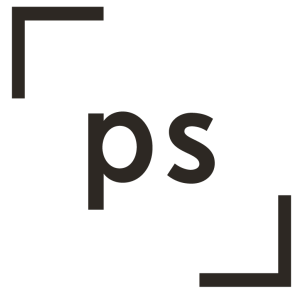


# Drinking and deprivation in England

Findings from the 2023 Drinkaware Monitor

Research Report: February 2025



**drinkaware**

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# Introducing the research

## The Monitor

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# Introducing the report

## What is this report about?

This report looks at differences in drinking behaviours and perceptions by levels of deprivation within England using data from the 2023 Drinkaware Monitor<sup>1</sup>, a UK representative survey to find out who's drinking, how much and why.

## Analysis by deprivation

The Index of Multiple Deprivation<sup>2</sup> is a measure of relative deprivation for small areas (neighbourhoods) in England. Indices or Measures of Deprivation are also calculated for Wales, Scotland and Northern Ireland, however there is no UK-wide measure and the different nations cannot be directly compared as these are all created using separate indicators. Given this, and the fact that the Monitor sample size for England is much larger, the main body of this report focuses on the findings for England.

## Technical notes

- Where differences between any sub-groups are discussed in this report, only those differences that are statistically significant are reported (unless otherwise stated). Please also note that throughout the report we use rounded percentages. Figures may not always sum to 100% due to this rounding, but will remain within a percentage point.
- The 2023 Drinkaware Monitor report and survey covers more topics than are covered in this report. For example, the survey asks more questions about alcohol screening and drink spiking. The 2023 Drinkaware Monitor report and an interactive library of historical Monitor data can be found on the Drinkaware website. Drinkaware welcomes secondary analysis of its data, please contact [research@drinkaware.co.uk](mailto:research@drinkaware.co.uk). The technical report<sup>3</sup>, produced by YouGov, includes a copy of the questionnaire.

## How to cite this report

Pearson A., & Slater, E. (2024, January). Drinking and Deprivation in England. Drinkaware Monitor 2023. PS Research and Drinkaware.

# Drinkaware Monitors



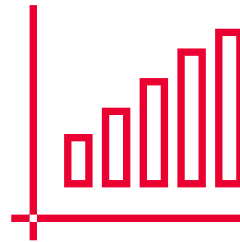
## What is the Monitor?

Drinkaware is committed to ensure our work is informed by up-to-date evidence on UK drinking attitudes and behaviours.

Every year, Drinkaware commissions a representative survey to understand the UK's drinking behaviours and motivations. A core subset of questions are included in the questionnaire every year to understand changes in key variables over time. Other questions are developed to reflect that year's theme.

Since 2017, the Monitors have been conducted by YouGov on behalf of Drinkaware, and before that by Ipsos Mori (2009-14).

Drinkaware welcomes secondary analysis of its data, please contact the research team on [research@drinkaware.co.uk](mailto:research@drinkaware.co.uk) to find out more.



## Monitor Methodology

- UK wide sample of 10,473 adults aged 18 to 85 were interviewed, including 6,948 in England, 1,302 in Wales, 1,565 in Scotland and 658 in Northern Ireland
- The sample was drawn from the YouGov research panel, with responses collected during July 2023
- Note: samples of those in Index of Multiple Deprivation areas 1-2 and 9-10 were boosted:
  - IMD 1-2: UK all adults, n=2,349; England all adults, n=1,656; adults who drink alcohol, n=1,346
  - IMD 9-10: UK all adults, n=2,580; England all adults, n=1,634; adults who drink alcohol, n=1,470

Using data from the Office for National Statistics, the results were weighted to be representative of the UK adult population according to age, gender, social grade and region

- The sampling and weighting process is exactly consistent with that used in previous Drinkaware Monitors
- When compared to population-level sales data, self-reported surveys typically underestimate population alcohol consumption by between 30% and 60%.

More information on the Methodology can be found in the [technical report](#)<sup>3</sup>.

# Highlights: differences in drinking behaviours by deprivation levels

Comparing those in the most deprived areas (deciles 1-2) and least deprived areas (deciles 9-10)

## Drinkers in the most deprived areas are more likely to drink at riskier levels:



People in the most deprived areas are more likely than those in the least deprived areas to either not drink alcohol at all or to drink larger amounts (7+ units in a typical drinking day)



If people in the most deprived areas do drink, they are more likely to be classified as a high risk or possibly dependent drinker (AUDIT screening)

## And they are more likely to drink for coping reasons:



Generally, drinkers in the most deprived areas are more likely than those in the least deprived areas to drink alcohol when they are feeling depressed or nervous or to forget about their problems

# Highlights: differences in attitudes by deprivation levels

Comparing those in the most deprived areas (deciles 1-2) and least deprived areas (deciles 9-10)

## Drinkers in the most deprived areas seem to have a more positive view of alcohol



Drinkers in the most deprived areas are more likely than those in the least deprived areas to feel they have a healthy relationship with alcohol, despite being more likely to be a high risk drinker and to drink more on a typical drinking day



Those in the most deprived areas are less likely than those in the least deprived areas to be against the idea of getting drunk as long as it isn't every day and doesn't impact others

## And appear to be less aware or concerned about the potential impact of drinking at harmful levels



Drinking in the most deprived areas appears to be more likely to cause negative or risky behaviours, and if someone in one of the most deprived areas is concerned about someone else's drinking, it is more likely to be caused by how drunk they get and/or other negative behaviours such as a change in mood or getting into arguments



Those in the most deprived areas are less likely to link drinking with certain health conditions, are less likely to report that they have had an alcohol screening test and are less likely than those in the least deprived areas to feel they would reach out for support from services - however they are more likely to have actually reached out (particularly for themselves)

# Deprivation context

## Explaining deprivation and how it relates to alcohol

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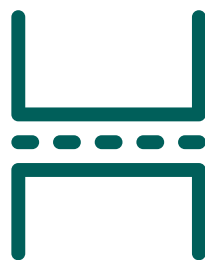
### Take me to...

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# There is evidence that poverty is deepening and the gap between the most and least deprived is widening

National research suggests that the gap is growing between the "haves" and "have-nots"



“There is a growing gap between those who can get by and those stuck at the bottom,” a report by the Centre for Social Justice warns



Joseph Rowntree Foundation’s cost of living tracker “presents a shocking picture” across the poorest fifth of families

## Key findings from the 'Two Nations: The State of Poverty in the UK' report<sup>4</sup> include:

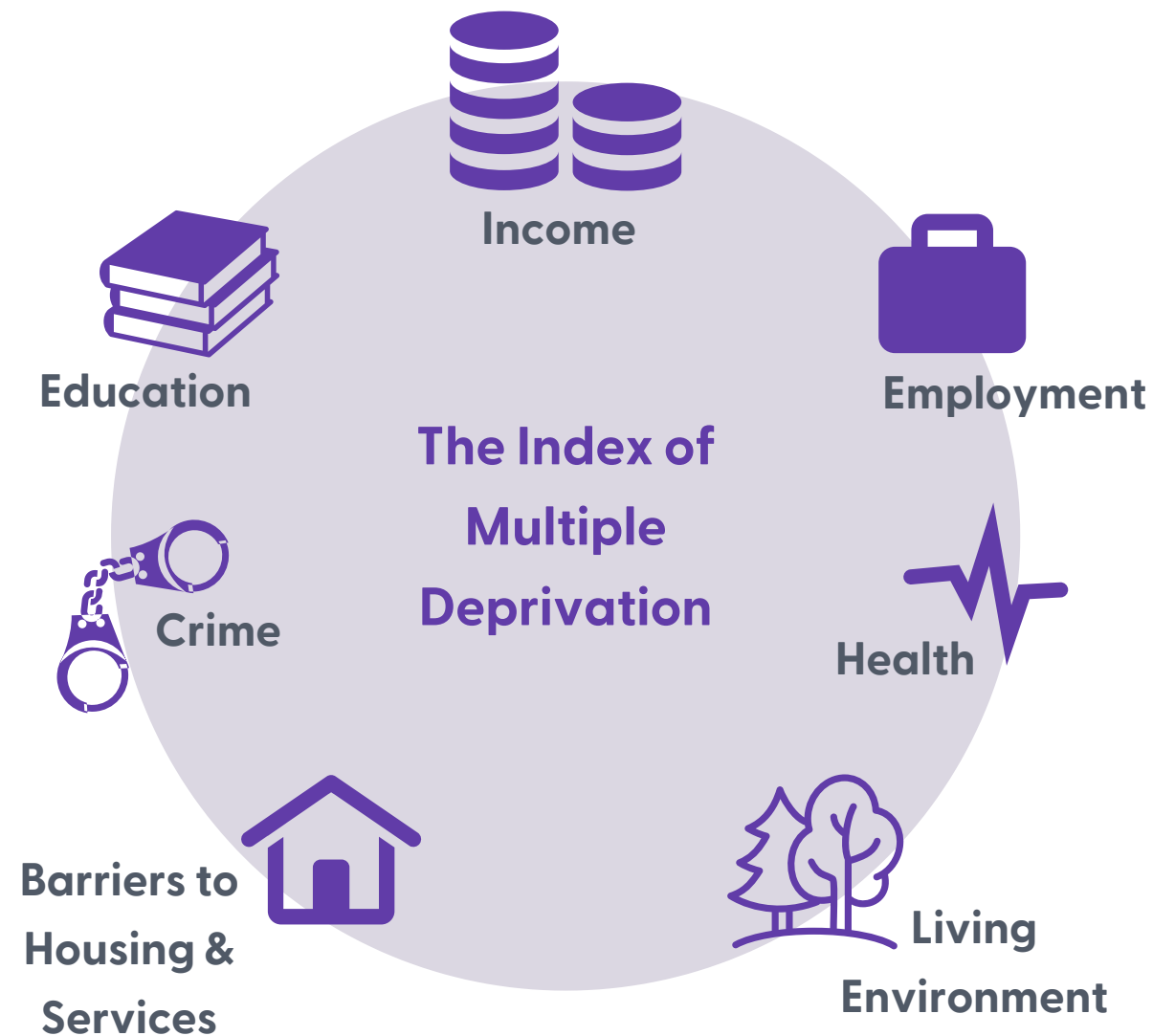
- The most disadvantaged in Britain are no better off than 15 years ago
- A gap between the most and least deprived was stretching apart after years of increased family fragility, stagnating wages, poor housing, and frayed community life
- The pandemic lockdowns blew the gap wide open between the so-called “haves” and “have nots”

## Key findings from JRF's 'UK Poverty 2023' report<sup>5</sup>:

- Around six in ten low-income households are not able to afford an unexpected expense
- Over half are in arrears
- Around a quarter use credit to pay essential bills
- Over seven in ten families are going without essentials
- Latest data from the Trussell Trust shows a much higher level of food bank use than before the pandemic
- Prospects are worrying with forecasts expecting the employment rate to remain below its mid-2022 level until the start of 2028.

# What do we mean by different levels of deprivation?

This report looks at how drinking habits and perceptions in England differ according to levels of deprivation.



The [Index of Multiple Deprivation](#)<sup>2</sup> is a way of summarising how deprived people are within an area in England by taking data on a set of seven factors (shown left) and calculating a measure of deprivation for each area.

Each small area is ranked from the most deprived to the least deprived. Areas are also grouped into **ten equal groups** (or deciles) according to their deprivation rank, with group 1 being the most deprived and group 10 being the least deprived.

In this report, we refer to different levels of deprivation:

- 'Most deprived' (deciles 1-2)
- 'Least deprived' (deciles 9-10)
- Most deprived 10% (decile 1 only)
- Second tier of deprivation (deciles 3-4)

# Who is most likely to live in the most deprived areas?

Data from the Monitor 2023 shows that in England, those in the most deprived areas (deciles 1-2) are more likely than those in the least deprived areas (deciles 9-10) to:



## Be younger

29% of those in the most deprived areas are 18-34 compared to 22% of those in the least deprived areas



## Be from an ethnic minority group

12% of those in the most deprived areas are from an ethnic minority group compared to 6% of those in the least deprived



## Be single or live alone

29% of those in the most deprived areas are single and 24% live alone compared to 17% and 17% respectively amongst those in the least deprived



## Have a positive depression or anxiety screen

25% of those in the most deprived areas screen positive for depression and 27% for anxiety compared to 15% and 19% of those in the least deprived



## Have a disability or health condition

38% of those in the most deprived areas have a disability or health condition compared to 24% of those in the least deprived



## Live in an urban area

96% of those in the most deprived areas live in an urban area compared to 75% of those in the least deprived



## Have caring responsibilities

18% of those in the most deprived areas have caring responsibilities compared to 13% of least deprived



## Smoke

15% of those in the most deprived areas smoke compared to 8% of least deprived



Base: all England adults in IMD 1-2, n=1,656; all England adults in IMD 9-10, n=1,634

# Evidence shows that people living in areas of high deprivation are more at risk of experiencing health inequalities

'Health inequalities' are the avoidable, unfair and systemic differences in health between different groups of people<sup>6</sup>. Evidence shows that compared to people living the least deprived areas, those living in the most deprived areas in England are more likely to:



**Die younger**

In 2018 to 2022, males living in the the most deprived areas were living 9.7 years fewer than males living in the least deprived areas, with the gap at 7.9 years for females ([ONS, 2022](#))<sup>7</sup>.



**Live fewer years in good general health**

In 2018 to 2022, females living in the most deprived areas were expected to live less than two-thirds (66.3%) of their lives in good general health, compared with more than four-fifths (82.0%) in the least deprived areas ([ONS, 2022](#))<sup>7</sup>



**Engage in a range of unhealthy lifestyle factors**

Studies consistently find a link between multiple 'risk factors', such as smoking, excessive alcohol consumption, poor diet and inactivity and low socio-economic status. ([IAS, 2014](#))<sup>8</sup>



**Die from an avoidable or preventable cause**

In England, in 2019, people in the most deprived areas were around 3.5 times more likely to die from an avoidable cause than those in the least deprived areas ([ONS, 2020](#))<sup>2</sup>

# Those in more deprived areas are also more likely to experience alcohol-related harm

Compared to people in the least deprived areas, those living in the most deprived areas are more likely to experience a higher rate of alcohol-related health problems, in particular they are more likely to:



**Be admitted to hospital for alcohol-related reasons**

People living in the most deprived areas are almost twice (1.8x) as likely to be admitted to hospital due to an alcohol-specific issue compared to those living in the least deprived areas (835 per 100,000 population compared to 457 per 100,000 population). (2021/22; Local Alcohol Profiles England)<sup>10</sup>



**Die from alcohol-specific reasons**

The rate of alcohol-specific deaths in the most deprived areas are twice that of the least deprived areas (19.8 per 100,000 population in the most deprived areas, compared to 9.5 per 100,000 in the least deprived areas). (2021; Local Alcohol Profiles England)<sup>10</sup>

## BUT...

People in more deprived areas report similar or lower levels of alcohol consumption. This is known as the 'Alcohol Harm Paradox'. Possible reasons given for this paradox are that people in more deprived areas may be more likely to combine drinking with other unhealthy behaviours, drink at riskier levels when drinking, and /or face more barriers in accessing health services.

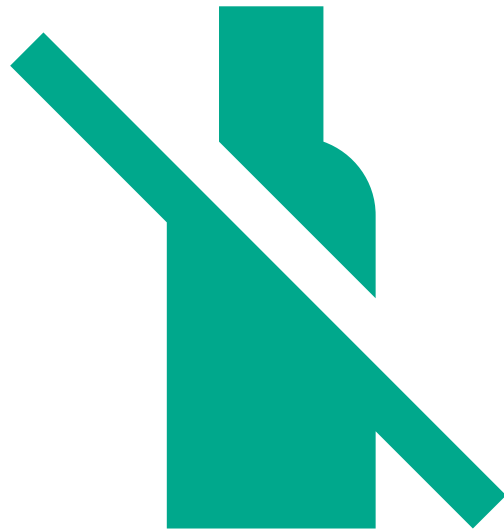
In the literature reviewed by [Probst and colleagues](#)<sup>11</sup>, drinking patterns explained a maximum of 30% of the variability in alcohol harm between socioeconomic groups. This value could partially be explained by an under-reporting of alcohol consumption by participants in the reviewed studies. Nevertheless, it is clear that substantial variability in alcohol-related harms between socioeconomic groups cannot be explained by drinking patterns alone.

# The Monitor data supports this picture of two extremes: more likely not to drink at all but drinkers are more likely to drink larger amounts

People who live in the most deprived areas are less likely to drink alcohol at all

BUT...

Drinkers in these areas tend to drink more alcohol when they do drink



Almost one-fifth (19%) of those in the most deprived areas never drink alcohol compared to one in ten (10%) of those in the least deprived areas



18% of drinkers in the most deprived areas say they drink seven or more units of alcohol in a typical day when drinking, compared to 13% of those in the least deprived areas



Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults, n=1634; all England adults who drink alcohol n=1,470

# And drinkers in the most deprived areas are more likely to be high risk or dependent drinkers compared to those in the least deprived areas

Based on the full AUDIT assessment<sup>12</sup>

People who live in the most deprived areas are more likely to be classed as high risk or possible dependent drinkers



7% of drinkers in England's most deprived areas are classed as high risk or possible dependent, compared to 5% of those in the least deprived areas of the country



## AUDIT Risk Classifications

### Low risk

Low risk of causing future harm to themselves

### Increasing risk

Drinking at a level that increases the risk of damaging their health and could lead to serious medical conditions

### High risk (or possible dependence)

This level of drinking has the greatest risk of health problems



Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults who drink alcohol n=1,470

# Drinking behaviours and motivations

Analysis of most deprived (deciles 1-2) and least deprived (deciles 9-10)

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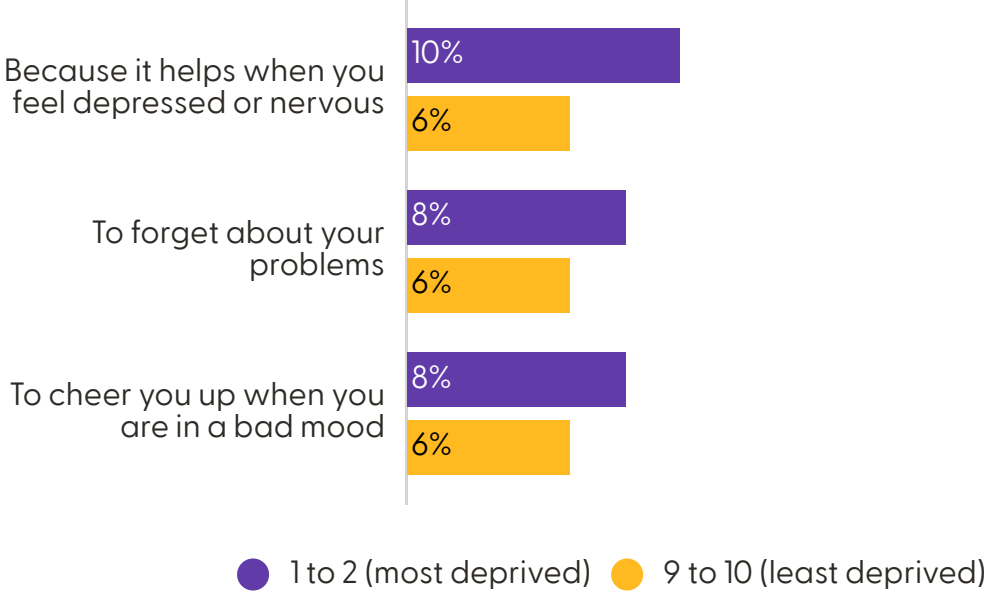


# Drinkers in the most deprived areas are more likely to say they drink for coping reasons



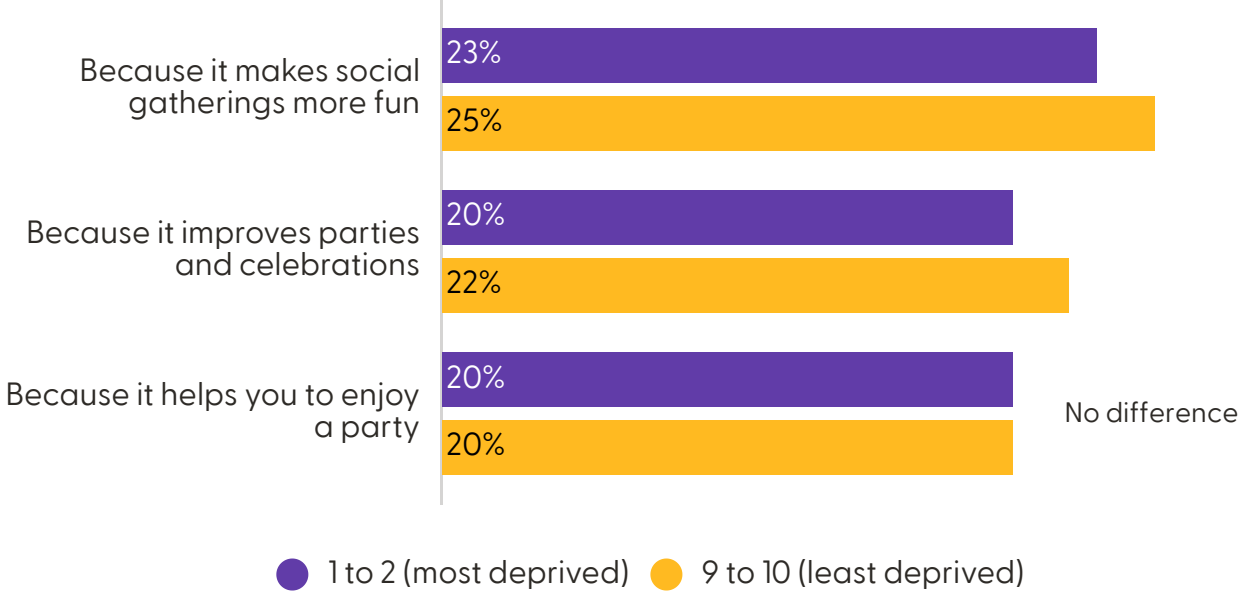
Drinkers in the most deprived areas are more likely to drink for coping reasons than those in the least deprived areas

% of drinkers who say they drink most of the time/always for the following reasons:



Whereas, those in the least deprived areas are more likely to say they drink for social reasons

% of drinkers who say they drink most of the time/always for the following reasons:



**i** Cooper (1994) <sup>13</sup> identified four distinct motives for alcohol consumption: enhancement (drinking to maintain or amplify positive affect), social (drinking to improve parties or gatherings), coping (drinking to avoid or dull negative affect), and conformity (drinking due to social pressure or a need to fit in).

Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults who drink alcohol n=1,470

# And drinking to cope is more prevalent in the most deprived areas if they also have a disability



**Drinkers in the most deprived areas who have a disability or health condition are more likely to drink for when they feel depressed or nervous than drinkers with a disability in the least deprived areas**

13% of drinkers with a disability or health condition in the most deprived areas mostly/always drink because it helps them when they feel depressed or nervous, compared to 7% of people with a disability / health condition in the least deprived areas



**And people with a disability in the most deprived areas are more likely to be depressed or anxious**

22% of adults with a disability or health condition in the most deprived areas have a severe PHQ score, compared to 14% of people with a disability / health condition in the least deprived areas



**Drinkers with a disability or health condition in the most deprived areas are more likely to be classed as possibly dependent drinker than those in the least deprived areas**

5% of drinkers with a disability or health condition in the most deprived areas screen as being possibly dependent (AUDIT), compared to 2% of people with a disability / health condition in the least deprived areas



## What is the PHQ-4?

The Patient Health

Questionnaire-4 (PHQ-4)<sup>14</sup> is an ultra-brief screener for anxiety and depression. It consists of a 2-item depression scale (PHQ-2) and a 2-item anxiety scale (GAD-2). Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). A positive screen for each is a total score  $\geq 3$ .



Base: IMD 1-2: all England adults with a disability or long-term condition, n= 654, all England drinkers with a disability or long-term condition, n= 514; IMD 9-10: all England adults with a disability or long-term condition, n= 423, all England drinkers with a disability or long-term condition, n= 351

# Drinkers in the most deprived areas are less likely to go out drinking



## Overall, there is no difference in home alone drinking by deprivation

19% of drinkers say they drink at home alone at least once a week in both the most deprived and the least deprived areas in England



## But drinkers in the most deprived are less likely to go out drinking on a night out with friends

71% of drinkers in the most deprived areas of England went on a night out drinking with friends in the last year, lower than 79% of those in the least deprived areas.



## And they are less likely to have visited a pub in the last year

78% of drinkers in the most deprived areas of England went to a pub in the last year, lower than 85% of those in the least deprived areas.



## Alcohol is less important to the social life of drinkers in the most deprived areas

37% of drinkers in the most deprived areas of England feel alcohol is not important at all to their social life, higher than 31% of those in the least deprived areas.

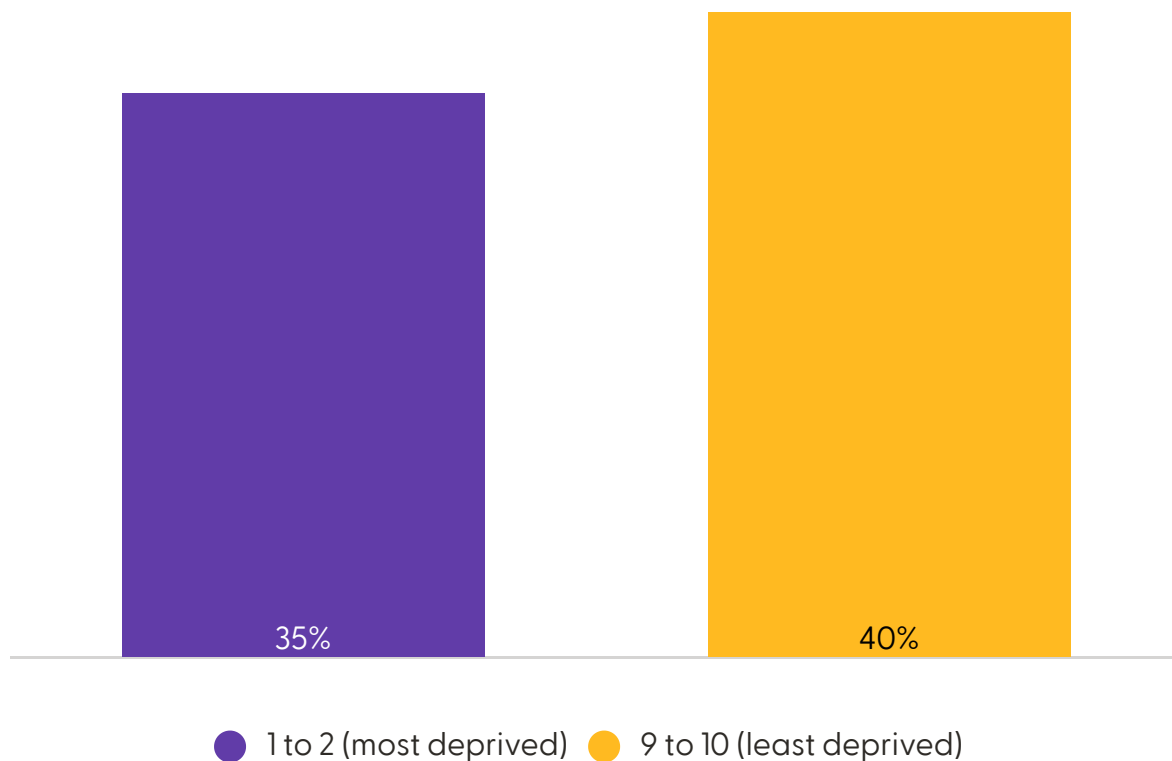


Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults who drink alcohol n=1,470

# Drinkers in the most deprived areas place less value on alcohol brands

## Brand/reputation of alcohol products is not as important to drinkers in the most deprived areas

% of drinkers who consider 'brand or reputation' to be important to them when buying alcohol to drink at home



## Alcohol strength is more important to drinkers in the most deprived areas in England

High alcohol content or strength (% ABV) is more important to drinkers in the most deprived areas; 11% of drinkers in the most deprived areas of England selected this as important, compared to 6% in the least deprived areas



## Taste or flavour is less important to drinkers in the most deprived areas in England

'Taste or flavour' is less important to drinkers in the most deprived areas; 72% of drinkers in the most deprived areas of England selected this as important, compared to 82% in the least deprived areas



Base: IMD 1-2: all England adults who drink alcohol at home, n=676. IMD 9-10: all England adults who drink alcohol at home n=767

# Drinkers in the most deprived areas are more likely to drink spirits than those in the least deprived areas

Drinkers in the least deprived areas are much more likely to drink wine

% of drinkers who always/often drink wine when drinking



And those in the most deprived areas of England are more likely to drink spirits

% of drinkers who always/often drink spirits (e.g. vodka, whisky) when drinking



● 1 to 2 (most deprived) ● 9 to 10 (least deprived)

**Other drinks:** 29% of drinkers in the most deprived areas always/often drink **beer (e.g. lager, ale, stout)** when drinking, compared to 31% in least deprived areas; 13% of drinkers in the most deprived areas always/often drink **ciders/perry** when drinking, compared to 12% in least deprived areas; 7% of drinkers in the most deprived areas always/often drink **prepared/ready to serve cocktails (including 'alcopops')** when drinking, compared to 4% in least deprived areas.

Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults who drink alcohol n=1,470

# Those in more deprived areas are struggling more financially and a higher proportion have been drinking more because of this



**Those in the most deprived areas are much more likely to report that they are struggling financially**

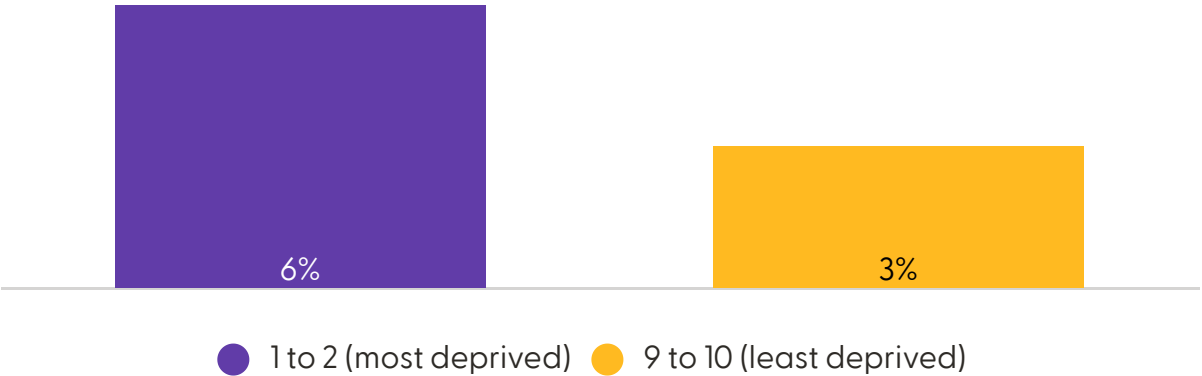
25% of those in the most deprived areas of England say they can only just afford or can't afford the essentials, compared to 13% of those in the least deprived areas

**Although overall, people were more likely to have drunk similar/less amounts of alcohol due to the cost of living crisis...**



**...those in the most deprived areas in England were more likely than those in least deprived areas to say they have drunk more as a result**

% of drinkers in England who drank more alcohol in the previous six months as a result of the cost of living crisis



Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults, n=1634; all England adults who drink alcohol n=1,470

# Attitudes to drinking

**Analysis of most deprived (deciles 1-2) and  
least deprived (deciles 9-10)**

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# People in the most deprived areas are more likely to feel their drinking will lead to future health problems



**People living in the most deprived areas in England are more likely to feel their alcohol consumption will lead to future health problems than those in the least deprived areas**

In England, 20% of those in most deprived areas feel this compared to 16% of the least deprived



**More than half of the most regular drinkers in the most deprived areas feel it will lead to future health problems**

53% of those who drink 4+ times a week in the most deprived areas feel their alcohol consumption will lead to future health problems, compared to 40% in the least deprived areas



**However, they are not more likely to say they worry about their alcohol consumption**

There is no significant difference in the proportions of people who say they often worry about their alcohol consumption by levels of deprivation (7% of those in most deprived areas and 6% in the least deprived areas say they worry about their alcohol consumption)



Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346; all England drinkers who drink 4 or more times a week, n=219. IMD 9-10: all England adults, n=1634; all England adults who drink alcohol n=1,470; all England drinkers who drink 4 or more times a week, n=342



# Yet people in the most deprived areas seem less likely to link alcohol consumption with certain health conditions

For example, those in the most deprived areas are less likely to link alcohol consumption with:



## Cancer

In England, 46% of those in most deprived areas feel cancer is linked to alcohol consumption compared to 50% of the least deprived (from prompted list)



## Obesity

In England, 63% of those in most deprived areas feel obesity is linked to alcohol consumption compared to 70% of the least deprived (from prompted list)



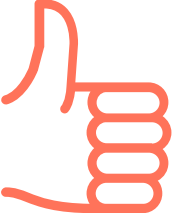
## Mental health problems

In England, 70% of those in most deprived areas feel mental health problems are linked to alcohol consumption compared to 76% of the least deprived (from prompted list)



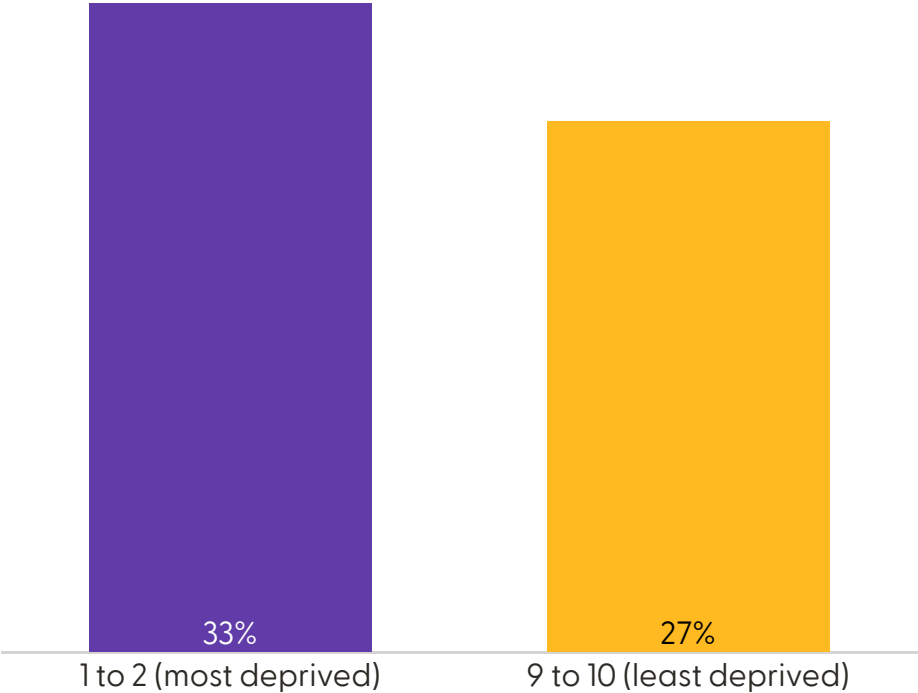
Base: IMD 1-2: all England adults, n=1,656; IMD 9-10: all England adults, n=1634

# Drinkers in the most deprived areas have more positive perceptions of their own relationship with alcohol



Drinkers in the most deprived areas in England are more likely to rate their own relationship with alcohol as very healthy

% of drinkers who rate their own relationship with alcohol as 'very healthy'



**BUT...**

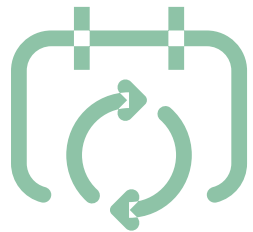


They are less likely to rate the relationship their family/friends have with alcohol as healthy

49% of people in the least deprived areas of England feel their friends/family have a healthy relationship (either healthy/very healthy) with alcohol, compared to 53% of those in the most deprived areas

Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults, n=1634; all England adults who drink alcohol n=1,470

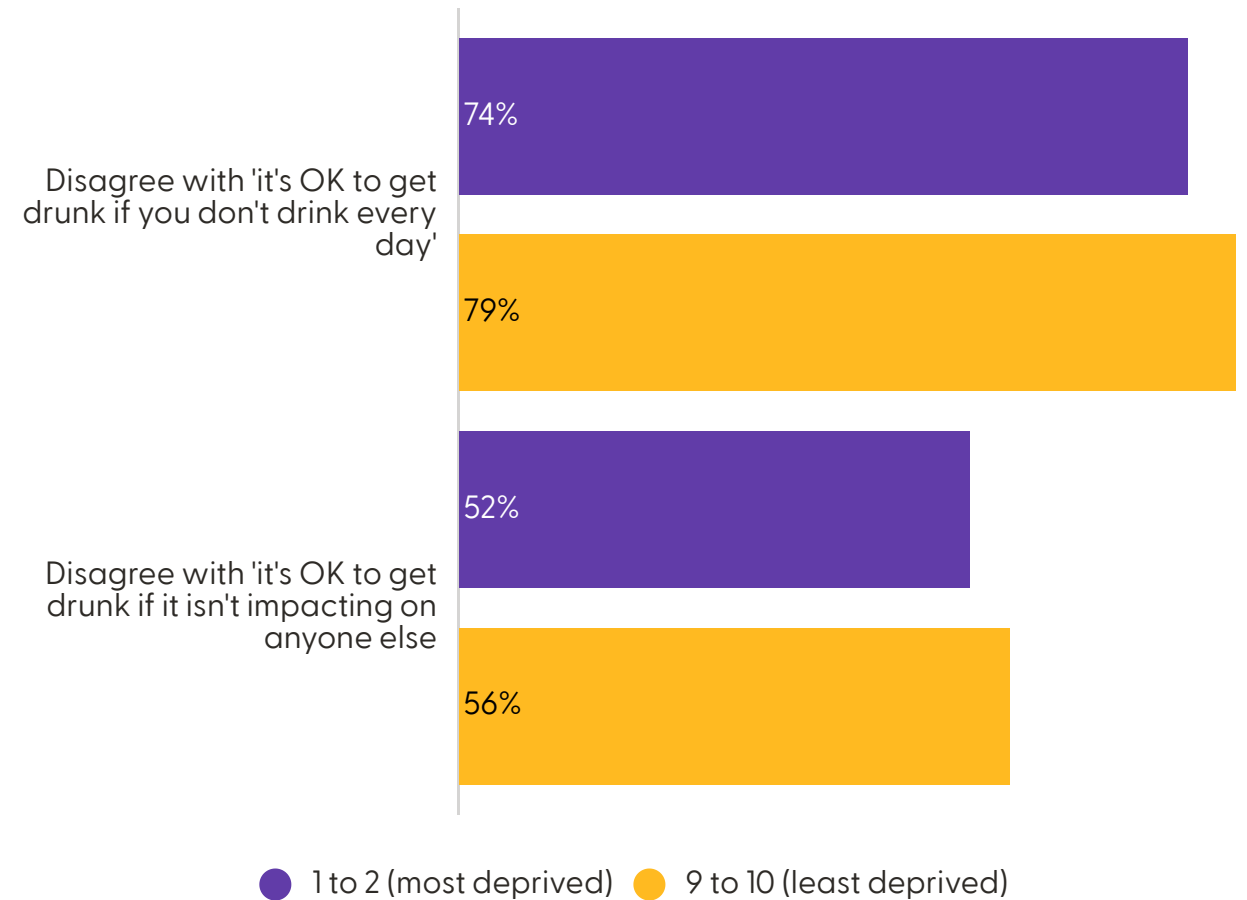
# People in the most deprived areas appear more likely to feel it's ok to get drunk, as long as it isn't every day or doesn't impact on others



People in most deprived areas less likely to disagree that 'it's ok to get drunk regularly if you don't drink every day'



People in most deprived areas less likely to disagree that 'it's ok to get drunk if it isn't impacting on anyone else'



% of adults who strongly disagree or disagree with this statement



Base: IMD 1-2: all England adults, n=1,656; IMD 9-10: all England adults, n=1634

# Concern and support

**Analysis of most deprived (deciles 1-2) and  
least deprived (deciles 9-10)**

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# Drinkers in the most deprived areas are more likely to have concerns about other people's drinking



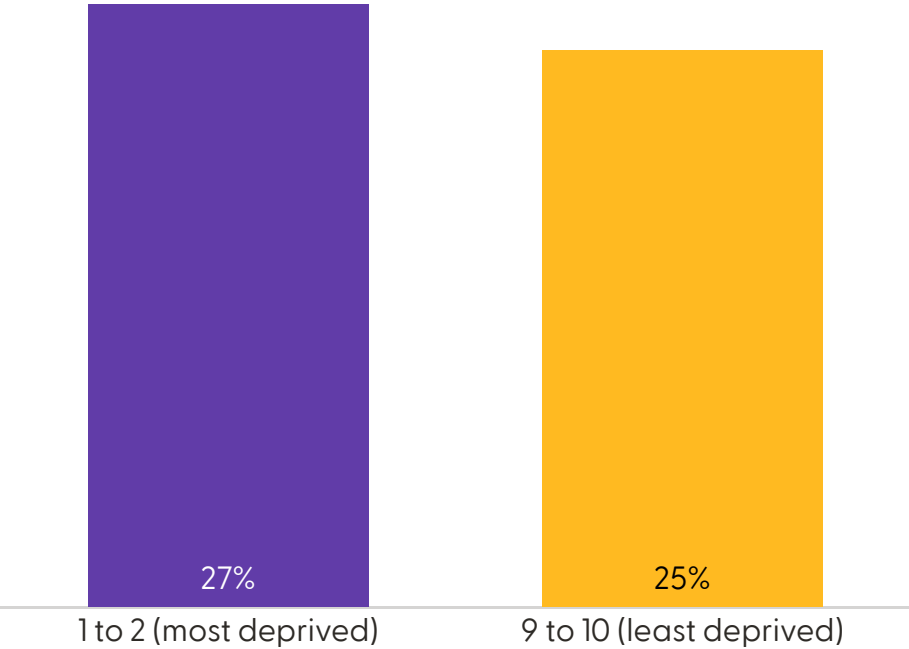
**Drinkers in the most deprived areas are more likely to have had concern expressed about their drinking**

12% of drinkers in the most deprived areas of England have ever had a friend, doctor or health worker be concerned about their drinking, compared to 10% of drinkers in the least deprived areas



**And people in the most deprived areas are more likely to have been concerned about someone else's drinking**

% of adults who have been concerned about someone else's drinking in the last 12 months

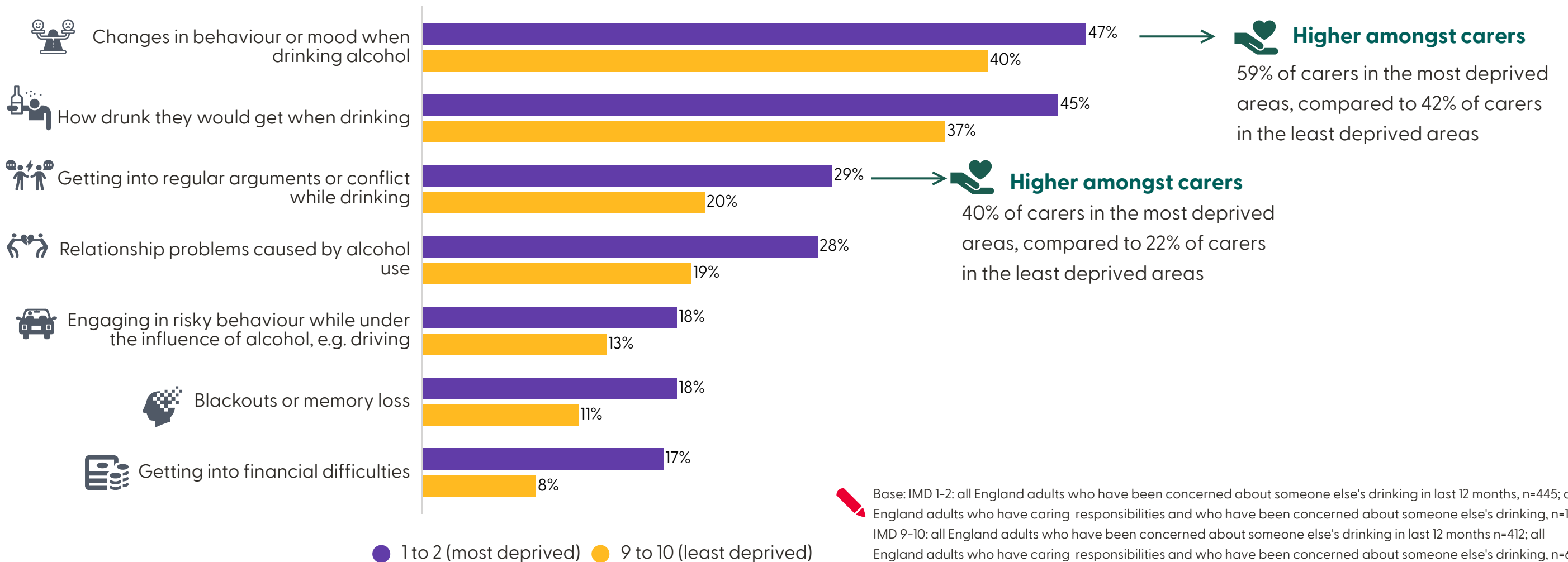


Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults, n=1634; all England adults who drink alcohol n=1,470

# Drinking appears to be more likely to cause negative or risky behaviours in the most deprived areas

If someone in one of the most deprived areas is concerned about someone else's drinking, it is more likely to be caused by one or more of the following behaviours

% of those concerned about someone else's drinking selecting specific causes of concern:

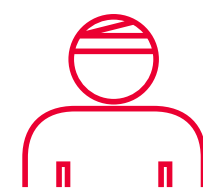
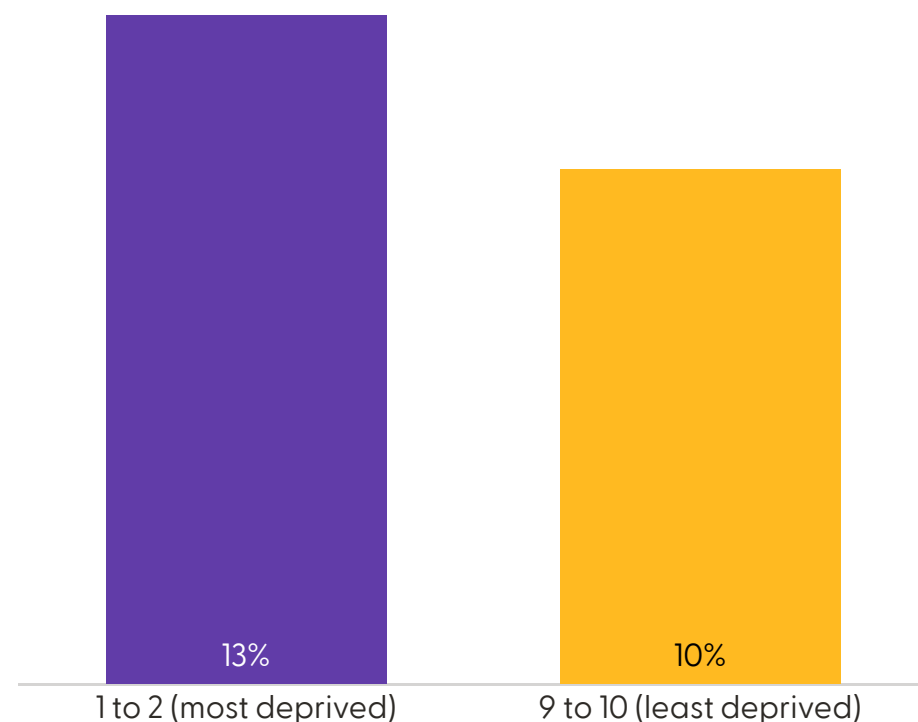


# Drinkers in these areas do seem to recognise some of these behaviours in themselves too



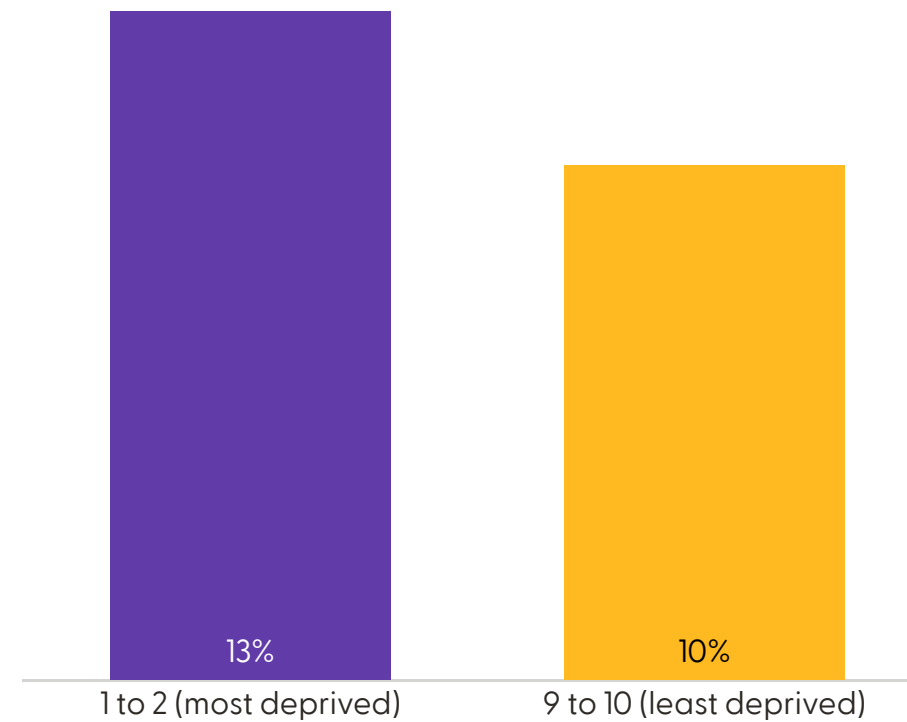
**Drinkers in the most deprived areas are more likely to indicate that they have failed to do what was normally expected of them due to drinking**

% of drinkers failing to do what was normally expected of them due to drinking at least once in the last year



**Drinkers in the most deprived areas are also more likely to have been injured, or caused an injury, due to their drinking**

% of drinkers indicating that themselves or somebody else has ever been injured as a result of their drinking



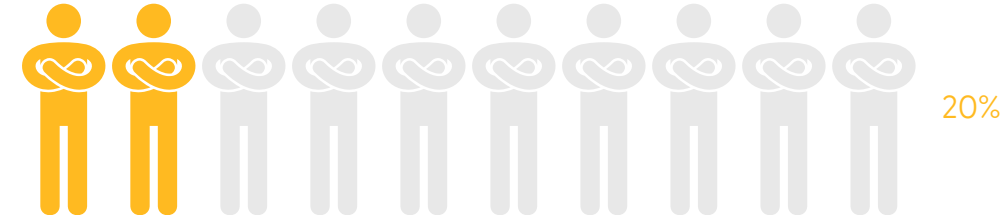
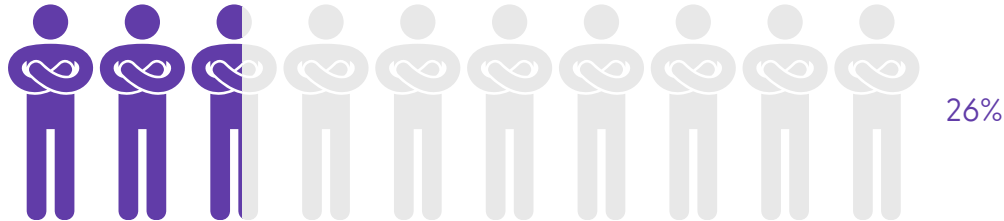
Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults who drink alcohol n=1,470

# People in most deprived areas are less likely to reach out to support services if they need support or advice about their drinking



People in most deprived areas are less likely to feel they would reach out to support services for alcohol support for themselves than those in least deprived

% of adults who say they would not reach out to any of listed services for support or advice about alcohol on own behalf



● 1 to 2 (most deprived) ● 9 to 10 (least deprived)



And their likelihood to contact a GP is lower in particular

51% of those in the most deprived areas in England say they would reach out to a GP for support or advice about alcohol for themselves compared to 56% of least deprived.



But is it because they are less likely to realise their drinking could be cause for concern?

68% of those in most deprived areas of England say they have never been asked to complete an alcohol assessment compared to 63% of those in least deprived areas

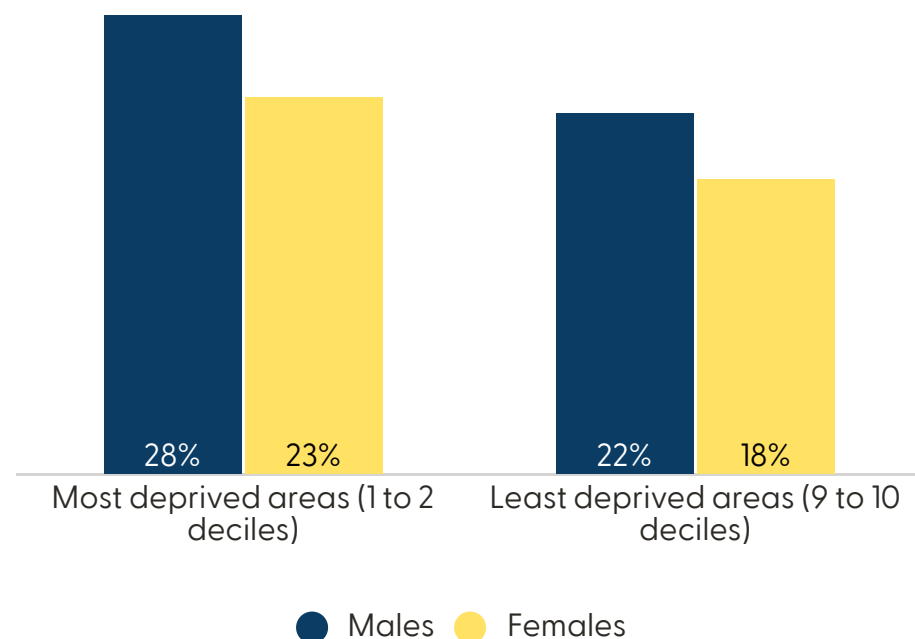
Base: IMD 1-2: all England adults, n=1,656. IMD 9-10: all England adults, n=1634



# Men in the most deprived areas are even less likely to reach out for support

Close to three in ten males in the most deprived areas would not reach out for support if they needed it

% of adults who say they would not reach out to any of listed services for support or advice about alcohol on own behalf



This is despite males in the most deprived areas being more likely to...



### Be a possibly dependent drinker

5% of male drinkers in the most deprived areas are possibly dependent (AUDIT), compared to 2% of male drinkers in the least deprived areas



### Be unable to remember what happened due to drinking

24% of male drinkers in the most deprived areas reported being unable to remember what happened due to their drinking over the last 12 months, compared to 21% of male drinkers in the least deprived areas



### Feel their drinking will lead to future health problems

25% of male drinkers in the most deprived areas think it is likely their drinking will lead to future health problems, compared to 18% of male drinkers in the least deprived areas

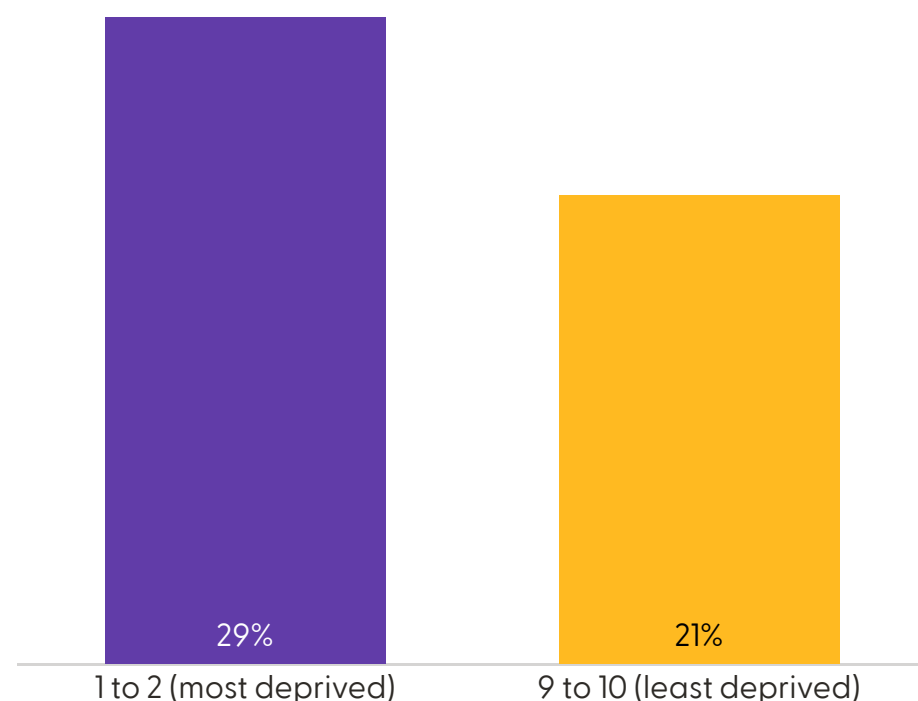
Base: IMD 1-2: all England male adults, n=788; all England female adults, n=878; all England male drinkers, n=649.  
IMD 9-10: all England male adults n=799; all England female adults n=835; all England male drinkers, n=721

# People in more deprived areas do seem more comfortable starting conversations about drinking with friends though



**Drinkers in the most deprived areas are more likely to say they would be comfortable starting conversations with their friends about their drinking**

% of drinkers who feel 'very comfortable'...



**And they are more likely to have ever actually contacted a service or organisation for support (either for themselves or for others)**

8% of adults in the most deprived areas have contacted a support service or organisation for alcohol help or advice, either on their own behalf or on behalf of someone else, compared to 5% of adults in the least deprived areas

Differences are not significant when looking at these separately: 3% of those in most deprived areas have contacted a support service or organisation for help/advice on their own behalf and 5% on behalf of someone else (2% and 4% respectively in least deprived areas)

Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults, n=1,634; all England adults who drink alcohol n=1,470

# Digging deeper into deprivation levels

**Analysis of the most deprived 10% and the 'second tier of deprivation' (deciles 3-4)**

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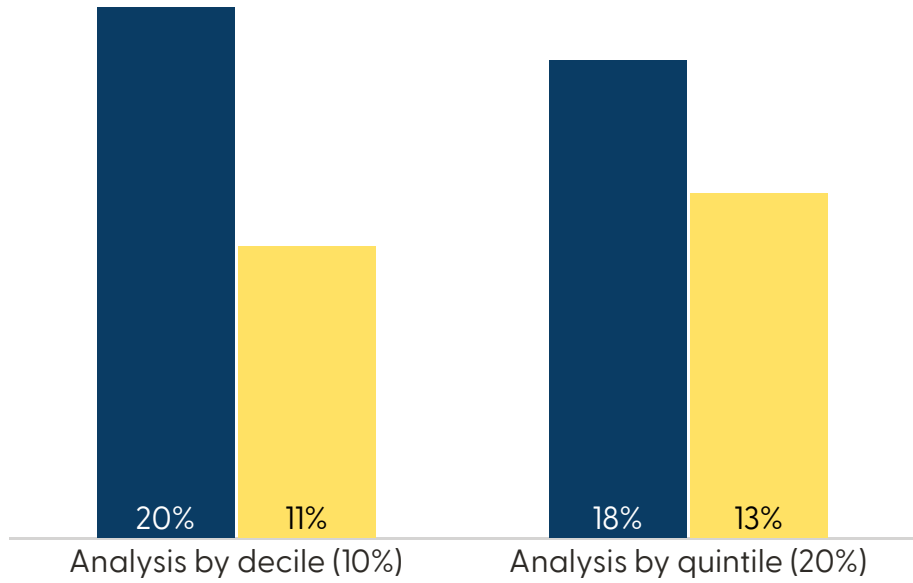
**The findings around drinking behaviour and attitudes are even stronger when we look at just the top 10% most deprived....**

# Those in the most deprived 10% drink even more and struggle to stop

Some alcohol behaviours and attitudes come through even stronger when we look at the most deprived 10%

## They are even more likely to drink more units in a typical drinking day

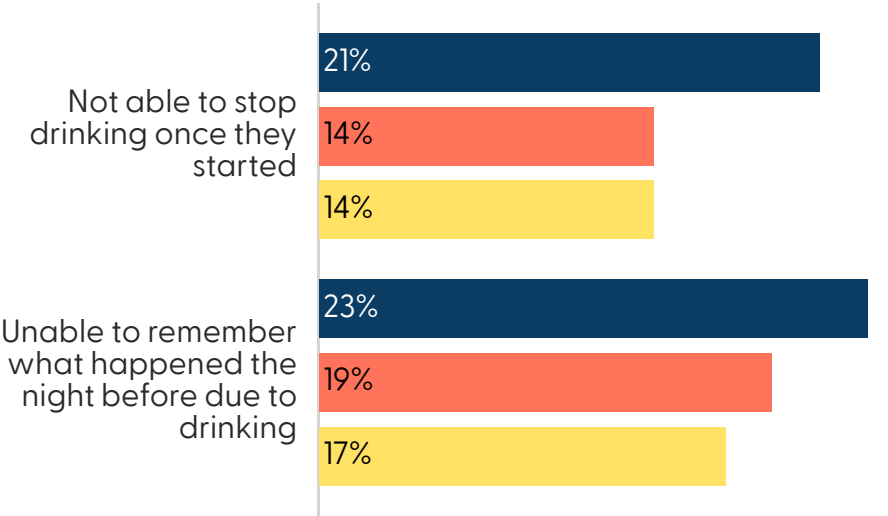
% of drinkers who drink 7+ units in a typical drinking day



● Most deprived ● Least deprived

## And some risky drinking behaviours are more prevalent in the most deprived 10%

% of drinkers indicating that the following has happened in the last 12 months



● Most deprived 10% (decile 1) ● 10%-20% (decile 2)  
● Least deprived 10% (decile 10)

Base: IMD 1: all England adults who drink alcohol, n=572. IMD 2: all England adults who drink alcohol, n=774. IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 9-10: all England adults who drink alcohol n=1,470. IMD 10: all England adults who drink alcohol, n=729

# But they are not less worried about the impact of their drinking

The most deprived 10% appear less likely to be worried about the impact of their drinking



**Despite recognising that they might not 'drink responsibly' and that it could impact on their future health...**

24% of drinkers in the most deprived 10% feel it is very or fairly likely to impact on their future health, compared to 18% in the second-most deprived decile and 16% in the least deprived 10%



**...They are not any more worried about this**

61% of drinkers in the most deprived 10% never worry about their alcohol consumption, similar level to those in the second-most deprived decile and least deprived 10%

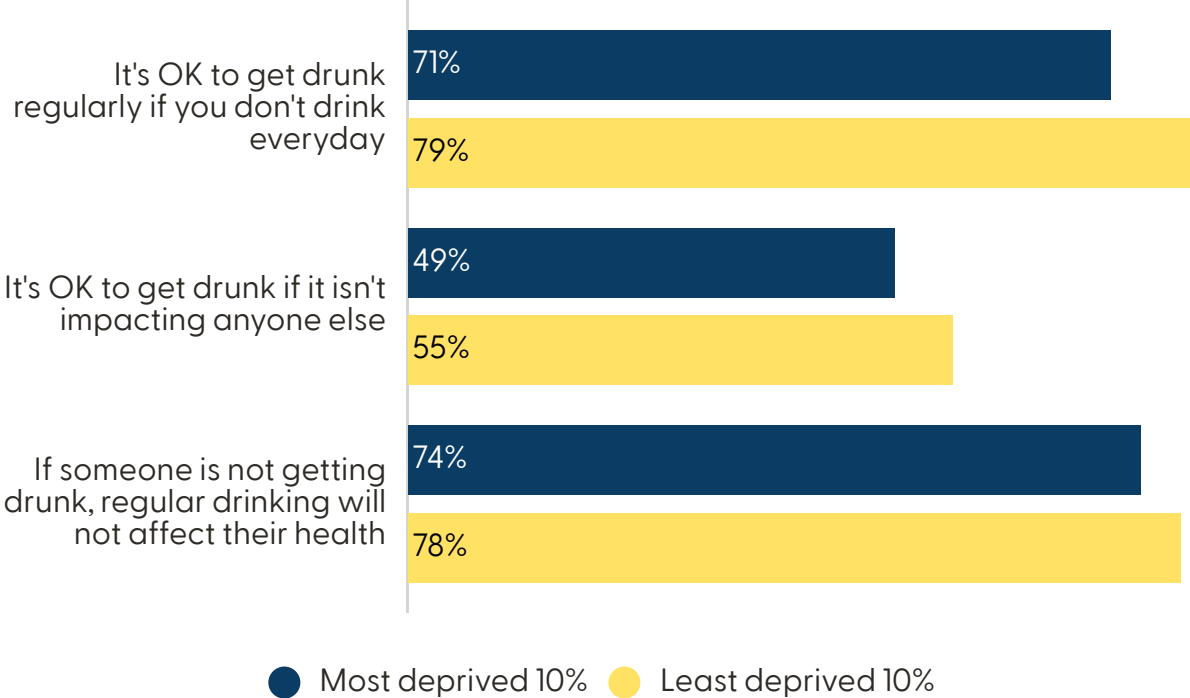


**...Or any more likely to reduce consumption**

38% of drinkers in the most deprived 10% tried to reduce their alcohol consumption in the last 12 months, with no significant difference compared to those in the second-most deprived decile and least deprived 10% (both 36%)

**They are also less likely to be against a range of drinking behaviours generally considered worrying**

% of adults who disagree with a range of attitudinal statements relating to alcohol



Base: IMD 1: all England adults who drink alcohol, n=572; IMD 2: all England adults who drink alcohol, n=774; IMD 10: all England adults who drink alcohol, n=729

**And there are some interesting findings when we widen the analysis to look at those in slightly less deprived areas (deciles 3-4)...**

# We can see people struggling in the 'second tier' of deprivation too

## What do we mean by the 'second tier' of deprivation?

The Index of Multiple Deprivation is a way of summarising how deprived people are within an area in England by using data to create a measure of deprivation for each area.

Each small area is ranked from the most deprived to the least deprived. Areas are then grouped into ten equal groups (or deciles) according to their deprivation rank, with decile 1 being the most deprived and decile 10 being the least deprived.

Other sections in this report will focus on those in deciles 1 and 2. But here we are looking at what we are describing as the 'second tier' in deciles 3 and 4.



## Those in this 'second tier' of deprivation are as likely as the most deprived to be spending less on alcohol due to the cost of living

30% of drinkers in deciles 3-4 reported spending less on alcohol, similar to 30% of those in deciles 1-2, and more than those in the least deprived areas (25%)



## They are also as likely as the most deprived to drink for coping reasons

Including: to help unwind (18% mostly/always), helps when depressed or nervous (10% mostly/always), to cheer them up when they are in a bad mood (10% mostly/always)



## And they are more likely to drink at home alone

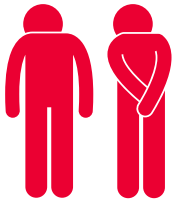
54% have drunk alcohol at home alone in the last 12 months, compared to 50% of drinkers in the most deprived areas



Base: IMD 1-2: all England adults, n=1,656; all England adults who drink alcohol, n=1,346. IMD 3-4: all England adults, n=1,250; all England adults who drink alcohol, n=1,079. IMD 9-10: all England adults, n=1,634; all England adults who drink alcohol n=1,470

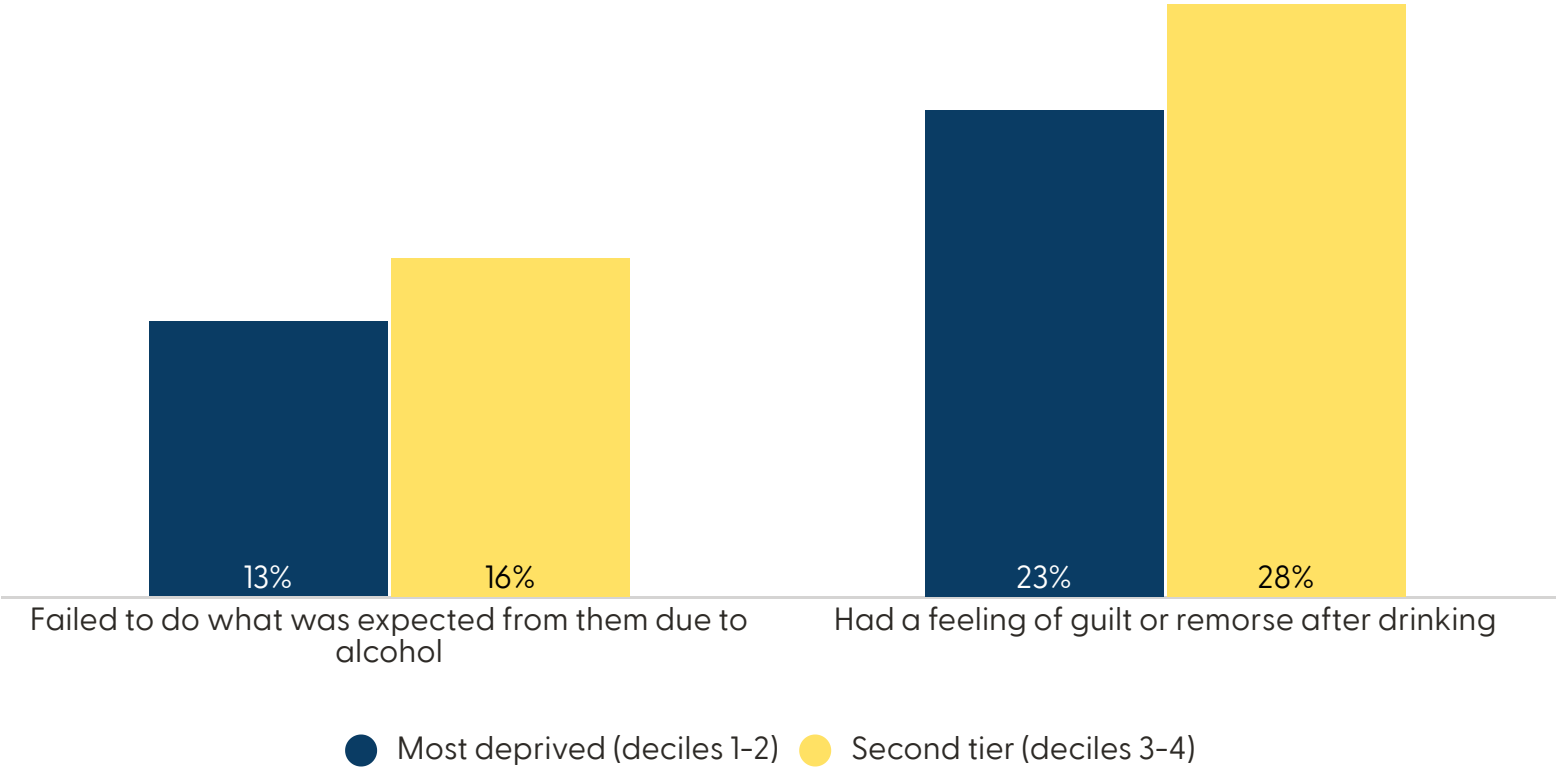


# They are more likely than the most deprived to feel guilt after drinking



Those in the 'second tier' of deprivation are more likely to report experiencing other risky behaviours covered in the AUDIT alcohol screening assessment

% indicating that the following had happened during the last year



Overall, they are just as likely as the most deprived to be possibly dependent drinkers

4% of drinkers in the most deprived areas (deciles 1-2) and in deciles 3-4 are possibly dependent, compared to 2% of those in the least deprived areas (deciles 9-10)

Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 3-4: all England adults who drink alcohol, n=1,079. IMD 9-10: all England adults who drink alcohol n=1,470

# They are also just as likely as the most deprived to have had someone else express concern about their drinking

Whilst those in the 'second tier' of deprivation (deciles 3-4) are then less likely to say any actions were taken as a result, they are more likely than the most deprived (deciles 1-2) to have cut down their drinking over the last year



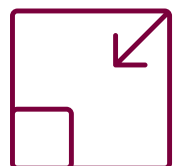
**Despite being more likely to feel that they drink responsibly, they are just as likely as those in the most deprived areas to have had a friend, doctor or healthcare worker express concern about their drinking**

- 88% agree that they 'drink responsibly', compared to 85% in the most deprived areas
- 13% have had someone express concern about their drinking, similar to 12% in the most deprived areas



**But they are less likely to have taken action as a result of somebody expressing concern**

31% of those who have had a concern raised about their drinking indicated that they took action as a result, compared to 40% of those in the most deprived areas



**However, they are still more likely to have tried, and succeeded, to reduce the amount they drink in the last year**

- 40% tried to reduce their alcohol consumption over the last year, compared to 37% in the most deprived areas
- 31% successfully reduced their alcohol consumption, compared to 27% in the most deprived areas



Base: IMD 1-2: all England adults who drink alcohol, n=1,346. IMD 3-4: all England adults who drink alcohol, n=1,079. IMD 9-10: all England adults who drink alcohol n=1,470

# A quick recap

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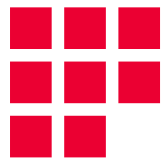
# The alcohol harm paradox



Those in the most deprived areas are more likely to face wider inequalities which evidence suggests can impact on drinking behaviours and attitudes, whether that's having a disability, living alone or experiencing depression or anxiety



People in the most deprived areas are more likely than those in the least deprived areas to either not drink alcohol at all or to drink larger amounts (7+ units in a typical drinking day)



If people in the most deprived areas do drink, they are more likely to be classified as a high risk or possibly dependent drinker (AUDIT screening)

## And our analysis shows there may be other aspects which could also be having an influence

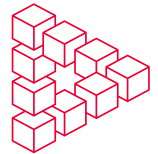


People in deprived areas appear to be less concerned or less aware about the impact drinking at risky levels may be having

# Are we seeing deepening deprivation come through in drinking?



National research suggests deprivation and poverty in the UK is deepening and the gap between the most and least deprived is widening



The alcohol harm paradox is even stronger in the most deprived 10% of areas in England, with higher rates of people drinking more on a typical drinking day and less likely to be able to stop drinking once they start

## Should we be looking at those in the 'second tier' of deprivation too?



People in the 'second tier' of deprivation (deciles 3-4) are as likely to be a high risk or possibly dependent drinker as those in the most deprived areas (deciles 1-2) and as likely to have had concern raised about their drinking



But drinkers in the second tier appear to feel more guilt about their drinking and are more likely to have attempted to reduce their alcohol consumption

# UK context

## Headline comparisons across UK nations

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# Deprivation and drinking: stories within each nation

Whilst overall there are similar stories across the UK, there are also appear to be some different stories coming out of each nation:



## N Ireland

Drinkers in the most deprived areas are more likely than most nations to drink for coping reasons, they are more likely to regularly drink at home alone and more likely to recognise that it will lead to future health problems and worry about it



## Scotland

The only nation where drinkers in the most deprived areas are less likely than those in least deprived areas to drink to cope and they are less likely to be worried about their drinking even though they are more likely to have had concerns raised about it



## Wales

The alcohol harm paradox does not appear as strong in Wales as in other nations, with no significant difference in drinkers in the most deprived areas compared to least deprived areas drinking 4+ times a week, drinking more in a typical drinking day or being high risk or possibly dependent

# Deprivation and drinking: nation snapshot (1 of 2)

Comparing some key data around drinking amongst the most deprived areas (deciles 1-2) in each UK nation (Monitor 2023)

	England	N Ireland	Scotland	Wales
<b>Drinking behaviours:</b>				
% of adults who drink 4+ times a week	13%	11%	10%	13%
% of drinkers who never binge drink	39%	25%	34%	36%
% of drinkers who drink at home alone once a week or more	19%	22%	20%	18%
% of drinkers who are high risk or possible dependent (AUDIT)	7%	9%	8%	7%
% of drinkers who have attempted to reduce their alcohol consumption in the last 12 months	37%	44%	42%	41%
<b>Attitudes to drinking:</b>				
% of drinkers who agree that they 'drink responsibly'	85%	80%	79%	89%
% of drinkers who are worried about their alcohol consumption	61%	64%	61%	61%
% of adults who feel the nation has an unhealthy relationship with alcohol	56%	65%	63%	36%
% of adults who agree that drinking at home alone is a cause of worry	54%	61%	57%	53%
<b>Concern:</b>				
% of drinkers who have had a concern raised about their drinking by someone else	12%	10%	12%	8%
% of adults who have been concerned about someone else's drinking in the last year	27%	34%	25%	22%

Bases: England, all UK adults (n=6,948), all adults who drink alcohol (n=6,005); N. Ireland, all UK adults (n=658), all adults who drink alcohol (n=563); Scotland, all UK adults (n=1,565), all adults who drink alcohol (n=1,325); Wales, all UK adults (n=1,302), all adults who drink alcohol (n=1,142)



# Deprivation and drinking: nation snapshot (2 of 2)

Comparing some key data around drinking amongst the most deprived areas (deciles 1-2) in each UK nation (Monitor 2023)

	England	N Ireland	Scotland	Wales
<b>Reach out for support on own behalf:</b>				
% of adults who would reach out to GP for support/advice about alcohol on own behalf	51%	48%	51%	51%
% of adults who would reach out to 'other health professional' for support/advice about alcohol on own behalf	19%	17%	22%	19%
% of adults who would reach out to Counsellor/therapist for support/advice about alcohol on own behalf	15%	21%	15%	12%
% of adults who would reach out to an alcohol charity/organisation for support/advice about alcohol on own behalf	28%	27%	29%	29%
% of adults who would reach out to an app/digital service for support/advice about alcohol on own behalf	10%	10%	11%	9%
% of adults who would reach out to online community support for support/advice about alcohol on own behalf	15%	19%	17%	13%
% of adults who would reach out to in-person support group for support/advice about alcohol on own behalf	22%	24%	24%	23%
<b>Contacted service/organisation for help or advice about alcohol:</b>				
% of adults who have ever contacted service/organisation for help or advice about alcohol on own behalf	3%	6%	5%	3%
% of adults who have ever contacted service/organisation for help or advice about alcohol on behalf of someone else	5%	8%	5%	2%
<b>Completed alcohol screening assessment</b>				
% of adults who have completed an an alcohol assessment at GP surgery	22%	13%	16%	14%
% of adults who have never been asked to complete an alcohol assessment (in any setting)	68%	75%	75%	76%

Base sizes: England, all UK adults (n=6,948), all adults who drink alcohol (n=6,005); N. Ireland, all UK adults (n=658), all adults who drink alcohol (n=563); Scotland, all UK adults (n=1,565), all adults who drink alcohol (n=1,325); Wales, all UK adults (n=1,302), all adults who drink alcohol (n=1,142)

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- 11: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30119-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30119-5/fulltext)
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