

Ipsos MORI
Social Research Institute



Research into drinking behaviour and attitudes of 25-44 year olds

Prepared for Drinkaware

April 2013

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Summary: Key findings and implications

Summary: Key findings and implications

The wider context

Between 1998 and 2010 the prevalence of drinking alcohol has declined.¹ The Office for National Statistics Lifestyle research records a fall in alcohol consumption for adults aged 25-44 between 2005 to 2009, with the proportion of men consuming alcohol in the past week dropping from 74% to 67% and for women from 62% to 56%. However, this decline has stabilised between 2010 and 2011, with the proportions drinking remaining broadly consistent for both genders.

Alcohol consumption remains a major social and public health issue. The Department of Health estimates that the harmful use of alcohol in England alone costs the National Health Service around £2.7bn a year.² The number of alcohol-related hospital admissions in 2011/12 in England was 1.2 million; an increase of 4% compared with 2010/11.³

Alcohol-related deaths accounted for almost 1.5% of all deaths in England and Wales in 2011. Liver disease is the most prevalent of all alcohol-related causes of death and is responsible for approximately 66% of all alcohol-related deaths.⁴

Between 1950-54 and 2000-02, deaths from liver disease among men in Scotland more than doubled and in England and Wales rose by over two-thirds. Mortality in women increased by almost half. These relative increases are the steepest in Western Europe, and contrast with the declines seen in most other European countries, particularly in Southern Europe.⁵ As other diseases linked to lifestyle have declined over the same period, this increase is doubtless due, in part, to increasing alcohol consumption since the 1950s.⁶

Alcohol is also one of the most important preventable causes of cancer in the UK. 3,200 people die from alcohol-related cancer in England each year and there were 28% more hospital admissions for alcohol-related cancer in England in 2010/11 than in 2002/03.⁷

¹ Based on the proportion of adults who reported drinking in the week prior to interview

<http://www.ic.nhs.uk/pubs/alcohol12> .

² Statistics on Alcohol: England, 2012 Health and Social Care Information Centre, Lifestyles Statistics

³ Annual Trends: 2002/03 to 2011/12 (available at www.lape.org.uk/natind.html)

⁴ Alcohol-related Deaths in the United Kingdom, 2011, Office for National Statistics

⁵ Leon, D.A. and McCambridge, J. (2006) Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data. *The Lancet* 367(9504): pp 5256.

⁶ Health First: An evidence-based alcohol strategy for the UK University of Stirling (2013)

⁷ Alcohol and cancer, Alcohol Health Alliance (2013)

The consequences of excessive drinking therefore continue to be considerable. While there is a national picture of alcohol consumption trends, recent surveys have not explored the attitudes that underpin drinking behaviour. Drinkaware has commissioned this piece of research to explore in detail the relationship that adults aged 25-44 have with alcohol. A significant proportion of this age group (47%) are drinking above recommended levels and many who do so do not realise that they are drinking to excess.

As well as looking at drinking behaviour and levels of engagement with Government guidelines and alcohol units, this report also explores beliefs and assumptions around alcohol. It examines whether adults see their drinking as harmful and what strategies they already use or would consider using to drink responsibly. By exploring attitudes as well as behaviours, this research provides a richer understanding of the dynamics of drinking within this age group.

Drinking behaviour⁸

As we have seen, alcohol is part of the fabric of life for many 25-44 year olds. In this survey we found that three fifths (61%) say they drink at least once a week. In contrast to 18-24 year olds, at home drinking accounts for a considerable proportion of adults' overall drinking behaviour. Nine in ten adults (89%) report ever drinking alcohol at home, over seven in ten (71%) do so at least once a month, and over half say they do this frequently, at least once a week (53%).

Binge drinking is as prevalent in this age group as young adults aged 18-24, with three in ten (28%) having binged over the past seven days (defined in this study as drinking twice the daily guideline amount in one day). One in seven (14%) binged on more than one day. There is a segment of adults who, while drinking within lower risk levels over a normal week (based on the total number of units consumed over seven days), do sometimes drink to excess on specific days. This translates to 9% of all adults and indicates that drinking patterns can be inconsistent and can fluctuate from day to day.

While it is encouraging that half (52%) of regular drinkers in this age group are drinking within lower risk levels, the converse to this is that many (47%) are not. If scaled up to the national population, and taking into account confidence intervals, this would represent between 4 million and 5.7 million 25-44 year olds. Some significant challenges are faced in encouraging

⁸ Where this report compares different segments of the target audience (e.g. men vs. women or those drinking above unit guidelines vs. low risk drinkers) we highlight where differences in findings are statistically significant. Otherwise, any trends should be treated as indicative only. A full guide to statistical reliability can be found in the appendices.

this group to drink responsibly. A key issue is that a significant proportion (27%) of at risk drinkers (defined as people drinking above the Government's weekly unit guidelines) believe they are drinking within lower risk levels.

There may be a number of reasons for this:

- Above guidelines drinkers simply do not realise how much they are drinking (this could be linked to their lack of understanding of units, which we discuss below).
- They do not want to admit to risky behaviour.
- They do not equate the amount they drink with placing health risks on themselves.
- They do not believe that drinking more than Government's unit guidelines constitutes a harmful level of drinking.

However, as this research study explores, there is evidence that at least some people who are drinking beyond lower risk levels are motivated to consume alcohol more responsibly.

This suggests that there are two dynamics at play among above guideline drinkers:

- There is a group of "deniers" who are unwilling to acknowledge the health risks they are running. They may be less *willing* to moderate their drinking behaviour.
- There is a group of "realists" who are more open to the possibility that they may potentially do themselves harm. They may be less *able* to moderate their drinking behaviour.

To understand more about above guideline drinkers, and how their behaviour and attitude differs from low risk drinkers, we profile them below.

Who are the above guideline drinkers and how do they differ from low risk adults?

- Above guideline drinkers are more likely to be male, working full time, white and social grade ABC1.
- They are much more likely to drink at home.
- They are more likely to agree that ‘having a couple of drinks to unwind is good for you.’ This belief may play an important role in justifying their current levels of drinking.
- They are more likely to say they think more about their drinking than they used to, recognise that their drinking could harm their health and say they would like to cut back on the amount they drink – “realist” attitudes.
- However, they are also more likely to think the health risks of drinking have been exaggerated and less likely to think it is important to drink within recommended limits – “denier” attitudes.
- One in three 25-44 year olds who drink regularly (36%) fall in to the “increasing risk” sub-group (defined as women drinking 15-35 units per week and men drinking 22-50 units a week). They make up 22% of the population aged 25-44. If scaled up to the national population, and taking into account confidence intervals, this would represent between 3.2 million and 4.2 million 25-44 year olds⁹.
- A further 11% of regular drinkers are “high risk” (defined as those who drink over the increasing risk limits). They make up 7% of the population aged 25-44 (between 0.8 million and 1.5 million if scaled up to the national population – taking into account confidence intervals).

⁹ This is based on there being 17 million adults aged 25-44 living in the UK (based on ONS 2010 mid-year population estimates). Survey data is subject to sampling tolerances, which extend to any scaling up of the figures to wider populations. When calculating our findings to national population levels we have therefore calculated confidence intervals and indicated the subsequent ranges in population figures these might represent. Please note that these calculations are based on a true random sample and, strictly speaking, do not apply to a quota sample such as the one this report is based on. It is also not possible to calculate the ‘design factor’ which widen the confidence intervals further. However, these estimates do provide a rough indication of the possible scale of the research finding that might be seen across the UK population. Further details on the confidence intervals are included in the appendices.

Awareness of guidelines

The Government's guidelines on the maximum amount of alcohol units to be consumed on a daily basis have the intention of helping people keep track of their drinking and drink within lower risk levels. The Government has asked the Chief Medical Officer to oversee a review of the alcohol guidelines for adults with the aim of ensuring that adults can make responsible and informed choices about their drinking.

While guideline daily limits are accepted in the abstract by the majority (71% agree that it is important to keep within them), in practice 25-44 year olds struggle to correctly identify the Government's guideline daily limit for alcohol consumption. Only around one in three are able to correctly identify the guideline daily limit that applies to them (33% of women and 30% of men), and this has been static since 2009¹⁰.

The term 'alcohol units' is almost universally known (ONS data show that awareness has risen from 79% in 1997 to 90% in 1990¹¹). However most adults are unable to apply this awareness to specific drinks, even if that drink is a regular part of their repertoire. Moreover the tendency to under, rather than overestimate, unit content (which again has been observed in earlier Drinkaware surveys) means that people are likely to underrate how much they are actually drinking. Across the various types of drink consumed in a typical week, an average of 19% of 25-44 year olds underestimate the unit content. For example, two in five wine drinkers underestimate the unit content of a large glass of wine (41%). One in seven 25-44 year olds (14%) underestimate the unit content of *all* types of drinks they claim to consume in a typical week. As wine is the most popular drink among this age group, this is a particular cause for concern.

Taken together, these findings pose a significant challenge to the use of units to facilitate responsible drinking. The lack of knowledge about the unit content of specific drinks, coupled with the confusion about what the guideline daily limits are, makes it problematical for adults to use units to moderate their drinking.

The tendency to underestimate the unit content of drinks is linked to drinking behaviour. Adults who drink above the guidelines are more likely to underestimate lager and large glasses of wine compared to those who are low risk. Underestimating (implicitly or explicitly)

¹⁰ In 2009 36% correctly identified the women's guideline and 35% the men's. This data is from an Ipsos MORI face-to-face survey of British adults aged 25-44 and so is not directly comparable to the online survey data reported on here. However, awareness showed no signs of change across three waves of face-to-face research between 2009 and 2011.

¹¹ Drinking: adults' behaviour and knowledge in 2009, Office for National Statistics (2010)

the unit content of alcoholic drinks may be one of the factors behind the higher levels of drinking among these at risk drinkers.

There are other findings which point to a lower level of engagement with the concept of units among this group. For instance, above guideline drinkers are less likely to say they monitor their unit intake (22% compared to 27% overall) or to say they find it easy to keep within government guidelines (44% compared to 70%). This raises the issue of causation – does this group drink more because they keep less of an eye on units or do they take less notice of units because they drink more?

Understanding and acceptance of health risks

Concerns about health risks can be another factor in moderating alcohol consumption. Almost all 25-44 year olds (97%) are able to name, without prompting, at least one health consequence that may result from regularly drinking over the daily unit guidelines. Liver disease is mentioned most often (as has been the case since 2009¹²), far outstripping mentions of any other health problem. However above guideline drinkers are no more likely than others to be able to identify specific health problems.

Around half of drinkers consuming more than the daily unit guideline accept the likelihood of increased health problems (50%). Conversely this means that a significant proportion (43%) see the risk of health problems as unlikely. This mixed picture is reflected in other findings. Above guideline drinkers are more likely than drinkers as a whole to believe that the health risks of drinking alcohol have been exaggerated (a “denier’s” stance). However they are also less likely to say that they do not drink enough to damage their long-term health (a “realist’s” attitude).

It is important to understand the relative incidence of “deniers” and “realists” to get a sense of the scale of the challenge faced in encouraging more responsible drinking. Three in ten (29%) adults who took part in this research are drinking above unit guidelines in a typical week. This breaks down into those who acknowledge that they drink at higher risk levels (i.e. “realists” who form 18% of all adults) and those who do not (“deniers” at 11% of this age group). If scaled up to the national population, and taking into account confidence intervals, “deniers” would represent between around 1.5 million and 2.2 million 25-44 year olds¹³.

¹² Please note this also relates to the face-to-face surveys conducted with 25-44s so the caveat about comparing different methodologies should be borne in mind.

¹³ This is based on there being 17 million adults aged 25-44 living in the UK (based on ONS 2010 mid-year population estimates). See previous footnote for further information on confidence intervals.

Encouraging responsible drinking

At the heart of encouraging responsible drinking is making sure people are aware of the risks of excessive alcohol consumption so they can make informed choices. Adults also need to be encouraged to self-evaluate their drinking so they can recognise if they are drinking too much.

A significant proportion of 25-44 year olds identify cultural trends that support more responsible drinking. Around two in five adults agree that it is 'not as acceptable these days to get drunk as it used to be' and that they 'have seen quite a bit recently about the dangers of drinking too much'. Above guideline drinkers are no more likely to agree with either statement, suggesting that in some respects their perspective of the wider cultural context in which their drinking takes place is similar to other drinkers'.

When it comes to their own drinking, three in ten adults (31%) agree they 'think more about how much they drink now than they used to' and one in five (20%) would like to cut back on the amount of alcohol they drink. Above guideline drinkers are more likely to say they want to cut down on their drinking (38%). While this still only represents around four in ten of this group, it does demonstrate that a significant proportion of adults drinking beyond lower risk levels do have some level of motivation to moderate their intake of alcohol. In fact, this represents 11% of all people aged 25-44 and if scaled up to the national population, and taking into account confidence intervals, would represent between 1.5 million and 2.2 million 25-44 year olds.

The challenge facing these adults who want to reduce their drinking is two-fold; they find it harder to cut back on the amount they drink, and are also less likely than drinkers overall to use moderating tools to do so. It is encouraging to note that there are some signs that they are reaching out for support to help them cut back on their drinking. They are more likely than adults overall to have sought out information on safe drinking via the internet, a friend or relative, and their GP or health advisor. Although more aware of MyDrinkaware than average, the majority (81%) have not heard of it, suggesting there is further scope for Drinkaware to support these adults to drink more responsibly.

Around half of those who believe that their current level of drinking is likely to cause future health problems would like to drink less. Linked to this, drinkers who believe their current unit intake may result in future health problems are more likely to have 'seen quite a bit about the dangers of drinking' and 'to think more about how much they drink.' This group is also more receptive to receiving information on how to keep an eye on the amount of alcohol they drink

(albeit at the still low level of 37%). This illustrates that concerns about health can be an important factor in creating the motivation to moderate drinking behaviour.

There are a number of tools and strategies adults can use to moderate their alcohol consumption. These can provide the bridge between the motivation to drink more responsibly and actual behaviour change.

Use of strategies to moderate alcohol intake is widespread, with the most commonly used moderating tip for adult drinkers being 'having one or two nights off drinking alcohol in the week' (66%) and 'avoiding drinking alcohol on a 'work night' (53%). 'Keeping a drink diary to monitor how much I am drinking' is the moderating tip with the lowest levels of adoption (10%) and the highest levels of rejection (62%).

Willingness to try tips is usually higher for the tips with lower levels of adoption, notably drinking smaller glasses of wine/bottles of beer (33%), drinking a lower strength alcohol (32%) and finding out the unit content of different drinks (31%). Taken together, the degree of openness to these tips suggests that encouraging adults to adopt 'smaller portions' (by size/alcohol content) may be a fruitful approach to adopt. This tactic could be particularly suitable for wine, the most popular drink, which has high levels of confusion as far as the unit content is concerned.

Generally speaking, above guideline drinkers are much less likely to be using any of the moderating tips asked about. For instance, fewer are trying to drink within the daily guidelines (28% compared to 48% overall) or find alternative ways to unwind (27% compared to 44% overall).

This overall lower utilisation of moderating tips may indicate why these individuals are drinking at the levels recorded, and raises the question of whether these adults are unaware of possible moderating tools or simply do not want to consider adopting them. Linked to this, it is worth noting that, for all of the moderating tips, a greater proportion of above guideline drinkers state that, while not currently doing them, they would be willing to do so. This suggests that, for some at risk drinkers at least, there is a willingness to consider adopting strategies to help moderate their drinking behaviour.

Implications

Around half of adult drinkers aged 25-44 are at risk by drinking above the Government's daily guidelines. A significant proportion of them are unaware (or unwilling to accept) that they are drinking beyond what is safe for them and therefore putting themselves at risk of short and long-term health harms. Indeed just under half of above guideline drinkers regard alcohol as a good way to unwind after a hard day.

Different strategies will clearly be required for different groups of at risk drinkers. "Deniers" are the tougher nut to crack. This group is not willing (or perhaps able) to accept that their drinking behaviour is risky. Understanding, and therefore finding ways to tackle, the reasons for this lack of acceptance will be key.

Highlighting potential health problems is an obvious hook for "realists" who recognise their drinking behaviour is potentially harmful and would like to cut down. Translating health concerns into positive behaviour change however, will be challenging.

Related to this, the lack of understanding of, and engagement with, units raises difficult questions about how units can best be used to facilitate responsible drinking and this will be a key issue for the Chief Medical Officer to consider in her review of the Government's guidelines. In the short term, awareness of the unit content of wine, the most popular drink among this age group, is particularly low and this is the most obvious area of confusion to tackle.

In addition, practical tips to moderate alcohol intake clearly have a role to play in promoting safe drinking and supporting positive behaviour change. The research shows that drinking smaller glasses of wine/bottles of beer, drinking lower strength alcohol, drinking water before starting drinking and keeping a drink diary are the moderating tips at risk drinkers are the most open to adopting.

Key metrics

FREQUENCY AND SCALE OF DRINKING AMONGST 25-44s

	All	Male	Female
Frequency of drinking			
% who drink less than once a year	2	2	2
% who drink at least once a year	90	90	90
% who drink at least once a week (regular drinkers)	61	69	52
Scale of drinking % of regular drinkers who...			
% who drink above guidelines (increasing + high risk)	47	51	43
% who are increasing risk drinkers	36	37	35
% who are high risk drinkers (Based on typical week)	11	14	8

FAMILIARITY WITH UNITS AND GUIDELINES

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% heard of units	95	97	97	97	97
% know unit guideline relevant to their gender	Women 33 Men 30	No tables based on specific gender			
% know female unit guideline (BASE: both genders)	31	31	32	30	33
% know male unit guideline (BASE: both genders)	30	32	33	34	36
% who always/usually keep an eye on their unit intake	N/A	25	24	18	19

AWARENESS AND ACCEPTANCE OF RISKS

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% mention at least one (prompted) health risk	97	98	99	100	99
% agreeing 'I think the health risks of drinking alcohol have been exaggerated'	16	17	21	25	22
% accepting (very/fairly likely) health risks at current drinking level	28	28	36	50	42
% agreeing 'I don't think I drink enough to damage my long-term health'	61	61	55	41	46

USE OF MODERATING TIPS

	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% who always/usually check units at point of purchase	15	16	15	17
% who say they drink within the daily guidelines	48	39	20	24

ATTITUDES TOWARDS ALCOHOL

% who agree	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
I think more about how much I drink nowadays than I used to	31	33	39	45	39
I've seen quite a bit recently about the dangers of drinking too much	39	39	38	40	40
It is not as acceptable these days to get drunk as it used to be	43	43	42	41	43
Too often, I find an excuse to have a drink in the evening	N/A	18	27	40	32
Having a couple of drinks to help unwind after a hard day is good for you	28	29	38	45	39

COMMUNICATIONS MEASURES

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% Interaction with Drinkaware	42	44	46	48	46
% heard of MyDrinkaware	16	16	19	21	20
% agree I would like more information on how I could keep an eye on the amount of alcohol I drink	16	17	19	24	21

Background and research objectives

1. Background and research objectives

1.1 About Drinkaware

Drinkaware is an independent UK-wide charity with the objective of positively changing public behaviour and the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm. It works with organisations and individuals across the UK, providing information about alcohol and its effects to employers, young people, teachers, parents and community workers.

Drinkaware is supported by voluntary donations from across the drinks industry but operates completely independently. It aims to equip people with the knowledge they need to make informed decisions about how much they drink.

1.2 The history of this research programme

Influencing awareness, attitudes and behaviour change are the main objectives of the Drinkaware mission, and form the backbone of its Key Performance Indicators (KPIs). These KPIs help provide the organisation with a clear picture of its progress in meeting its organisational aims.

In the past Drinkaware has measured its success against a range of KPIs. Whilst Drinkaware's KPIs are valid measures in the long term, there are some crucial intermediate steps in the behaviour change journey that Drinkaware wish to generate in its target audiences that may require closer measurement.

Drinkaware has therefore established some measures of more sensitive "interim" or "incremental" steps on the behaviour change journey which may lead onto more fundamental changes in behaviour. These will ensure that research with Drinkaware's target audiences is capable of registering subtle changes in their attitudes and behaviours and inform whether the organisation is making progress on changing public behaviour in relation to alcohol.

In 2011 new insight surveys were developed and conducted in November using an online access panel with adults of social grade ABC1. Interim waves of research were conducted in February and June 2012 before a second annual survey was conducted in November 2012. This annual survey in 2012 was with a broader section of the population, including all social grades. Because of differences in the profile of the 2011 and 2012 survey samples, this report therefore presents the findings from the online survey conducted in November 2012 as a new baseline. However, it also aims to assess the extent to which progress has been made

on these KPIs within just ABC1 adults. A summary at the end of each chapter summarises how findings for ABC1s compare to 2011.

Due to the change in methodology, survey questions and target audiences, it is not possible to make reliable comparisons to the findings from previous, non-online, KPI research. This research will therefore act as a new baseline to help inform Drinkaware's progress. Subsequent waves will build trends and assess the extent to which progress has been made on these KPIs.

1.3 Drinkaware's business objectives

Drinkaware has clear aspirations in terms of target audience and what it is trying to achieve for these audiences. This survey has been structured to measure Drinkaware's performance on these objectives and audiences so it is worth stating these here.

1.3.1 Drinkaware's target audience

Drinkaware separates its target audiences into three distinct groups:

1. Adults aged 18-24
2. Adults aged 25-44
3. Young people aged 10-17 and their parents

This report presents the findings for the adult population aged 25-44 years of age. Separate reports have been produced for each of the other two target audiences.

1.3.2 Drinkaware's aspirations and objectives

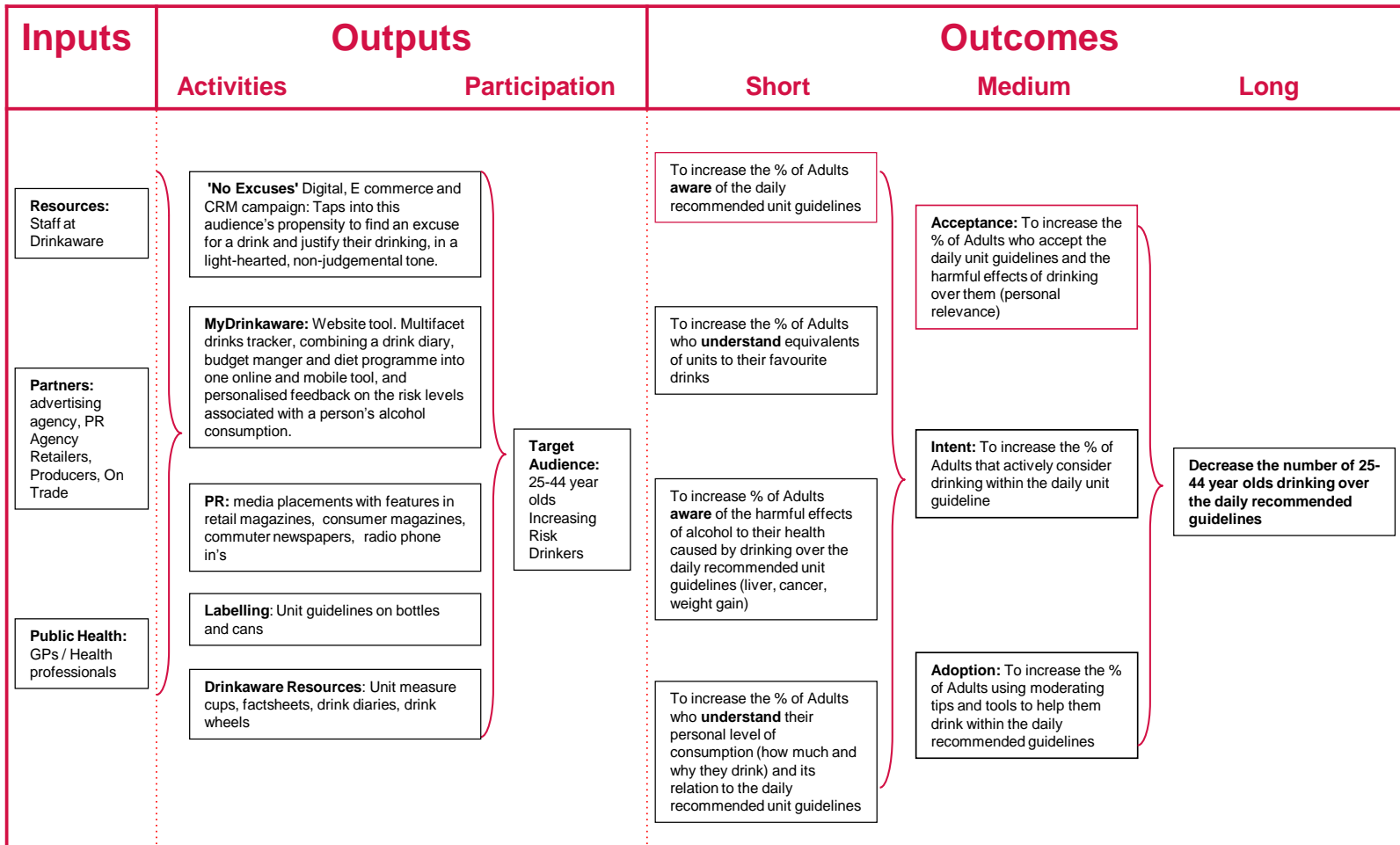
The desired behaviour change goal in the long term for 25 to 44 year olds is to reduce excessive consumption of alcohol and minimise alcohol related harms. Many adults do not realise that they are drinking to excess and do not therefore appreciate that their drinking is putting them at risk of long-term preventable illnesses. To achieve this longer term goal, Drinkaware therefore needs to increase adults' awareness of their own alcohol consumption and enable them to make informed choices about their drinking.

To summarise, the overall target for this audience is to:

Decrease the number of 25-44 year olds drinking over the daily recommended guidelines.

As already outlined, as the overall target of reducing the number of adults drinking over the daily recommended guidelines is likely to be a slow moving cultural change, Drinkaware has developed shorter-term and medium-term outcomes to measure more interim changes in attitudes, awareness or behaviour (see logic model overleaf). These outcomes will provide a better understanding of where Drinkaware's target audiences are on the behavioural journey towards the overall objective of reducing excessive alcohol consumption and drinking within guideline levels. This survey is intended to measure performance against these short, medium and long-term targets; and as the survey is repeated overtime, it will enable Drinkaware to monitor its impact.

25-44 Target Audience: 2012 Campaign Activity



1.3.3 The adult drinking landscape

Before exploring the current picture of adult drinking behaviour as measured in this research, it is worth considering the recent landscape of adult drinking patterns. As shown by the Office for National Statistics Lifestyle research, between 1998 and 2010 there has been a fall in the prevalence of drinking alcohol¹⁴.

As can be seen in the table below, between 2005 and 2009 there was an overall downward trend in alcohol consumption for adults aged 25-44, with the proportion of men consuming alcohol in the past week falling from 74% to 67% and for women from 62% to 56%. However, this decline has plateaued since 2010, with the proportions drinking remaining broadly consistent for both genders.

	Percentages						
	2005	2006	2007	2008	2009	2010	2011
25-44 year olds							
Men - Drank last week	74	73	74	72	70	69	67
Men - Drank more than 4 units on at least one day	48	48	48	42	44	41	39
Men - Drank more than 8 units on at least one day	30	31	31	27	27	25	24
Women - Drank last week	62	60	61	59	59	56	56
Women - Drank more than 3 units on at least one day	42	40	43	37	36	35	34
Women - Drank more than 6 units on at least one day	20	21	22	20	19	19	16

Source: [General Lifestyle Survey](#), 2005 to 2011

As well as prevalence of drinking, scale of drinking has fallen over this longer period of time. The number (for both genders) exceeding the unit guidelines in 2011 was lower than in 2005.

¹⁴ Based on the proportion of adults who reported drinking in the week prior to interview <http://www.ic.nhs.uk/pubs/alcohol12>.

1.3.4 Delivering Drinkaware's objectives

Drinkaware aims to engage adults through a number of activities, including the MyDrinkaware website tool – including drinks tracker, drink diary, budget manager, diet programme and personalised feedback on risk levels. In this report we look at the connections between these elements of the campaign and Drinkaware's objectives and shorter-term aims.

1.4 Structure of this report

Drinkaware's main business objective is to see a decrease in the number of 25-44 year olds drinking over the daily recommended guidelines; their primary focus is on increasing risk drinkers. As already outlined, there are also shorter-term aims which it is hoped will, if achieved, help reach the overall goal of reduced drinking. To allow for a thematic structuring of this report, and to aid the reader, we have grouped the KPIs into related issues. The report is therefore structured to follow each of the overall objectives and the shorter-term outcomes, as follows:

Chapter 1: Background

Chapter 2: Methodology

Chapter 3: Incidence and extent of drinking. This chapter reports on the headline measures relating to Drinkaware's overall objective of decreasing the number of 25-44 year olds drinking over the daily recommended guidelines. It includes:

- Prevalence and frequency of drinking; and
- Incidence of drinking over the recommended guidelines.

Chapter 4: Awareness of unit guidelines, and acceptance of the risks of excessive consumption. This chapter covers findings relevant to the following short-term KPIs:

- To increase the % of 25-44s **aware** of the daily unit guidelines.
- **Acceptance:** To increase the % of 25-44s who accept the daily unit guidelines and the harmful effects of drinking over them (personal relevance).

- **Intent:** To increase the % of 25-44s that actively consider drinking within the daily unit guideline.
- To increase the % of 25-44s who **understand** their personal level of consumption (how much and why they drink) and its relation to the daily unit guidelines.
- To increase the % of 25-44s who **understand** equivalents of units to their favourite drinks.
- To increase % of 25-44s **aware** of the harmful effects of alcohol to their health caused by drinking over the daily unit guidelines (liver, cancer, weight gain).

Chapter 5: Use and receptivity to using moderating tips to control drinking. This chapter includes an assessment of the following KPIs:

- **Adoption:** To increase the % of 25-44s using moderating tips and tools to help them drink within the daily recommended guidelines.

Chapter 6: Are there signs of a change in the way people approach alcohol and towards acceptability of drinking/drunkenness? This chapter explores the attitudes towards alcohol and whether there are signs that adults are re-evaluating the role of alcohol in their lives.

Chapter 7: Sources of information and advice about alcohol. This chapter covers:

- Sources of information on alcohol.
- Receptivity to information on alcohol.
- Exposure to Drinkaware campaign and information and how this relates to awareness and drinking behaviour.

Further points to note about how we have structured the report include:

- We open each chapter with some key metrics by different audience segments, coupled with a brief description of insights these data reveal.
- We have also included a glossary in the appendix of terms as they are used in this report.

It is important to note that this is the first wave of the new KPI/insight research and provides baseline data to compare future waves against and measure progress by. This report is therefore (inevitably) relatively descriptive.

Methodology

2. Methodology

The target audience of this research were people aged between 25 and 44 years old, living across the UK. In total, 743 people completed the survey. Quotas were set on age and gender of the respondent, as well as their social grade and the region they live in. All data were weighted to reflect the known profile of the UK population. Fieldwork took place between 31st October and 27th November 2012.

A copy of the questionnaire is included in the appendices.

The research was conducted via Ipsos MORI's online access panel as it provides a greater ability to target specific audiences and allows more flexibility on timings of the research. Further details of Ipsos MORI's panel are provided below.

Online panel

An online access panel is a group of pre-recruited individuals who have agreed to take part in research. Since they have already provided details about the demographics of all individuals in the household, as well as a range of other information including online related details, such as the frequency of using the internet, we can target the surveys sent to them very precisely.

Panel recruitment

Panellists are recruited (rather than opting-in) to the panel using a variety of methods, including through websites and affiliate networks, adverts via online partners, purchased email address lists and recruitment from Ipsos MORI offline Access Panels. All panellists receive points for taking part; accumulated points can be exchanged on the dedicated panellists' website for a variety of vouchers.

A range of recruitment methods are used, with diversified sources utilised to ensure recruitment of a broad audience. We use the following recruitment methods:

- Recruitment through websites and affiliate networks.
- Banner ads or pop up screens via arrangements with online partners.
- Text adds, search engine recruitment.
- Purchased email address lists.
- Co-registration.
- Recruitment from our offline Access Panels, where applicable.

- Telephone to online recruitment.

The panels are continuously refreshed using a variety of sources and methods. No matter the method, every panellist goes through a double opt-in recruitment process which includes completing a recruitment questionnaire. This questionnaire gathers background information for sampling and analytics purposes.

In order to join the panel, all panellists click on a link to complete the recruitment survey and have to accept the terms and conditions of the panel membership. Their contact information is collected and they also share a range of demographic information and information about all individuals from the household. An email is then sent to the address provided to confirm registration to the panel.

Upon completion of the staging questionnaire, a second stage profiling questionnaire is sent to panellists to gather additional information such as: pet ownership, car ownership, internet usage, household equipments etc. Finally panellists are emailed a welcome note that indicates that their information has been received and they will be receiving their first survey in a few days. The panellist is also informed of their username and password, and at the same time provided with information about the panellist hotline where they can send any queries.

Recruitment is carried out continually and is targeted by age and gender to provide large nationally representative samples and high interest targets.

2.1 Interpretation of the data

Throughout the report different sub-groups of the target audience are referred to. For example, different groups depending on drinking behavior (e.g. drinking above unit guidelines or regularity of drinking), attitudes (such as acceptability of drinking and drunkenness) and demographic variables (e.g. people of different ages, gender or social grade). Where differences are highlighted between sub-groups in the report they are statistically significant (to a 95% confidence level). Further information is included in the appendices.

KPI findings

3. Incidence and extent of drinking

PART 1: KEY METRICS

FREQUENCY AND SCALE OF DRINKING AMONGST 25-44s

	All	Male	Female
Frequency of drinking			
% who drink less than once a year	2	2	2
% who drink at least once a year	90	90	90
% who drink at least once a week (regular drinkers)	61	69	52
Scale of drinking % of regular drinkers who...			
% who drink above guidelines (increasing + high risk)	47	51	43
% who are increasing risk drinkers	36	37	35
% who are high risk drinkers	11	14	8

Key points to note:

- The proportion of 25-44s who ever drink is *the same* as for 18-24s (92% v 93%).
- Similarly, the proportion of 25-44s who drink *regularly* (at least once a week) is *the same* as for 18-24s (61% v 59%).
- Amongst regular drinkers, the proportion drinking above guidelines ¹⁵is *very similar* between 25-44 year olds (47%) and 18-24 year olds (44%). In both age groups people reported lower levels of drinking over the last seven days compared with a typical week.
- Over a third of regular drinkers are increasing risk drinkers (36%), Drinkaware’s target group. This equates to 22% of the total population of 25-44s.
- There is also a gender effect. First, amongst 25-44 year olds, men are more prone to fall into the increasing risk category than women (26% v 18%) and men are also more likely to be high risk drinkers (10% v 4%).

¹⁵ Above guideline drinkers include both increasing risk drinkers and high risk drinkers, and are identified based on respondent’s reported alcohol consumption over a ‘typical week’.

PART 2: DISCUSSION

Drinkaware's long-term objective is to change behaviour among 25-44 year olds in relation to alcohol, specifically to observe an increase in the proportion of 25-44 year olds who are drinking within the recommended guidelines (and, ultimately, drinking less). A short-term goal for Drinkaware is to observe an increase in the proportion of 25-44 year olds who understand their personal level of alcohol consumption and its relation to associated harms and the unit guidelines. Many adults in this age group do not realise (or do not want to acknowledge) that they are drinking to excess – they view their current behaviour as normal and acceptable.

This chapter explores the extent and scale of alcohol consumption among 25-44 year olds. It also considers the incidence of drinking at home which, for this age group, often constitutes an important part of drinking behaviour. Additionally, in order to assess the extent to which adults understand their personal level of consumption, this chapter will compare 25-44 year olds' reported drinking against their self-perception of how much they drink.

3.1 Prevalence and frequency of drinking alcohol

The first thing explored in the research is how much people in this age group drink and which demographic groups are most likely to drink regularly.

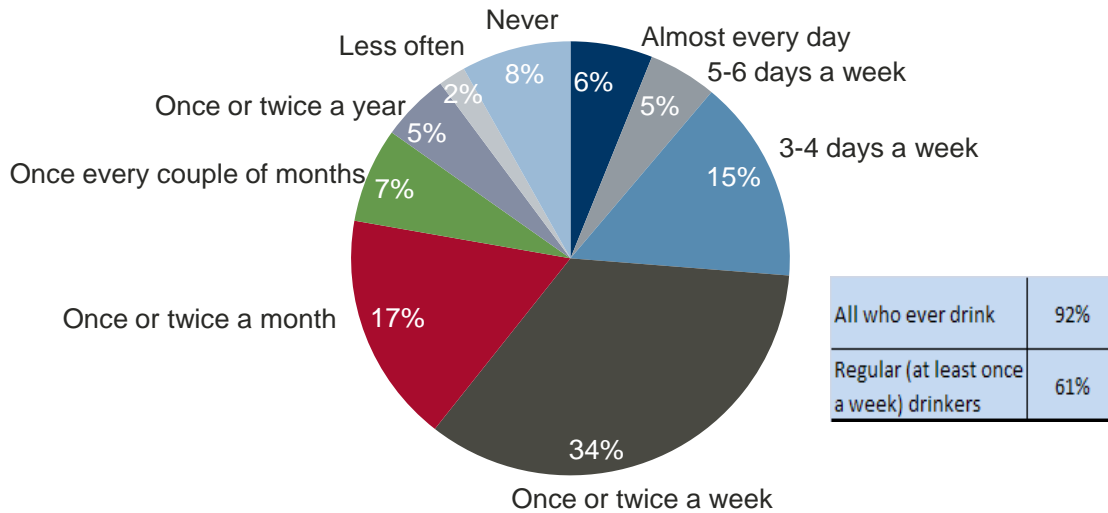
As has been established in previous research¹⁶, alcohol consumption is the norm among 25-44 year olds in the UK. As can be seen from the chart overleaf, over nine in ten (92%) ever drink alcohol. Over three in four report drinking at least once a month (77%) and three in five can be seen as regular drinkers, drinking at least once a week (61%).

Just over one in twenty report drinking almost every day (6%) and 15% report drinking only once or twice a year or less, with 8% never drinking.

¹⁶ See Chapter 1 for more detail on the Office for National Statistics, General Lifetime Survey, <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-289713>

Frequency of drinking alcohol

How often, if at all, do you have an alcoholic drink?



Base: All respondents (743)

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From Drinkaware’s perspective, adults who are drinking every week are of particular relevance. There are variations in levels of regular (at least once a week) drinking among different demographic groups:

- Men are more likely than women to drink alcohol regularly (69% compared to 52%).
- Adults working full time are more likely than non-working¹⁷ adults to drink alcohol regularly (74% compared to 38%).
- Adults of higher social grade are more likely to drink alcohol regularly (66% of those in the ABC1 social grade compared to only 56% of those in C2DE).
- Age is also significant. Older respondents between 41-44 years old are significantly more likely than those in their early thirties and those between 25-30 to drink frequently (71% compared with 48% and 60% respectively).
- Ethnicity is also a key differentiating factor in drinking prevalence; only three quarters of BMEs (77%) say that they ever drink, compared to 94% of white respondents. The proportion who say that they frequently drink, however, is the same for both groups.

¹⁷ Non-working constitutes housewife/husband, unemployed and students living within the household.

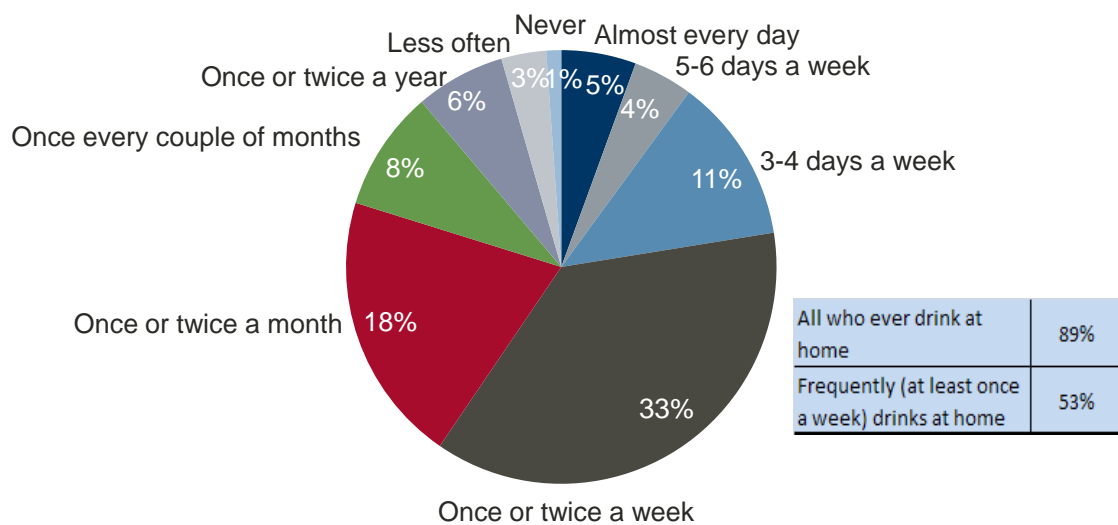
3.2 Prevalence and frequency of drinking alcohol at home

Previous Drinkaware research has shown that drinking at home generally forms a bigger part of adults' overall drinking. This is in contrast to drinking behaviour among Drinkaware's other target audience of young adults aged 18-24.

As shown in the chart below, at-home drinking accounts for a considerable proportion of adults' overall drinking behaviour. Nine in ten adults (89%) report ever drinking alcohol at home, over seven in ten (71%) do so at least once a month, and over half say they do this frequently, at least once a week (53%). One in twenty say they do this almost every day (5%). Just one per cent of all adult drinkers say they never drink at home.

Frequency of drinking alcohol at home

How often, if at all, do you have an alcoholic drink at home?



Base: All respondents (743)

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As with adults who drink alcohol regularly, men are more likely than women to drink alcohol *at home* at least once per week (60% compared to 46%). As is also the case with regular drinkers, the profile of adults that drink alcohol *at home* more than once a week varies with working status, social grade and age:

- Almost three in five of those in the ABC1 social grade (57%) drink frequently at home compared to just under half (48%) of those C2DE.

- Six in ten of working adults drink at home frequently (61%) compared with a third of those not working (33%).
- Older respondents are more likely to drink at home frequently, with three in five of those aged 36-44 (61%) saying they do this at least once a week, compared with under half of those 25-35 (46%).

In conclusion, at-home drinking is a significant element of drinking behaviour among 25-44 year olds. Frequency of at-home drinking and the demographic variations closely match frequency of drinking in general in this age group. Furthermore, the proportion of this group who report drinking at home once a week or more (53%) is only slightly lower than the proportion who report drinking once a week or more in any location (61%). This suggests that for many 25-44s who regularly drink alcohol, drinking at home is a well-established part of their routine. Indeed, of those that report drinking alcohol at least weekly, 87% report that they drink at home at least once a week.

3.3 Extent of alcohol consumption and drinking over the recommended guidelines

Consumption in a typical week

The chart overleaf shows the number of units that regular drinkers (those who drink at least once a week) report they consume in a “typical week”. Respondents were asked to select the type of drink and how many they have over a typical week. From this, the weekly unit intake¹⁸ was calculated and, consequently, the extent to which drinking levels are in line with Government guidelines.

Despite the fact that a high proportion of 25-44 year olds report drinking alcohol on a weekly basis, over half of regular drinkers (52%) among this age group are “low risk” drinkers who drink within the Government’s weekly unit guidelines. However a significant proportion, over one in three of regular drinkers (36%), fall into the “increasing risk” sub-group (defined as women drinking 15-35 units per week and men drinking 22-50 units a week). A further 11% of regular drinkers are “high risk” drinkers (defined as those who drink over the increasing risk limits). Both increasing risk and high risk drinkers drink above the Government’s weekly unit guidelines – in total 47% of adults who drink at least once a week fall into this group.

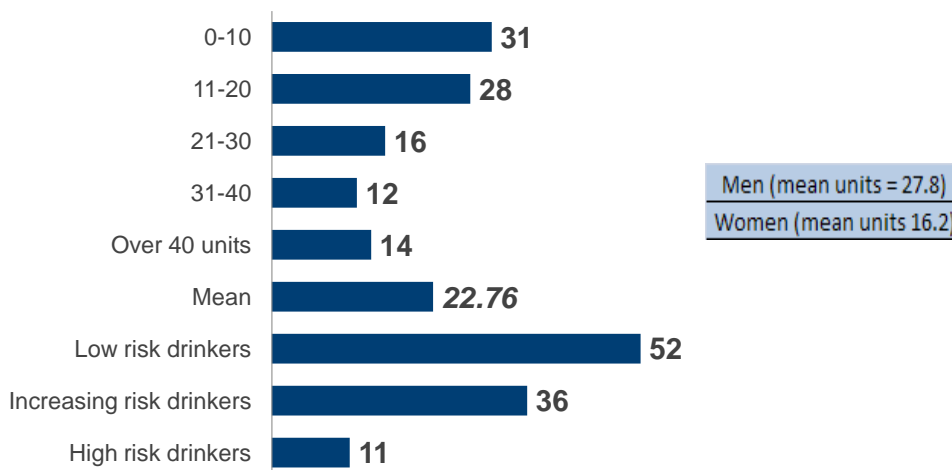
¹⁸ Unit consumption was calculated by multiplying the unit content of each drink by the number of drinks consumed over the week. The total unit intake for all drinks was then totalled to provide a weekly figure. Full details of the unit attributed to each drink are presented in the appendices.

Increasing risk drinkers are Drinkaware’s priority target group amongst 25-44s. They make up 36% of regular drinkers, and regular drinkers are 61% of the population, this means Drinkaware’s target group of increasing risk drinkers makes up 22% of the population aged 25-44.

Unit intake in typical week

Please indicate how many of the following you drink in a typical week?

Units of alcohol in a week



Base: All who drink alcohol at least once a week (451)

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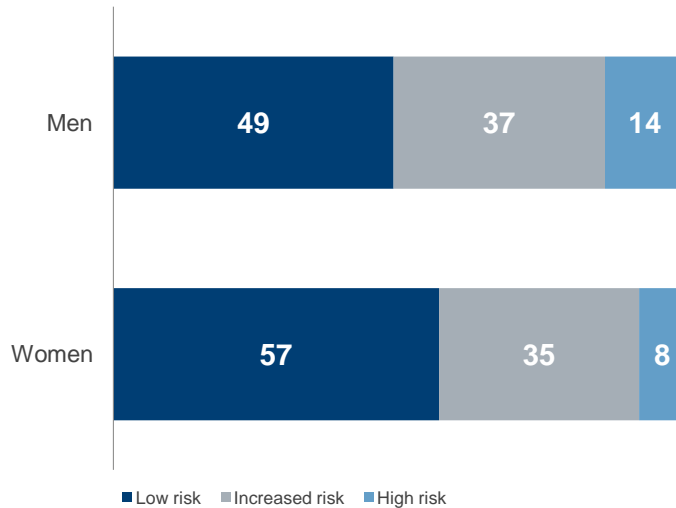


As shown in the chart below, men and women who drink at least once a week are equally likely to be drinking to increasing risk levels (37% of men vs. 35% of women). Men are more likely to be high risk drinkers than women (14% vs. 8%). Furthermore, significantly more men drink at least 40 units per week (20% compared with 5% of women). As may be expected, the average unit intake in a typical week of regular male drinkers is significantly higher than that of women, 27.8 units compared with 16.2 units for women. This difference is higher than for 18-24 year olds; men who drink at least once a week consume on average 24.0 units a week, compared to 15.2 for women.

Unit intake in typical week by gender

Please indicate how many of the following you drink in a typical week?

Units of alcohol in a week



Base: All who drink alcohol at least once a week; total (451); men (253); women (198).

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While ABC1 social grades are more likely to be regular drinkers, they are no more likely to drink more than lower social grades (C2DE), with 48% drinking above guideline¹⁹s, compared to 47% of C2DE adults. However, drinking levels do differ at the extremes of social grade. A/B adults are more likely to be above guideline drinkers than D/E adults (50% vs. 35% of D/E).

Consumption over previous seven days

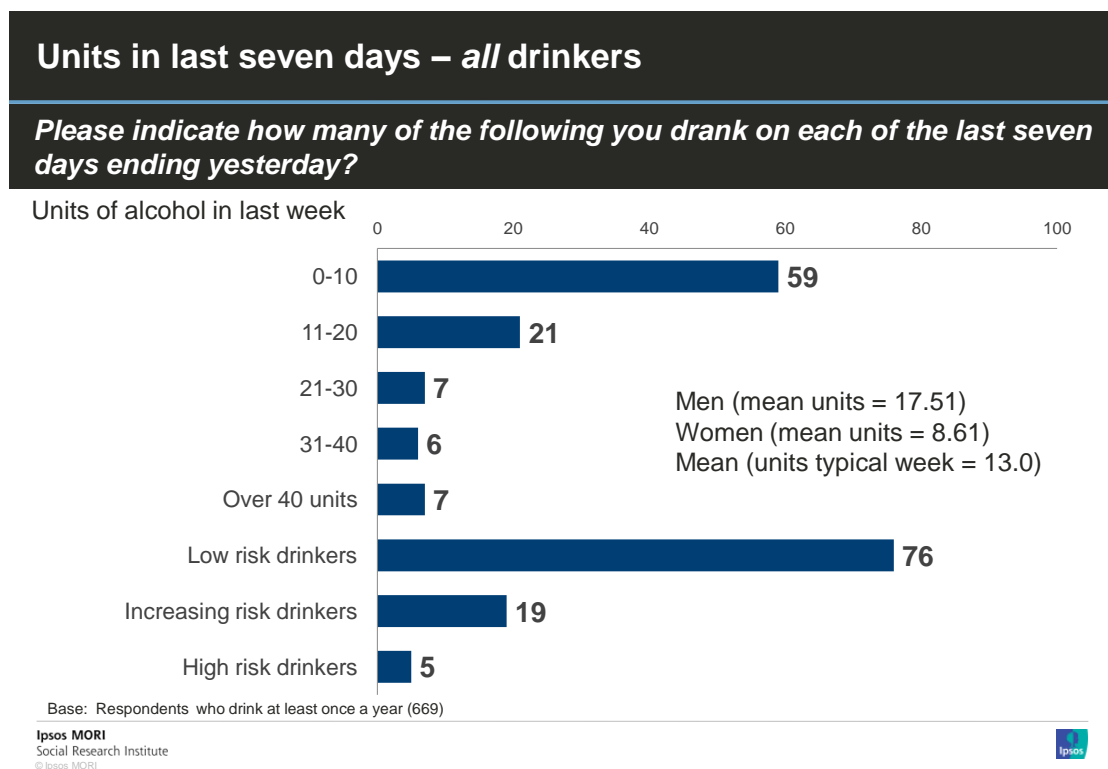
As well as looking at the “typical week”, we also asked people who drink at least once a year to report on their drinking over the last seven days. Respondents were presented with an on-screen drink diary, where they were able to record the type and number of drinks they had consumed over the seven days before completing the survey. For each day, respondents were asked to record the *type* of drink they drank, and *how many* of each type. Analysing this data, we were able to calculate how many units people had had on a daily basis and over the week.

This question was included for several reasons:

¹⁹ Above guideline drinkers include both increasing risk drinkers and high risk drinkers, and are identified based on respondent’s reported alcohol consumption over a ‘typical week’.

- Firstly, it provides a measure which we can use for the purposes of comparison in later waves of research (both to understand the impact of seasonality on drinking behaviour and to measure changes over time).
- Secondly, because it is asking about a specific time period which should be in recent memory, and asking people to consider systematically what they drank each day, it should provide a more accurate picture than the “typical week” measure.

The chart below illustrates the number of units consumed over the past seven days. This is lower than in the “typical week.” However this question is asked of *all* drinkers (including those who drink less than weekly), so this will push the average down.

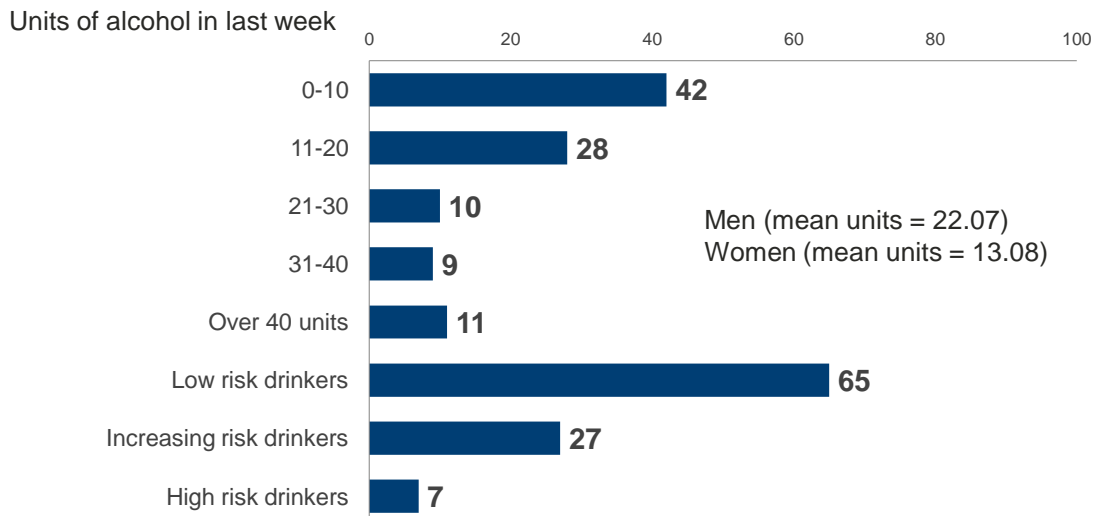


Nevertheless when we look at the average “last seven day” measure among regular drinkers only, this is still lower than “typical week” estimates:

- While the “typical week” estimate suggests that 22% of all 25-44s are increasing risk and 29% are above guideline, the “last seven days” estimate suggests only 17% are increasing risk and 22% are drinking above guidelines.
- Furthermore, in a “typical week”, the mean number of units consumed is 22.8 (27.8 units for men and 16.2 for women). For the “last seven days” this falls 18.2 units on average (22.1 for men and 13.1 for women).

Units in last seven days – *all regular drinkers*

Please indicate how many of the following you drank on each of the last seven days ending yesterday?



Base: All who drink alcohol at least once a week (451)

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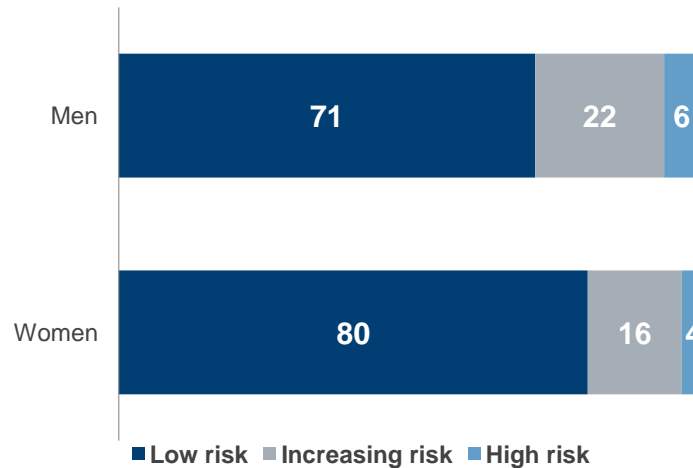


The patterns relating to gender differences in the “last seven days” data can be explored further in the “typical week” data. Looking at drinking in the last seven days, we see that men who drink at least once a year are significantly more likely to be increasing risk drinkers (22% compared with 16% for women), but there are no significant differences for high risk drinkers between the sexes.

As with “typical week” drinking, the “last seven days” data shows a higher proportion of increasing risk drinkers in the higher social grades and those adults in work. Although the broad ABC1 vs. C2DE social grades do not show a significant difference in the proportion who are increasing risk drinkers, when we look at the extreme ends of the social grade spectrum some differences are noted. One in four of those in the highest social grades (26% of those A/B) are increasing risk drinkers compared to only one in eight (12%) of those D/E. Of those adults working, 22% are increasing risk drinkers compared to only 11% of those not working. This is also linked to gender; men, who drink more relative to women, are more likely to be in work (80% of men are working compared to 62% of women).

Units in last seven days by gender

Please indicate how many of the following you drank on each of the last seven days ending yesterday?



Base: All who drink alcohol at least once a year (669); men (328); women (341).

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Asking about the “last seven days” helps minimise problems with memory loss but it has the disadvantage that it may not accurately represent typical consumption throughout the year.²⁰ It is therefore worth looking at how the “typical week” and “last seven days” results interrelate:

- Three in five adults (39%) who are classified as **increasing risk** based on their drinking behaviour over a typical week are classified as **low risk** based on the previous week before completing the survey.
- One in four adults (26%) who are classified as **high risk** based on their typical week are classified as **low risk** based on the last seven days.
- Of those classified as drinking above the guidelines in a typical week, only 64% drank over the guidelines in the last week.
- Movement in the opposite direction, from a low risk classification based on a typical week to a high or increasing risk classification based on the previous week, is very

²⁰ Goddard E (2001) ‘Obtaining information about drinking through surveys of the general population’, National Statistics Methodology Series NSM 24

low. Only 5% move from low risk to increasing risk and 5% from increasing risk to high risk.

The lower level of drinking reported for the last seven days compared with a typical week could be the result of a number of factors:

- People tend to **overestimate their general levels of drinking**.
- Respondents are **unwilling to reveal all their drinking over the last seven days**.
- **Drinking behaviour varies over time**.
- **How a question is asked can have quite a substantial impact** on how people's drinking is reported and categorised.

However, by using the same measure (e.g. "typical week") consistently over time, it provides an accurate gauge of how drinking behaviour is or is not changing²¹.

Binge drinking over previous seven days

When analysing the number of units consumed over the past seven days, it is possible to calculate the proportion that drink to binge levels (note that this report considers anyone who drinks more than twice the daily unit limit in one day²²).

Three in ten (28%) adult drinkers binged over the preceding seven days – a similar proportion to young adults aged 18-24 (30%). One in seven binged on more than one day over the previous week.

Men tend to be more likely to binge, with one in three (33%) having done so, compared to one in four women (24%). By social grade there are no differences between broad categories (ABC1 and C2DE), although the lowest social grades are less likely to drink to excess in this way (19% of DEs vs. 29% of C1/C2s and 33% of A/Bs).

As would be expected, those who drink above unit guidelines are more likely to have binged (58% vs. 14% of low risk drinkers). However, this does show that there is a sizeable proportion of adults who, while drinking within lower risk levels over a normal week (based on the total number of units consumed over seven days), do sometimes drink to excess on

²¹ Note: For the remainder of this report, we have used the "typical week" data for ascribing people to various risk groups. This is for consistency with previous reports and because the "last seven days" measure is more at risk of seasonality, or that the last week was atypical.

²² Typically binge drinking is categorised as drinking more than twice the unit in one sitting. However, the question did not record responses to that level of detail.

specific days. This translates to 9% of all adults and indicates that drinking patterns can be inconsistent and can fluctuate from day to day.

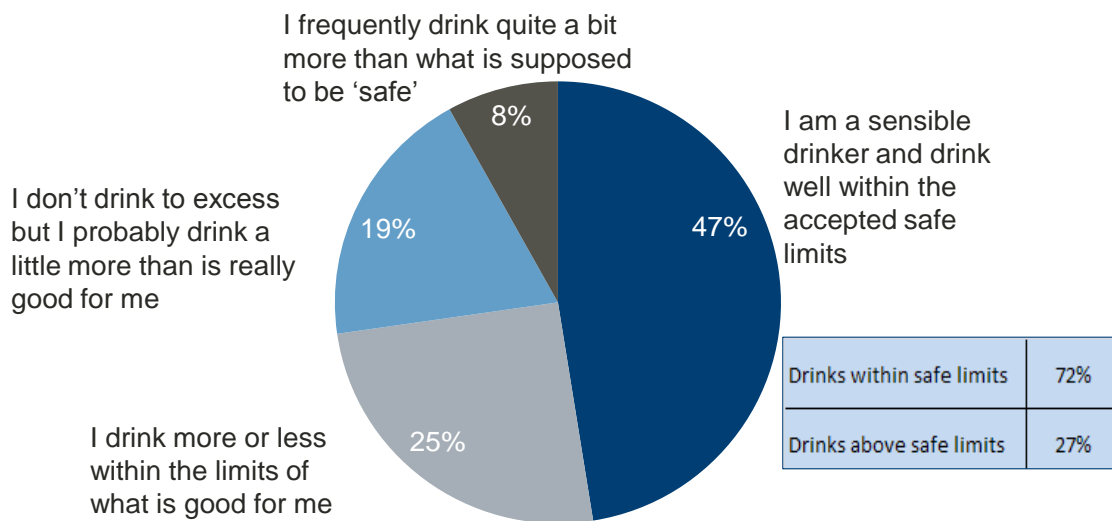
3.4 Self-perception of drinking

Drinkaware are concerned that many 25-44 year old adults do not realise (or do not *want* to realise) that they are drinking to excess – they often view their current behaviour as normal, safe and acceptable. In order to test the extent to which this might be the case, the research compared adults’ own perceptions of their drinking habits with their reported unit intake to see how accurate their assessment of their behaviour is.

As shown in the chart below, the majority of adults (72%) who drink at least once a year think that their drinking habits are within lower risk levels. Just under half (47%) say that they are a sensible drinker and drink well within the accepted lower risk levels, while a quarter (25%) say that they drink more or less within the limits of what is good for them.

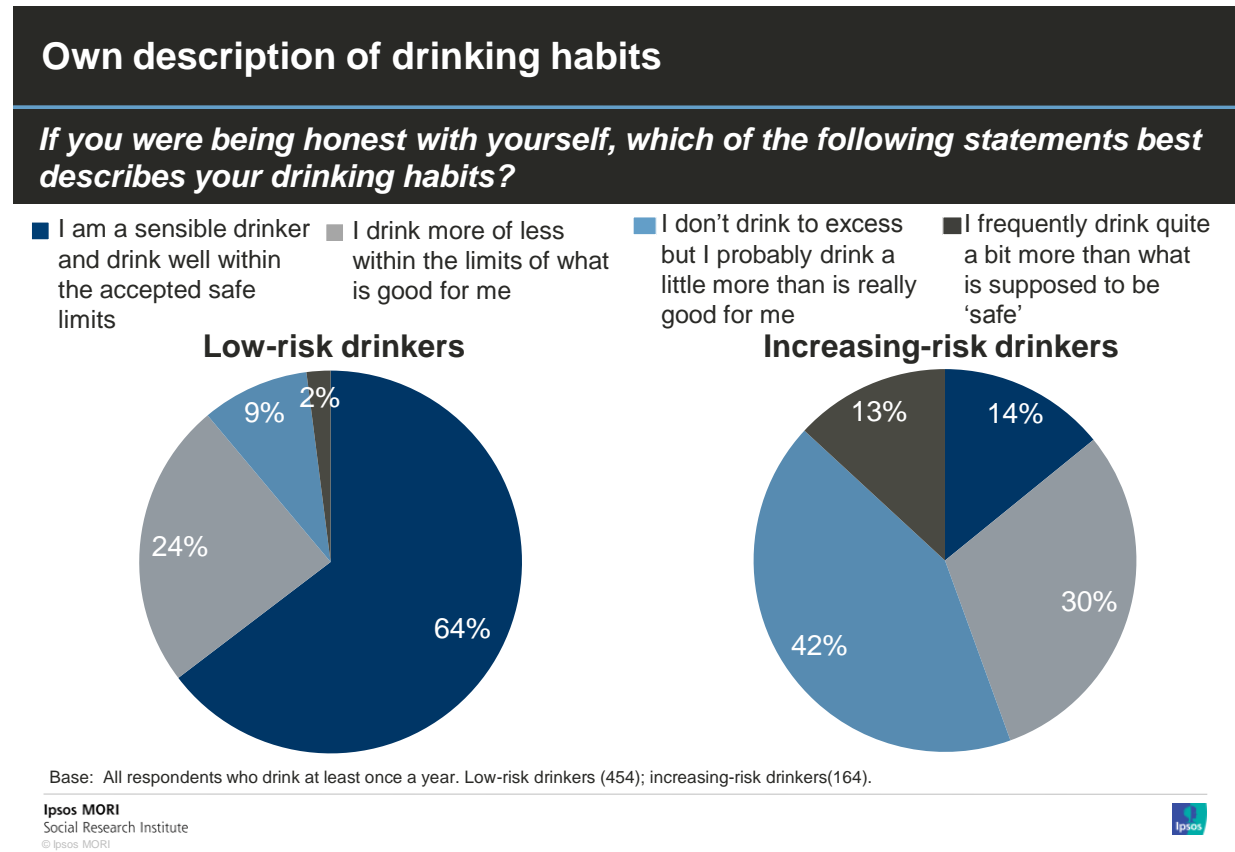
Own description of drinking habits

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



Base: All who drink alcohol at least once a year (669)

The chart below explores the accuracy of individual estimates about personal drinking, comparing the perceptions of low risk drinkers (all who drink at least once a week who drink within guidelines) versus increasing risk drinkers (defined as women drinking 15-35 units per week and men drinking 22-50 units per week).



The results show a stark contrast:

- Among **low risk drinkers**, 88% have an accurate perception that they are drinking within guidelines, while 11% believe they are drinking a little or quite a bit more than they should.
- Among **increasing risk drinkers**, the research reveals large gaps between perception and reality. Over half (55%) acknowledge they are drinking over the limit, but 44% believe they are drinking within limits. Of particular concern is the 14% who believe they are “a sensible drinker, well within safe limits”.

It is also noteworthy that increasing risk drinkers appear far more likely to think they are within limits than low risk drinkers are to think they are over the safe limit. There may be a number of reasons for this:

- Increasing risk drinkers simply **do not realise how much they are drinking**.
- They **do not want to admit to risky behaviour**.
- They **do not equate the amount they drink with placing health risks** on themselves.
- They **do not agree that drinking more than Government unit guidelines constitutes a harmful level of drinking**²³.

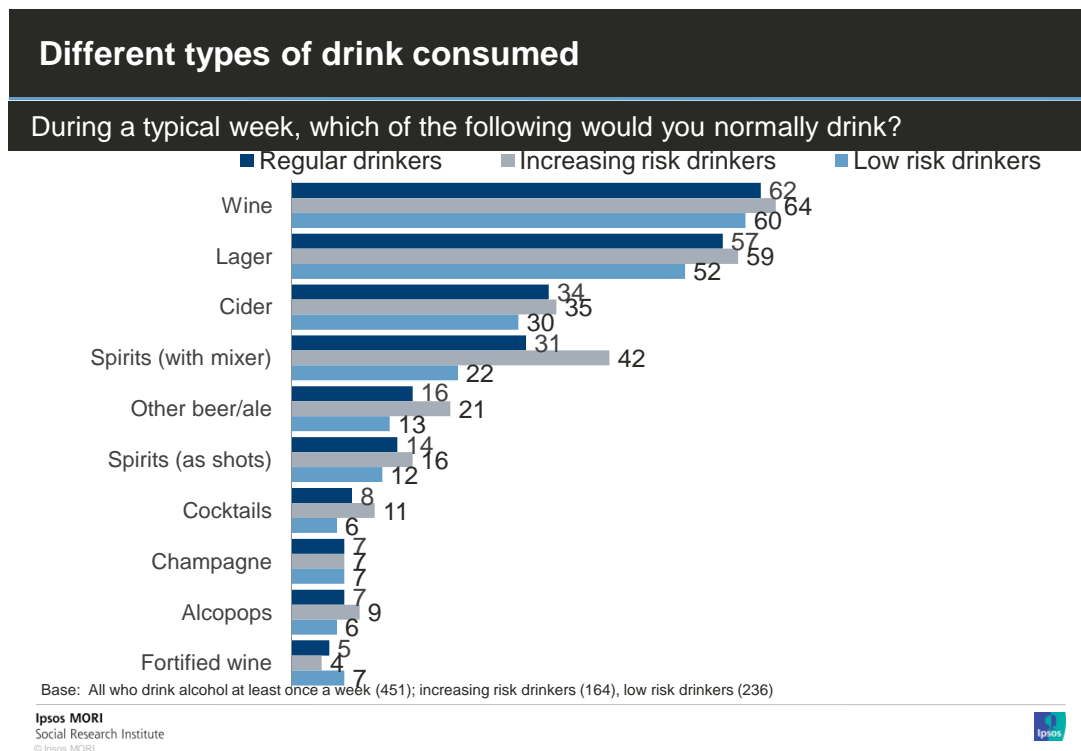
Whatever the explanation is, the research findings support Drinkaware's hypothesis that many of the 25-44 year old adults who drink over the recommended guidelines do not realise that they are drinking to excess and think that their behaviour is safe.

²³ Coverage on debates among policy makers and the lack of consensus internationally on how to define harmful drinking may be one factor which influences people's views of the believability and usefulness of government guidelines. Recently, in an article in the Guardian, the lack of consensus internationally of the daily drinking guideline was explored. Psychologists from the University of Sussex looked at government advice on drinking in 57 countries, including all 27 EU member states and found that there was a "remarkable lack of agreement" about what constitutes harmful or excessive alcohol consumption on a daily and weekly basis, as well as when driving. The Guardian, 27th January, 2013: "Lack of International Agreement on Guidelines, Study Finds", <http://www.guardian.co.uk/society/2013/jan/27/lack-international-agreement-drinking-guidelines>

3.5 What are 25-44s drinking?

To conclude this chapter, we will explore what adults are drinking, and whether there are any differences in consumption patterns among demographic groups or increasing risk drinkers.

The chart below shows which drinks are consumed by low risk drinkers, regular drinkers and increasing risk drinkers. As this illustrates, there are not many differences between the different groups, although low risk drinkers are less likely to drink spirits with a mixer (22% vs. 42% of increasing risk drinkers) or other beer/ale (13% vs. 21% of increasing risk drinkers).



Several points are worth noting:

- First, the **pattern for regular drinkers is similar to 18-24s**. The four top drinks are the same as for 18-24 year olds, but wine is in first rather than fourth position, with six in ten saying they drink it in a typical week (62%).
- This is due to a **large difference in the number of people drinking wine in each age group** (37% of 18-24s compared to 62% of 25-44s). Regular drinkers aged 25-44 are also more likely to drink lager (57%, compared to 47% of 18-24 year olds).
- The **popularity of other beer and ales is the same between the age groups** (16% for both age groups), but that of spirits (with or without mixers) and alcopops is

significantly lower; spirits from 26% for 18-24 year olds to 14% and alcopops from 18% to 7%.

The pattern of drinking among 18-24 year olds and 25-44 year olds is broadly similar. Both groups drink mainly lager, wine, cider or spirits with a mixer in a typical week (the average number of drinks for adults in a week is 2.4). However, the popularity among adults for drinks such as spirits, cider and alcopops is lower than for the 18-24 year olds. An explanation for this could be that these drinks are drunk less for the taste of the pure alcohol, but more for the sweetness of the drink, or specifically for the purpose of getting drunk; something which might be more of an aim for young adults compared to those in the 25-44 age category.

There are also differences in drinking patterns based on gender:

- Women are more likely to drink **wine** (76% vs. 50% of men).
- Women are also more likely to drink **alcopops** (12% vs. 4% of men).
- Men are more likely to drink **lager** (75% vs. 34% of women).
- Men are more likely to drink **cider** (41% vs. 23% of women).
- Men are more likely to drink **other beer or ale** (23% vs. 7% of women).
- Men are more likely to drink **spirits as shots or on its own** (17% vs. 9% of women).
- Men tend to drink a **greater variety of drinks**, on average drinking 2.59 different drinks, compared to 2.18 among women.

We also see one difference based on social grade; ABC1s are more likely to drink wine than C2DEs (69% vs. 55%).

3.6 Comparison of ABC1 findings between November 2011 and November 2012

Drinkaware conducted research among ABC1s aged 25-44 in November 2011. In this section, we explore whether there have been any changes between November 2011 and November 2012 for ABC1 adults.

Prevalence and frequency of drinking alcohol

There have been few shifts in the main drinking patterns among ABC1 adults between the two waves of research. There are no significant differences among regular drinkers regarding the number of units they drink in a typical week (23.3 units November 2011 vs. 22.8 units in November 2012). The pattern is the same for increasing risk drinkers. There are also no significant differences when looking at drinking over the past seven days (regular drinkers report to have consumed 7.7 drinks in the past seven days in November 2011 vs. 8.3 in November 2012).

Extent of alcohol consumption and drinking over the recommended guidelines and ABC1 adults' self-perception

There are no differences between the proportion of ABC1 adults who are low risk drinkers (56% November 2011 vs. 51% November 2012), increasing risk drinkers (33% November 2011 vs. 39% November 2012) or high risk drinkers (12% November 2011 vs. 10% November 2012) between the two waves. Similarly, ABC1 adults' self-perception has not shifted between November 2011 and November 2012 (70% ABC1 adults believe they drink within lower risk levels in both 2011 and 2012 waves).

What are 25-44s drinking?

While frequency of drinking has not changed, the number of different drinks consumed has increased slightly. On average during a typical week, adults said they drink 2.55 different drinks in November 2012, compared to the 2.24 drinks in November 2011. Specifically, ABC1 adults said they drank more cider (36% vs. 26%), spirits as a shot or on its own (14% vs. 8%) and fortified wine (5% vs. 2%) in November 2012 compared with November 2011. The top four drinks are the same, in order: wine, lager, cider and spirits with a mixer, but cider has overtaken spirits since November 2011.

4. Awareness of units and unit guidelines and acceptance of health risks

PART 1: KEY METRICS

FAMILIARITY WITH UNITS AND GUIDELINES

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% heard of units	95	97	97	97	97
% know unit guideline relevant to their gender	Women 33 Men 30	No tables based on specific gender			
% know female unit guideline (BASE: both genders)	31	31	32	30	33
% know male unit guideline (BASE: both genders)	30	32	33	34	36
% who always/usually keep an eye on their unit intake	N/A	25	24	18	19

AWARENESS AND ACCEPTANCE OF RISKS

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% mention at least one (prompted) health risk	97	98	99	100	99
% agreeing 'I think the health risks of drinking alcohol have been exaggerated'	16	17	21	25	22
% accepting (very/fairly likely) health risks at current drinking level	28	28	36	50	42
% agreeing 'I don't think I drink enough to damage my long-term health'	61	61	55	41	46

Key points to note are:

- Almost all (95%) 25-44 year old adults have heard of the term 'alcohol units.'
- Levels of awareness of the unit content of specific drinks are much lower, with a pint (34%) or bottle (31%) of lager receiving the most correct answers. Knowledge of the unit content of a medium (19%) or large (15%) glass of wine is much lower, despite the fact that wine is the most popular drink among this age group.
- Only around one in three of men (30%) and women (33%) are able to identify the daily guideline limit which applies to them. 25-44 year old adults are more likely to under rather than overestimate the amount they should drink on a daily basis.
- There is an almost universal ability to recognise at least one health risk from drinking. However increasing risk drinkers are more likely than average to say that the health risks of alcohol have been exaggerated.

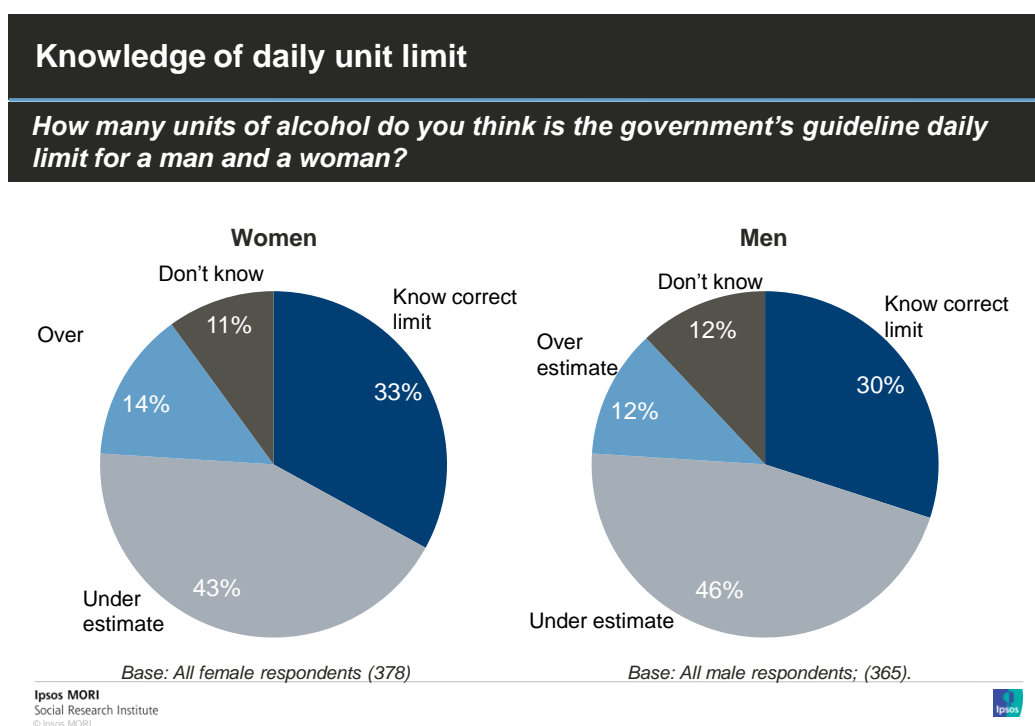
PART 2: DISCUSSION

As discussed in chapter one and reflected in its KPIs, Drinkaware aims to increase the proportion of 25-44 year olds who drink within the daily unit guidelines. This chapter will explore how well informed this group is about the strength of alcohol and the health guidelines set by the Government, as well as the ways they can monitor and moderate their drinking. It goes on to assess the extent to which these behaviours are utilised and the relationship each has with drinking levels.

4.1 Awareness of unit guidelines

Respondents were asked how many units of alcohol they thought was the Government's guideline daily limit for alcohol consumption per day, for each gender. As shown in the chart below, just one third of women (33%) were able to identify that the guideline daily limit for women is 2-3 units and less than one third of men (30%) were able to identify that guideline daily limit for men is 3-4 units. One in ten said that they did not know what the Government's guideline daily limit is (11% for each).

However, adults were generally more likely to *under* rather than *overestimate* the guideline daily limit – 45% selected less than the actual guideline amount for women and 44% selected a lower amount for men. Only 13% overestimated the limit of women and 14% overestimated the men's limit.



Generally, the proportion of adults who know the correct unit limit remains consistent across demographic groups but some interesting differences emerge. High risk drinkers are significantly less likely to know the correct limit compared to increasing risk drinkers and low risk drinkers (although the base size is relatively small); only 17% of high risk drinkers know the correct limit compared to 33% of increasing risk and 31% of low risk drinkers. This finding is only statistically significant for women, but the trend is there for men as well. This may suggest that knowledge of the unit guidelines may have some sort of moderating effect on people not drinking to excess.

Looking at differences across the broad social groupings of ABC1 vs. C2DE no significant differences are noted in the knowledge of unit guidelines for men. However, differences are noted between the A/B and D/E adults, with those from the A/B social class more likely to know the unit guidelines for men compared to D/E adults (36% vs. 24%). This is probably linked to the fact that, as we have seen in chapter three, those in higher social grades are more likely to drink regularly.

One of Drinkaware's KPIs for the 25-44 year old audience is to increase the percentage of adults who are aware of the daily unit guidelines. Given that the proportion of adults who are aware of the term alcohol units is already so high, it is unlikely that this will increase further. However there *is* room to increase the proportion of adults who are aware of the guideline daily unit limit, which may be helpful for some in moderating their drinking.

Furthermore, as we shall go on to discuss, there is significant lack of understanding about the unit content of drinks, which is essential for an accurate understanding of how much an individual is drinking and whether this falls within lower risk levels.

4.2 Acceptance of the unit guidelines and associated health risks

As well as raising awareness of the unit guidelines, Drinkaware also aims to increase the proportion of adults who *accept* the daily unit guidelines and *acknowledge* that drinking over them is likely to result in harmful health effects.

To measure the extent to which adults accept the unit guidelines, adults were asked how helpful the Government's daily unit guidelines on alcohol are, how important it is to keep within that limit, and what health problems could result from regularly drinking above the unit guidelines. The rationale is that if adults do not accept that government guidelines are a helpful measure for how much alcohol is harmful, they will not treat this limit as a good yardstick for how much alcohol is too much. This will impact both on the levels and perceptions of their drinking. Thus this is one of the most important things for Drinkaware to communicate to 25-44 year old adults.

One encouraging finding is that seven in ten (71%) agreed it is important to keep within the Government's daily unit guidelines, compared to only one in five (21%) who thought it is not important. However just over half of 25-44 year olds (56%) consider the unit guidelines helpful in helping them personally control how much they drink, whereas 30% do not. This may well be linked to the fact that a high proportion, seven in ten (70%) said they thought it

was easy to stay within the guidelines, while one in five (20%) said they thought it was difficult. This is explored further in the next section.

4.3 The utility of units

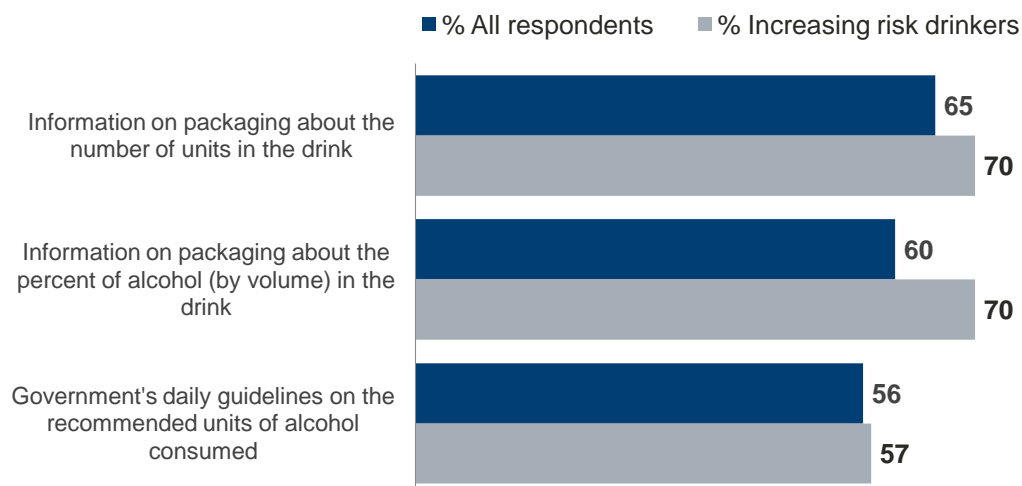
Awareness of the guidelines on unit intake is one step towards responsible drinking. It is also important for adults to accept and engage with these guidelines. We asked a series of questions on the unit guidelines to understand the extent to which this is the case.

Helpfulness of unit guidelines

Firstly looking at the perceived helpfulness of unit guidelines, as the chart below illustrates, two thirds (65%) of adults find information about units on packaging helpful. A slightly lower proportion find information about percent of alcohol on packaging (60%) and Government guidelines (56%) helpful. Increasing risk drinkers are more likely to find information about percent of alcohol helpful (70% vs. 60% among adults as a whole).

Helpfulness of guidelines in controlling alcohol consumption

How helpful, if at all, do you think each of the following guidelines are in helping you personally to control how much alcohol you drink?

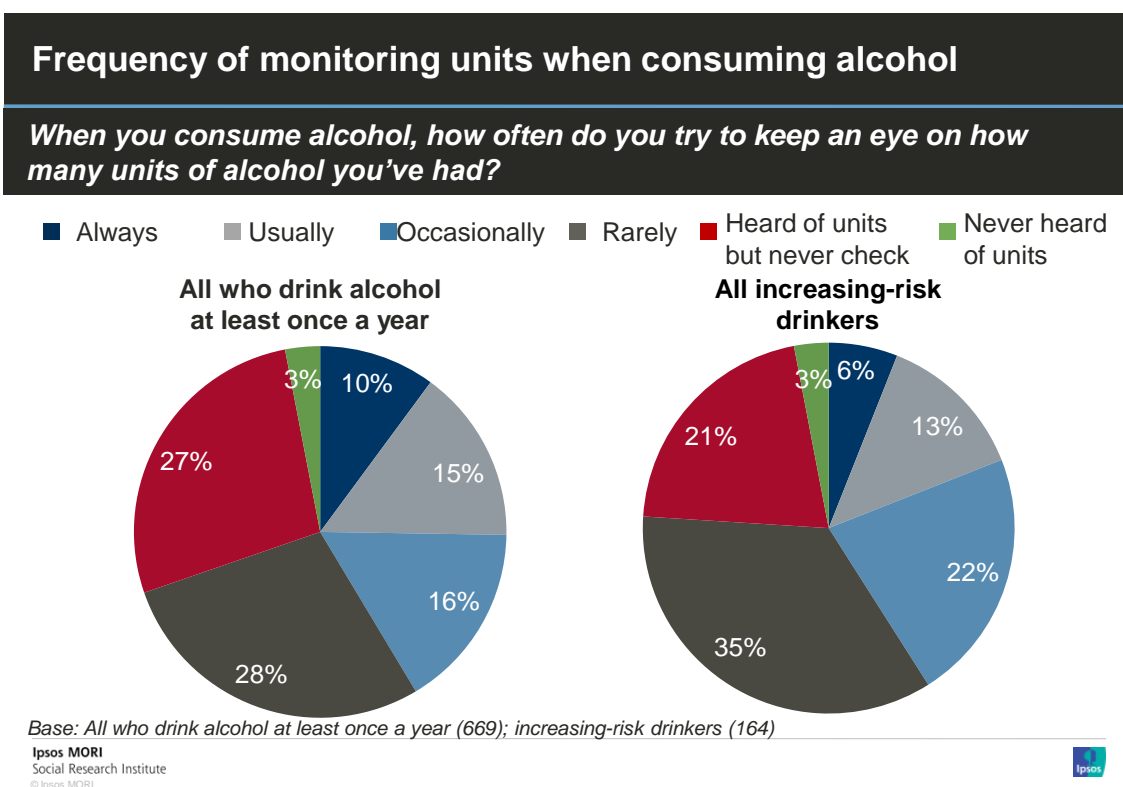


Base: All respondents(743); increasing risk drinkers(164);

Monitoring units

The research also explored the extent to which adults actually monitor their unit intake when drinking. Approaching half (45%) of adult drinkers say they *occasionally* or *rarely* keep an eye on their alcohol consumption, with only one quarter (25%) saying they *always* or *usually* do so.

Increasing risk drinkers are more likely to say they *occasionally* or *rarely* monitor their consumption (57%), and one in four (24%) claim they *never* monitor their alcohol intake. This points to a lower level of engagement with the concept of units among this group. This raises the issue of causation – does this group drink more because they keep less of an eye on units or do they take less notice of units because they drink more? The answer to this may well depend upon whether someone is a “realist” or a “denier” about their drinking behaviour.



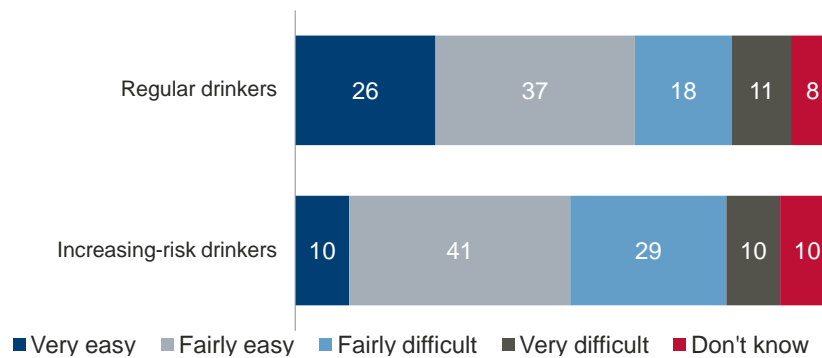
Staying within guidelines

Finally we asked adults how easy they find it to keep within the Government’s daily guidelines for alcohol consumption.

Almost two thirds (63%) of regular drinkers say they find this easy, although they are more likely to say ‘fairly’ (37%) than ‘very’ (26%) easy.

Increasing risk drinkers are less likely than regular drinkers as a whole to find it easy to keep within Government guidelines, with only 10% saying they find this ‘very’ easy and 41% ‘fairly’ easy (51% in total). This group is also more likely than regular drinkers to say they find it difficult to stay within the limits (39% vs. 29%).

Ease of staying within the guideline daily unit limit
How easy do you find it to keep within the government’s daily unit limit of no more than 2-3 (women) or 3-4 (men) units of alcohol a day?



Base: All who drink alcohol at least once a week (451); all increasing risk drinkers (164)

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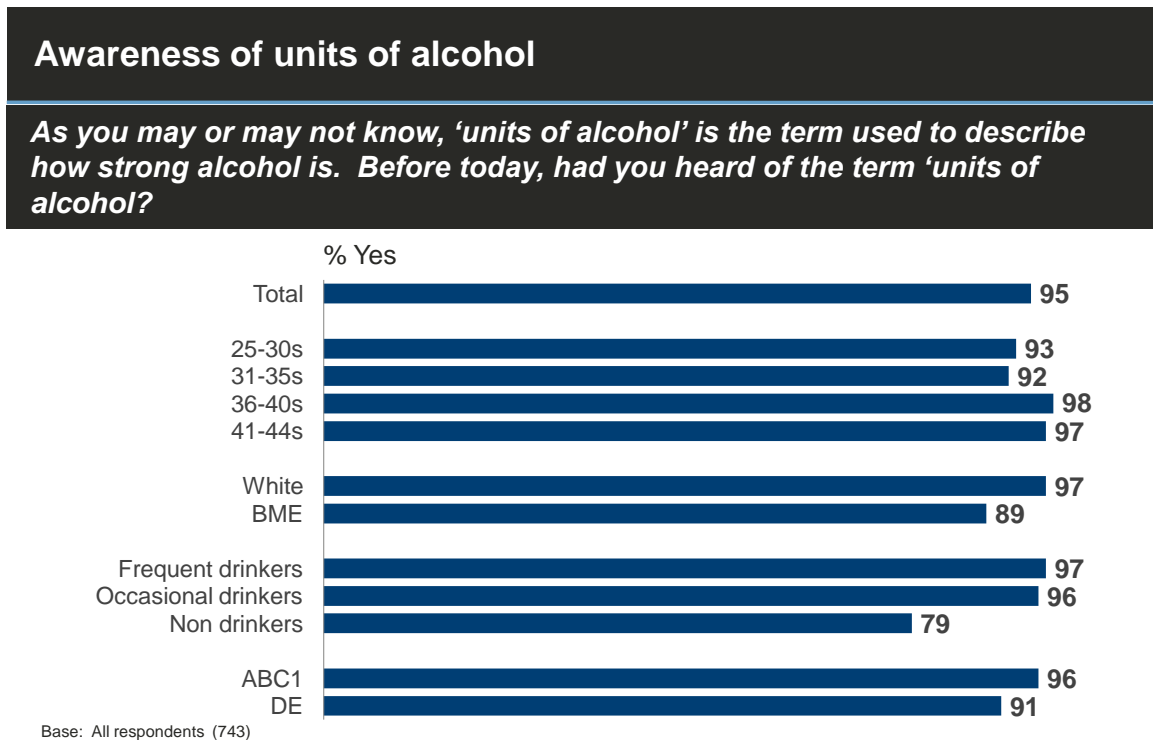
There are two potential, and overlapping, factors at play here. Firstly, increasing risk drinkers may find it more difficult than regular drinkers as a whole to limit their alcoholic intake. As we shall go on to see in the next chapter, they are more likely both to see drink as a reason to unwind and to want to cut down on their drinking. Secondly they may be less willing and/or able to monitor, and thus moderate, their unit intake. As we go on to discuss in Section 4.5 below, this group of drinkers has lower levels of engagement with alcohol units.

4.4 Awareness of units

As illustrated in the chart below, the vast majority of people (95%) say they have heard of the term ‘alcohol units’. As might be expected, those who drink, whether regularly (once a week) or less often (97% and 96% respectively), are more likely to have heard the term ‘alcohol units’ than those who do not drink (79%). There are no significant difference in awareness between those who drink regularly within the guidelines (94%) and those who drink to increasing risk or higher risk levels (97% and 98% respectively).

Similarly, there are no differences by gender in awareness of the term alcohol units. There are, however, differences by age. Respondents aged 36-44 (98%) are more likely than those aged 25-35 (93%) to have heard of the term 'alcohol units'.

Although still high, awareness of the term 'alcohol units' is lower among BME respondents compared to white respondents (89% compared to 97% of white respondents). This is likely to reflect the much higher proportion of non-drinkers in the BME group.



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4.5 Awareness of unit content of different drinks

While it is positive that the vast majority of adults have heard the term 'alcohol units', unless they can accurately translate awareness of units as a concept to knowledge of the units contained in actual drinks, they will struggle to monitor their own intake. Furthermore, if adults cannot accurately monitor their unit intake they will not be able to recognise whether their drinking behaviour is within lower risk levels.

To explore how accurately adults can apply the concept of units to actual beverages, respondents were given a list of drinks of different types and sizes and asked to state the unit content of each (without being presented with any options to select from). The chart below shows the percentage of all respondents who correctly identified the unit content of each drink. An answer was considered to be 'correct' if it fell within +/- 0.5 units of the exact unit content of the beverage. A full list of these unit values is included in the appendices.

As the chart below illustrates, there is a lot of variation in adults' unit awareness across different drinks. Adults were most likely to know the correct unit content of lager, whether served as a pint (34% correct) or in a bottle (31% correct). This was followed by a single shot of spirits (25% correct) and a bottle of alcopops (25% correct). In contrast only one in six correctly identified the unit content of a pint of cider or a large glass of wine (16% and 15% respectively).

Applying unit measures to drinks – all respondents

How many units of alcohol do you think the following drinks contain?



While the popularity of lager and spirits in adults’ weekly drinking repertoire may help explain the higher levels of awareness of their unit content, the same does not hold true for wine. Only one in five adults (19%) knows the unit content of a medium glass of wine and, as we have seen, this falls to less than one in six adults when asked about a large glass of wine (15%). This mirrors what is found amongst 18-24s, where knowledge of the unit content of wine is very low. However, given how much higher the consumption of wine is amongst 25-44s, it is perhaps surprising that the knowledge of units in wine remains so poor, and more worrying in terms of adults understanding how much they drink.

Perhaps a more accurate way to gauge adults’ ability to apply the concept of units to actual beverages is to look at their knowledge of just those beverages that they drink in a typical week. As the chart below illustrates, a majority are still not aware of the unit content of the types of drinks they consume regularly, although awareness is higher for some types of drink (indicated by the arrows).

Applying unit measures to drinks – respondents who drink beverage in typical week

How many units of alcohol do you think the following drinks contain?

	Pint of lager	Large glass of wine 250 ml	Medium glass of wine 175 ml	Bottle of lager 330 ml	Pint Cider	Single shot of spirits	Bottle of alcopop
Correct	40	18	25 	43 	26 	37 	27
Over estimated	8	5	7	17	3	21	21
Under estimated	19	41	34	2	32	0	*

Base: All who drink beverage in typical week: lager (259); wine (277); cider (150); spirits (167); alcopop (33*)

*Small base size: caution should be taken when using this data and results should be treated as indicative only.

The arrows represent significantly higher awareness than among all adults (and by how many percentage points)

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Again, lager has the highest proportion of correct unit classifications, with 40% of regular lager drinkers knowing the correct unit content of a pint of lager and 43% of a bottle of lager. Similarly, almost two in five adults (37%) who drink spirits in a typical week knew the unit content of a single shot of spirits. These are more accurate levels of knowledge than among regular drinkers as a whole.

Regular wine drinkers are no more likely than drinkers as a whole to be able to identify the correct unit content of both medium (22% of wine drinkers vs. 25% of regular drinkers and large glasses of wine (18% vs. 15%). The same is also true of alcopops (25% vs. 27%). So while adults are more likely to know the unit content of some of the drinks they consume frequently, this is not true in every case.

If adults are routinely underestimating the unit content of their favourite beverage, this is more likely to have serious consequences than overestimating it. Apart from bottles of lager, shots of spirit and alcopops, adults are more likely to underestimate than overestimate the unit content on drinks they drink in a typical week. For example, two in five underestimate the unit content of a large glass of wine (41%), around a third underestimate the unit content of a medium glass of wine or a pint of cider (34% and 32% respectively), and one in five underestimate the unit content of a pint of lager (19%). This is worrying given how commonly these types of alcohol are consumed. More positively, almost all adults who incorrectly state

the unit content of a bottle of lager overestimate its unit content (17% vs. 2% who underestimate).

The extent to which adults over or underestimate the unit content of drinks is also significantly dependent on whether they are a high risk, increasing risk or low risk drinker. Adults who are increasing risk drinkers are more likely to underestimate lager and large glasses of wine, compared to those who are low risk drinkers (19% vs. 12% for a pint of lager and 44% vs. 32% for a large glass of wine). Underestimating (implicitly or explicitly) the unit content of alcoholic drinks may be one of the factors behind the higher levels of drinking among increasing risk drinkers.

4.6 Awareness of the health risks of excessive drinking

One of Drinkaware's short-term KPIs is to increase the awareness of the harmful effects of alcohol to health that are caused by drinking over the daily unit guidelines. It is therefore important to assess whether 25 to 44 year olds are aware of the health risks of drinking to excess, and to explore the extent to which they accept personal responsibility for their drinking behaviour.

Unprompted awareness of health risks

When asked to name, without prompting, any health consequences that may affect them as a result of regularly drinking over the Government's daily alcohol unit guidelines, the vast majority of respondents gave at least one answer; only 1% said that there were no health problems associated with excessive drinking, 6% said they did not know and 5% gave no answer.

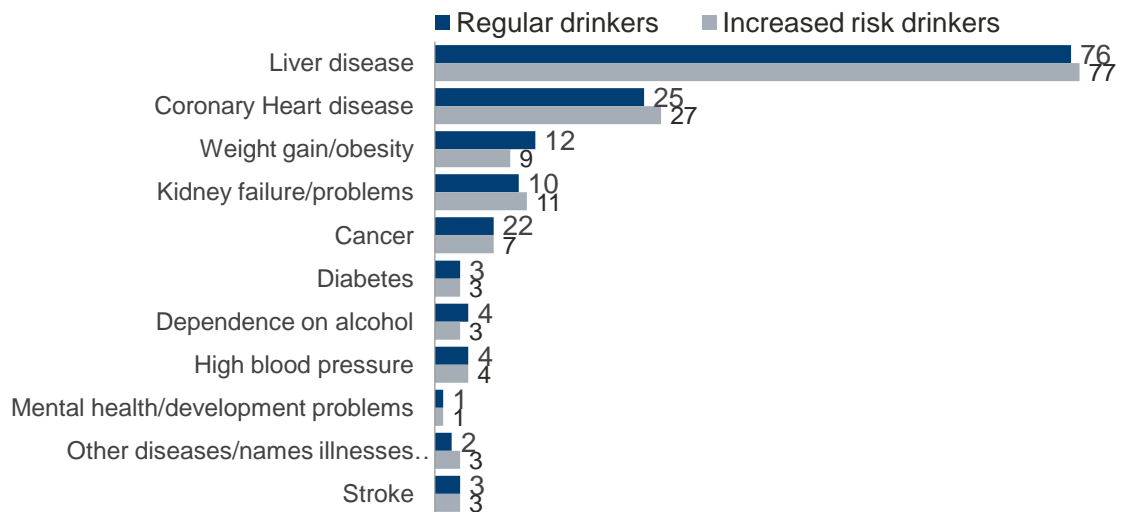
Amongst regular drinkers, liver disease is the single most commonly mentioned serious consequence of drinking, far outstripping mentions of any other health problem, with three quarters (76%) identifying it as a health problem that can result from regularly drinking over the guidelines. Mentions of liver disease were high across all demographic groups, but those who agree that they drink at higher risk levels (83%), women and those of ABC1 social grade (78% and 77% respectively), as well as white respondents (77%) were more likely than average to mention it.

In second place, following some way behind is coronary heart disease (25%). Over one in ten identified weight gain and obesity (12%), one in ten kidney failure (10%), 7% cancer and 4% mentioned dependence on alcohol.

As well as looking at this for regular drinkers, we also analysed this for Drinkaware’s target group of increasing risk drinkers. This appears to show relatively little difference – which may reflect that awareness of specific health risks is not governed by level of drinking.

Awareness of health risks - unprompted

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?



Base: All who drink alcohol at least once a week (451); increasing risk drinkers(164)

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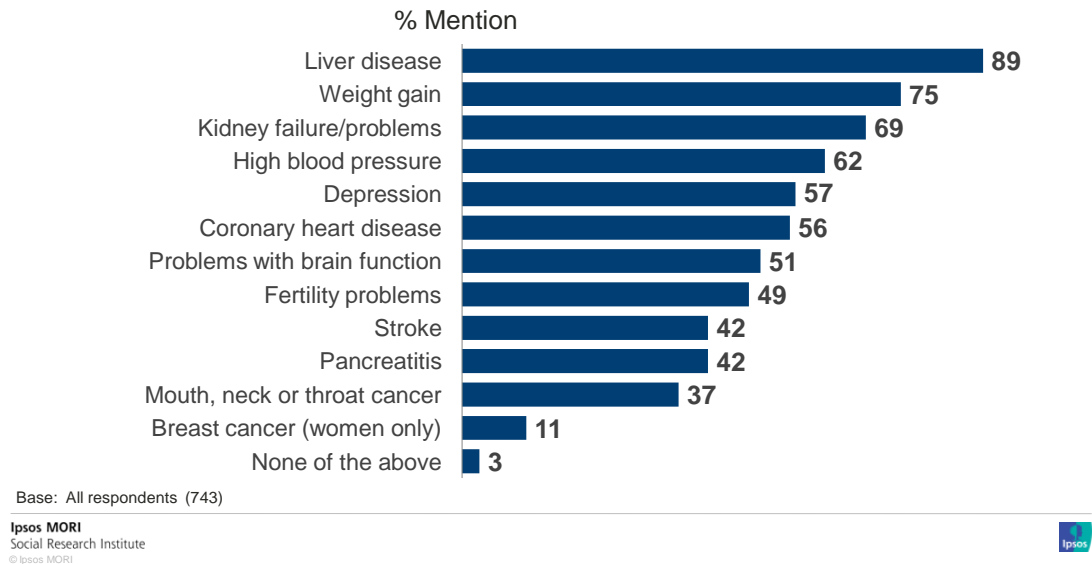
Prompted awareness of health risks

When asked directly about a range of health problems which might affect them personally, liver disease is again identified the most often (selected by 89%). Three quarters (75%) believe they could put on weight, and over two in three feel they could suffer from problems with their kidneys (69%) or high blood pressure (62%).

The health problems that 25-44s are less likely to believe could affect them if they drink heavily include depression (57%), coronary heart disease (56%), problem with brain functioning or development (51%), or fertility problems (49%).

Awareness of health risks - prompted

Which, if any, of the following health problems do you think could affect you as a result of regularly drinking over the government's daily alcohol unit guidelines?



Non-drinkers are less likely than drinkers to mention the majority of the health problems, and they are more likely to say none of the above (15% vs. 3% overall). This shows drinkers as a whole are more aware of the potential risks involved with drinking. However among increasing risk drinkers, there are no statistically significant differences.

Personal acceptance of health risks

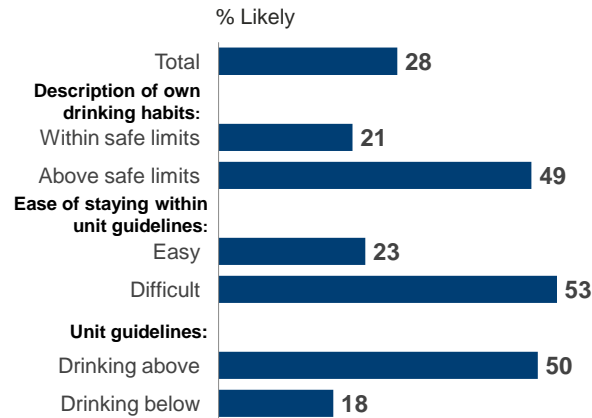
It is important to understand the degree to which adults accept that their alcohol consumption, at its current level, presents any health risk.

Three in ten (28%) of those who drink at least once a year feel it is very or fairly likely they would have increased health problems if they maintain their current level of drinking. Two thirds (66%) believe it is not very or not at all likely, and one in 16 (6%) does not know. Among regular drinkers, 36% feel it is likely their health would be affected, a significant difference.

Drinkers consuming more than the daily unit guideline are split fairly equally between accepting the likelihood of increased health problems, with half seeing this as likely (50%) while two in five (43%) feel it is unlikely.

Likelihood of increased health problems

Thinking about your alcohol consumption, how likely or not so you think it is that you would have increased health problems in the future if you continue to drink at this level?



Base: All who drink alcohol at least once a year (669)

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An interesting issue to explore is how Drinkaware's target group of increasing risk drinkers respond to questions of personal responsibility for their drinking. We have already noted that many seem reluctant to acknowledge the health risks of *their* level of drinking. The following analysis attempted to explore whether this applied to all increasing risk drinkers or just a subset of them.

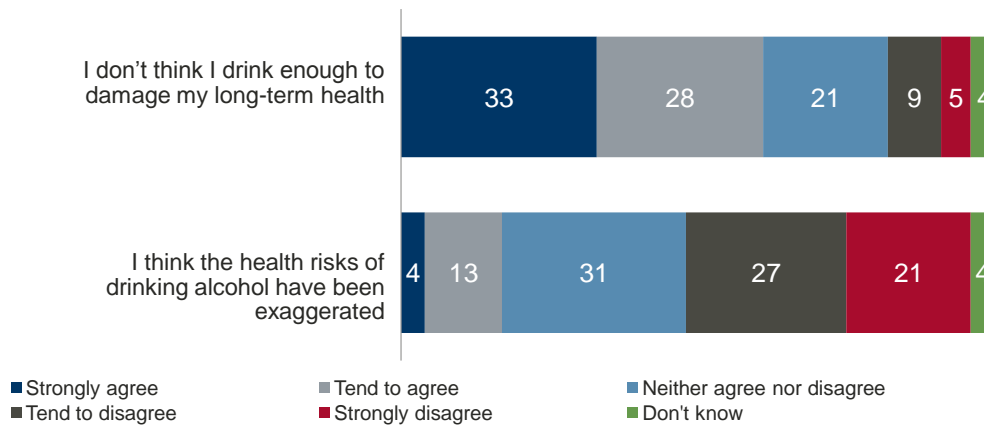
The first part of this analysis can be seen in the following two charts. These record levels of agreement or disagreement with the following statements:

- 'I think the health risks of alcohol have been exaggerated'
- 'I don't think I drink enough to damage my long term health'

The two charts present the data first for all drinkers (at least once a year), then for increasing risk drinkers.

Attitudes towards alcohol – all drinkers

How much do you agree or disagree with the following statements?



Base: All who drink alcohol at least once a year (669)

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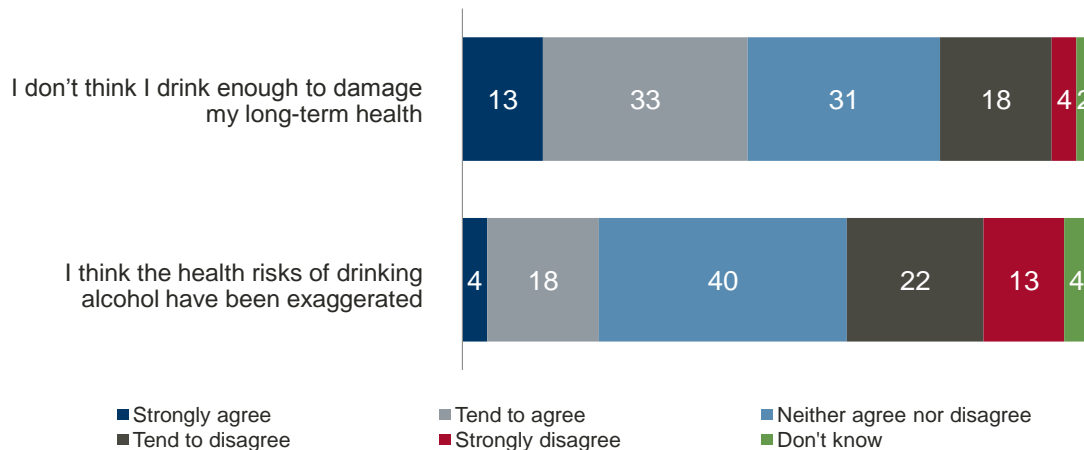


Looking first at 'I think the health risks have been exaggerated', increasing risk drinkers are more likely to agree with this (22% vs. 17% of all drinkers).

But turning to levels of agreement with the statement 'I don't think I drink enough to damage my long-term health', almost half of increasing risk drinkers (who are in fact placing themselves at risk) agree with this statement (46%), but this is a lower proportion than drinkers as a whole (61%).

Attitudes towards alcohol – increasing risk drinkers

How much do you agree or disagree with the following statements?



Base: All increasing risk drinkers (164)

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Taken together, these statements suggest there are two dynamics at play among increasing risk drinkers:

- There is a group of “**deniers**” who are unwilling to acknowledge the health risks they are running.
- There is a group of “**realists**” who are more open to the possibility that they may potentially be doing themselves harm.

4.7 Comparison of ABC1 findings between November 2011 and November 2012

Awareness of units and the unit content of different drinks

The knowledge of units of alcohol has been constant since November 2011 with no significant differences (97% of ABC1 respondents had heard of units of alcohol in November 2011 vs. 96% November 2012). Similarly, the awareness of health risks, unprompted as well as prompted, show that the knowledge of these has remained stable between the two waves of research.

Monitoring unit consumption

The proportion of ABC1 adults who agree the Government's daily guidelines on units of alcohol are helpful has remained consistent since November 2011 (57% vs. 58% agree November 2012). When looking at increasing risk drinkers, there is a consistent picture with no significant changes in the perceived helpfulness of unit guidelines from the Government or alcohol packaging.

It is encouraging to note that the proportion of ABC1 adult drinkers *always* monitoring their unit consumption has increased by eight percentage points since November 2011 (3% vs. 11% November 2012). However no difference is observed in the monitoring of units amongst those ABC1 adults classified as increasing risk drinkers between November 2011 and November 2012, suggesting that adults already moderating their alcohol intake are increasingly doing so, but that heavier drinkers are not.

Acceptance of the unit guidelines and associated health risks

When looking at whether ABC1 adults believe that drinking at their current level will mean that they would have an increased risk of future health problems, we do see significant changes. In November 2012, more ABC1 adults believe that it is *not* likely that they would have increased health problems if they continue to drink at their current level (67% vs. 57% in November 2011). There are, however, no significant differences for regular drinkers (59% vs. 53% November 2011) or increasing risk drinkers (52% vs. 47% November 2011).

5. Use and receptivity to using moderating tips

PART 1: KEY METRICS

USE OF MODERATING TIPS

	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% who always/usually check units at point of purchase	15	16	15	17
% who say they drink within the daily guidelines	48	39	20	24

Key points to note:

- Avoiding alcohol on a number of nights per week is the moderating tip most commonly utilised by both adult drinkers and the increasing risk group.
- Information provided on packaging (regarding percent of alcohol or number of units in a drink) is seen as being more helpful in controlling alcohol consumption than the Government's daily guidelines.
- One in three adults say they never monitor their alcohol consumption, a slightly lower proportion of increasing risk drinkers also say this.

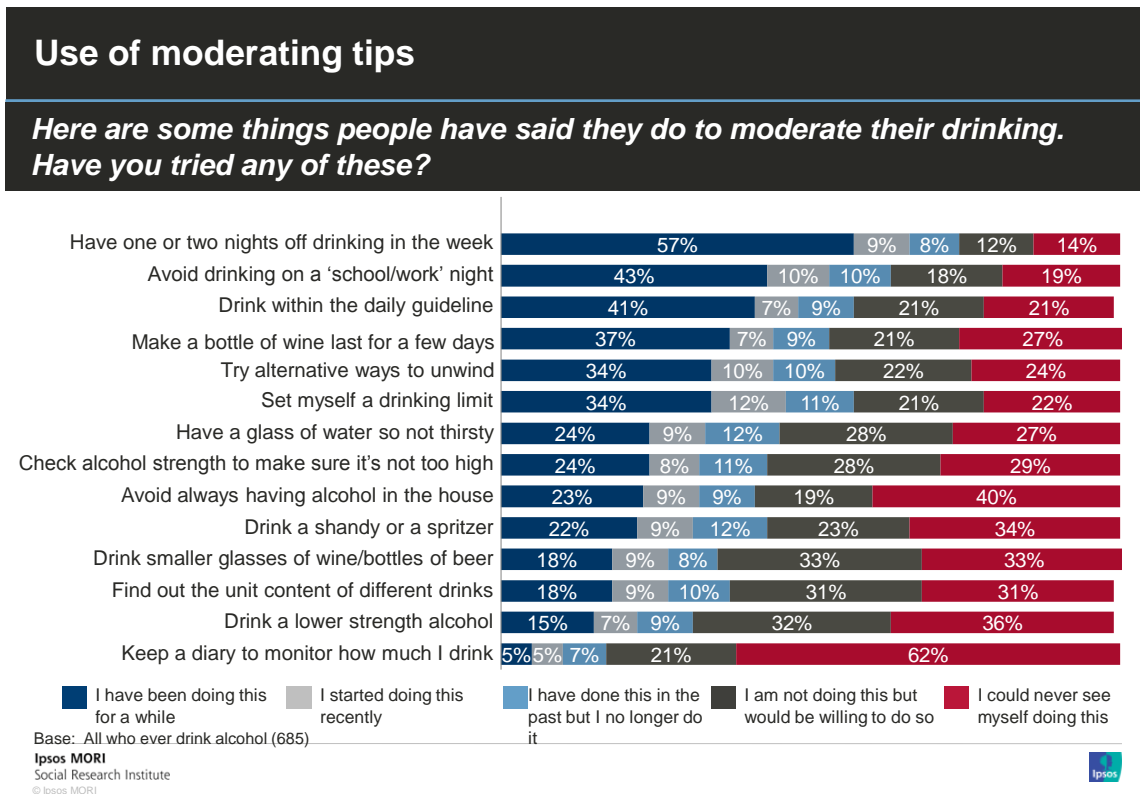
PART 2: DISCUSSION

A key part of Drinkaware’s strategy is informing adults about the tools and tips that can be used to monitor their drinking. The objective is that these tools will be employed by adults, helping to bring about more responsible drinking.

This section looks at the extent to which 25-44s are using tools to help moderate their drinking – and if not, whether they are receptive to using them. We also explore the relationship between these behaviours being utilised and drinking levels.

5.1 Awareness and use of moderating techniques

All adult drinkers were provided with a list of possible moderating tips and tools to try to ascertain which ones are most familiar and commonly used by this age group, as well as which ones they would be open to adopting if they are not using them already.

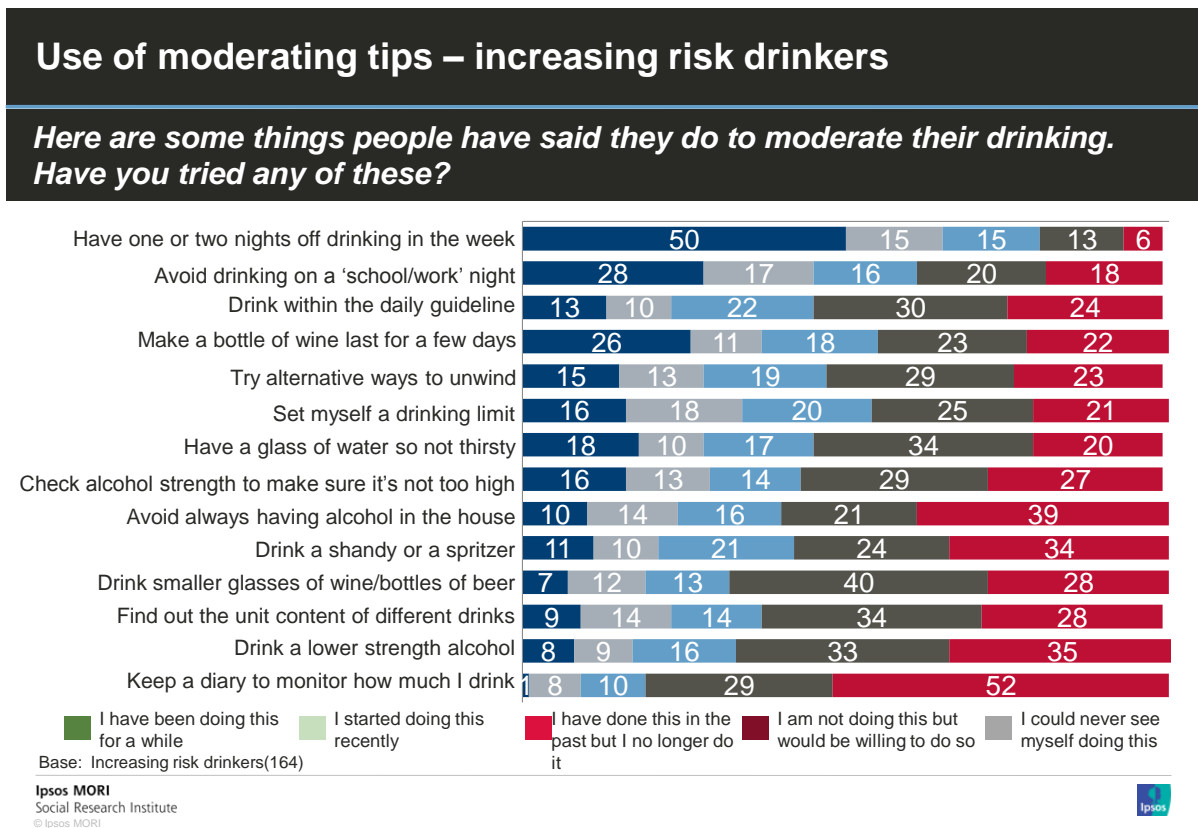


Overall, the most commonly used moderating tip for adult drinkers is *having one or two nights off drinking alcohol in the week* with two in three (66%) adults saying they currently do this. Just over half of adults (53%) say they currently *avoid drinking alcohol on a 'school/work night'*.

On the other hand *keeping a drink diary to monitor how much I am drinking* is the moderating tip with the lowest level of adoption by adult drinkers, with only one in ten (10%) currently doing this. In fact, 62% of adult drinkers said that they *could never see themselves doing this*, by far the highest level of all the tips asked about. Avoiding alcohol in the house is the second most rejected tip at 40%.

Other than these two tips, there is generally an even split between the proportion of drinkers who would never consider a particular tip or would be willing to give it a go. Consideration levels are usually higher for the tips with lower levels of adoption, notably drinking smaller glasses of wine/bottles of beer (33%), drinking a lower strength alcohol (32%) and finding out the unit content of different drinks (31%). Taken together, the degree of openness to these tips suggests that encouraging adults to adopt ‘smaller portions’ (by size/alcohol content) may be a fruitful approach to adopt. As we have seen in the previous chapter, levels of awareness of the unit content of glasses of wine are low.

It is important to determine if the degree of drinking has any bearing on the moderating tips that may be adopted by adults. The chart below shows the degree of adoption of and openness to moderating tips among increasing risk drinkers.



In some respects, results for this group of increasing risk drinkers are similar to adult drinkers overall. Again the most commonly adopted moderating tip is *having one or two nights off drinking alcohol in the week*, with 65% currently doing this, while the least common is *keeping a drink diary* (9% currently doing this).

However across the board a smaller proportion of increasing risk drinkers claim to currently be undertaking any of the moderating tips. The greatest disparity in those adopting moderating tips appears to be for tips most commonly utilised by adult drinkers overall. For example, fewer than three in ten (29%) increasing risk drinkers say they currently *try alternative ways to unwind*, compared to 44% of all adult drinkers. Similarly only 34% of increasing risk drinkers say they currently *set myself a drinking limit*, compared to just under half (46%) of all adult drinkers.

Drinking within the daily guidelines is, perhaps not surprisingly, a particularly underutilised moderating tip within the increasing risk group, with fewer than one in four (24%) adults in this group currently doing this, 24 percentage points lower than among adult drinkers as a whole.

This overall lower utilisation of moderating tips may indicate why these individuals are classified as increasing risk drinkers, and raises the question of whether these adults are unaware of possible moderating tools or simply do not want to consider adopting them. The answer will no doubt depend on whether someone is a “denier” or a “realist” when it comes to their drinking behaviour.

One interesting factor, which may help in understanding the dynamics at play, is that for all of the moderating tips a greater proportion of increasing risk drinkers state that *I am not doing this but would be willing to do so*. This is particularly the case for tips such as *keeping a drink diary, drink smaller glasses of wine or smaller bottles of beer, drinking water before I start drinking and drink within the daily guidelines*. This suggests that, for some increasing drinkers at least, there is a willingness to consider adopting strategies to help moderate their drinking behaviour. However translating this into actual behaviour change represents an enormous challenge.

5.2 Comparison of ABC1 findings between November 2011 and November 2012

Use of moderating tips

There is no change observed for the top five moderating tips currently used by adult ABC1 drinkers since November 2011. The most commonly utilised moderating tip is to *have one or two nights off drinking alcohol in the week* (70% agree in both November 2011 and 2012), while *keep a drink diary to monitor how much I am drinking* remains the least utilised tip (11% November 2011 vs. 9% in November 2012).

Fewer ABC1 25-44s say they currently drink lower strength alcohol (28% vs. 20% November 2012), drink smaller glasses (33% vs. 27% November 2012), or check the alcohol strength (37% vs. 31% November 2012). However, this has not led to an increase in drinking levels.

As far as increasing risk drinkers are concerned though, the proportion currently using a number of the moderating tips has decreased since November 2011. We see falls for *trying alternative ways to unwind* (41% vs. 29% November 2012), *drinking a shandy or spritzer* (32% vs. 19% November 2012), and *drinking smaller glasses of wine or smaller bottles of beer* (33% vs. 20% November 2012).

6. Are there signs of a change in how adults approach and view alcohol?

PART 1: KEY METRICS

ATTITUDES TOWARDS ALCOHOL

% who agree	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
I think more about how much I drink nowadays than I used to	31	33	39	45	39
I've seen quite a bit recently about the dangers of drinking too much	39	39	38	40	40
It is not as acceptable these days to get drunk as it used to be	43	43	42	41	43
Too often, I find an excuse to have a drink in the evening	N/A	18	27	40	32
Having a couple of drinks to help unwind after a hard day is good for you	28	29	38	45	39

Key points to note:

- Over four in ten (43%) adults agree that it is not as acceptable to get drunk these days compared to the past, with a similar proportion (39%) agreeing they have seen quite a bit recently about the dangers of drinking too much.
- When thinking of their own drinking, one fifth (20%) of adults would like to cut back the amount of alcohol they consume, rising to 38% for above guideline drinkers, 48% among those who believe that their current level of drinking is likely to cause future health problems and 47% among those who find it difficult to stay within unit guidelines.

PART 2: DISCUSSION

One of Drinkaware's main objectives is to see a positive change in the cultural and social norms which lead to drinking over the daily guidelines. This chapter explores the cultural landscape that adults are in and what the social norms are with regard to alcohol. It also considers the related KPIs for this audience i.e. the extent to which adults accept the harmful effects of drinking over the daily unit guidelines.

6.1 Attitudes towards alcohol

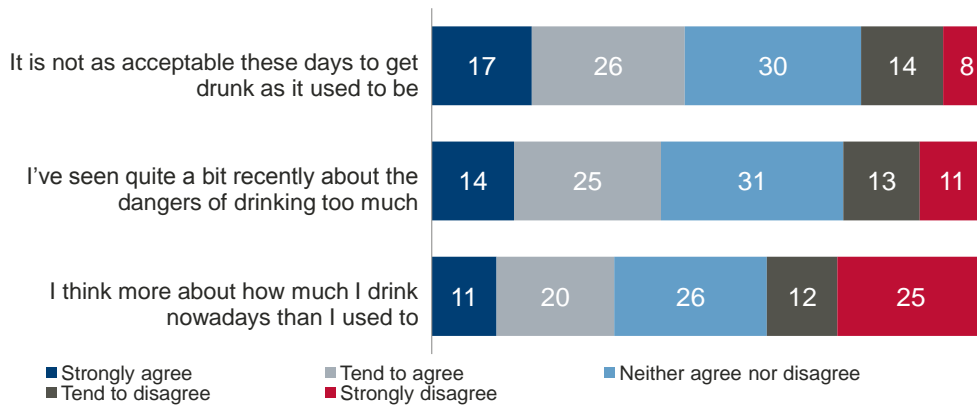
Over three in ten adults (31%) agree they *think more about how much they drink now than they used to*. Agreement with this statement is higher among adults who perceive themselves to drink at higher risk levels (52%), who always or usually monitor their unit uptake (46%) and who think it likely they will encounter future health problems if they maintain their current alcohol intake (51%).

Two in five (39%) adults state they *have seen quite a bit recently about the dangers of drinking too much*. Those who believe that their current unit intake may result in future health problems are more likely to agree with this statement than those who do not (47% vs. 37%). Adults who recall any recent Drinkaware communications are also significantly more likely to agree with this statement (51% recall vs. 31% no recall), suggesting that Drinkaware campaigns are highlighting the potential dangers arising from drinking heavily.

Over four in ten (43%) adults agree that it is *not as acceptable these days to get drunk as it used to be*. Older adults are more likely to agree with this statement, with 50% of those aged 41 to 44 agreeing, compared to 37% of 25 to 30 year olds. Over half (51%) of those who usually monitor their unit intake agree with the statement. Views on social acceptability of drunkenness do not differ between more and less responsible drinkers; with 41% of above guideline drinkers and those who binged in the last week agreeing vs. 43% of low risk adults.

Attitudes towards alcohol

How much do you agree or disagree with the following statements?



Base: All respondents (743)

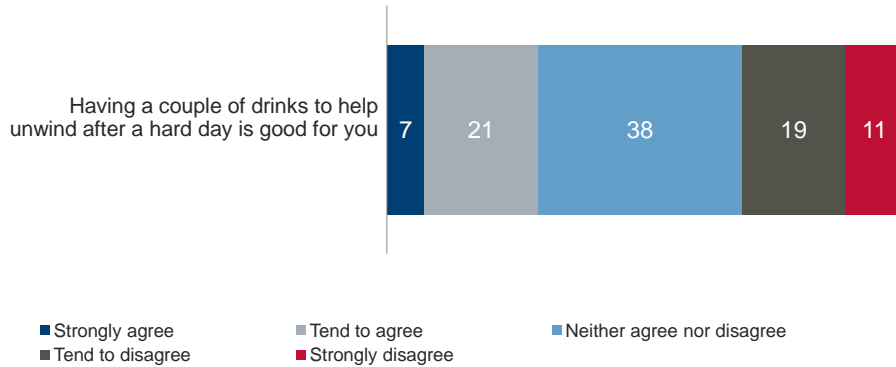
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Opinion is evenly divided on whether *having a couple of drinks to help unwind after a hard day is good for you* (28% agree vs. 30% disagree). However, some interesting findings are observed when we look at particular groups of drinkers. Adults who believe they drink at higher risk levels (41%) and who drink above guidelines (45%) are more likely to agree with the statement, which suggests that this belief plays an important role in justifying levels of drinking. Additionally, adults who state they drink at least once a week are almost three times more likely to agree with the statement compared to those who occasionally drink (38% drink at least once a week vs. 13% drink occasionally).

Attitudes towards alcohol

How much do you agree or disagree with the following statements?



Base: All respondents (743)

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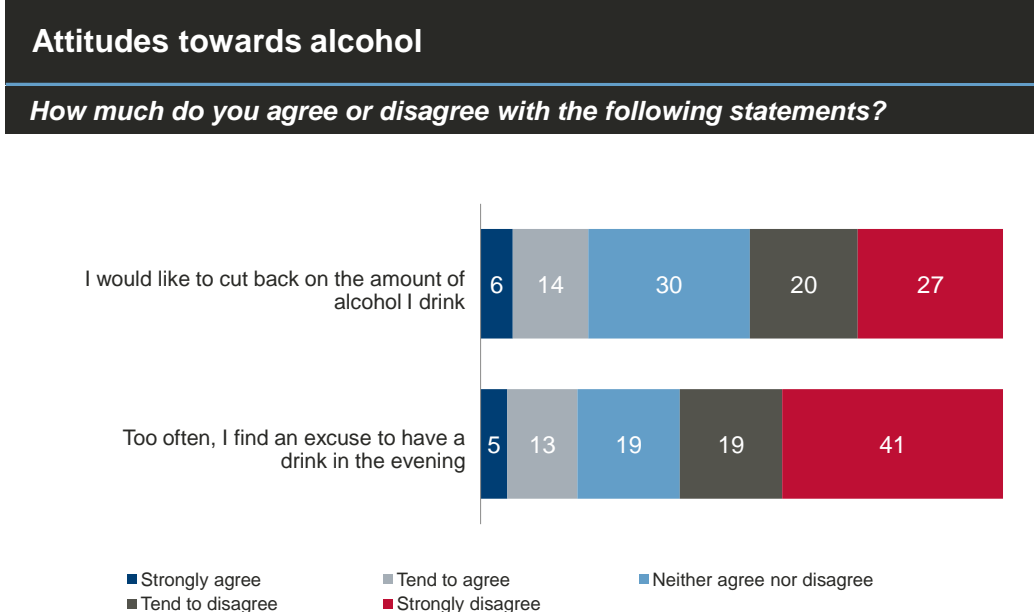
One in five (20%) adult drinkers agree *I would like to cut back on the amount of alcohol I drink*. Above guideline drinkers (38%), those who believe that their current level of drinking is likely to cause future health problems (48%), and those who find it difficult to stay within the unit guidelines (47%) are all more likely to agree with this statement. This suggests that a significant proportion of adults drinking at higher risk levels do have the motivation to moderate their intake of alcohol.

It is of use to look more deeply at adults who state they *would like to cut down the amount they drink*, to see if there are any defining characteristics for this group. Some interesting findings are:

- Adults within this group are more likely than all adults to be classified as increasing or high risk drinkers (increasing risk drinkers 38% vs. 22% of all adult drinkers, high risk drinkers 24% vs. 7% of all adult drinkers).
- Although there is an even split by gender within this group (men 49% and women 51%), adults are more likely to be of higher social grade (62% ABC1 vs. 38% C2DE), reflecting the fact that the highest social grades tend to drink more. There are no differences by age.
- The majority agree that they find it difficult to cut back on the amount of alcohol they consume (57% vs. 22% of all regular drinkers).

- Reflecting the fact that they find it harder to reduce their alcohol intake, as a whole, this group are less likely to adopt moderating tips than adult drinkers overall. However, they are significantly more likely to keep a diary to monitor the amount of alcohol they consume (16% vs. 10% of all adult drinkers).
- However, there are signs that they are reaching out for support to help them cut back on their drinking. They are more likely to have sought out information on safe drinking via the internet (40% vs. 19% of all adults), a friend or relative (44% vs. 19%), and their GP or health advisor (31% vs. 12%).

They are also more likely to have interacted with Drinkaware in some form (such as through seeing the logo, speaking with someone about it or receiving information from Drinkaware: 58% vs. 42% of all adults). These drinkers are more likely to have heard of MyDrinkaware than average (22% vs. 16% overall) although the majority do not know of its existence. A similar proportion of adult drinkers, one in five (18%), agree *too often, I find an excuse to have a drink in the evening*. As one would expect, adults who drink frequently are more likely to agree with this statement compared to those who drink occasionally (27% vs. 1% drink occasionally). Those who agree are also particularly likely to drink above the unit guidelines (40%) and believe it is likely they will suffer future health problems should they continue to drink at their current level (46%).



Base: All respondents who drink at least once a year (669)

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6.2 Increasing risk drinkers

Increasing risk drinkers are an important group to investigate to understand how their attitudes towards drinking may be influencing their behaviour.

They are no more likely than other drinkers to think about how much they drink nowadays (39% agree vs. 33% of all who drink more than once a year), believe it is not as acceptable these days to get drunk (43% among both groups) or to have seen quite a bit about the dangers of drinking (40% vs. 39%).

However they *are* more likely to agree with statements which justify reasons for drinking:

- They are more likely to agree that **having a couple of drinks to unwind is good for you** (39% agree vs. 29% of all who drink at least once a year).
- They are more likely to say they **often find an excuse to have a drink in the evening** (32% agree vs. 18% all who drink at least once a year).

One finding which gives some cause for optimism is that a greater proportion of increasing risk drinkers say they would like to cut back the amount of alcohol they drink (31% agree vs. 20% all who drink at least once a year). Having said that, this still only represents three in ten increasing risk drinkers.

6.3 Comparison of ABC1 findings between November 2011 and November 2012

Attitudes towards alcohol

There are no significant changes in overall attitudes towards alcohol observed amongst the adult ABC1 group between November 2011 and November 2012 for a range of statements tested. Over such a short time period it is perhaps unlikely that we would see any major shifts in attitudes.

When looking at results from the increasing risk ABC1 adults there are some small differences seen since November 2011. Although still more likely to drink to unwind than lower risk drinkers (as noted above), a greater proportion of this group disagree that *having a couple of drinks to help unwind after a hard day is good for you* (28% November 2012 vs. 10% November 2011), whilst fewer tend to agree that they *think more about how much they drink nowadays than they used to* (33% November 2012 vs. 40% November 2011). This

might mean that heavier ABC1 drinkers are increasingly taking on board messages about the health effects of drinking, but are less disposed to spend time thinking about their behaviour.

7. Sources of information and advice about alcohol

PART 1: KEY METRICS

COMMUNICATIONS MEASURES

	All	All who drink at least once a year	Regular drinkers (at least once a week)	All who drink over unit guideline	Increasing risk drinkers
% Interaction with Drinkaware	42	44	46	48	46
% heard of MyDrinkaware	16	16	19	21	20
% agree I would like more information on how I could keep an eye on the amount of alcohol I drink	16	17	19	24	21

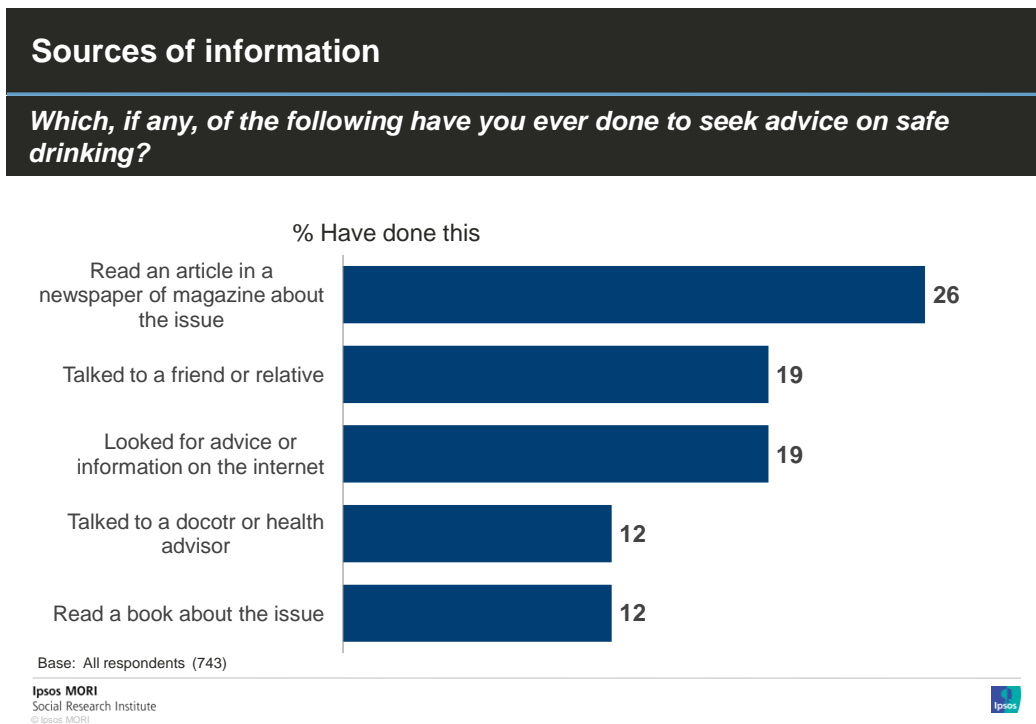
Key points to note:

- More than two thirds (68%) of 25-44 year olds have seen or heard about Drinkaware, with over half recognising the logo (51%).
- Two thirds (68%) believe that the Drinkaware logo is a prompt for consumers to consume alcoholic drinks responsibly, and only slightly fewer (64%) that it indicates that an organisation is a supporter of Drinkaware and committed to responsible drinking.
- Around one in six (16%) have heard of MyDrinkaware, although only 2% have actually registered on the site.

PART 2: DISCUSSION

7.1 Sources of information

The chart below shows the sources of information that adults have ever used to seek advice about safe drinking. The most common source of information (articles in newspapers or magazines) has been used by a quarter (26%). One in five adults have spoken to a relative or friend or looked for advice on the internet (both 19%) and one in eight have talked to a doctor or health professional, or read a book on the issue (both 12%). In total, one third of respondents have looked for information through at least one of these avenues (33%).



Men are more likely than women to have spoken to a doctor/health advisor or friend/relative about alcohol. Whilst one in seven men (14%) have spoken to a doctor or health advisor, this is the case for only one in eleven women (9%), and the difference is even more marked when it comes to speaking to a friend or relative, with a quarter of men having done this compared to one in seven women (23% vs. 14%). This is likely to be linked to higher drinking levels among men.

Those drinking regularly (40%) and increasing risk drinkers (50%) are significantly more likely than low risk drinkers (26%) to have sought any information about safe drinking. For example, one third of frequent drinkers (at least once a week) have read an article in a newspaper or magazine (32%), compared with one in four of those who ever drink (27%).

Two in five increasing risk drinkers have done the same (39%), compared with only one in five low risk drinkers (20%).

Although we see a relatively high number of adults (especially among those with a high unit intake) who have sought information overall, the proportion of adults who would like more information is lower. When asked whether they would like more information on how they could keep an eye on the amount of alcohol the drink, only one in six adults (16%) agree.

A number of groups are particularly likely to want additional information; those who find it difficult to stay within the daily limit (32% compared to 14% who find it easy), those who think that they are likely to suffer health problems in the future at their current alcohol intake (37% compared to 9% who think it is not likely) and those who are high (31%) or increasing risk drinkers (21%), compared with only 13% of low risk drinkers. This is encouraging as it suggests that at least some of those who are most in need of information about safe drinking are more receptive to receiving it.

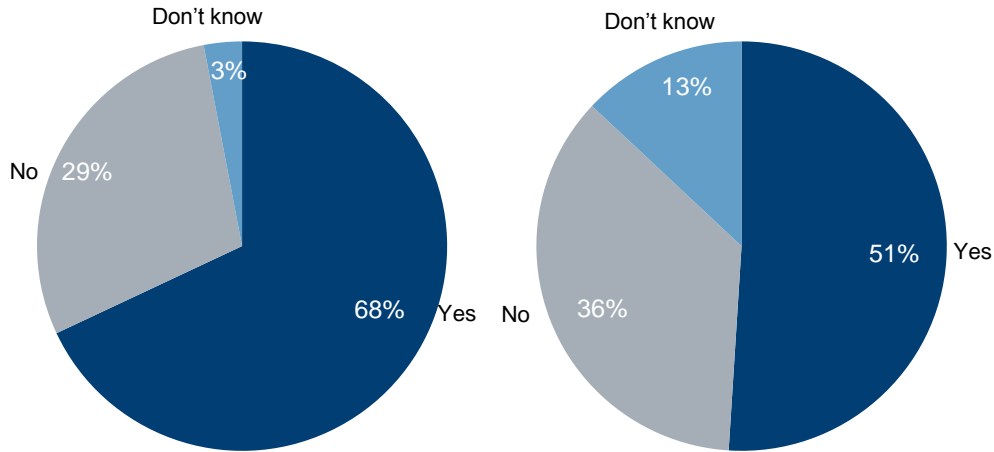
7.2 Exposure to Drinkaware communications

Respondents were asked whether they had heard of Drinkaware or seen Drinkaware's logo. Encouragingly, two thirds of adults (68%) have seen or heard of Drinkaware, while three in ten (29%) say they have never heard of Drinkaware. The logo is recognised by half of adults aged 25-44 (51%), while one third have not seen it before (36%). Seven in ten of those who have heard of Drinkaware have seen the logo (71%).

Knowledge of Drinkaware and its logo

Before today, had you seen or heard of an organisation called Drinkaware?

Have you seen this logo before today?



Base: All respondents (743)

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drinkaware.co.uk
for the facts



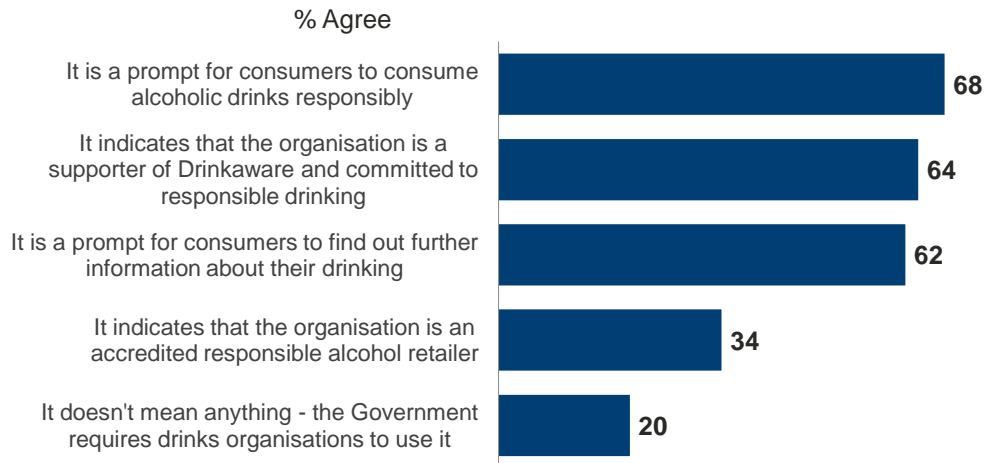
Older respondents are more likely to have heard of Drinkaware; three fourths (74%) of those between 41 and 44 say they have, compared with less than two thirds of those aged 25-30 (63%). Similarly, although not significant, higher social grade adults are more likely to have heard of Drinkaware (70% of ABC1s compared with 66% of C2DEs) as are white respondents (73% compared with 52% of BME adults). This mirrors the profile of adults who are more likely to be regular drinkers.

Linked to this, it is not surprising to find that those who ever drink are more likely to have heard of Drinkaware (69% vs. 52% of non-drinkers). High risk drinkers (82%, compared to 66% of low risk drinkers) are also more likely to have heard of Drinkaware, which means that Drinkaware is more successful at reaching adults who drink more.

Respondents were also presented with a series of statements describing what the Drinkaware logo might mean and asked which they agreed with. Over three in five believe that it is a prompt for consumers to consume alcoholic drinks responsibly (68%), that it indicates that an organisation is a supporter of Drinkaware and committed to responsible drinking (64%) and that it is a prompt for consumers to find out further information about their drinking (62%). A third of people believe that it indicates that the organisation is an accredited responsible alcohol retailer (34%). Just one in five (20%) believe that 'it doesn't mean anything as the Government requires drinks organisations to use it'.

Knowledge of the Drinkaware logo

To what extent would you agree or disagree that each of the following statements describes what the logo means?



Base: All respondents (743)

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Women are more likely to believe that the logo signifies a prompt for consumers to find out further information about their drinking (67% vs. 57% of men) and that an organisation using it is a supporter of Drinkaware and committed to responsible drinking (71% vs. 58%). Men, on the other hand, are more likely to believe that the logo 'doesn't mean anything' (24% vs. 16% of women). Of slight concern, above guideline drinkers are also more likely to believe that the logo 'doesn't mean anything' compared with low risk drinkers (27% vs. 17%). This may be because adults who are not drinking safely are more disposed to ignoring the messages associated with the Drinkaware logo.

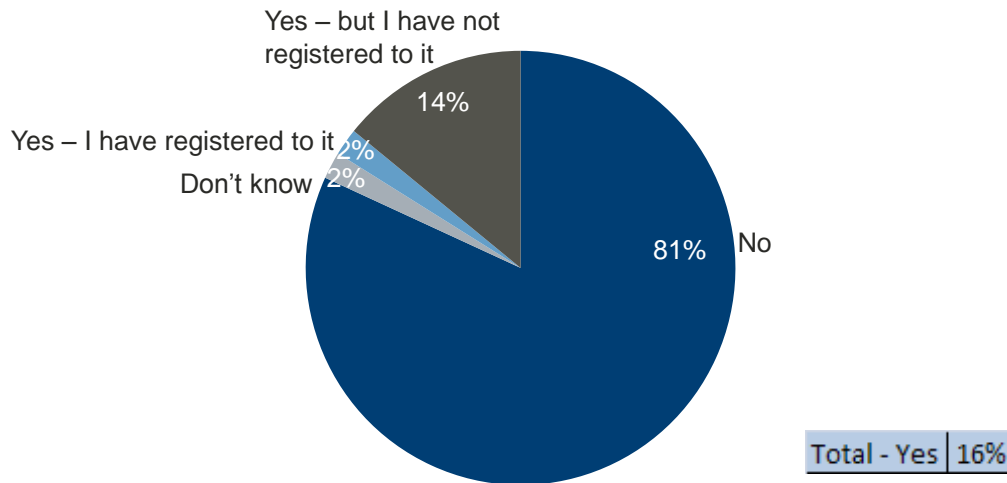
Regular drinkers (at least once a week) are more likely to believe that the logo means that the organisation is an accredited responsible alcohol retailer (39% vs. 35% of those who ever drink) as are increasing risk drinkers (42% vs. 31% of low risk drinkers).

Exposure to MyDrinkaware

Just over one in six of adults (16%) have heard of MyDrinkaware, the online tool to support people in their efforts to moderate their drinking, with 2% saying that they have registered on it and 14% that they have heard of it but not registered. Four in five say that they have not heard of it (81%).

Knowledge of MyDrinkaware

Have you heard of MyDrinkaware?



Base: All respondents (743)

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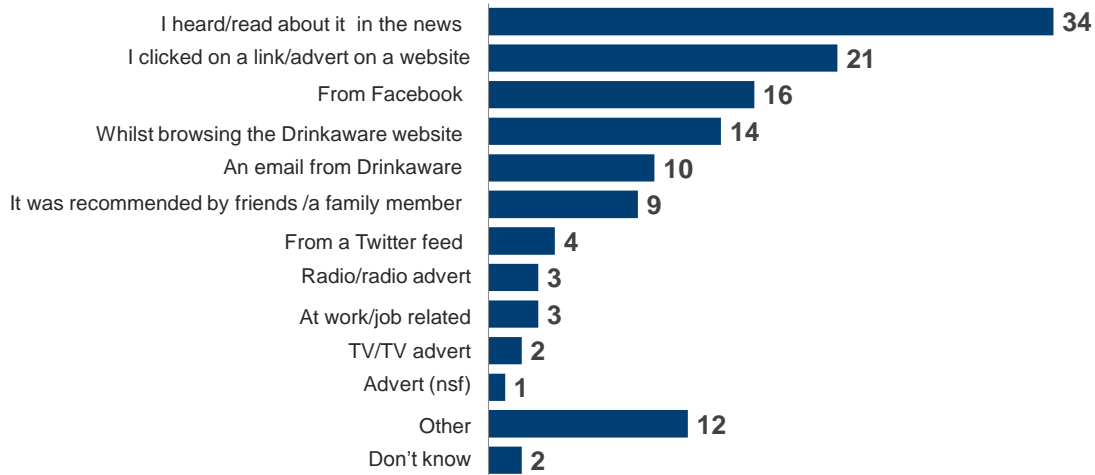


Regular and above guideline drinkers are more likely to say that they have heard of MyDrinkaware (19% and 21% respectively), as are those who believe that they will have future health problems if they continue drinking at their current level (29% compared with 13% of those who see that as not likely).

Of those who are aware of MyDrinkaware, one third said they heard about it through the news (34%). One fifth clicked on a link or advert on a website that was not the Drinkaware website (21%), whereas 14% went through the Drinkaware website. One in six (16%) found it through Facebook. One in ten got an email from Drinkaware or were recommended by family or friends (10% and 9% respectively).

Exposure to MyDrinkaware

How did you hear about MyDrinkaware?



Base: All who have heard of MyDrinkaware (118)

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Interaction with Drinkaware summary

Respondents were asked about a series of ways in which they may have interacted with Drinkaware over the past three months. Two in five (41%) have come across Drinkaware through at least one of these ways.

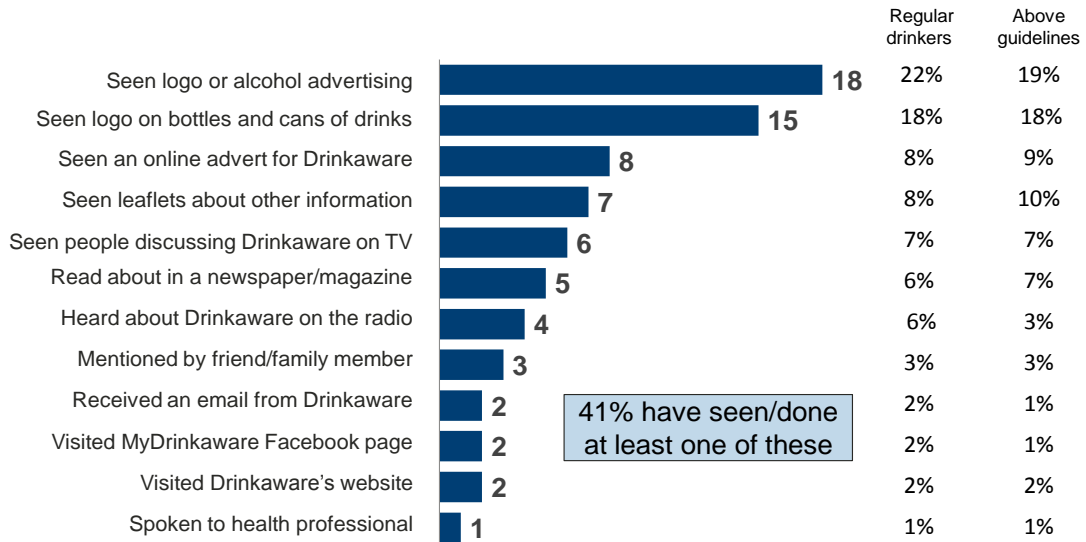
Low risk drinkers are more likely to not have come across Drinkaware through any of these ways, with three in five saying this (61% vs. 51% of those drinking above the guidelines). Frequent drinkers are more likely than average to have come across the Drinkaware logo on alcohol advertising (22% vs. 18% of average) or on bottles or drink cans (18% vs. 15%). Furthermore, high risk drinkers are more likely than average to have come across Drinkaware on leaflets (18% vs. 7% of average), seeing something on TV (14% vs. 6%) or reading about it in a magazine (13% vs. 5%).

The medium through which most adults have come across Drinkaware over the last three months is via alcohol advertising; with one in five (18%) saying they have seen the logo this way. Around one in seven (15%) have seen the Drinkaware logo on alcohol bottles or cans, 8% say they have seen an online advert for Drinkaware, 7% say they have seen a leaflet, 6% have seen something about Drinkaware on TV, and 5% have read about Drinkaware in a

newspaper or magazine. As the table below illustrates, there are no significant differences among adults as a whole and regular or above guideline drinkers.

Contact with Drinkaware over last three months

Which of the following have you seen or done in the last three months?

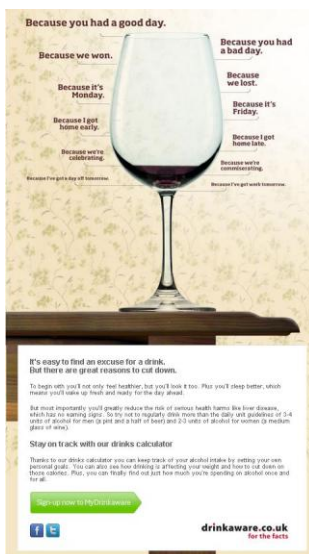


Base: All respondents(723)

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Respondents were also asked whether they had received the email shown below, or one like it, from Drinkaware. One in twenty of adults (5%) said that they have received it, while 4% said that they had received one like it. Almost nine in ten (86%) said that they have not received any emails like this from Drinkaware.



7.3 Comparison of ABC1 findings between November 2011 and November 2012

Most of the communications section has been changed in the questionnaire between the November 2011 survey and the November 2012 survey; however, some small changes between the waves can still be explored.

Interaction with Drinkaware

In terms of interaction with Drinkaware, a higher proportion of ABC1 adults in November 2012 have seen an online advert for Drinkaware than in November 2011 (8% vs. 4%) and seen people discussing Drinkaware on TV (7% vs. 3%). Additionally, the proportion of regular drinkers who have seen anything about Drinkaware on TV has increased (8% from 3%).

Appendices

Appendices

Questionnaire

Drinkaware KPI research FINAL 25-44 questionnaire

FOR INTERNAL PANEL

Thank you for your participation in our Ipsos Access Panels online surveys. Your opinions are very important to us.

In one way or another, alcohol plays a part in most people's lives in the UK, whether it is something they like to drink or not.

In this survey, we'll ask you about your drinking habits and attitudes towards alcohol in general. Even if you never drink alcohol, we're still very interested in hearing your opinions.

This survey will take you about [INSERT 20 FOR NON PARENTS AND INSERT 25-FOR PARENTS] minutes and you'll earn up to x reward points upon completing it.

It is very important that x completes the survey. If that person is not you please do not answer the survey in his/her name.

FOR EXTERNAL PANEL

Thank you for your participation on this survey. Your opinions are very important to us.

In one way or another, alcohol plays a part in most people's lives in the UK, whether it is something they like to drink or not.

In this survey, we'll ask you about your drinking habits and attitudes towards alcohol in general. Even if you never drink alcohol, we're still very interested in hearing your opinions.

This survey will take you about [INSERT 2024 FOR NON PARENTS AND INSERT 2527 FOR PARENTS] minutes.

ASK ALL QS1. SINGLE CODE

Are you...

Please select one answer only

1. Male
2. Female

ASK ALL QS2. NUMERIC RECORD EXACT AGE ALLOW 25 - 80

Please type in your age

ASK QS3 – QS11 TO EXTERNAL PANEL ONLY

ASK ALL EXTERNAL PANEL

QS3.

SINGLE CODE

INSERT IN DATA FILE ALONG WITH REGION FROM INTERNAL PANEL

In which of the following regions do you live?

Please select one answer only

1. North East
2. North West
3. Yorkshire and Humberside
4. West Midlands
5. East Midlands
6. East Anglia
7. South West
8. South East
9. Greater London
10. Wales
11. Scotland
12. Northern Ireland

ASK ALL EXTERNAL PANEL

QS4.

SINGLE CODE

Into which category does your TOTAL HOUSEHOLD pre-tax annual income from all sources fall? Please take into consideration all your income sources: salaries, scholarships, pension and Social Security benefits, dividends from shares, income from rental properties, child support and alimony etc. Please note that we are not interested in the type of income source, only in the total annual income earned by all the members of your household together.

Please select one answer only

1. Under £5,000
2. £5,000 - 9,999
3. £10,000 - 14,999
4. £15,000 - 19,999
5. £20,000 - 24,999
6. £25,000 - 34,999
7. £35,000 - 44,999
8. £45,000 - 54,999
9. £55,000 - 99,999
10. £100,000 or more
11. Prefer not to answer **(SCREEN OUT)**

ASK ALL EXTERNAL PANEL

QS6.

NUMERIC QUESTION, PLEASE PROVIDE TEXT BOX FOR EACH SPLIT

PLEASE ALLOW ANSWERS BETWEEN 0-10

How many adults aged 18 and over are working full time or part time or not working, in your household (including yourself)?

Please type in the corresponding number for each

1. Part time
 2. Full time
 3. Non working
99. Prefer not to answer (**SCREEN OUT**)

ASK ALL EXTERNAL PANEL

QS7.

SINGLE CODE

Could you please tell us the occupation of the Main Earner in your household? If HE/SHE is RETIRED or UNEMPLOYED, please code his/her previous occupation.

Please select one answer only

10. General managers and administrators
11. Production managers
12. Specialist managers
13. Financial managers
14. Managers in transport and warehousing
15. Uniformed service officers
16. Managers in farming
17. Managers and proprietors in service industries
19. Other managers and administrators
20. Natural scientists
21. Engineers and technologists
22. Health professionals
23. Teaching professionals
24. Legal professionals
25. Business professionals
26. Architects
27. Librarians
29. Other professional occupations
30. Scientific technicians
31. Draughtsmen
32. Computer analysts
33. Ship and aircraft officers
34. Health associate professionals
35. Legal associate professionals
36. Business associate professionals
37. Social welfare associate professionals
38. Literary, artistic and sports professionals
39. Other associate professionals

40. Administrative and clerical officers
41. Account clerks
42. Filing and record clerks
43. Clerks not specified
44. Stores and despatch clerks
45. Secretaries
46. Receptionists
47. Other clerical occupations
50. Construction workers
51. Metal machining workers
52. Electrical workers
53. Metal forming, welding workers
54. Vehicle trade workers
55. Textile trades
56. Printing
57. Woodworking trades
58. Food preparation trades
59. Other craft and related occupations
60. NCO's and other ranks, armed forces
61. Policeman, fireman
62. Catering occupations
63. Travel attendants
64. Care assistants
65. Childcare
66. Hairdressers, beauticians
67. Domestic staff
69. Other service occupations
70. Buyers, brokers
71. Sales representatives
72. Sales assistants
73. Mobile sales person
79. Other sales occupations
80. Food process operatives
81. Textiles operatives
82. Chemical operatives
83. Metal making operatives
84. Metal working process operatives
85. Assemblers
86. Packer, weighter
87. Road transport operative
89. Other plant and machine operators
90. Agriculture unskilled workers
91. Mining and manufacturing unskilled workers
92. Construction unskilled workers
93. Transport unskilled workers
94. Communication unskilled workers
95. Sales and services unskilled workers
98. Other - Never worked
99. Housewife, full time education
100. Prefer not to answer (**SCREEN OUT**)

**CREATE SOCIAL GRADE BASED ON QUESTIONS ABOVE AND INSERT IN DATA FILE
ALONG WITH SOCIAL GRADES FROM INTERNAL PANEL**

ASK ALL EXTERNAL PANEL

QS8.

SINGLE CODE

RECODE ANSWER INTO ADDITIONAL VARIABLE PRESENCEOFCHILDREN_0TO17

Do you have any children aged 17 or younger in your household? Please take into consideration all children whether you are their parent/guardian or not.

Please select one answer only

1. Yes
2. No

ASK ALL EXTERNAL PANEL

QS9.

SINGLE CODE

RECODE ANSWER INTO ADDITIONAL VARIABLE Z_CC_PARENTS_0_17_OR_NOT

Are you the parent or guardian of at least one child aged 17 or younger?

Please select one answer only

1. Yes
2. No – **ROUTE TO Q1**

ASK ALL WHO CODED 1 AT QS9, IF NOT SKIP TO Q1

QS10.

SINGLE CODE

INSERT IN DATA FILE ALONG WITH PRESENCEOFCHILDREN_10TO17 FROM INTERNAL PANEL

And is at least one of those children aged 10 to 17?

Please select one answer only

1. Yes
2. No – **ROUTE TO Q1 (COUNT AS A PARENT OF 0-17 YR OLD FOR ADDITIONAL VARIABLES)**

ASK ALL WHO CODED 1 AT QS10, IF NOT SKIP TO Q1

QS11.

GRID WITH NUMERIC BOXES ALLOW 0-10

NONE IS EXCLUSIVE PER COLUMN

IF CELL LEFT BLANK AUTOCODE AS 0

RESPONDENTS SHOULD NOT BE ALLOWED TO SELECT NONE OR GIVE NO ANSWER FOR BOTH COLUMNS

Please indicate the number of boys and/or girls aged between 10 and to 17 years old in your household.

Please type in the corresponding number of children of each age group in the household

ACROSS THE TOP

1. Boys
2. Girls

DOWN THE SIDE

1. 10 years old
2. 11 years old
3. 12 years old
4. 13 years old
5. 14 years old
6. 15 years old
7. 16 years old
8. 17 years old
9. None (SP)

APPLY MINIMUM ALLOCATION FROM THIS QUESTION, BASED ON THE PROFILE REQUIRED IN FIELD, TO ASSIGN A CHILD (AGE AND GENDER) FOR THE PARENTS SECTION (P1 TO P25).

ASK QUESTIONS Q1 TO Q36B QD2 TO ADULTS AGED 25 TO 44 ONLY (NON PARENTS) AND 25 TO 80 (PARENTS), IF NOT SKIP TO G1-INTRO

ASK ALL

Q1.

SINGLE CODE

How often, if at all, do you have an alcoholic drink?

Please select one answer only

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year
8. Less often
9. Never
10. Don't know

ONLY ASK OF THOSE WHO DRINK (CODE 1-7 AT Q1), IF NOT SKIP TO Q7

Q2.

SINGLE CODE

FILTER ANSWER CODES AT Q2 - ONLY SHOW THE CODE SELECTED AT Q1 AND ALL CODES BELOW THIS OPTION e.g. if respondent selects code 3 at Q1, they should be shown codes 3 to 10 at Q2)

How often, if at all, do you have an alcoholic drink at home?

Please select one answer only

1. Almost every day

2. 5 or 6 days a week
3. 3 or 4 days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year
8. Less often
9. Never
10. Don't know

ONLY ASK OF THOSE WHO DRINK (CODES 1-7 AT Q1) IF NOT, SKIP TO Q7
Q3.
SINGLE CODE

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

Please select one answer only

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

ONLY ASK OF THOSE WHO DRINK AT LEAST ONCE A WEEK (CODE 1-4 AT Q1) IF NOT, SKIP TO Q6
Q4.
MULTICODE
DK IS EXCLUSIVE

During a typical week, which of the following would you normally drink?

Please select all that apply

1. Lager
2. Other beer or ale
3. Cider
4. Wine
5. Champagne
6. Fortified wine (e.g. Martini sherry or port)
7. Spirits (with a mixer)
8. Spirits (as a shot or on its own)
9. Alcopops
10. Cocktails
11. Other (please specify)
12. Don't know

FOR EACH TYPE OF ALCOHOL THEY CONSUME AT Q4
IF ONLY CODE 12 AT Q4, SKIP TO Q6
Q5.

MULTICODE DIFFERENT CONTAINERS FOR EACH DRINK HEADING I.E. CODE 1 AT Q4 CAN SELECT A PINT OF LAGER AND A BOTTLE OF LAGER SHOW DRINK HEADING AND DRINKS IMAGES FOR EACH SIZE TYPE (E.G. BOTTLE (330ML)) AND A NUMERIC TYPE IN BOX BELOW EACH TEXT TO APPEAR UNDER THE DRINK IMAGES AND ABOVE THE NUMERIC BOX

Please indicate how many of the following you drink in a typical week?

Below the type of each drink provided please enter the number you drink in a typical week

Filter the drink headings based on drinks the selected at Q4

Under each drink heading show drink images for each size type provided in the list below along with a numeric write-in box underneath

Lager / Beer or ale / Cider – bottle (330ml) / can (500ml) / pint / half pint
Wine – small glass (125ml) / medium glass (175ml) / large glass (250ml)
Champagne – medium glass (175ml)
Fortified wine – double measure (50ml)
Spirits with mixer – single shot (25ml) / double shot (50ml)
~~Shots~~ Spirits (as a shot or on its own) – single (25ml) / double (50ml)
Alcopops – bottle (275ml) / large bottle (500ml)
Cocktails
Other (please specify) – FOR THIS ONE INSERT SUBHEADING AS 'Other Drink' AND PIPE IN TEXT ENTERED IN OTHER (PLEASE SPECIFY) AT Q4 WITH A NUMERIC BOX UNDERNEATH – NO PICTURE TO BE SHOWN

ONLY ASK THOSE WHO DRINK (CODE 1-7 AT Q1) IF NOT, SKIP TO Q7 Q6.

DRAG AND DROP QUESTION - TO WORK IN SAME STYLE AS IMAGE BELOW RESPONDENTS WILL RECORD DRINKS FOR EACH DAY SEPARATELY – THEREFORE CALCULATING ANY ELEMENT OF BINGE DRINKING TEXT TO APPEAR WHEN YOU HOOVER OVER THE IMAGES INDICATING THE DRINK AND SIZE TYPE CODE I HAVE NOT DRUNK ANY ALCOHOL OVER THE LAST SEVEN DAYS IS EXCLUSIVE

Please indicate how many of the following drinks you drank on each of the last seven days ending yesterday?

From the column on the left please select each of the drinks that you drank and drag and drop them into the correct day of the week. Please make sure you record underneath each drink how many you had of them in the box provided.

ACROSS THE TOP

DAYS OF THE WEEK – ORDER OF DAYS WILL VARY BASED ON DAY WHEN SURVEY IS BEING COMPLETED – FIRST DAY SHOULD BE SAME DAY ANSWERING SURVEY FOR PREVIOUS WEEK AND SHOULD END DAY BEFORE ANSWERING THE SURVEY (THE DAYS OF THE WEEK SHOULD BE SET ACCORDING TO THE DAY THAT THE RESPONDENT ACCESSES Q6)

DOWN THE SIDE

DRINK IMAGES TO BE DRAG AND DROPPED - LIST OF ALL DRINKS INCLUDED IN CODE LIST AT Q4 WILL APPEAR (NOT JUST THOSE SELECTED AS MAY NOT BE A TYPICAL WEEK) BY SIZE TYPE

NUMERIC BOX TO BE INCLUDED UNDERNEATH TO INDICATE THE AMOUNT THE RESPONDENT DRANK

RESPONDENT SHOULD BE ALLOWED TO DRAG AND DROP THE SAME IMAGE INTO MULTIPLE COLUMNS (I.E. THIS SHOULD BE LIKE A COPY, PASTE EXERCISE)

RESPONDENTS SHOULD NOT BE FORCED TO DRAG ALL IMAGES INTO A COLUMN

SEPARATE CODE









INCLUDE CODE 'I have not drunk any alcohol over the last seven days' UNDER THE DRAG AND DROP

How much alcohol do you drink in a typical week? Use the diary below to record how much you would usually drink by selecting the drinks and dragging them into the relevant day. For example, if you'd typically drink three large glasses of wine on a Tuesday, drag the large wine icon into the box marked 'Tuesday' and type '3' into the text box which appears under the icon.

Using the diary:

1. Drag the drink icon into the correct day
2. Type the number of those drinks you typically have on that day

Scroll down for more drinks

DRINKS	Drinks						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
 1	 2	 1		 1		 2	
 1				 1			
 1							

ASK ONLY OF THOSE WHO DRINK (CODES 1-7 AT Q1) IF NOT, SKIP TO Q7 Q6A.

SINGLE CODE

Which of these statements best describes your situation with regards to your alcohol consumption over the past 4 weeks?

Please select one answer only

1. I've cut down on the amount of alcohol I drink in the last four weeks
2. I've thought about cutting down on the amount of alcohol I drink, but have not tried to do so yet
3. I'm comfortable with how much alcohol I drink and I have not considered cutting down
4. Don't know

ASK ALL

Q7. (AS Q12)

SINGLE CODE

As you may or may not know, 'units of alcohol' is the term used to describe how strong alcohol is. Before today, had you heard of the term 'units of alcohol'?

Please select one answer only

1. Yes
2. No
3. Don't know

ONLY ASK OF THOSE WHO DRINK (CODES 1-7 AT Q1) AND CODE 1 AT Q7 IF NOT, SKIP TO Q11

Q8.

SINGLE CODE

When you buy alcohol, how often, if at all, do you check the number of units of alcohol contained in the drinks?

Please select one answer only

1. Always
2. Usually
3. Occasionally
4. Rarely
5. Never

ONLY ASK OF THOSE WHO DRINK (CODES 1-7 AT Q1) AND CODE 1 AT Q7 IF NOT, SKIP TO Q11

Q9. (AS Q13)

SINGLE CODE

When you consume alcohol, how often do you try to keep an eye on how many units of alcohol you've had?

Please select one answer only

1. Always
2. Usually
3. Occasionally
4. Rarely
5. Never

ONLY ASK OF THOSE WHO CODE 1-4 FOR Q9 IF NOT, SKIP TO Q11

Q10.

SINGLE CODE

Please read the following two statements, and then decide on a scale of 1 to 5 which comes closest to your own opinion. A score of 1 means you agree much more with Statement A, while a score of 5 means you agree much more with Statement B.

Please select one answer only

1. 1 – Statement A: I keep an eye on the number of alcohol units I'm drinking to make sure I don't get too drunk
2. 2
3. 3
4. 4
5. 5 – Statement B: I keep an eye on the number of alcohol units I'm drinking because I'm concerned about the long term health effects of drinking too much

ASK ALL

Q11. (AS Q14)

GRID - OPEN NUMERIC

INCLUDE DK OPTION

DK IS EXCLUSIVE PER ROW

UNFORCE THE DECIMAL UNITS COLUMN AND IF UNITS IS POPULATED AND DECIMAL UNITS IS LEFT BLANK, AUTOCODE AS 0

How many units of alcohol do you think the following drinks contain....?

The strength of the drink (ABV or Alcohol by Volume) is included in brackets.

Please provide one answer per row

ACROSS THE TOP - PROVIDE CELLS TO ENTER NUMBER OF UNITS (ONLY ALLOW 0 TO 9) AND DECIMALS (ONLY ALLOW 0.0 to 0.9)

1. Units
2. Decimal units
3. Don't know

DOWN THE SIDE

1. Pint of lager (4%)
2. Large glass of wine, 250ml (13%)
3. Medium glass of wine, 175ml (13%)
4. Bottle of lager, 330ml (4%)
5. Medium glass of champagne, 175ml (13%)
6. Pint of cider (5%)
7. Single shot of spirits, 25ml (40%)
8. Bottle of alcopops, 275ml (5%)

NEW SCREEN

In fact, one 25ml shot of spirits (40%) contains one unit of alcohol, while a medium (175ml) glass of wine, a pint of beer (4%) and a bottle of beer (5%) each typically contains 2 units.

ASK ALL

Q12. (AS Q15)

GRID

SINGLE CODE PER COLUMN

How many units of alcohol do you think is the government's guideline daily limit for a man and a woman?

Please select one answer per column

ACROSS THE TOP

1. Women
2. Men

DOWN THE SIDE

1. 1-2
2. 2-3
3. 3-4
4. 4-5
5. 5-6
6. 6+
6. Don't know

NEW SCREEN

The government advises that people should not regularly drink more than the daily unit guideline of 3-4 units of alcohol for men (equivalent to a pint and a half of 4% beer) and 2-3 units of alcohol for women (equivalent to a 175 ml glass of wine). 'Regularly' means drinking every day or most days of the week.

ASK ALL

Q13.

GRID

SINGLE CODE PER ROW

How helpful, if at all, do you think each of the following guidelines are in helping you personally to control how much alcohol you drink?

Please select one answer per row

ACROSS THE TOP

1. Very helpful
2. Fairly helpful
3. Not very helpful
4. Not at all helpful
5. Don't know
6. I do not drink alcohol

DOWN THE SIDE

1. The government's daily unit guidelines on alcohol
2. Information on packaging about the number of units of alcohol in the drink
3. Information on packaging about the percent of alcohol (by volume) in the drink

ASK ALL

Q14.

SINGLE CODE

How easy do you find it to keep within the government's guideline daily limit of no more than [INSERT '2-3' FOR WOMEN AND '3-4' FOR MEN BASED ON GENDER FROM QS1] units of alcohol a day?

Please select one answer only

1. Very easy

2. Fairly easy
3. Fairly difficult
4. Very difficult
5. Don't know

ASK ALL
Q14A.
SINGLE CODE

And how important, if at all, do you think it is that you keep within the government's guideline daily limit?

Please select one answer only

1. Very important
2. Fairly important
3. Not very important
4. Not at all important
5. Don't know

ONLY ASK OF THOSE WHO DRINK (CODE 1-7 AT Q1), IF NOT SKIP TO Q18
Q17. (AS Q19)
SINGLE CODE

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 ~~this~~ your current level?

Please select one answer only

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely
5. Don't know

ASK ALL
Q18.
OPEN END

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?

Please type in your answer below

ASK ALL
Q19. (AS Q20)
MULTICODE
ROTATE ORDER EXCEPT NONE OF THE ABOVE
NONE OF THE ABOVE IS EXCLUSIVE

Which, if any, of the following health problems do you think could affect you as a result of regularly drinking over the government's daily alcohol unit guidelines?

Please select all that apply

1. Liver disease
2. Coronary Heart disease
3. Weight gain
4. Problems with brain functioning/development
5. Mouth, neck or throat cancer
6. Breast cancer [SHOW TO WOMEN ONLY FROM QS1]
7. [INSERT 'Male' OR 'Female' BASED ON GENDER FROM QS1] fertility problems
8. Kidney failure/problems
9. Depression
10. Stroke
11. High Blood pressure
12. Pancreatitis
13. None of the above (SINGLE CODE)

ONLY ASK IF CODES 1-8 AT Q1 IF NOT, SKIP TO Q21

Q20. (AS Q23)

GRID

SINGLE CODE PER ROW

ROTATE ORDER

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

Please select one answer per row

ACROSS THE TOP

1. I have been doing this for a while
2. I started doing this recently (last two or three months)
3. I have done this in the past but I no longer do it
4. I am not doing this but would be willing to do so
5. I could never see myself doing this

DOWN THE SIDE

1. Avoid always having alcohol in the house
2. Have one or two nights off drinking alcohol in the week
3. Keep a drink diary to monitor how much I am drinking
4. Drink smaller glasses of wine or smaller bottles of beer
5. Drinking a lower strength alcohol
6. Avoid drinking alcohol on a 'school/work night'
7. Have a glass of water before I start drinking so I'm not drinking more alcohol because I'm thirsty
8. Make a bottle of wine last for a few days (by buying a screw top or having a stopper)
9. Drink within the daily guidelines
10. Find out about the unit content of different drinks to help monitor how much I am drinking
11. Check the Alcohol strength (ABV or alcohol by volume) to make sure it's not too high
12. Try alternative ways to unwind e.g. taking a bath, reading a magazine, watching a film, etc.
13. Drinking shandy or a spritzer
14. Set myself a drinking limit e.g. just a glass/bottle

95

ASK ALL

Q21.

GRID

SINGLE CODE PER ROW

Which, if any, of the following have you ever done to seek advice on safe drinking?

Please select one answer per row

ACROSS THE TOP

1. I have done this within the last 2 or 3 months
2. I have done this but not within the last 2 or 3 months
3. I have not done this

DOWN THE SIDE

1. Talked to a doctor or health advisor
2. Talked to a friend or relative
3. Looked for advice or information on the internet
4. Read a book about the issue
5. Read an article in a newspaper or magazine about the issue

ASK ALL

Q22. (AS Q24)

GRID

SINGLE CODE PER ROW

ASK ALL STATEMENTS INCLUDING E, G, I AND J OF PEOPLE WHO DRINK (CODES 1-7 AT Q1) ONLY ALL OTHERS SHOULD SEE A FILTERED LIST WITHOUT E, G, I AND J ROTATE ORDER

ACROSS THE TOP SCALE TO BE FLIPPED SO THAT 50% SEE CODES 1 TO 5 AND 50% SEE CODES 5 TO 1, DK ALWAYS TO APPEAR LAST

How much do you agree or disagree with the following statements?

Please select one answer per row

ACROSS THE TOP

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know

DOWN THE SIDE

1. I think more about how much I drink nowadays than I used to (A)
2. I've seen quite a bit recently about the dangers of drinking too much (B)
3. It is not as acceptable these days to get drunk as it used to be (C)
4. I would like more information on how I could keep an eye on the amount of alcohol I drink (D)
5. I find it difficult to cut back on the amount of alcohol I drink (E)
6. I think the health risks of drinking alcohol have been exaggerated (F)
7. I don't think I drink enough to damage my long-term health (G)
8. Having a couple of drinks to help unwind after a hard day is good for you (H)

9. I would like to cut back on the amount of alcohol I drink (I)
10. Too often, I find an excuse to have a drink in the evening (J)

ASK ALL

Q22A. (AS Q33A)

SINGLE CODE

Before today, had you seen or heard of an organisation called Drinkaware?

Please select one answer only

1. Yes
2. No
3. Don't Know

ASK ALL

Q22B. (AS Q33B)

SINGLE CODE

SHOW QUESTION TEXT THEN LOGO IMAGE 'DAlogo' AND RESPONSE OPTIONS UNDERNEATH IMAGE

Have you seen this logo before today?

Please select one answer only

1. Yes
2. No
3. Can't remember / Don't know

ASK Q22C OF ALL WHO HAVE SEEN THE LOGO AT A22B (CODE 1 AT Q22B). IF NOT SKIP TO Q27C

Q22C. (AS Q33C)

GRID – SP PER ROW

We would like to know what you think this logo means when you see it on alcohol advertising, cans, packaging or bottles. To what extent would you agree or disagree that each of the following statements describes what the logo means?

Please select one answer per row

ACROSS THE TOP

1. Strongly disagree
2. Tend to disagree
3. Neither agree nor disagree
4. Tend to agree
5. Strongly agree
6. Don't know

DOWN THE SIDE, ROTATE STATEMENTS

1. It indicates that the organisation is an accredited responsible alcohol retailer
2. It is a prompt for consumers to find out further information about their drinking

3. It indicates that the organisation is a supporter of Drinkaware and committed to responsible drinking
4. It is a prompt for consumers to consume alcoholic drinks responsibly
5. It doesn't mean anything – the Government requires drinks organisations to use it

**ASK ALL
SINGLE CODE
Q27C.**

Have you heard of MyDrinkaware? This is an online tool which supports people in their efforts to moderate their drinking.

Please select one answer only

1. Yes – I have registered to it
2. Yes – but I have not registered to it
3. No
4. Don't know

**ASK ALL WHO SAID YES AT Q27C (CODES 1 OR 2)
Q27D.
MULTICODE**

How did you hear about MyDrinkaware?

Please select all that apply

1. I clicked on a link/advert on a different website
2. Whilst browsing the Drinkaware website
3. An email from Drinkaware
4. I heard/read about it in the news
5. From a Twitter feed
6. From Facebook
7. It was recommended by friends/a family member
8. Other (please specify how you heard about it)

**ASK ALL
Q34
SINGLE CODE
SHOW QUESTION TEXT THEN IMAGE 'drinkaware_CPAemailcreative.jpg'
AND RESPONSE OPTIONS UNDERNEATH IMAGE**

And have you received this email, or one like it, from Drinkaware before?

Please select one answer only

1. I have received this email before
2. I have not received this email before but I have received one like it from Drinkaware
3. Can't remember / Don't know
4. I have not received any emails like this from Drinkaware

**ASK ALL
Q35.**

**MULTICODE
ROTATE ORDER EXCEPT NONE OF THE ABOVE
NONE OF THE ABOVE IS EXCLUSIVE**

Which of the following have you seen or done in the last 3 months?

Please select all that apply

1. I have seen Drinkaware's logo on alcohol advertising
2. I have seen Drinkaware's logo on bottles and cans of drinks
3. I have visited Drinkaware's website for information
4. A health professional (e.g. doctor or GP) has spoken to me about Drinkaware
5. A friend/family member has mentioned Drinkaware to me
6. I have come across leaflets and other information from Drinkaware
7. I have seen an online advert for Drinkaware
8. I have read about Drinkaware in a newspaper/magazine
9. I have heard about Drinkaware on the radio
10. I have seen people discussing Drinkaware on TV
11. I have registered on MyDrinkaware to track how much alcohol I am drinking
12. I have received an email from Drinkaware asking me to sign up to their drinks calculator
14. I have visited the MyDrinkaware Facebook page
15. I have visited the parent section of Drinkaware's website
13. None of the above **(SINGLE CODE)**

ASK ALL

Q36A.

OPENEND CELL TO INPUT FULL POSTCODE (ALLOW RANGE 5 – 8 DIGITS OR LETTERS)

WRITE IN BOX RULES:

FIRST DIGIT SHOULD BE LETTER

SECOND DIGIT SHOULD BE LETTER OR NUMBER

THIRD DIGIT SHOULD BE NUMBER,

FOURTH DIGIT SHOULD BE LETTER OR NUMBER

FIFTH DIGIT SHOULD BE LETTER OR NUMBER

SIX DIGIT SHOULD BE LETTER OR NUMBER

SEVENTH DIGIT SHOULD BE LETTER

EIGHTH DIGIT SHOULD BE LETTER

I DO NOT WANT TO PROVIDE MY POSTCODE IS EXCLUSIVE

Please write in your full postcode. The only reason we are collecting this information is so that Drinkaware can analyse the results by geographical area. It will not be used to identify you in any way, or used for any other purpose. This information will not be passed on to anyone else - only Ipsos MORI and Drinkaware will have access to it.

Please type in your postcode below

99. I do not want to provide my postcode **(SINGLE CODE)**

ASK ALL THAT CODE 99 I DO NOT WANT TO PROVIDE MY POSTCODE AT Q36A, ELSE THANK AND CLOSE FOR NON PARENTS OR GO TO PARENTS SECTION Q36B.

OPENEND CELL TO INPUT FULL POSTCODE (ALLOW RANGE 1 – 8 DIGITS OR LETTERS)

**WRITE IN BOX RULES:
FIRST DIGIT SHOULD BE LETTER
SECOND DIGIT SHOULD BE LETTER OR NUMBER
THIRD DIGIT SHOULD BE NUMBER,
FOURTH DIGIT SHOULD BE LETTER OR NUMBER
FIFTH DIGIT SHOULD BE LETTER OR NUMBER
SIX DIGIT SHOULD BE LETTER OR NUMBER
SEVENTH DIGIT SHOULD BE LETTER
EIGHTH DIGIT SHOULD BE LETTER
I DO NOT WANT TO PROVIDE ANY OF MY POSTCODE IS EXCLUSIVE**

If you would prefer, you can provide just the first part of your postcode (e.g. SW18). If so, please add it below.

99. I do not want to provide any of my postcode **(SINGLE CODE)**

ASK QD1 – QD2 TO EXTERNAL PANEL ONLY

**ASK ALL EXTERNAL PANEL
QD1.
SINGLE CODE**

**Including yourself, how many people live in your household at the present time?
Be sure to count all people living in your home: yourself, your partner, your children, parents, friends and/or students.**

Please select one answer only

1. 1
2. 2
3. 3
4. 4
5. 5 or more

**ASK ALL EXTERNAL PANEL (QD2 TO BE ADDED FOR INTERNAL PANEL IF
REQUIRED LATER IN FIELD)
QD2.
SINGLE CODE**

Which of the following best describes your employment status?

Please select one answer only

1. Employed full-time (more than 30 hours)
2. Employed part-time (less than 30 hours)
3. Self-employed
4. Unemployed but looking for a job
5. Unemployed and not looking for a job / Long-term sick or disabled / Housewife
6. Retired
7. Pupil / Student / In full time education

RECODE INTO WORKING STATUS

I. Active / Inactive

1. Active (if EMPLOY=1 or 2 or 3 or 4)
2. Inactive (if EMPLOY=5 or 6 or 7)

II. Working / Not working

1. Working (if EMPLOY=1 or 2 or 3)
2. Not working (if EMPLOY=4 or 5 or 6 or 7)

**INCLUDE THE FOLLOWING VARIABLES AT THE END OF THE DATA COMBINING
INTERNAL AND EXTERNAL PANEL DATA:**

PRESENCEOFCHILDREN_0TO17

PRESENCEOFCHILDREN_10TO17 (ONLY FOR THIS LINK)

Z_CC_PARENTS_0_17_OR_NOT

HCAL_STDHOUSEHOLDSIZE

IND_EMPLOY

ICAL_LFSWORKINGSTATUS

ICAL_LFSWORKINGSTATUS_2

Z_SCR_ETHNICITY_4CODES

Statistical reliability

Because a sample, rather than the entire population of 25 to 44 year olds in the UK, was interviewed the percentage results are subject to sampling tolerances. This means that we cannot be certain that the figures obtained are exactly those we would have if everybody had been interviewed (the 'true' values). We can, however, predict the variation between the sample results and the 'true' values, from a knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given.

The table below illustrates the predicted range for different sample sizes and percentage results at the '95% confidence interval' – i.e. the confidence with which we can make this prediction is 95%, that is, the chances are 95 in 100 that the 'true' value will fall within a specified range.

The tolerances that may apply in this report are given in the table below.

Overall statistical reliability²⁴			
Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	<i>±</i>	<i>±</i>	<i>±</i>
743 (all 25-44s)	2	3	4
c. 370 (i.e. males or females)	3	5	5
451 (regular drinkers)	3	4	5
164 (increasing risk drinkers)	5	7	8

Source: Ipsos MORI

For example, with a sample of 743 where 30% give a particular answer, the chances are 19 in 20 that the 'true' value (which would have been obtained if the whole population had been interviewed) will fall within the range of plus or minus 3 percentage points from the sample result.

When results are compared between separate groups within a sample (for example, between males and females), different results may be obtained. The difference may be 'real', or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one – i.e. if it is 'statistically significant', we again have to know the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. If we assume the '95% confidence interval', the differences between the two sample results must be greater than the values given in the table overleaf:

²⁴ Strictly speaking the tolerances shown here apply only to random samples; but in practice good quality quota sampling has been found to be as accurate.

Statistical reliability between sub-groups

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
c. 365 vs. 378 (male vs. female)	4	7	7
c. 214 vs. 528 e.g. (above guideline drinker vs. low risk)	5	7	8

Source: Ipsos MORI

For example, if 10% of males aged 25-44 give a particular answer compared with 14% of ABC1 females aged 25-44, the chances are 95 in 100 times that this 4 percentage point difference is significant (i.e. greater than or equal to 4 points), which could not have happened by chance.

Where differences are highlighted between sub-groups in the report they are significant.

Alcohol units used to calculate unit consumption

The table below shows the unit values attributed to each different type of drink to inform calculation of a respondent's unit intake.

DRINK	No. of units
1. Pint of lager (5%)	2.8
2. Half pint of lager (5%)	1.4
3. Can of lager (440ml 5%)	2.2
4. Bottle of lager (330ml 5%)	1.7
3. Large glass of white or red wine (250ml) 13%	3.3
4. Medium glass of white or red wine (175ml) 13%	2.3
5. Small glass of white or red wine (125ml) 13%	1.6
6. Bottle of wine 13%	9.8
8. Medium glass of Champagne (175ml) 12%	2.1
9. Single spirit and mixer (40%)	1
10. Double spirit and mixer (40%)	2
11. Pint of bitter (5%)	2.8
12. Pint of cider (5%)	2.8
13. Half pint of cider (5%)	1.4
14. Bottle of cider (275ml 5%)	1.4
15. Can of cider (440ml 5%)	2.2
14. Single shot (40%)	1
15. Double shot (40%)	2
16. Bottle of Alco-pop (275ml 5%)	1.4
17. Fortified wine (25ml 40%)	1
17. Cocktail	2

List of unit values and accepted responses for unit content of specific drinks

Respondents were asked to give the unit content of a number of different drink types. The table below indicates the unit content of each type of drink. As the correct unit content is often not a whole number of units, respondents were allowed to provide a whole number and/or a decimal. An answer was deemed to be a correct response if it was within +/- 0.5 of the actual unit content.

DRINK	No. of units
Pint of lager (4%)	2.3
Large glass of wine, 250ml (13%)	3.3
Medium glass of wine, 175ml (13%)	2.3
Medium glass of champagne, 175ml (13%)	2.2
Bottle of lager, 330ml (4%)	1.3
Pint of cider (5%)	2.8
Single shot of spirits, 25ml (40%)	1.0
Bottle of alcopops, 275ml (5%)	1.4

Glossary

Glossary

Below are presented a list of terms and measures that are used throughout this report, along with their definition or explanation of how they are calculated. This is to help orientate the reader and to provide transparency over which sub-groups are being referred to.

Measure / term	Definition / how calculated
<i>Alcohol drinker</i>	Drinks alcohol at least once a year
<i>Regular drinker</i>	Drinks alcohol at least once a week
<i>Drinking patterns/behaviour over 'typical week'</i>	Based on all who drink alcohol at least once a week. Combines the types of drinks consumed with the quantity of each to calculate weekly alcohol units consumed.
<i>Daily unit guidelines</i>	The Government's guidelines on maximum alcohol units to be consumed per day (men 3-4 units per day, women: 2-3 units per day)
<i>Low risk</i>	Anyone drinking below daily unit guideline limit (women drinking 0-14 units in a typical week and men drinking 0-21 units in a typical week) or who does not drink alcohol at all
<i>Increasing risk drinker</i>	Women drinking 15-35 units in a typical week and men drinking 22-50 units in a typical week
<i>High risk drinker</i>	Women drinking more than 35 units in a typical week and men drinking more than 50 units in a typical week
<i>Above guideline drinker</i>	Women drinking 15+ units in a typical week and men drinking 22+ units in a typical week