Monitor questionnaire to improve its value as the tool to meaningfully assess drinking attitudes and behaviours. These improvements were guided by Drinkaware's independent Medical Advisory Panel and Professor W. Miles Cox, Bangor University. Professor Cox also offered specific advice on the approach to data analysis and interpretation.

Consumption patterns among adult drinkers in the UK

3 Consumption patterns among adult drinkers in the UK

87%

of UK adults drink alcohol at least once a year

This report starts with an overview of alcohol consumption patterns among UK adults (aged 18-75), examining the frequency of drinking and typical levels of alcohol consumed. It also briefly considers the extent to which adults drink at home prior to going out drinking.

3.1 Frequency of drinking

The majority of UK adults drink alcohol with one in nine (11%) claiming to never do so. Alcohol consumption is higher and more frequent among men and older age groups. Over time some changes are observable in consumption patterns with younger age groups drinking less than previously identified.

Figure 3.1 – Frequency of drinking:

Q1. *How often, if at all, do you have a drink containing alcohol?*

At least once a week: 60%

At least once a year: 87%

6 or more times a week	8%
4 to 5 times a week	11%
2 to 3 times a week	26%
Once a week	14%
2-3 times a month	11%
Once a month	5%
Once every couple of months	6%
Once or twice a year	5%
Less often	3%
Never	11%
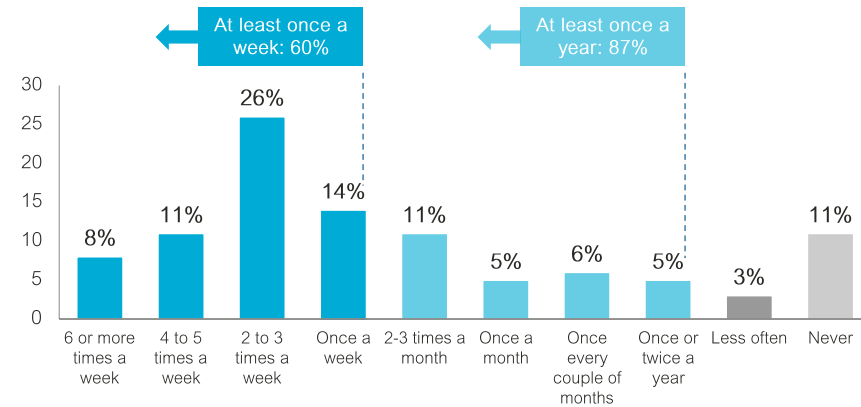
Base: All Participants (2,294)

Source: Ipsos MORI

The majority of UK adults drink alcohol with 87% doing so at least once a year and one in nine claiming to never drink alcohol (11%). The frequency of alcohol consumption by UK adults is reasonably high with 60% drinking alcohol at least once a week. People most commonly drink alcohol two to three times a week with a quarter doing so (26%). One fifth drink four or more times a week (19%).

Certain demographic groups consume more alcohol. Men are more likely to ever drink (93% compared to 86% of women). Men are also more likely to drink on a frequent basis than women; over a quarter say they drink alcohol four or more times a week (27%), compared with one in ten women (12%).

Men are also far more likely to say they are regular drinkers; 71% drink alcohol at least once a week, compared with 49% of women. This is broadly in line with findings from the Health and Social Care Information Centre (HSCIC), which found that in 2012 64% of men and 52% of women had drunk alcohol in the week before being interviewed[11].

People aged 45 and over are more likely than young adults to drink alcohol and to do so more frequently. The vast majority of individuals aged 45-75 say they ever drink (91%) compared to 83% of 18-24 year olds. Looking at the figure for drinking on four or more occasions in a week, 26% of those aged 45-64, and 30% of those aged 65-75, say they drink alcohol at least four times a week, compared with 10% of those aged 18-24. These findings are also reflected in the HSCIC's report which found that in 2012 people aged 65 and over were most likely to have drunk frequently (at least five days in a week).

Reflecting wider trends observed[12], the frequency of alcohol consumption appears to be changing over time among particular age groups. Comparing 2014 data with findings from 2013 and 2012, the proportion of young adults and people aged 25-44 who drink at least once a week has fallen, while the proportion of people aged 45-65 who drink at least once a week has risen:

- Just under half of all 18-24 year olds drink at least once a week (48%); down from 55% who said they drank at least once a week in 2013 and 59% in 2012. (It should be noted, however, that these changes are not considered statistically significant).

- In 2014, 56% of those aged 25-44 report drinking at least once a week; this is lower than in 2013 and 2012 when 61% of 25-44 year olds said they drank at least once a week.

- Two thirds (66%) of those aged 45-65 drink at least once a week; an increase from 61% in 2013[13].

Slight differences are apparent between people from higher and lower social grades in terms of the frequency at which they consume alcohol. Individuals from ABC1 social grades are more likely to drink four times a week or more (21%) than their C2DE counterparts (17%). There is no variation between social groups in terms of ever/never drinking alcohol.

71%
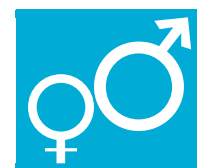
of men drink at least once a week, compared to 49% of women

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[11] HSCIC (2014). Statistics on Alcohol: England 2014
[12] Office for National Statistics (2015). Adult Drinking Habits in Great Britain, 2013. http://www.ons.gov.uk/ons/dcp171778_395191.pdf
[13] Note that the age group of 45-65 was surveyed in 2013 only so no trend data is available for years prior to this.

3.2 Alcohol consumption levels

Almost three quarters of UK adults (73%) are lower risk[14] drinkers or non-drinkers. Men and over-45s are more likely to drink above the weekly low risk limits.

Figure 3.2 – Risk/weekly alcohol consumption in units:

Q5B. *Please indicate how many of the following you drink in a typical week: (Risk level based on units consumed in typical week)*

- Low risk and non-drinkers
- Increasing risk drinkers
- High risk drinkers
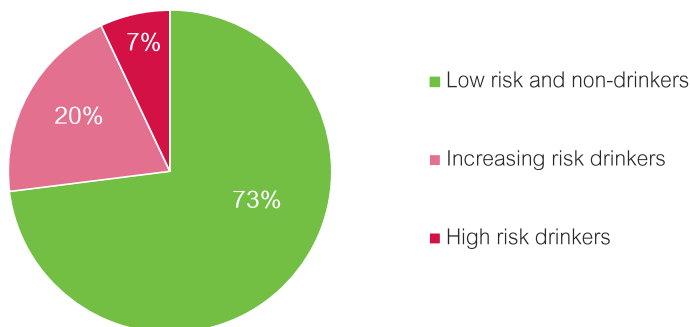
Base: All Participants (2,294)   Source: Ipsos MORI

Most UK adults (73%) are typically low-risk drinkers, drinking no more than 14 units a week (women) or 21 units a week (men).[15] However, just over one in four (27%) exceed these amounts, with seven per cent of individuals typically drinking enough alcohol to be classified as 'high-risk' drinkers. Individuals who fall into this high-risk classification are more likely to be male and older; individuals classified as 'increasing risk' have a similar profile.

Middle aged and older people are more likely than younger people to exceed the weekly amounts considered low risk (14 units for women and 21 units for men). A third (32%) of people aged 45-65 are increasing or high risk drinkers, compared to 25% of 65-75 year-olds and 19% of 18-24 year olds. Some shifts over time can be observed according to the different age groups, with younger age groups increasingly less likely to be increasing or high risk drinkers. The proportion of 18-24 year-olds who are increasing or high risk drinkers has remained stable at around one in five (19%) in 2013 and 2014, but has declined since 2012, when 26% fell into these categories. Meanwhile the proportion of people aged 45-65 classified as

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[14] Refer to chapter 2 for a brief explanation of 'risk' categories used throughout this report; refer to the appendix for more detailed information.
[15] It should be noted that Public Health England advises that the measure of weekly units is not a good indicator of risk levels, and that the advice is to follow the daily guidance and not regularly exceed these limits. However, these risk categories have been used to allow for comparisons with data from previous years.

increasing or high risk drinkers has increased from just over a quarter (26%) in 2013 to 32% in 2014. There has been little change in the proportion of those aged 25-44 who are increasing or high risk drinkers (26% in 2014 and 2013, and 29% in 2012).

3.3 Drinking before going out

Drinking at home prior to going out is more commonly associated with certain groups in the UK population though it is not the predominant behaviour. One in five adults (20%) tends to drink at home or at a friend's house before going out drinking. The tendency to drink before going out appears to be more common among younger people and those in C2DE social grades.

Figure 3.3 – Drinking at home before going out:

Q10. *If you are going out drinking, how often do you have a drink at home, or at a friend's home, before you go out?*

- Always
- Usually
- Occasionally
- Rarely
- Never

7%
13%
20%
27%
33%
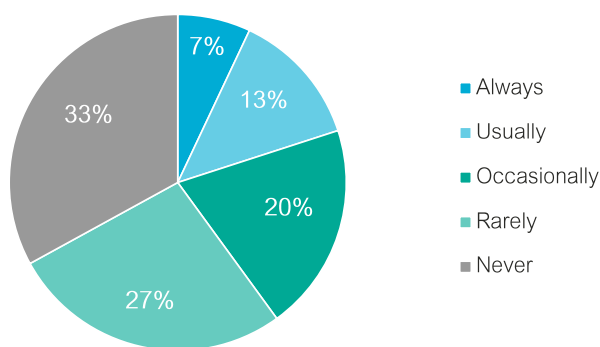
Base: All who drink outside the home (1,981)   Source: Ipsos MORI

One in five UK adults who drink outside the home say they always or usually have a drink at home or at a friend's house before going out (20%). However, a third say they never do so (33%) and almost a half (47%) only occasionally drink at home, or a friend's house, before going out.

Younger people, as well as those in lower social grades are more likely to drink at home or at a friend's house before a night out. Half (49%) of 18-24 year olds tend to drink before going out (doing so always or usually), compared to six per cent of those aged 45 and older. These figures suggest an increase in drinking at home or a friend's house before going out amongst 18-24 year-olds (42% in 2013 and 40% in 2012 said they always or usually did this). Whilst the difference in results for 2013 to 2014 cannot be considered statistically significant, the difference from 2012 to 2014 is and therefore suggestive of a slowly moving trend. This reflects HSCIC's finding that between 2009 – 2012 household spending on

alcoholic drinks increased by 1.3%, whilst alcohol bought for consumption outside the home fell by 9.8%.

Furthermore, those from lower social grades are more likely to say they always or usually drink before going out (23% of people from C2DE social grades, compared to 17% of ABC1).

Motivations for drinking

4 Motifications for drinking

This chapter explores individuals' rationale for drinking alcohol; with findings based on the DMQ-R SF questionnaire.

4.1 The DMQ-R SF

In order to measure the key motivations behind people's drinking, the short form of Cooper's DMQ-R[16] question set, which aims to identify the type and valence of drinking motivations, was included in the questionnaire. This tool asks survey respondents to identify, against 12 possible reasons, how often they drink for each particular reason. These are grouped into social, enhancement, coping and conformity reasons, and these categories in turn are defined as internal (enhancement, coping) or external (social, conformity) motivators. Those who drink for social and enhancement motives are seen as seeking positive reinforcement for their drinking, by creating or improving positive feelings and situations. Those who drink for coping or conformity reasons seek negative reinforcement – drinking to avoid negative circumstances or feelings of anxiety or depression. These underlying psychological motives are seen as driving an individual's final decision of whether to drink alcohol or not[17].

4.2 Reasons for drinking

Most people drink for social reasons or to enhance feelings or experiences. However significant proportions also use alcohol as a coping mechanism and drink in order to conform to social norms.

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[16] Cooper, M.L. (1994). Motivations for alcohol use among adolescents: development and validation of a four-factor model. *Psychological Assessment,* 6, 117-128.
[17] Kuntsche, E. and 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. It should be noted that the wording in one case was adapted from the original American English where the wording 'to get high' was replaced with 'to get a buzz'. It was felt that the use of 'high' by British English speakers would usually only be associated with drug taking and not drinking alcohol.

Figure 4.1 – Reasons for drinking alcohol:

Q25. *The following are reasons some people sometimes give for drinking alcohol. How often would you say you drink for the following reasons?*

At least some of the time:

Reason	%
Because it makes social gatherings more fun	72%
Because it helps you to enjoy a party	69%
Because it improves parties and celebrations	68%
Because it's fun	67%
Because you like the feeling	67%
To cheer you up when you are in a bad mood	53%
To get a buzz	51%
To fit in with a group you like	45%
Because it helps you when you feel depressed or nervous	44%
To forget about your problems	43%
So you won't feel left out	37%
To be liked	28%

Legend:
- Social
- Enhancement
- Coping
- Conformity

Base: All who drink (2,053)   Source: Ipsos MORI

7 in 10 people drink because it makes social gatherings more fun (72%) or helps them to enjoy parties (69%).

The most common reasons for drinking alcohol pertain to 'social' or 'enhancement' values. Five reasons are predominantly given and these are:

- To make social gatherings more fun (72% of adults drink for this reason at least some of the time);

- Because it helps individuals to enjoy a party (69%);

- Because it improves parties and celebrations (68%);

- Because it is fun (67%); and

- Because people like the feeling (67%).

Individuals less commonly drink for reasons which are categorised as 'coping' or 'conformity' strategies; with the least common reasons given being that drinking stops individuals feeling left out (37% drink for this reason at least some of the time) and to be liked (28%).

Negative drinking behaviour is more commonly associated with drinking for the purposes of coping and/or conforming. Drinking for these two purposes is notably higher among the following groups compared to drinking for social or enhancement reasons:

- Individuals with higher AUDIT scores (indicative of more dangerous drinking behaviours);

- Increasing and high risk drinkers;

- Social Boozers; and

- Those who report lower levels of mental wellbeing (attaining lower scores on the WEMWBS).

There are also differences in drinking motivations observable by gender and age.

Although men and women respond similarly to questions about social and coping reasons for drinking, men are significantly more likely to drink for enhancement and/or conformity reasons. While seven in ten women (72%) drink for one or more of the enhancement reasons at least some of the time, eight in ten men (79%) do so. Meanwhile almost three in five (57%) of men drink for one or more conformity reasons at least some of the time, compared to less than half (47%) of women. In particular, men are much more likely to say they drink to fit in with a group they like; 50% drink for this reason at least some of the time, compared to 39% of women who do so.

Younger people are more likely to say they drink for each of the motivations explored – social, coping, enhancement and conformity. However, the differences in response between younger and older participants are more marked for some motivations than others; in particular, younger people are far more likely to drink for enhancement and conformity reasons. While just over eight in ten (82%) of those aged 25-44 and seven in ten (69%) of those aged 45 and older drink for one or more enhancement reasons at least some of the time, almost nine in ten 18-24 year-olds (86%) do so. There is an even greater difference in the proportions that drink to conform; 70% of 18-24 year-olds drink for one or more of these reasons at least some of the time, while 56% of those aged 25-44 and just 44% of those aged 45 and over do so.

It is worth remembering that individuals are likely to drink for a multitude of reasons and that there is likely to be considerable cross-over in the individuals who choose to drink for social, enhancement, coping and conformity reasons.

Drunkenness

5 Drunkenness

The concept of drunkenness is explored in this chapter – how often individuals are drunk, and the extent to which they drink purposively in order to become drunk.

5.1 Frequency of drunkenness

Two in five people (40%) say that when they drink alcohol, they end up getting drunk at least occasionally. While a quarter of people report that their drinking never results in them getting drunk (26%), for one in eight people drinking almost always, or always, leads to them becoming drunk (12%). Younger people are more likely to get drunk when they drink.

12%

of drinkers end up getting drunk every time or most times when they drink alcohol

Figure 5.1 – Frequency of getting drunk:

Q11. *When you drink alcohol, how often, if ever, do you end up getting drunk?*

- Every time I drink
- Most of the time I drink
- Occasionally
- Rarely
- Never
- Don't know

* 2%
10%
26%
28%
34%
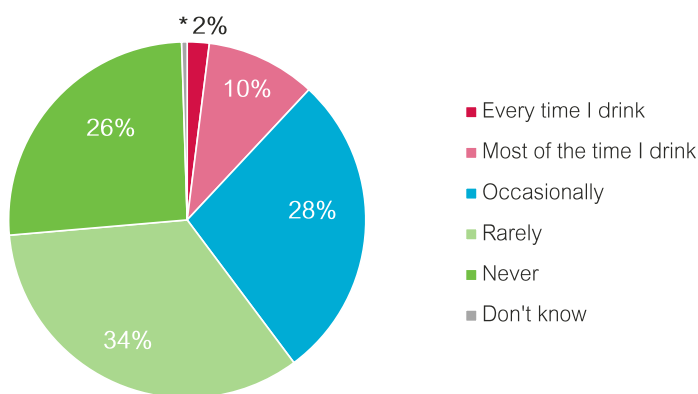
Base: All who drink (2,053)   Source: Ipsos MORI

Two in five people get drunk at least occasionally (40%), and one in eight (12%) say they get drunk every time or most of the time they drink. Just over a quarter say they never get drunk (26%), but at the other extreme, two per cent of drinkers say that they end up getting drunk every time they drink.

As discussed in Chapter 3 of this report, younger people drink less frequently than those aged 45 and older. However, they are more likely to get drunk when they do drink. Almost a third of people aged 18-24 usually or always get drunk when they drink (30%). On the other hand, one in twenty drinkers (four per cent) aged 45 and older say they usually get drunk when they drink alcohol.

Those in lower social grades are marginally more likely to get drunk every time or most of the time they drink (14% of individuals in social grades

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C2DE compared to 11% of those in ABC1 social groupings). There are no significant differences in frequency of drunkenness by gender.

People who tend to get drunk every time or most of the time they drink are more likely to fall into AUDIT zones 3 and 4, signifying harmful or dependant alcohol use (47% compared to six per cent of those in AUDIT zone 1 – low risk). There is, however, scope for providing support and guidance to those who frequently get drunk. A third (33%) of those who usually get drunk say they would like to cut back on their drinking and one in five (21%) would welcome guidance on doing so.

1 in 10

drinkers drink to get drunk every time or most of the time

5.2 Drinking to get drunk

Almost three in ten people drink to get drunk at least occasionally (28%), with one in ten drinking to get drunk every time or most of the time they drink (nine per cent).

Figure 5.2 – Drinking to get drunk:

Q12. *How often, if ever, do you drink to get drunk?*

* 2%

- ■ Every time I drink
- ■ Most of the time I drink
- ■ Occasionally
- ■ Rarely
- ■ Never
- ■ Don't know

8%
18%
48%
24%
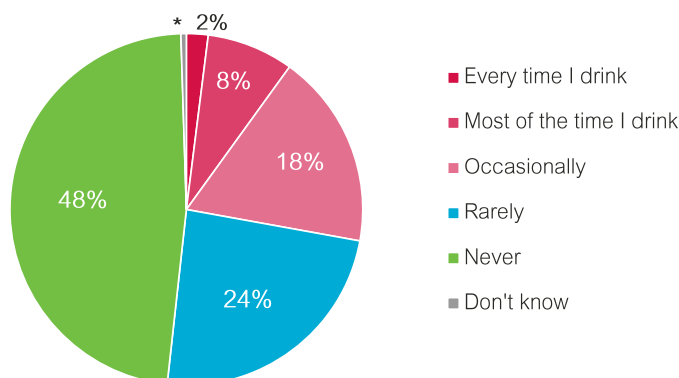
Base: All who drink (2,053)   Source: Ipsos MORI

Approaching half (48%) of adults say they never drink to get drunk. However, at the other end of the scale, almost one in ten (eight per cent) say they drink to get drunk most of the time, and a further two per cent say they do so every time they have an alcoholic drink. Three in ten UK adults drink to get drunk at least occasionally (28%).

As noted previously, there are certain groups within the population who are more likely to get drunk. These same groups are also more likely to drink specifically to get drunk.

Younger people are more likely to say they drink to get drunk. Among those who ever drink, three in five 18-24 year olds (61%) drink to get drunk at least occasionally, compared with one in ten (11%) of those aged 45 and

older. Londoners are more likely to say they drink to get drunk at least occasionally when compared with people living anywhere else in the UK. Two in five Londoners do this (38%, compared with 28% overall). This is likely to reflect the younger age profile of Londoners compared to other regions within the UK.

Individuals from C2DE social grades more often drink with the purpose of getting drunk compared to higher social groupings (31% do this at least occasionally, compared to 25% of ABC1s).

As seen for levels of drunkenness in general, people in AUDIT zones 3 and 4 (harmful or dependent drinkers) are much more likely to drink to get drunk; 46% say they do this every time or most of the time they drink compared to four per cent of those in AUDIT zone 1 (low risk).

5.3 Experiences of being drunk

When drunk, just over a third of people say they try to sober up (36%). However, one in twenty adults keeps on drinking as much as they can to get as drunk as possible (5%). The differences by age are stark: young people are more likely to continue drinking, whereas those aged 45 and older typically attempt to sober up.

Figure 5.3 – Behaviour when drunk:

Q13. *When you get drunk, do you usually…*

- Keep on drinking as much as you can to get as drunk as possible
- Try to maintain the 'right' level of drunkenness
- Try to sober up
- Don't know

5%
52%
36%
7%
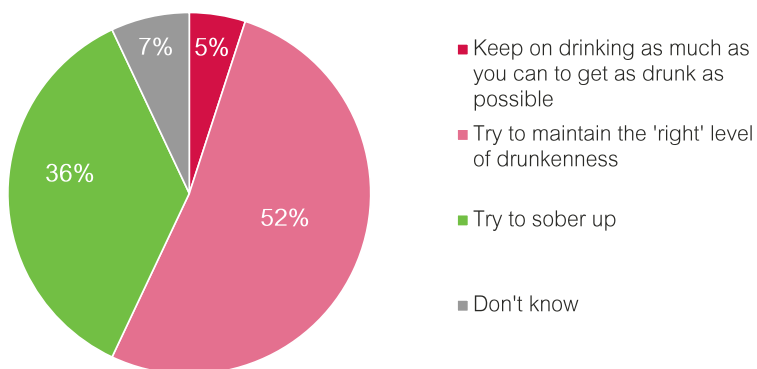
Base: All who ever get drunk (1,477)   Source: Ipsos MORI

Just over half (52%) of those who report ever getting drunk say they usually try to maintain the 'right' level of drunkenness. However, five per cent continue drinking in order to get as drunk as possible. Only around one in three (36%) attempt to sober up.

When drunk, young people (aged 18-24) are more likely to either continue drinking to maintain the 'right' level of drunkenness (67%, compared with

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38% of those aged 45 and older), or to get as drunk as possible (11%, compared with two per cent of those aged 45 and older). On the other hand, those aged 45 and older are more likely to try and sober up (48% of those aged 45 and older do this, compared with 19% of 18-24 year olds).

As might be expected, those identified as having harmful drinking behaviours are more likely to continue drinking once drunk. The proportion of those who continue to drink in order to get as drunk as possible rises to one in five among those in AUDIT zones 3 and 4 (harmful and dependent drinkers), at 21% compared with two per cent of those in AUDIT zone 1 (low risk). Low risk (zone 1) drinkers, on the other hand, are more likely to try to sober up (45% versus 11% of those in AUDIT zones 3 and 4).

The proportion of those who continue drinking to get as drunk as possible increases amongst Social Boozers (12% compared with five per cent overall) and amongst those who would welcome guidance on how to cut back on their drinking (nine per cent) or express a desire to cut back on their drinking (nine per cent).

5.4 Profile of 'Social Boozers'

Social Boozers are defined as people who:

- Drink alcohol 2-5 times a week;

- Drink in bars, pubs or clubs at least once a month;

- Get drunk, and drink to get drunk, at least occasionally.

One in eleven UK adults (nine per cent) are classified as Social Boozers. They are most likely to be male (11% versus eight per cent of females) and aged 25-34 (16%). However, similar proportions of younger people (aged 18-24) and slightly older individuals (aged 35-44) are Social Boozers (13% and 12% respectively). London has the highest proportion of Social Boozers, reflecting the younger age profile of the Capital (13%).

There are no significant differences in terms of social grade.

As would be expected, Social Boozers tend to have a higher AUDIT score. More than two in five harmful or dependent drinkers (AUDIT zones 3 and 4) are Social Boozers (44%), as are almost a quarter of hazardous (zone 2) drinkers (23%). This compares with three per cent of individuals in AUDIT zone 1 (low risk drinkers).

Those who drink primarily for conformity and coping reasons are marginally more likely to be Social Boozers (16% and 15% respectively among these groups). This compares to 12% of individuals who drink primarily for social reasons and 13% of those who drink for feelings of enhancement.

Harmful drinking

6 Harmful drinking

This chapter explores harmful drinking behaviours. Consideration is given to the proportion of UK adults who exhibit drinking behaviours defined as harmful. It also examines the consequences of harmful drinking.

1 in 4

UK adults display potentially harmful drinking behaviours

6.1 Prevalence of harmful drinking

As explained in the introduction chapter of this report (Chapter 2), the AUDIT tool[18] is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption. The tool gives survey participants a score based on their answers to several questions about their drinking behaviour. These scores classify participants into four 'zones', from zone 1 ('low risk') up to zone 4 ('dependency').

Three-quarters (76%) of UK adults are classified as 'low risk' drinkers, falling into AUDIT zone 1. Almost one in five (18%) are in zone 2, displaying 'hazardous' drinking behaviours. A minority are classified as zone 3 – 'harmful' (four per cent), or zone 4 - 'dependency' (three per cent).

Figure 6.1 – AUDIT zone/score:

AUDIT Score
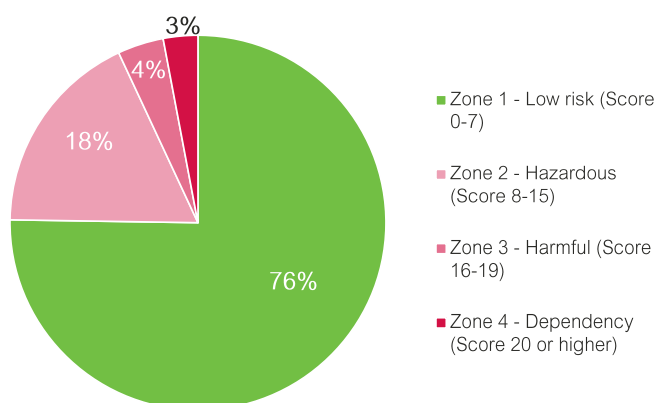
Zone 1 - Low risk (Score 0-7)

Zone 2 - Hazardous (Score 8-15)

Zone 3 - Harmful (Score 16-19)

Zone 4 - Dependency (Score 20 or higher)

Base: All participants (2,294)   Source: Ipsos MORI

The socio-demographic profiles of the four AUDIT groups differ. Reflecting patterns identified elsewhere in this report, individuals defined as being in zone 1 and therefore considered low risk drinkers are more likely to be:

- Female (82% fall into zone 1 compared to 70% of men); and

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[18] See Chapter 2 of this report for a brief explanation of the AUDIT tool. For more detailed information, refer to the appendix.

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- Older (87% of those aged 65-75 versus 67% of 18-24 year olds).

As well as being demographically different, those identified as being zone 1 (low risk) drinkers also exhibit other distinguishing traits. They tend to have higher wellbeing scores; 81% of individuals with the highest wellbeing scores (of 28-35) fall into zone 1, compared with 72% of those with the lowest wellbeing scores (of 7-21). Although older individuals tend to exhibit higher levels of mental wellbeing, the association between higher mental wellbeing and being a low risk drinker (zone 1) remains even when age is taken into account.

Zone 1 drinkers are more likely to say they drink for social or enhancement reasons rather than being motivated by the need to 'cope' or 'conform' (as defined by the DMQ-R SF questionnaire).

Individuals who fall into the higher AUDIT zones (2-4) and thus who demonstrate some degree of harmful drinking behaviour are conversely more likely to:

- Be male;

- Be younger;

- Exhibit lower levels of mental wellbeing;

- Drink for reasons relating to coping and conformity rather than being motivated by social or enhancement factors.

No significant differences are observable in the profiles of the four AUDIT groups by social grade.

6.2 Realising harmful drinking

Chapter 7 on moderation includes a discussion of the extent to which individuals drink within what they consider to be 'safe' limits. It is worth mentioning here, however, the presence of a group of individuals within the population who fail to recognise their harmful drinking habits. Just under two-fifths of individuals who display an increasing or high-risk weekly intake of alcohol claim themselves to be drinking within 'safe limits' (37%). This group is of particular interest to Drinkaware, given that they may need assistance in recognising the potentially harmful effects of their drinking. As would be expected given other findings reported throughout, this group of individuals are more likely to be male and have a younger age profile.

6.3 The consequences of drinking

Drinkers were presented with a series of statements relating to possible consequences of drinking and asked how frequently, if at all, they had

37%

of increasing and high risk drinkers think they drink within 'safe limits'

experienced each one in the previous 12 months. Two main types of consequences were explored within the survey; those that are more general and reflect a state of mind, and those that are more specific, reflecting actions that may have occurred as a result of drinking. These two types of consequences are reported upon separately.

25%

of drinkers have experienced memory loss as a result of drinking, in the last 12 months

6.3.1 General consequences

The most commonly experienced general consequences of drinking are memory loss (25%) and feelings of guilt or remorse (24%).

The following table shows that, over the past 12 months, a quarter of people (25%) have been unable to remember what happened the night before due to drinking. A quarter of adult drinkers (24%) have also experienced a feeling of guilt or remorse after drinking. Additionally, nearly two in five have failed to do what was normally expected of them because they had been drinking, and the same proportion found that they were unable to stop drinking once they had started (18% each). Nine per cent of individuals said that in the last 12 months they had needed a drink in the morning to get themselves going after a heavy drinking session the night before, at least once.

Table 6.1 – Q20. *In the last 12 months, how often have you…?*

	NET: At least once	Never	Less than monthly	Monthly	Weekly	Daily/ almost daily
Been unable to remember what happened the night before because you had been drinking	25%	75%	17%	5%	2%	1%
Had a feeling of guilt or remorse after drinking	24%	76%	15%	5%	3%	1%
Found that you were not able to stop drinking once you had started	18%	82%	10%	5%	2%	1%

Table 6.2 – Q20. *In the last 12 months, how often have you…?* *(continued)*

	NET: At least once	Never	Less than monthly	Monthly	Weekly	Daily/ almost daily
Failed to do what was normally expected of you because of drinking	18%	82%	12%	4%	2%	1%
Needed a drink in the morning to get yourself going after a heavy drinking session	9%	91%	4%	3%	2%	*

Base: All who drink (2,053)

6.3.2 Specific consequences

Individuals less commonly experience specific consequences as a result of their drinking.

In terms of the direct consequences of drinking, people are most likely to say they have done something that put them in a risky situation during the past 12 months (14%). Similar proportions have missed a day of work, school, college or university or have lost a valued possession such as a mobile phone or wallet (13% each). Around one in ten say they have engaged in sexual activity they regretted the following day (11%) or were made to look bad on social media (10%). Individuals have less commonly been a victim of crime (seven per cent) or got into trouble with the police (six per cent) over the past 12 months as a result of their drinking.

Over the past year, almost eight in ten (79%) people drank without experiencing any of the consequences listed in the following table.

Table 6.3 – Q19. *During the past 12 months, as a result of drinking alcohol, how often have you…?*

	NET: At least once	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Done something which put you in a risky situation	14%	86%	10%	3%	1%	1%
Missed a day of work, school, college or university	13%	87%	8%	2%	1%	1%
Lost a valued possession (such as a mobile phone or wallet)	13%	87%	8%	2%	1%	1%
Engaged in sexual activity that you regretted the next day	11%	89%	7%	3%	1%	*
Been made to look bad on social media the next day	10%	90%	5%	3%	2%	*
Been a victim of crime	7%	93%	3%	2%	2%	*
Got into trouble with the police	6%	94%	3%	2%	1%	1%

Base: All who drink (2,053)

By analysing the consequences of drinking by demographics and drinking behaviours, a clear pattern emerges. The following groups of people are significantly more likely to have experienced each of the negative consequences listed in the survey (including both the general and specific consequences):

- Men;

- Younger people;

- Hazardous, harmful and dependent drinkers (those in AUDIT zones 2-4);

- Increasing or high risk drinkers – those who drink more than 14 (for women) or 21 (for men) units a week;

- Social Boozers;

- People with lower mental wellbeing scores;

- People who drink for coping and/or conformity reasons.

6.4 The impact of harmful drinking

For the vast majority of people, drinking has not had a harmful effect on their work or studies, domestic life, relationships, friendships or finances in the past 12 months. Where it has led to problems it is most likely to be related to the ability to carry out household chores (14%), or having an impact on individuals' finances (13%).

A number of questions were asked to gauge the extent to which harmful drinking behaviours impacted on individuals' lives. The following table shows how, over the past twelve months, most drinkers have not experienced the majority of the negative impacts listed.

13%

say their drinking has had a harmful effect on their finances

Table 6.4 – Q21.*Has your drinking had a harmful effect…?*

	NET: Yes	No	Yes, once or twice	Yes, three or more times
On your housework or chores around the house	14%	86%	12%	2%
On your finances	13%	87%	10%	3%
On your marriage/intimate relationships	10%	90%	9%	2%
On your relationships with other family members, including your children	8%	92%	6%	2%

Table 6.5 – Q21.*Has your drinking had a harmful effect…?*
(continued)/Q22. During the last 12 months, have you gotten in a
fight while drinking?

	NET: Yes	No	Yes, once or twice	Yes, three or more times
On your friendships or social life	6%	94%	5%	1%
Q22. During the last 12 months, have you gotten in a fight while drinking?	4%	96%	4%	*

Base: All who drink (2,053)

For those that have experienced some impact, their drinking is most likely to have had a harmful effect on housework and chores (14%) and on their finances (13%). Individuals less commonly feel their drinking has harmed their marriage or intimate relationships (10%), or harmed relationships with other family members including their children (eight per cent).

Six per cent of drinkers have experienced a negative impact on their work or studies over the past 12 months due to their drinking; similarly, six per cent say their drinking has had a negative impact on their friendships or social life in the last 12 months. Four per cent have gotten into a fight whilst drinking over the past year.

Again, certain groups are more likely to have experienced negative impacts on their lives as a result of their drinking behaviours. These groups have already been identified earlier in this chapter as the individuals most likely to have experienced negative consequences as a result of their alcohol consumption:

- Men;

- Younger individuals;

- Those who exhibit more concerning drinking behaviours, i.e. those in AUDIT zones 2-4 (hazardous, harmful and dependent drinkers);

- Increasing or high risk drinkers – those who drink more than 14 (for women) or 21 (for men) units a week;

- Social Boozers;

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- Individuals with lower mental wellbeing;

- People who more commonly drink for coping and/or conformity reasons.

Concern from relatives, friends or health professionals

One in ten drinkers (11%) concede that a friend, doctor or other health worker has expressed concern about their drinking and suggested they cut down.

Figure 6.3 – Concern from relatives, friends or health professionals:

Q24: *Has a relative or friend, a doctor or another health worker been concerned about your drinking and suggested you cut down?*

Net 'Yes': 11%

7%   3%

- No
- Yes, but not in the past year
- Yes, during the past year

89%
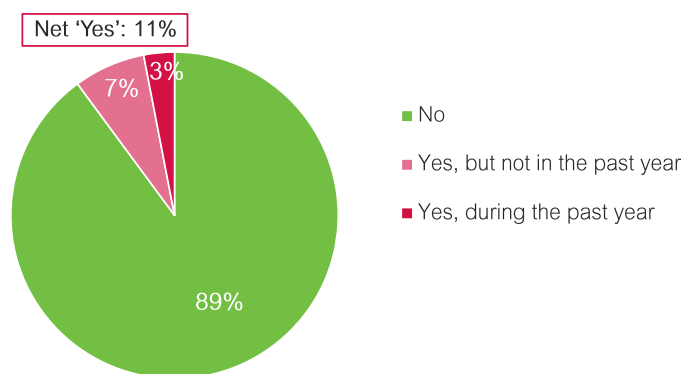
Base: All who drink (2,053)   Source: Ipsos MORI

One in ten drinkers (11%) admit that a friend, doctor or another health worker has suggested they cut down on their drinking; this rises to 14% of men and 14% of young people aged 18-24. Two thirds (63%) of drinkers in AUDIT zones 3 and 4 (harmful or dependent drinkers) acknowledge that a friend, doctor or another health worker has suggested they cut back on their drinking.

Just over a quarter of Social Boozers (27%) confirm that people they know have suggested they cut back on their drinking, compared to nine per cent of those whose drinking does not follow the same pattern. Perhaps unsurprisingly, around a quarter of people who say they would like guidance on how to cut back on their drinking (24%), and those that would like to cut back on their drinking (28%), acknowledge that someone they know has expressed concern about their levels of drinking.

Risk awareness and moderation

7 Risk awareness and moderation

72%

of UK adults identify liver disease as a risk of drinking above daily guidelines

This chapter begins by examining awareness and understanding of the health risks associated with alcohol consumption. It goes on to examine the extent to which people believe they are drinking within, or beyond, weekly low risk limits. The second half of the chapter concludes with a discussion of the various moderation strategies individuals employ in order to lessen their alcohol consumption.
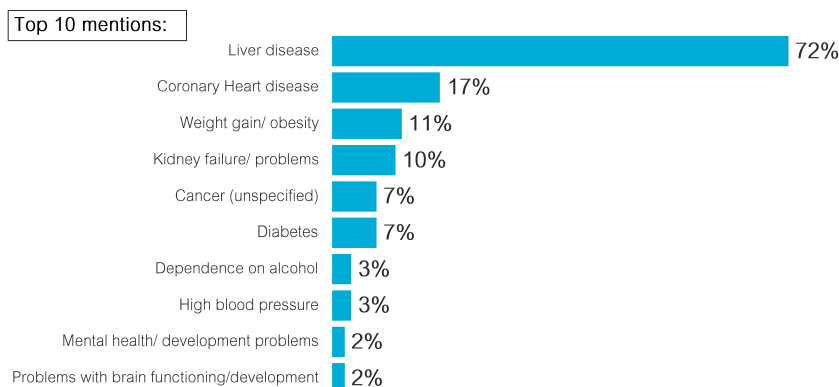
7.1 The impact of drinking on health

7.1.1 Awareness of health risks

The main health problem individuals associate with drinking is liver disease, mentioned by almost three quarters (72%). Coronary heart disease, weight gain and kidney problems are also frequently recognised, but by significantly fewer individuals.

Figure 7.1 – Main health problems associated with drinking above guidelines:

Q15. *Which, if any, do you think are the main types of health problem that can result from regularly drinking over the government's daily alcohol unit guidelines?*

Top 10 mentions:

Liver disease	72%
Coronary Heart disease	17%
Weight gain/ obesity	11%
Kidney failure/ problems	10%
Cancer (unspecified)	7%
Diabetes	7%
Dependence on alcohol	3%
High blood pressure	3%
Mental health/ development problems	2%
Problems with brain functioning/development	2%

Base: All Participants (2,294)   Source: Ipsos MORI

Approaching three-quarters (72%) of adults think that liver disease is one of the main health problems that can result from regularly drinking in excess of government guidelines. Other health problems are far less commonly mentioned. One in six adults (17%) considers coronary heart disease to be a health problem associated with drinking above guidelines, while one in ten considers weight gain or kidney problems to be a health risk associated with excessive drinking (11% and 10% respectively).

It is interesting to examine the profile of adults who think that either no health problems can result from regularly drinking over the government's

daily alcohol unit guidelines, or who say they simply 'don't know'. Younger people, aged 18-24, are less likely to associate health problems with drinking above guidelines (22% of whom say 'None', 'Don't know' or do not provide an answer, compared with seven per cent of those aged 45 and over). Adults aged 45 and over are more likely than those aged 18-24 to associate liver disease, heart disease, weight gain, diabetes and high blood pressure with exceeding drinking guidelines. These findings suggest that middle aged and older people are more informed of the health risks associated with alcohol consumption.

Looking again at the profile of adults who do *not* associate health problems with drinking above recommended guideline amounts, the findings show that a third (34%) of those in AUDIT zones 3 and 4 (harmful and dependent drinkers) either do not provide an answer or answer 'don't know'; suggesting lower levels of awareness or an unwillingness to engage with the issue. This is in comparison with 10% of adult drinkers in AUDIT zone 1 (low risk drinkers). Similarly, one in five Social Boozers either do not answer the question, say they 'don't know' or answer 'nothing' (22%).

7.1.2 Future drinking-related problems

One in five drinkers (22%) think it is likely that they may have increased health problems in the future if they continue to drink at their current level; one in twenty (five per cent) acknowledge that future health problems related to their drinking levels are very likely.

Figure 7.2 – Likelihood of increased health problems:

Q14. *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 — 5%
Fairly likely — 17%
Not very likely — 35%
Not at all likely — 37%
Don't know — 6%
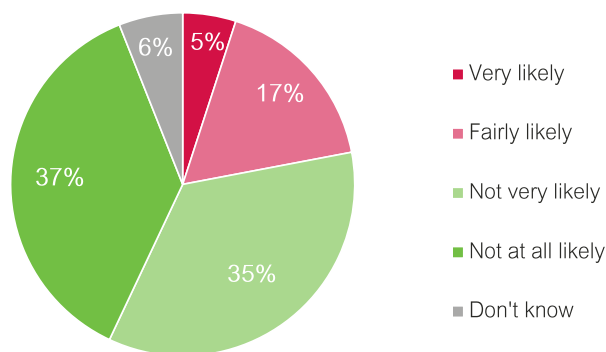
Base: All who drink (2,053)   Source: Ipsos MORI

All adults who drink alcohol were asked to consider whether their current levels of consumption could lead to an increased risk of health problems in the future. The majority of individuals (72%) think it is unlikely they will have increased health problems if they continue to drink at their current level.

There is some acknowledgement among heavier drinkers that their levels of alcohol consumption are likely to result in increased health problems in the future (even if they are unable or unwilling to name the specific health outcomes as reported previously). Harmful or dependent drinkers (those in AUDIT zones 3 and 4) are far more likely to say they will experience future health problems related to alcohol consumption than 'low risk' drinkers in AUDIT zone 1 (78% versus 10% respectively). Whilst this self-awareness is encouraging, there is still a group of individuals in AUDIT zones 3 and 4 who think their alcohol consumption is unlikely to result in future health problems (20%).

Given that harmful or dependent drinkers (as identified by AUDIT score) are more likely to be male and from younger age groups, these two groups are also more likely than their counterparts to acknowledge that they may have increased health problems in the future if they continue to drink at their current levels.

7.1.3 The impact of drinking on health

One in eight people (12%) believe the health risks of alcohol consumption have been exaggerated, though there is some ambiguity around this belief. Similarly opinion is divided on whether or not moderate drinking is good for people's health.

Figure 7.3 – Assessment of health risks:

Q18. *How much do you agree with the following statements?*

| ■ Strongly agree | ■ Tend to agree | ■ Neither agree nor disagree |
| ■ Tend to disagree | ■ Strongly diagree | ■ Don't know |

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
The health risks of drinking alcohol have been exaggerated	4%	8%	28%	30%	27%	4%
Moderate drinking is good for your health	9%	27%	41%	13%	6%	4%
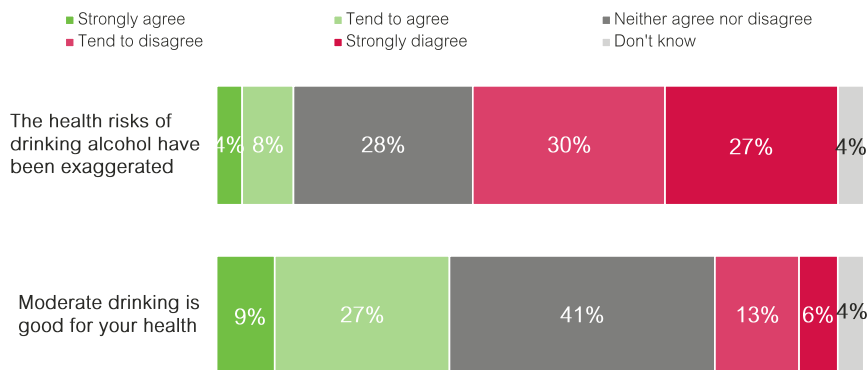
Base: All participants (2,294)   Source: Ipsos MORI

One in eight people believe the health risks of alcohol have been exaggerated (12%). Whilst just over half (56%) disagree that the risks have been exaggerated, there is a relatively high degree of ambiguity with a third of individuals (32%) saying they neither agree nor disagree, or that they don't know.

High levels of uncertainty are also seen when individuals consider the statement, 'moderate drinking is good for your health'. Whilst a third (36%) agree, one in five (19%) disagree; this may reflect the confused narrative and conflicting messages on this issue within academic literature and the media.

Heavier drinkers are more likely to believe the health risks of drinking alcohol have been exaggerated and that moderate drinking is good for your health. Both these views are held more strongly among males than females, reflecting their typically higher levels of alcohol consumption.
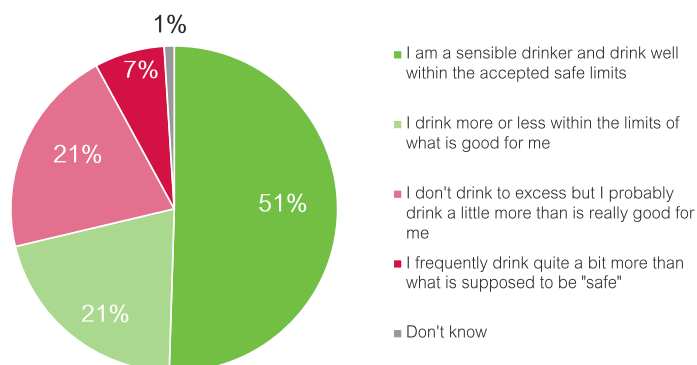
7.2 Self-reported drinking

More than seven in ten adult drinkers say they drink within 'safe limits' (72%).[19] However, almost three in ten believe that they drink more than is good for them or is considered 'safe' (28%). This proportion is higher among men.

Figure 7.4 – Assessment of own drinking levels:

Q3. *If you were being honest with yourself, which of the following statements best describes your drinking habits?*

- I am a sensible drinker and drink well within the accepted safe limits
- I drink more or less within the limits of what is good for me
- I don't drink to excess but I probably drink a little more than is really good for me
- I frequently drink quite a bit more than what is supposed to be "safe"
- Don't know

Base: All who drink (2,053)   Source: Ipsos MORI

More than seven in ten (72%) of those who drink say they drink within 'safe limits', including 51% who describe themselves as sensible drinkers who drink well within the accepted 'safe limits'. However one in five (21%) admit that while they do not drink to excess they probably drink a little more than is really good for them. Meanwhile seven per cent say they frequently drink quite a bit more than is supposed to be 'safe'.

Women are more likely to say they drink within 'safe limits' (75% of women, compared with 68% of men).

28%

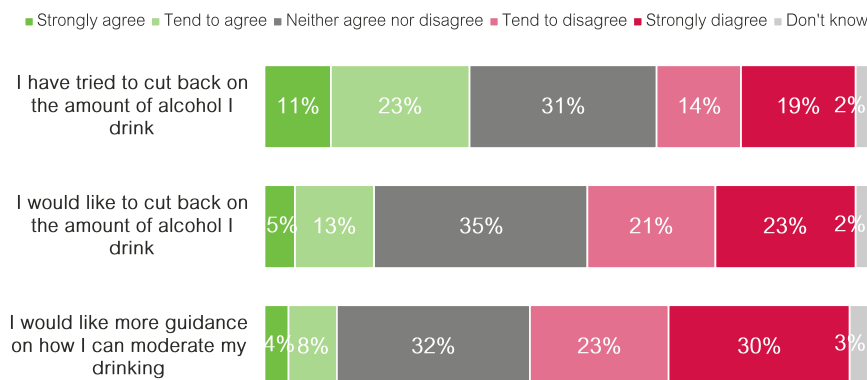of UK adults admit they probably drink above 'safe limits'

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[19] We acknowledge that there are no recognised 'safe limits' for drinking. However, as this was the wording used in previous surveys it was decided to keep the question unchanged, allowing the monitoring of changes in attitudes.

7.3   Attitudes towards moderating drinking

Almost one in five of those who drink say they would like to cut back on the amount they drink (18%) and there is some desire for guidance on how to do so.

Figure 7.5 – Attitudes towards moderating drinking:

Q18. *How much do you agree with the following statements?*

■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly diagree ■ Don't know

Statement	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly diagree	Don't know
I have tried to cut back on the amount of alcohol I drink	11%	23%	31%	14%	19%	2%
I would like to cut back on the amount of alcohol I drink	5%	13%	35%	21%	23%	2%
I would like more guidance on how I can moderate my drinking	4%	8%	32%	23%	30%	3%

Base: All who drink (2,053)   Source: Ipsos MORI

There is some, though moderate, appetite for cutting down on alcohol consumption levels. Almost one in five people who drink say they would like to cut back on the amount of alcohol they drink (18%). A higher proportion say they have already tried to cut back on the amount of alcohol they drink (34%). Of those that have already tried to cut back, two in five (41%) say they still have the ambition to reduce their alcohol consumption.

Whilst a small proportion of UK adults overall (12%) say they would like more guidance on how to moderate their drinking, the desire for help and guidance rises significantly to 40% among individuals who say they would like to cut back on their alcohol consumption, and 23% among those who have tried to do so.

As may be expected, heavy drinkers are more likely to say they would like to cut back on the amount of alcohol they drink, with 52% of harmful and dependent drinkers (AUDIT zones 3 and 4) saying this compared to 36% of hazardous (zone 2) and 10% of low risk (zone 1) drinkers. There is, however, still a group of individuals more resistant to this idea (with 19% of individuals in AUDIT zones 3 and 4 – harmful and dependent drinkers – not wanting to cut down their drinking). Younger people are more open to the idea of cutting back their drinking (47% of those aged 45 and over do *not* wish to cut down their drinking, compared with 36% of 18-24s). Younger people are accordingly the most likely to say they would like guidance on how to cut down; 24% of 18-24 year-olds say this, compared to eight per cent of people aged 45 and older.
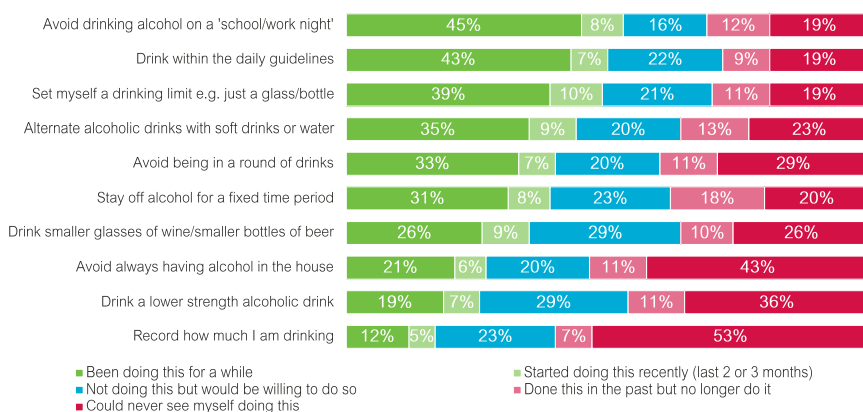
1 in 5

drinkers would like to cut back on the amount of alcohol they drink

7.4 Moderation strategies

Around half of drinkers currently try to moderate their alcohol intake by not drinking on a 'school/work night' (53%) and drinking within daily guidelines (50%). Some moderation strategies are thought to be more successful than others with the latter technique considered popular but not necessarily very effective.

Figure 7.6 – Moderation strategies:

Q17A. *Here are some things people have said they do to moderate their drinking. Have you tried any of these?*

	Been doing this for a while	Started doing this recently (last 2 or 3 months)	Not doing this but would be willing to do so	Done this in the past but no longer do it	Could never see myself doing this
Avoid drinking alcohol on a 'school/work night'	45%	8%	16%	12%	19%
Drink within the daily guidelines	43%	7%	22%	9%	19%
Set myself a drinking limit e.g. just a glass/bottle	39%	10%	21%	11%	19%
Alternate alcoholic drinks with soft drinks or water	35%	9%	20%	13%	23%
Avoid being in a round of drinks	33%	7%	20%	11%	29%
Stay off alcohol for a fixed time period	31%	8%	23%	18%	20%
Drink smaller glasses of wine/smaller bottles of beer	26%	9%	29%	10%	26%
Avoid always having alcohol in the house	21%	6%	20%	11%	43%
Drink a lower strength alcoholic drink	19%	7%	29%	11%	36%
Record how much I am drinking	12%	5%	23%	7%	53%

Base: All who drink (2,053)   Source: Ipsos MORI

The most common moderation strategies currently employed by individuals to reduce their alcohol consumption are avoiding drinking on a school/work night (53%) and drinking within daily guidelines (50%). Other fairly popular moderation strategies include setting drinking limits (currently practised by 49%) and alternating alcoholic drinks with soft drinks (44%).

A number of moderation strategies are less popular, with high proportions of participants claiming they could never see themselves using them. The least popular are recording how much they drink (53% say they could not see themselves doing this) and avoiding having alcohol in the house (43% would not try this).

There is some willingness to try moderation techniques, as denoted by individuals saying they are not currently using a particular strategy but that they would be willing to try it. Individuals appear to be most open to changes that do not require reducing the frequency of their drinking; over a quarter of drinkers are willing to drink lower strength alcoholic drinks (29%) and to drink smaller amounts such as smaller glasses of wine (29%).

7.4.1 Moderation strategies – trends over time

Some changes over time are apparent in the moderation strategies individuals employ or are open to. These changes over time should be

treated with caution due to changes in the question wording between the 2013 and 2014 surveys.

- The data suggests that more people are now recording what they drink. In 2013 one in ten (9%) of those aged 45-65 did this, which has risen to 16% in 2014; at the same time the proportion saying they could never see themselves doing this has decreased. Similarly for those aged 25-44, the proportion willing to record their alcohol intake has risen from one in five (19%) in 2013 to just over a quarter (26%) in 2014. It should be noted, however, that these changes are not directly comparable due to a change in the question wording; in 2013 and 2012, the equivalent option was 'Keep a drink diary to monitor how much I am drinking'.

- The trend data also suggests that more people may be open to drinking smaller glasses of wine / beer in a bid to moderate their drinking than in 2013. In 2013, three in ten 45-65 year olds (31%) did this, which has now risen to 36% in 2014. Meanwhile, the proportion who said they could never see themselves doing this has fallen from around a third (35% of 45-65 year olds and 33% of 25-44 year olds) to around a quarter (28% of 45-65 year olds and 26% of 25-44 year olds) since 2013.

- While the proportion of 45-65 year olds who would be willing to try drinking lower strength alcoholic drinks has fallen from 28% in 2013 to a quarter (25%) in 2014, young people might be more likely to consider doing this. In 2013 more than a quarter of 18-24 year olds (26%) said they could never see themselves drinking lower strength alcoholic drinks, which has fallen to one in five (19%) in 2014.

- However, the proportion of 18-24 year olds who could never see themselves avoiding having alcohol in the house has fallen. In 2013 this stood at almost a third (31%) of 18-24 year olds, which has decreased non-significantly to one in five (19%) in 2014. Similarly, in 2013 more than two in five (42%) 25-44 year olds said they could never see themselves avoiding having alcohol in the house – this has now fallen to just over a third (36%).

7.4.2 Moderation strategies – what works?

The moderation strategies most commonly employed are not always considered to be the most successful, as Figure 7.7 below shows. The most successful moderation techniques (and those that are employed most often) are:

- Avoiding drinks on a school/work night (82% say this helps them drink less alcohol);

82%

of drinkers say avoiding drinking on a 'school/work night' helps them to drink less alcohol

- Setting a drinking limit (80%);

- Alternating alcoholic drinks with soft drinks or water (79%);

- Staying off alcohol for a fixed amount of time (78%).

Whilst drinking within the daily guidelines is cited as the second most common moderation technique employed (50% currently do this), it is also recognised as being relatively less effective with 71% saying this helps them drink less alcohol. This finding may in part be explained by previous research by Drinkaware and Ipsos MORI which showed a poor understanding of the daily guidelines among UK adults[20].

Figure 7.7 – Uptake and success of moderation strategies:

Q17. Here are some things people have said they do to moderate their drinking. A. Have you tried any of these? B. Do these actions help you to drink less alcohol?


Base - Y axis: All who drink (2,053). Base – X axis: All who use each moderation method

Source: Ipsos MORI

7.4.3 Moderation strategies – counting the units

Very few people check the number of units of alcohol contained in the drinks they buy (16% per cent do so always or usually). Instead, it is far more common for people to check the percentage of alcohol (ABV) contained in their drinks (35% do so always or usually).

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[20] See https://www.drinkaware.co.uk/about-us/press-office/drinkaware-says-unit-guidelines-just-arent-working

Figure 7.8 – Awareness of alcohol intake:

Q8. *When you buy alcohol, how often, if at all, do you….*

■ Always　■ Usually　■ Occasionally　■ Rarely　■ Never

	Always	Usually	Occasionally	Rarely	Never
A. Check the number of units of alcohol contained in the drinks?	5%	10%	21%	27%	37%
B. Check the percentage of alcohol (ABV or alcohol by volume) contained in the drinks?	13%	22%	25%	19%	21%
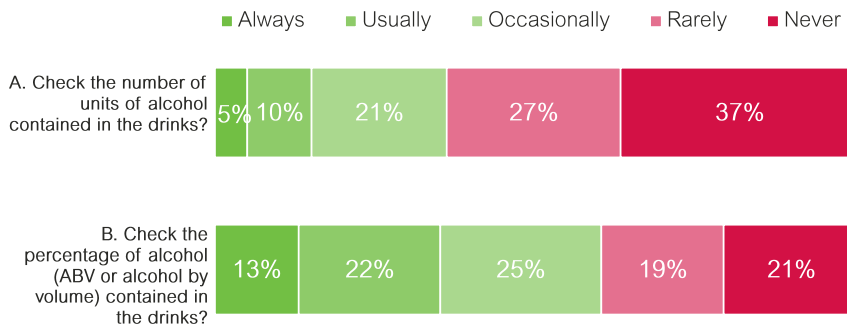
Base: All who drink (2,053)   Source: Ipsos MORI

As may be expected due to the practice of labels typically displaying percentage of alcohol (ABV) and not units, individuals are much more likely to check the percentage of alcohol (ABV) contained in their drinks than they are to check the number of units. A sizeable proportion of individuals always or usually check the ABV (35%) compared to only 16% of those who always or usually check the number of units.

A number of groups are more likely to check both the ABV and the number of units in alcohol:

- Younger people;

- Hazardous, harmful and dependent drinkers (those in AUDIT zones 2, 3 and 4);

- Social Boozers.

Segmentation of adult drinkers in the UK

8 Segmentation of adult drinkers in the UK

This chapter explores the attitudes, behaviours and experiences of five distinct groups of drinkers, identified using segmentation methodology.

8.1 Segmentation methodology

Segmentation, or cluster analysis, is a technique used to classify individuals or 'cases' into groups that are as similar as possible within themselves, but as different as possible to the other groups identified. This is done on the basis of a defined set of variables. As part of this study, adult drinkers (aged 18-75) were segmented according to their attitudes and values (openness to moderation, reasons for drinking, mental wellbeing) and their behaviours (risk level of drinking, consequences and harms experienced from drinking). Following preliminary analysis exploring several different segmentation solutions, a five cluster solution was selected as the most robust option[21]. Table 8.1 below shows the relative sizes of the resulting segments, and the labels applied to them.

Table 8.1 — Segment sizes and labels

	Segment label	No. of participants	%
Segment 1	'Comfortable Social Drinkers'	332	17%
Segment 2	'Controlled Home Drinkers'	449	23%
Segment 3	'Risky Social and Coping Drinkers'	275	16%
Segment 4	'Self-contained Moderate Drinkers'	422	21%
Segment 5	'Risky Career Drinkers'	433	23%

Base: All drinkers allocated to a segment (1,911)

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[21] Refer to the appendix of this report for more information on the segmentation methodology used.

8.1.1 Exploration of the drinking habits of sub-groups within segments

Further to the initial segmentation analysis conducted by Ipsos MORI, Drinkaware is conducting further exploration into the drinking preferences and patterns of smaller sub-sections of the clusters identified, in order to understand the variation in drinking styles and occasions within the clusters. Thus, where meaningful differences can be observed, detailed analysis is provided on sub-divisions of the groups by key socio-demographic variables: gender, age and social class.

8.2 Segment 1: Comfortable Social Drinkers

8.2.1 Overview

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

Key Statistics:

- 95% are low-risk drinkers; however, 15% have binged in the last 7 days.

- Second most likely group to use moderation strategies; 96% currently moderate their drinking in some way.

- This group scores highest on social motivations; 99% drink for social reasons. 95% drink for enhancement reasons.

- They drink frequently; 65% drink at least once a week.

- Six per cent drink outside the home 2 or more times a week; 41% do so 1-3 times a month, while 22% do so once every couple of months.

Key Demographics:

- 50% female, 50% male.

- 50% aged 25-44, and a further 18% aged 45-54.

- 75% employed – the highest proportion across all segments.

- 58% in ABC1 social grades – the highest proportion across all segments.

- This group has the best mental wellbeing on average, with a mean WEMWBS score of 25.54.

8.2.2 Who are the Comfortable Social Drinkers?

The vast majority of people in this group (95%) are considered low risk drinkers based on their weekly unit consumption; the remaining five per cent are increasing risk drinkers. They are frequent drinkers, with two thirds (67%) drinking at least once a week. Two thirds (65%) drink outside the home at least once a month, and a quarter (24%) do so at least once a week. Six per cent do so two or more times a week. However, they are relatively unlikely to binge drink, with 15% having done so in the last 7 days before completing the survey. Five per cent of this group are Social Boozers. This group mainly drink for social and enhancement reasons (99% and 95% respectively do so). In relation to the other segments, this group hold the middle ground on coping and conformity motivations, with 60% and 56% drinking for these reasons.

This group is also average in terms of drunkenness compared to the other segments. The majority (86%) get drunk at least sometimes, although three quarters (74%) only do so occasionally or rarely. One in eight (12%) get drunk every time or most times when they drink. While around half (55%) drink to get drunk at least some of the time, one in ten (10%) do this every time or most of the time when they drink. When drunk, this group are most likely to try to maintain the 'right' level of drunkenness (58%) or try to sober up (35%). Most (82%) agree with the statement 'I don't need to get drunk to have a good night out'.

This group are relatively unlikely to have experienced negative consequences as a result of their drinking; one in five (22%) have experienced one or more negative consequences in the last 12 months, while seven per cent have experienced three or more[22]. The majority (83%) of people in this group have AUDIT scores in zone 1, defining them as low risk drinkers. A further 14% fall into zone 2 (hazardous drinkers) while only two per cent fall into zone 3 or 4 (harmful or dependent drinkers). This group has the third lowest mean AUDIT score, at 5.14.

This group are the second most likely to use moderation strategies to limit their drinking, with 96% using at least one technique. Of the techniques listed, not drinking on a 'work/school night' is the most popular; 71% are doing this. Meanwhile 62% try to drink within the recommended daily guidelines, and 59% set themselves a drinking limit (e.g. just one glass/bottle). They are the group least open to recording how much they drink (60% could never see themselves doing this) or avoiding always having alcohol in the house (51% could never see themselves doing this). This group contains even proportions of men (50%) and women (50%). Half (50%) are aged between 25 and 44, while a further one in five (18%) are aged 45-54. They are predominantly from ABC1 social grades (58%), and

[22] This and all subsequent references to 'consequences' are based on the list of consequences presented at Q19.

working (75%). They are affluent; half (49%) are from households with an annual income of £35,000 or more and one in five (19%) have incomes of £55,000 or more - the highest proportions across all segments. This group has the second highest proportion of degree-educated people (37%), and the lowest proportion (six per cent) with no formal qualifications. Three quarters (77%) are married or living with a partner although a relatively high proportion (16%) are single[23]. This segment has the highest proportion of people living in suburban areas, with a third (34%) living in areas of population density between 200 and 999 inhabitants per square kilometre. They are the most likely, compared with other segments, to live in localities attributed to the Mosaic[24] groups 'Domestic Success' (13%) and 'Senior Security' (11%) – suggesting higher proportions of affluent middle-aged people, many with families, and older people living in comfortable suburban homes. This group exhibits good mental wellbeing, with 38% scoring between 28 and 35 on the WEMWBS and a further 43% scoring between 22 and 27, giving an average score of 25.54.

In a typical week, this group are most likely to drink wine (59%), spirits with a mixer (33%) or lager (31%). Closer examination of socio-demographic sub-groups within this segment reveals the preferred drink among men aged 18-34 to be lager; women aged 18-34 prefer spirits with a mixer, while the most commonly selected drink among all aged 35+ is wine[25].

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[23] It should be noted that demographic information on household income, education, marital status, population density and Mosaic postcode profile is not available for all participants. For more detail on this, refer to the appendix of this report.

[24] Refer to the appendix of this report for information on Mosaic profiling.

[25] Please note that these findings should be considered indicative only, due to very small base sizes of males aged 18-34 (N = 20) and women aged 18-34 (N = 42) who drink at least once a week, within this segment.

8.3 Segment 2: Controlled Home Drinkers

8.3.1 Overview

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

Key Statistics:

- The majority are infrequent drinkers; 40% drink once a month or less often, and 35% drink 2-4 times a month; 25% drink more than once a week. 37% drink outside the home at least once a month, but only 1% do so 2 or more times a week.

- This group are at the lowest risk, with 98% classed as low risk drinkers based on their weekly unit consumption; 5% have binged in the last 7 days, and just 3% are Social Boozers. They are least likely to experience harm from drinking.

- People in this group are the most likely to use moderation strategies, with 100% currently using at least one method.

- They are the least likely to drink for social (59%), enhancement (53%) or coping (44%) reasons, and are also unlikely to drink for conformity reasons (39% do this).

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Key Demographics:

- 61% female (highest proportion across all segments).

- 18% 65 or older (second highest proportion across all segments). 43% aged 45-64.

- Lowest proportion of employed people; 60%. Highest proportion of retired people; 16%.

- 45% from C2DE social grades (second highest across all segments). Highest proportion with annual household incomes of £34,999 or less (71%).

8.3.2 Who are the Controlled Home Drinkers?

Almost all within this group (98%) are considered low risk drinkers based on their weekly unit consumption; two per cent are increasing risk drinkers. They are predominantly infrequent drinkers; although one in four (25%) drink more often than once a week, a third (35%) drink 2-4 times a month, while two in five (40%) drink once a month or less often.

This group are the least likely to drink outside the home, with only one in eight (12%) doing so once a week or more often and just one per cent doing so two or more times a week. One in four (25%) do so 1-3 times a month, and three in five (58%) do so less often than once a month. Only three per cent in this group are Social Boozers, and five per cent have binged in the last 7days. The vast majority (90%) agree with the statement 'I don't have to get drunk to have a good night out'. When they do drink, this group are the least likely to do so for social (59%), enhancement (53%) or coping reasons (44%). They score second-lowest of all segments on conformity motivations (39%).

Unsurprisingly given the infrequency and context of their drinking, this group are unlikely to get drunk; almost half (47%) never end up getting drunk when they drink, while a further 50% only do so occasionally or rarely and three per cent do so every time or most times when they drink. Seven in ten (68%) never drink with the intention of getting drunk. When they do become drunk, this group are the most likely to try to sober up; 55% do this, while 35% try to maintain the 'right' level of drunkenness.

Given that they tend not to get drunk, people in this group are unlikely to have experienced negative consequences because of their drinking; one in ten (12%) has experienced one or more, and one in twenty (six per cent) has experienced 3 or more consequences. The vast majority (92%) fall into

AUDIT zone 1 (low risk), with a further six per cent in zone 2 (hazardous) and two per cent in zones 3 and 4 (harmful/dependency). This group has the lowest mean AUDIT score, at 3.24.

This group are the most likely to use or consider using a variety of techniques to moderate their drinking; 100% are currently using one or more strategies. In particular, nine in ten (90%) drink within the recommended daily guidelines, while 87% set themselves a drinking limit and 86% avoid drinking on a 'work/school night'. The least popular moderation method among this group is avoiding always having alcohol in the house, although 57% do this.

This segment has the highest proportion of women, at 61%. This segment also has a high proportion of older people, with one in five (18%) aged 65 or above. A further 43% are aged between 45 and 64, with only 39% aged under 45. Just over two in five (45%) are from lower social grades (C2DE), the second highest proportion in any segment. This segment also has the highest proportion of people with annual household incomes below £35,000; seven in ten (71%) fall into this income bracket. Only nine per cent of people in this segment have annual household incomes of £55,000 or more. Related to the age profile of this segment, this group has a greater proportion of people (14%) who are divorced or separated, compared to other segments. In terms of Mosaic profiles, compared to other segments this group has slightly high proportions living in 'rental hubs' (eight per cent), 'vintage value' (six per cent) and 'rural reality' (10%) Mosaic areas. This segment has the lowest proportion (5%) of people from 'prestige positions' Mosaic groupings. Despite their differing age profiles, lower income is a characteristic of each of these groups. People in this segment have average mental wellbeing, with a mean score of 24.24.

In a typical week, this group are most likely to drink wine (69%), lager (36%) or cider (23%). Compared with segments 1, 3 and 4, they are significantly more likely to drink wine.

8.4   Segment 3: Risky Social and Coping Drinkers

8.4.1 Overview

People in this segment are predominantly frequent drinkers, who regularly drink outside the home. A high proportion are increasing or high risk drinkers, and this group are the most likely to be Social Boozers. They are the second most likely group to binge drink, and the most likely to get drunk. In particular, they are the most likely to intentionally pursue drunkenness. They drink primarily for coping and conformity reasons, although they are also highly likely to drink for social and enhancement purposes. They are relatively likely to moderate their drinking. This segment is mainly made up of younger adults and those from lower social grades.

Key Statistics:

- The majority are frequent drinkers. 77% drink once a week or more often. 39% drink 2-3 times a week and 22% drink 4 or more times a week. 39% drink outside the home at least once a week and 16% do so twice a week or more often; 68% do so at least once a month.

- This group scores second highest on risk, containing the second highest proportions of increasing risk (36%) and high risk drinkers (five per cent) based on weekly unit consumption.

- 83% in this group try to moderate their drinking in some way.

- They are the most likely group to drink for coping and conformity reasons; 99% and 93% respectively do so. They also score highly on enhancement and social motivations (98% and 97% respectively).

Key Demographics:

- 52% male, 48% female.

- Highest proportion of 18-24 year-olds; 24%. The majority in this segment (73%) are under 45.

- Highest proportion (53%) from C2DE social grades. Highest proportion of students (11%) and people not currently in work (21%).

- Lowest mental wellbeing of all segments, with a mean score of 21.28 and 61% scoring between 7 and 21.

8.4.2 Who are the Risky Social and Coping Drinkers?

The majority of people in this segment are frequent drinkers, with almost eight in ten (77%) drinking at least once a week. One in five (22%) drinks four or more times a week. They are also frequent drinkers outside the home, with two in five (39%) doing so at least once a week, 16% doing so twice or more per week, and the majority (68%) doing so at least monthly. This group are the most likely to be Social Boozers, with one in four (23%) in this group. They also score highly on binge drinking when compared with other segments; 23% have binged at least once in the last 7 days. Just over a third (36%) of this segment are considered increasing risk drinkers based on their weekly unit consumption; five per cent are high risk drinkers, while 59% are low risk. One in four (24%) are increasing or high risk drinkers who consider themselves to be drinking within 'safe limits'; 29% drink above the weekly low risk limits and are aware that their drinking may not be safe.

This segment are the most likely to end up getting drunk when they drink; one in four (27%) do so every time or most of the time when they drink, and a further 64% do so occasionally or rarely. They are also the group most likely to drink to get drunk; one in five (22%) do this every time or most of the times they drink and a further 62% do so occasionally or rarely. When drunk, this group is the most likely to continue drinking in order to get as drunk as possible; one in ten (nine per cent) say they do this. A further two thirds (67%) try to maintain the 'right' level of drunkenness, while 19% attempt to sober up (the lowest proportion across all segments). This group are least likely to agree with the statement 'I don't have to get drunk to have a good night out'; 60% agree. Meanwhile, they are the most likely to agree that drinking gives them the confidence they need to meet people and make new friends; 50% do so. They are particularly likely to drink for coping and conformity reasons; almost all (99%) within this group drink to cope with negative feelings and situations at least some of the time, while 93%

drink to conform. However, they are also highly likely to drink for enhancement (98%) and social (97%) reasons.

This segment contains the greatest proportion of people who have experienced negative consequences in the last year as a result of drinking alcohol. Almost half (48%) have experienced at least one, and a quarter (26%) have experienced three or more consequences. This segment also has the biggest proportion of people in AUDIT zones 3 and 4 (16%), and has the second highest average AUDIT score (9.32). Six per cent fall into zone 4 (dependency), while one in ten (nine per cent) are in zone 3 (harmful). Just over a third (36%) fall into zone 2 (hazardous) and 48% are in zone 1 (low risk).

The majority (83%) of people in this segment try to moderate their drinking in some way, although there appears to be some division in opinions regarding moderation and 'safe' drinking limits. This group has the highest proportion of people who agree with the statement; 'I would like more guidance on how I could moderate my drinking' (28%). They are also among the most likely to say they have tried to cut back on the amount they drink, with half (47%) saying this. However, this segment also has the second highest proportion (19%) who agree with the statement 'The health risks of drinking have been exaggerated'.

This segment includes even proportions of men (52%) and women (48%). It has the greatest proportion of 18-24 year-olds (24%), and the second highest proportion of 25-34 year-olds (23%) compared to the other segments. Three in four people (73%) in this segment are under 45. This segment has the greatest proportion of people from C2DE social grades (53%). Linked to the age profile, it also has the highest proportion of students (11%). This segment has the highest proportion of people with no formal qualifications (17%), and also the lowest proportion of people educated to degree level (33%) of all segments. People in this group are particularly likely, when compared with those in other segments, to fall into the 'aspiring homemakers' (13%), 'family basics' (13%) 'modest traditions' (seven per cent) and 'urban cohesion' (seven per cent) Mosaic categories; groups which predominantly represent families and couples living on middle and lower incomes. This group has the lowest average mental wellbeing score of all segments (21.28), with three in five (61%) scoring between 7 and 21.

In a typical week, this group are most likely to drink wine (59%), lager (58%) or cider (38%). They are significantly more likely than other segments to select each of these drinks. Closer examination of socio-demographic sub-groups within this segment reveals the preferred drink among men to be lager, while women prefer wine.

8.5 Segment 4: Self-contained Moderate Drinkers

8.5.1 Overview

People in this segment tend to drink fairly infrequently and moderately, and are considered low risk drinkers. They tend to drink at home, and are unlikely to get drunk, binge drink or be considered Social Boozers. This segment are the least likely to use moderation techniques (although two thirds do), perhaps due to the generally moderate and sensible manner in which the majority usually drink.

Key Statistics:

- 55% drink once a week or more often. 23% drink 1-3 times a month; 21% drink less often. 15% drink outside the home at least once a week and 4% do so twice a week or more often; 47% do so less often than once a month.

- Low risk: 99% are low risk drinkers based on weekly unit consumption; 1% are increasing risk drinkers. Unlikely to binge drink; 7% have done so in the last 7 days.

- Least likely to moderate their drinking; 64% currently do so.

- Least likely to drink for conformity reasons (35%) and low on coping (46%). Second lowest on social (66%) and enhancement (69%).

Key Demographics:

- 50% male, 50% female.

- Highest proportion aged 65 and over, at 20%. Even mix of all other age groups.

- Predominantly ABC1 social grades (61%).

8.5.2 Who are the Self-contained Moderate Drinkers?

People in this segment are fairly infrequent drinkers. Although just over half (55%) drink at least once a week, only one in ten (10%) drink 4 or more times a week. Around a quarter (23%) drink 1-3 times a month, and one in five (21%) do so less than once a month. This group are relatively unlikely to drink outside the home; 15% do so at least once a week while four per cent do so twice a week or more often. A further 47% do so less than once a

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month. Only four per cent of this group could be considered Social Boozers. Seven per cent binged in the last 7 days before completing the survey. Almost all in this group (99%) are considered low risk drinkers based on their weekly unit consumption.

People in this group tend not to get drunk, with the second lowest proportion across all segments doing so. Seven per cent end up getting drunk every time or most times they drink, while 58% do this occasionally or rarely. Only four per cent say they drink to get drunk every time or most times when they drink; 40% say they do this occasionally or rarely. The majority (80%) agree with the statement 'I don't have to get drunk to have a good night out'. This group are the least likely to drink for conformity reasons (35%), and are also less likely to drink for social (66%), enhancement (59%) and coping (46%) reasons compared to other segments.

Only a minority within this group have experienced negative consequences as a result of drinking; 15% have experienced one or more, while seven per cent have experienced 3 or more consequences in the last 12 months. They have the second lowest average AUDIT score of all segments, at 3.99. The vast majority (90%) fall into the 'low risk' AUDIT category (zone 1).

This group are the least likely to make efforts to moderate their drinking, although two thirds (64%) use at least one method to do so. This is unsurprising, given that people in this segment tend not to participate in heavy drinking behaviour or risky alcohol consumption patterns. They appear to be mindful of the potential dangers of drinking too much; only six per cent agree with the statement 'the health risks of drinking alcohol have been exaggerated' – the lowest proportion across all segments – and 32% agree that 'moderate drinking is good for your health'.

This segment consists of equal proportions of men (50%) and women (50%). It has the highest proportion of drinkers aged 65 and older (20%), with a fairly even mix of people from all other age groups. It has a significantly higher proportion of people from ABC1 social grades (61%) than C2DE (39%). The majority of people are employed (65%), although a relatively high proportion (17%) is retired. In terms of income, education level and marital status, this group includes a fairly even mix. Reflecting this mix, and the older age profile, this segment has a high proportion of people from 'aspiring homemakers' (12%), 'prestige positions' (nine per cent) and 'suburban stability' (eight per cent) Mosaic groups. This group has a relatively low average mental wellbeing score of 22.89 (the second lowest across all segments).

In a typical week, this group are most likely to drink wine (57%), lager (37%) or cider (22%). Closer examination of socio-demographic sub-groups within this segment reveals the preferred drink among men aged 18-34 and men

aged 35+ in C2DE social grades to be lager; all other groups are most likely to drink wine.

8.6 Segment 5: Risky Career Drinkers

8.6.1 Overview

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

Key Statistics:

- Very frequent drinkers: 59% drink 4 or more times a week; 33% drink 2-3 times a week.

- 56% drink outside the home at least once a week. 32% do so two or more times a week.

- 31% high risk drinkers, 69% increasing risk drinkers based on weekly unit consumption.

- Relatively unlikely to moderate their drinking (second lowest across all segments); 78% do so in some way;

- Relatively likely to drink for enhancement (91%), social (89%) and coping (78%) reasons.

Key Demographics:

- The most male segment; 63%.

- Primarily aged 45 and over; 62% .

- 61% from ABC1 social grades.

- Joint highest proportion (along with 'Comfortable Social Drinkers') with annual household incomes of £35,000 or higher, at 49%.

- Highest proportion educated to degree level or higher (40%).

- Highest proportion married or living with a partner (78%).

8.6.2 Who are the Risky Career Drinkers?

This segment includes the most frequent drinkers, and the greatest proportion with risky drinking patterns, across all segments. Three in five (59%) drink 4 or more times a week, and a further 33% drink 2 or 3 times a week. This group are also highly likely to drink outside the home; eight in ten (82%) do so at least once a month, while more than half 56% do so at least once a week and a third (32%) do so twice a week or more often. This group has the second highest proportion of Social Boozers (19%), and they are the most likely to binge drink. In the last seven days before completing the survey, two in five (39%) binged at least once, with one in five (20%) having binged heavily. All within this segment are increasing risk (69%) or high risk (31%) drinkers, based on their weekly alcohol unit consumption.

This group are the second most likely to get drunk, and also to drink to get drunk. One in seven people (14%) in this segment ends up getting drunk every time they drink; a further 73% do so occasionally or rarely. Just over one in three (36%) drinks to get drunk at least occasionally. When drunk, eight per cent of this group say they continue drinking to get as drunk as possible (the second highest proportion across all segments). Although one in three (34%) people in this segment claim they drink within 'safe limits' when in reality they are increasing or high risk drinkers, the majority (66%) are aware that their drinking habits are potentially unsafe.

This group is the second most likely to have experienced negative consequences from drinking. One in three (30%) have experienced at least one consequence, while 14% have experienced three or more in the last 12 months. This segment also has the highest average AUDIT score of all, at 9.76. Just under one in ten (seven per cent) fall into zone 4 (dependency),

while a similar proportion (nine per cent) are in zone 3 (harmful). Just over two in five (45%) are in zone 2 (hazardous).

Although this group are relatively unlikely to try to moderate their drinking when compared with other segments, the majority (78%) are currently using at least one method. The most popular methods among this segment are setting a drinking limit (38%) and avoiding drinking on a 'work/school night' (37%).

Attitudes towards alcohol and drinking among this group appear somewhat divided, although there appears to be a slight bias towards concern about health risks, and the desire to cut down or drink more moderately. For example, around one in seven (15%) agree with the statement 'I would like more guidance on how I could moderate my drinking'; the second highest proportion across all segments. Almost half (48%) say they have tried to cut down the amount they drink, while a third (34%) would *like* to cut down. These proportions are higher than those of all other segments. Nearly three in five (57%) agree with the statement 'It is not as acceptable these days to get drunk as it used to be'.

However, there is some divergence in opinion; almost half (47%) agree with the statement 'moderate drinking is good for your health' – the highest proportion compared with other segments. Likewise, one in five (20%) agree that 'the health risks of drinking alcohol have been exaggerated'. Two in five (39%) agree with the statement 'I do not drink enough to damage my long term health' – despite all within this segment being increasing or high risk drinkers.

This segment is predominantly made up of men (63%) who are over 45 (62%) and from ABC1 social grades (61%). This group includes a high proportion of people with annual household incomes of £35,000 or more (49%), and two in five (40%) are educated to degree level or higher – the highest proportion across all segments. Related to the age profile, this group also has the highest proportion of people who are married or living with a partner (78%). In terms of Mosaic profiles, compared to other segments this group has a high proportion of people from the 'country living' (eight per cent), 'transient renters' (eight per cent) and 'municipal challenge' (six per cent) groupings. They have good self-reported mental wellbeing, with the second highest score of all segments; 24.73. In a typical week, this group are most likely to drink wine (69%), lager (52%) or other beers or ales (35%). They are significantly more likely to drink each of these types of drinks when compared with all other segments. Closer examination of socio-demographic sub-groups within this segment reveals the preferred drink among men aged 18-34 and those aged 35+ in C2DE social grades to be lager; all other groups are most likely to drink wine.

Appendix

9 Appendix

9.1 Academic tools and question sets

9.1.1 Alcohol Use Disorder Identification Test (AUDIT)

The AUDIT tool, developed by the World Health Organisation, is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns[26]. The test consists of ten questions, each of which carries a score of 0-4 depending on the answer given.

Table 9.1 — AUDIT questions and scores

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

[26]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.*

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

The scores for each individual question are then added together to give an overall score between zero and 40. The overall score is used to allocate participants to one of four groups based on the risk of potential harm posed

by their levels and patterns of drinking alcohol. The allocation of scores to risk categories is detailed in Table 9.2 below.

Table 9.2 – Scoring AUDIT

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

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

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

The DMQ-R SF, developed by Kuntsche and Kuntsche[27], uses 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, enhancement, conformity or coping reasons. The question wording and list of reasons are as follows:

Q. The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?

A. Almost never/never; Some of the time; Half of the time; Most of the time; Almost always/always

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

Table 9.3 – Motivations for drinking

Social	Enhancement	Coping	Conformity
Because it helps you to enjoy a party	Because you like the feeling	Because it helps you when you feel depressed or nervous	To fit in with a group you like
Because it makes social gatherings more fun	To get a buzz[28]	To cheer up when you are in a bad mood	To be liked
Because it improves parties and celebrations	Because it's fun	To forget about your problems	So you won't feel left out

Participants are referred to as drinking for a particular motivation if they drink for one or more of the three reasons in that category 'some of the time' or more often. For example, any participant who drinks for one or more of the three 'social' reasons in the table at least some of the time would be considered a socially motivated drinker. Please note that due to overlap in the responses of individual participants, a given participant could be considered as drinking for more than one, or indeed all, of the above reasons.

9.1.2 The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

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 an individual or a population's mental wellbeing[29]. A shortened version of the WEMWBS, using 7 items (known as the short WEMWEBS or SWEMWBS), was included in the questionnaire; the questions, response options and associated scores are detailed in Table 9.4.

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[28] In the original American English version of the questionnaire the wording 'to get high' is used. We replaced this with 'to get a buzz', as it was felt that the use of 'getting high' by British English speakers would usually be associated with drug taking and not drinking alcohol.

[29] Stewart-Brown, S. and Janmohamed, K. (2008). Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) User Guide Version 1. *Warwick Medical School, University of Warwick*.

Table 9.4 – Short WEMWBS

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make my own mind up about things	1	2	3	4	5

This gives an individual an overall score between 7 and 35, with a higher score indicating better mental wellbeing. For the purposes of this study, 3 score categories were drawn in order to make comparisons between participants with higher and lower WEMWBS scores; 7-21, 22-27, 28-35. The mean score among adults aged 18-75 participating in the survey was 23.69.

9.1.3 Gender, Alcohol and Culture: International Study (GENACIS) Core questions on alcohol-related harms

Also included in the survey were two questions taken from the GENACIS Core questionnaire on alcohol and drinking[30]. These examine how frequently, in the last 12 months, participants have experienced particular harmful effects upon various aspects of their life as a result of drinking alcohol. The GENACIS Core questions used in this survey are as follows.

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[30] http://www.genacis.org/questionnaires/core.pdf

Q21. During the last 12 months, has your drinking had a harmful effect…

A. On your work, studies or employment opportunities?
B. On your housework or chores around the house?
C. On your marriage/intimate relationships?
D. On your relationships with other family members, including your children?
E. On Your friendships or social life?
F. On your finances?

1. No
2. Yes, once or twice
3. Yes, three or more times

Q22. During the last 12 months, have you gotten in a fight while drinking?

1. No

2. Yes, once or twice

3. Yes, three or more times

9.1.4 Risk

Throughout the report, sub-group analysis is carried out according to participants' drinking-related 'risk' levels, with reference to three distinct groups; low risk drinkers, increasing risk drinkers and high risk drinkers. Participants were asked which types of drinks (e.g. lager, wine, spirits with a mixer) they typically drank, then asked to specify in what quantities (e.g. a bottle, pint or half-pint of lager) and how many of each they drank in a typical week. This was used to calculate their approximate weekly unit intake. Table 9.5 shows the unit values used for each type of drink.

Table 9.5 – Unit conversions for different drink types and sizes

	No. of units
Pint of lager	2.8
Half pint of lager	1.4
Can of lager	2.2
Bottle of lager	1.7
Pint of other beer or ale	2.8
Half pint of other beer or ale	1.4
Can of other beer or ale	2.2
Bottle of other beer and ale	1.7
Large glass of white or red wine (250ml)	3.3
Medium glass of white or red wine (175ml)	2.3
Small glass of white or red wine (125ml)	1.6
Medium glass of Champagne (175ml)	2.1
Single spirit and mixer	1
Double spirit and mixer	2
Pint of cider	2.8
Half pint of cider	1.4
Bottle of cider	1.7
Can of cider	2.2
Single shot	1
Double shot	2
Bottle of Alco-pop (275ml)	1.4
Bottle of Alcopop (500ml)	2.5
Fortified wine	1
Cocktail	2

Participants' weekly unit intakes were then used to allocate them to a risk category; these differ for men and women, as detailed in the Table 9.6.

Table 9.6 – Risk category definitions

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

9.1.5 Social Boozers

References are also made in the analysis to 'Social Boozers'.

Any individual who selects one of the responses in **bold** for each of the questions detailed in Table 9.7 (page 76) is considered a 'Social Boozer'.

Table 9.7 – Social Boozers

Q1. How often do you have a drink containing alcohol?	1. 6 or more times a week 2. 4 to 5 times a week 3. 2 to 3 times a week 4. Once a week 5. 2-3 times a month 6. Once a month 7. Once every couple of months 8. Once or twice a year 9. Less often 10. Never
Q2. How often, if at all, do you have an alcoholic drink outside of your own or somebody else's home (for example in a bar, pub, club, restaurant or other venue)?	1. 6 or more times a week 2. 4 to 5 times a week 3. 2 to 3 times a week 4. Once a week 5. 2-3 times a month 6. Once a month 7. Once every couple of months 8. Once or twice a year 9. Less often than once or twice a year 10. Never
Q11. When you drink alcohol, how often, if ever, do you end up getting drunk?	1. Every time I drink 2. Most of the time I drink 3. Occasionally 4. Rarely 5. Never 6. Don't know
Q12. How often, if at all, do you drink to get drunk?	7. Every time I drink 8. Most of the time I drink 9. Occasionally 10. Rarely 11. Never 12. Don't know

9.2 Mosaic (UK version 6) demographic profiling

Mosaic UK 6[31] was built by Experian in 2014 and classifies all UK consumers into 66 distinct lifestyle types and 15 groups which comprehensively describe their socio-economic and socio-cultural behaviour. Individuals and households are allocated to these groups/types based on a combination of Experian proprietary, public and trusted third party sources - including research findings and behavioural data. For the purposes of this research individual drinkers were assigned to one of the 15

[31]http://cld.bz/RUfDTGu#2; Experian, 2014: Postcode Database "Directory", UK 2014 data release, version 1.

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overarching Mosaic groups based on their postcode (where available). This was then used to add detail to the profiling of the five segments identified in Chapter 8.

9.3 Segmentation (cluster analysis) methodology

9.3.1 Deciding what to segment on

Segments are created by bringing together clusters of survey participants who express similar attitudes or behaviours. In this instance the decision was made to cluster participants based on attitudinal factors (e.g. reasons for drinking, openness to moderation techniques) and behavioural factors (e.g. level of drinking, consequences experienced).

The first stage of the analysis process was to select the key questions to identify the segments. The questions/variables were divided into two groups: segmentation inputs and segmentation profiling variables. The first group was used to identify the segments; and the second was used to check how well the segments discriminated across other variables (e.g. demographics).

In choosing which questions to use to identify the segments, a large number of different combinations were explored. This resulted in the selection of 34 questions on drinking behaviour and attitudes to be used. These are detailed in Table 9.8 (page 78-9).

Table 9.8 — Variables included in the cluster analysis

	Survey questions/variables included in cluster analysis
Motivations for drinking	How often would you say that you drink for the following reasons? A. Because it helps you to enjoy a party B. Because it helps you when you feel depressed or nervous C. To cheer up when you are in a bad mood D. Because you like the feeling E. To get a buzz F. Because it makes social gatherings more fun G. To fit in with a group you like H. Because it improves parties and celebrations I. To forget about your problems J. Because it's fun K. To be liked L. So you won't feel left out
Openness to moderation techniques	Here are some things people have said they do to moderate their drinking. Have you tried any of these? A. Avoid always having alcohol in the house B. Record how much I am drinking C. Drink a lower strength alcoholic drink D. Alternate alcoholic drinks with soft drinks or water E. Drink smaller glasses of wine or smaller bottles of beer F. Set myself a drinking limit e.g. just a glass/bottle G. Avoid drinking alcohol on a 'school/work night' H. Avoid being in a round of drinks I. Drink within the daily guidelines J. Stay off alcohol for a fixed time period
Consequences experienced	During the last 12 months, as a result of drinking alcohol, how often have you…? A. Missed a day of work, school, college or university? B. Done something which put you in a risky situation? C. Engaged in sexual activity that you regretted the next day? D. Lost a valued possession (such as a mobile phone or wallet)? E. Got into trouble with the police? F. Been a victim of crime? G. Been made to look bad on social media the next day?

	Survey questions/variables included in cluster analysis
Harms experienced	During the last 12 months, how often have you…? A. Found that you were not able to stop drinking once you had started? B. Failed to do what was normally expected of you because of drinking? C. Needed a drink in the morning to get yourself going after a heavy drinking session? D. Had a feeling of guilt or remorse after drinking? E. Been unable to remember what happened the night before because you had been drinking?

9.3.2 Factor analysis

Factor analysis was conducted on all 34 of the individual questions to check if there was evidence of any strong associations between them. Five uncorrelated factors were extracted from the analysis, and the scores on these factors were used as input variables for the segmentation. The factors were; positive motivations for drinking (**social/enhancement**), negative motivations for drinking (**coping/conformity**), use of **moderation techniques**, experience of negative **consequences** (e.g. being a victim of crime) and experience of **harmful effects** (e.g. on work, family). **Risk** (based on typical weekly unit consumption) and overall **WEMWBS score** were also included as input variables, because the exploratory work revealed these to be important drivers of discrimination across other variables.

9.3.3 Creating the segments

We used a combination of hierarchical (agglomerative) and non-hierarchical (K-means) approaches in order to segment drinkers. Using Ward's method[32], the hierarchical clustering of variables helped us identify a number of sensible cluster solutions with different numbers of clusters. Of the 4, 5 and 6 cluster solutions considered, the 5-cluster solution was deemed most appropriate. The K-means analysis was then applied to assign respondents to the 5 clusters.

As part of the segmentation process, descriptive statistics and histograms were used to detect outliers and unusual values on the factor scores. Around 8% of respondents were excluded from the cluster analysis as a result. Of 2,053 who said they ever drank alcohol, 1,911 were assigned to a segment.

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[32] Ward, J. H., Jr. (1963), "Hierarchical Grouping to Optimize an Objective Function", *Journal of the American Statistical Association*, 58, 236–244.

9.3.4 Alternatives explored

A number of alternative variables were considered for use in the cluster analysis, in many different combinations. However these were excluded from the final analysis because they were found to correlate highly with other variables and/or did not contribute to a robust segmentation model:

- 'Social Boozer' status;

- Self-assessment of drinking habits (drinking within or above 'safe limits');

- AUDIT score;

- Participation in 'binge drinking' in the last 7 days;

- Frequency of drinking;

- Frequency of drinking outside the home;

- Age;

- Gender.

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