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drinkaware

DAT-001

Website review



Report

8th July 2019

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Executive Summary

...ines are now the **SAME** for men &
...H are advised **not to regularly drink**
more than **14 units a week**

...is what 14 units looks like:



6 pints of 40%

6 glasses of
13% wine



175ml glasses

25ml
glasses



14 glas
40% S

Background

Drinkaware has faced *significant criticism* from academic and press media that its website (<http://www.drinkaware.co.uk/>) content is both factually incorrect as well as intentionally misleading to the public.

To address the criticisms with regard to the website content, Drinkaware sought a supplier to carry out an impartial and objective appraisal of their website accuracy. As an independent research, strategy and digital design agency, Nomensa was commissioned following a two-stage tendering process to carry out this review.

The overarching goals were to consider:

- Is the Drinkaware website misleading?
- Does the site differ significantly from comparator sites?
- Are there any reasons to be concerned about the site?

The goals were broken down into the following objectives:

1. Assess website for **accuracy, clarity and completeness**;
2. Evaluate **ease of access and navigation**;
3. Appraise **accuracy of citation of UK Chief Medical Officers' (CMOs') Low Risk Drinking Guidelines (2016)** and compare with other websites;
4. Consider improvements to the **communication of UK CMOs' Low Risk Drinking Guidelines**;
5. Review **processes for creating, adding, reviewing, replacing and removing** website content.

This Executive Summary addresses the overarching goals while the main report engages with the more granular objectives.

Approach

Nomensa's review considered:

- Factual accuracy of information presented on the website, based on criteria agreed with an expert panel.
- Wider user-centred and experiential context of how the website conveys information, including:
 - User experience expert review checkpoints;
 - Design; and
 - Written content perspectives.
- Workflow processes for content production and publication, to consider the quality assurance levels in place.
- Analysis of comparator websites: NHS England, NHS Health Scotland, Cancer Research UK, British Heart Foundation, Alcohol Change, Drinkaware.ie, Drinkwise.org.au.

To provide an additional layer of empirical oversight to the website review process, an independent expert panel was formed to provide Nomensa with feedback on:

- Accuracy criteria to be used for review;
- Sampling of 50 pages with the greatest user traffic from the website; and
- The reported findings.

The expert panel comprised:

- Prof Martin Burton (Director, Cochrane UK);
- Prof Bernie Hannigan (Director of Research, Translation and Innovation, Public Health England: PHE);
- Prof Fiona Sim (Chief Medical Advisor, Drinkaware's independent Medical Advisory Panel: MAP).

Accuracy review

Initially, Nomensa and the expert panel discussed criteria for reviewing and sampling accuracy on the Drinkaware website.

A series of criteria were agreed that could be used by the Nomensa team to flag questionable content from an accuracy standpoint. Where necessary, this can then be referred on to subject matter experts for review. Accuracy criteria included:

- Overall accuracy, posited as:
 - Specific year or date to be included rather than relative statements (e.g. 'a 2016 report' rather than 'a recent report');
 - Direct quotations from individuals to be removed unless from a journal or other agreed publication;
 - If a modifying word is used with regard to chance (e.g. can, could, may, might) then flag, if not in line with CMOs' guidelines/Public Health England Alcohol Evidence Review.
- Policy accuracy, following the wording of the CMOs' guidelines on low risk drinking:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
 - If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. .
 - If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
 - The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
 - If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.
- Research accuracy, including:
 - Citation references should be present on pages that refer to research, should link to a live web location, be timely and displayed in a standardised list format;
 - Citations should be from a predefined list of reliable sources agreed by the panel (including government documents; OECD, WHO, ONS, or World Bank Research; UK listed charity research; peer reviewed journals);
 - Any statement that deviates from CMOs' guidelines should be balanced with a counterpoint or provide a reference.

Accuracy overview

The following findings relate to the overarching goals of the review. These are based on Nomensa's analysis of the evidence on the website and cross-referenced with the independent expert panel. Additional findings are detailed in the main report document, and should be viewed in correspondence with the spreadsheet that presents individual findings, line-by-line.

Our headline findings are as follows:

- We have found **no substantive reason to be concerned about the accuracy** of the website content.
- We have found **no evidence within the 50 pages reviewed that the Drinkaware website is intentionally misleading** the public.
- When compared to similar types of site, we have found the **content on the Drinkaware website to be of similar level of accuracy and well-tailored to the 'general public' audience** at which it is aimed.
- While there are areas in which the website publication processes could be improved or updated, we have found **no reason for serious concern about the Drinkaware website's contents**.

Key findings (1)

Is the Drinkaware website misleading?

We have found **no substantive reason to regard the Drinkaware website as deliberately misleading the public** in the pages reviewed.

The review did uncover several instances where the usage of dates and quotations could be more tightly defined. A number of issues (14% of all accuracy issues, or 13 instances) related to statements regarding timings, e.g. 'recent evidence' without stating a year or date. Such content **cannot be regarded as misleading as some form of reference was still included in these cases.**

In addition to this, four of 50 pages were past their review date, which suggests a need to refine and reconsider the page review process to ensure the most up-to-date content is used onsite. **Given that there are processes in place already this does not suggest an attempt to mislead the public, however the processes in place need to be applied consistently, in a timely manner.**

In relation to usage of quotations directly from people (rather than quoting people from within a journal or recognised source), 18% of accuracy issues uncovered (16 instances) related directly to quoting people such as doctors or professors. In a number of these cases the person quoted was a Drinkaware representative. That affiliation should always be made clear.

As part of a recent policy move away from directly quoting individuals, there is a need to update these pages and references. However, the inclusion of such content at this time **cannot be seen as deliberate attempt to mislead as they still comprise verbatim commentary from a named source.**

Key findings (2)

There is **no substantive evidence of Drinkaware's website seeking to mislead the public in relation to CMOs' guidelines**. There was an instance in which the guidelines were mentioned without mentioning '14 units per week': "This is why the Chief Medical Officer (CMO) advises that a good way to cut back on your alcohol in-take is to have several drink-free days a week." As the **article was about alcohol dependence and approaches to reduction of drinking this seems like a legitimate (i.e. not misleading) statement in itself**, although should include sub-clauses about '14 units a week' and 'across 3 or more days'.

There were several instances (23% of all issues logged) where the CMOs' guidelines were not accompanied by the specific statement 'across 3 or more days', with terms such as 'spread across the week' often used. While this does not exactly use the wording of the CMOs' guidelines, **it does hold a similar meaning or sentiment, suggesting there was not an intention to mislead**.

No substantive evidence has been found that the Drinkaware website is misleading the public in relation to research presented. It was found that the lack of recent references comprised 21% of all issues onsite. However, there is **no necessary reason to regard the presence of references over 10 years old as an attempt to mislead the public, especially when there are processes in place to periodically review references for timeliness**.

Less frequent issues included absence of references or links to further information (9% of issues). While a small number of references were missing from the reference section, there was generally a citation within the body of text meaning that there were indicators of further reading although the reference itself was missing. This suggests there have likely been **publication or quality assurance errors rather than attempts to mislead**.

Key findings (3)

Finally there were a **very small number of cases where references that were not on the prior agreed list of sources*** were included (6% of all issues, or 5 instances). These included, for example, a reference to research on the Liverpool Victoria website and a link to another page on the Drinkaware website itself. Alongside this were 7 instances of references not being standardised (styled or looking the same between different areas of the website). While having the potential to make users question the accuracy of evidence on the website, **none of these examples is evidence of a deliberate attempt to mislead the public.**

*The primary sources agreed with the expert panel as being suitable for inclusion: UK government documents, OESD research, World Health Organisation research, World Bank research, Office for National Statistics research, other national public health agency research. We also noted whether a source was a UK national charity, or a peer reviewed journal publication.

Does the Drinkaware website differ significantly from comparator sites?

The comparator sites were reviewed using both the accuracy criteria defined for the Drinkaware website as well as basic heuristics of user experience design. However, as the accuracy criteria were defined for the Drinkaware site content in particular (i.e. taking into account that most pages had a reference section, side bars, and other content types) it is not viable to make a direct quantitative one-to-one comparison in terms of accuracy.

As an example, the DrinkWise website appears to have **very few accuracy issues, but pages reviewed generally had much less content**, alongside a less clear educational aim to the site overall. The lesser amount of content meant it was not worthwhile to pursue the issue of reference accuracy.

Key findings (4)

Other barriers to direct comparison with other websites included decisions by Drinkaware, e.g. using quotations only from published sources. **Other websites will not necessarily have made this decision as they are designed for different purposes and audiences**, so this kind of direct comparison could lead to spurious conclusions.

A further factor is that some websites such as **Drinkaware.ie and DrinkWise.org.au will not necessarily adhere to the UK CMOs' guidelines**, likewise making direct comparison on policy accuracy unreliable.

In review, **Alcohol Change's website was more closely aligned to Drinkaware and that found a similar range of issues** (4 accuracy issues across 6 pages), for example with regard to missing references when citing statistics and factual information.

Alcohol Change cites 'the guidelines' without stating which guidelines or linking to them. It is also notable that **NHS England pages reviewed (4 issues across 5 pages) also did not reference or link to the CMOs' guidelines** when referencing them in three separate instances.

With all these important caveats noted, our initial conclusion is that **the Drinkaware website compares favourably to comparator websites in terms of the accuracy criteria.** The Drinkaware website has a wealth of information supported by hundreds of references.

Our initial view is that **comparator websites generally do not match Drinkaware's broad audience remit and comprehensiveness of information**, and we believe the Drinkaware website makes a commendable attempt, in both comparative and absolute terms, for that information to be accurate, useful and accessible.

Key findings (5)

Are there any reasons to be concerned about the site?

We do not agree there is a reason for Drinkaware to be 'concerned' about the content on their website. We believe there are many positives in the Drinkaware website's overall accuracy and content value.

Instead, we highlight a number of areas for content and process improvement that will further increase the consistency, accuracy and quality of certain information types, and make advice even clearer. For example, **the review and QA of content moving onto the website could have its processes tightened and refined**. Further, there would be a great benefit from building a more digitally-focussed, overarching governance structure for the creation and management of site content. As one example of why this is important, such governance should avoid the situation of pages passing their review date without action being taken.

In conclusion with regard to accuracy, within the scope of our review and the pages assessed, **we do not see any active signs of deliberate effort to mislead the public with regard to the information presented on the Drinkaware website.**

Next steps

1. Extended accuracy review

An early step should be to extend the current accuracy review, using the criteria established to cover a greater breadth of the content onsite. Issues identified by regular inhouse preliminary review, should then be reviewed by the independent Medical Advisory Panel, and MAP's regular review of all new health related pages and those pages due for review should be ensured.

2. Strategic review of digital content

With the intended appointment of a Director of Digital, Data & Technology this would be an ideal time to carry out a strategic review of digital processes and practices, including review of web content purpose and potential for rationalising content where it is of less value or impact.

3. Research with users

User research is essential to understand user behaviour as well as to meet the requirements of the Information Standard. Having a user panel in place provides a great starting point to devise a research plan.

4. Accessibility review of site

Some aspects within the review have been shown to be questionable, such as use of 'alternative (alt) text' that assistive technologies use to define images onscreen. Accessibility auditing and testing needs to be carried out on the website to ensure legal and ethical requirements are met.

5. Review of website structure

There are aspects of the structure, hierarchies and labelling on the website that have been shown to be potential blockers to finding useful, accurate content. While the website is 'search engine optimised', the information architecture issues could also block discovery of additional information once a user arrives onsite.

Introduction

...ines are now the **SAME** for men &
...H are advised **not to regularly drink**
more than **14 units a week**

... is what 14 units looks like:



6 pints of 40%

6 glasses of
13% wine



175ml glasses

25ml
glasses



14 glas
40% S

Background

There have been criticisms of Drinkaware's website (www.drinkaware.co.uk) content both in the press and in academic publications. Accusations have been made that the web content is not factually correct and is misleading.

Other concerns included the site's clarity and accessibility for the wide range of audiences for whom it caters. Further, there was consideration that publishing processes onto the site might have led to incorrect information being put online at some points.

In order to address these concerns and understand more about the website from a user-centred perspective, Nomensa were commissioned through a open tendering process to carry out an objective and impartial review of Drinkaware's website. Nomensa brings 18 years' experience as an independent web research and design agency.

Nomensa's review considered six broad areas:

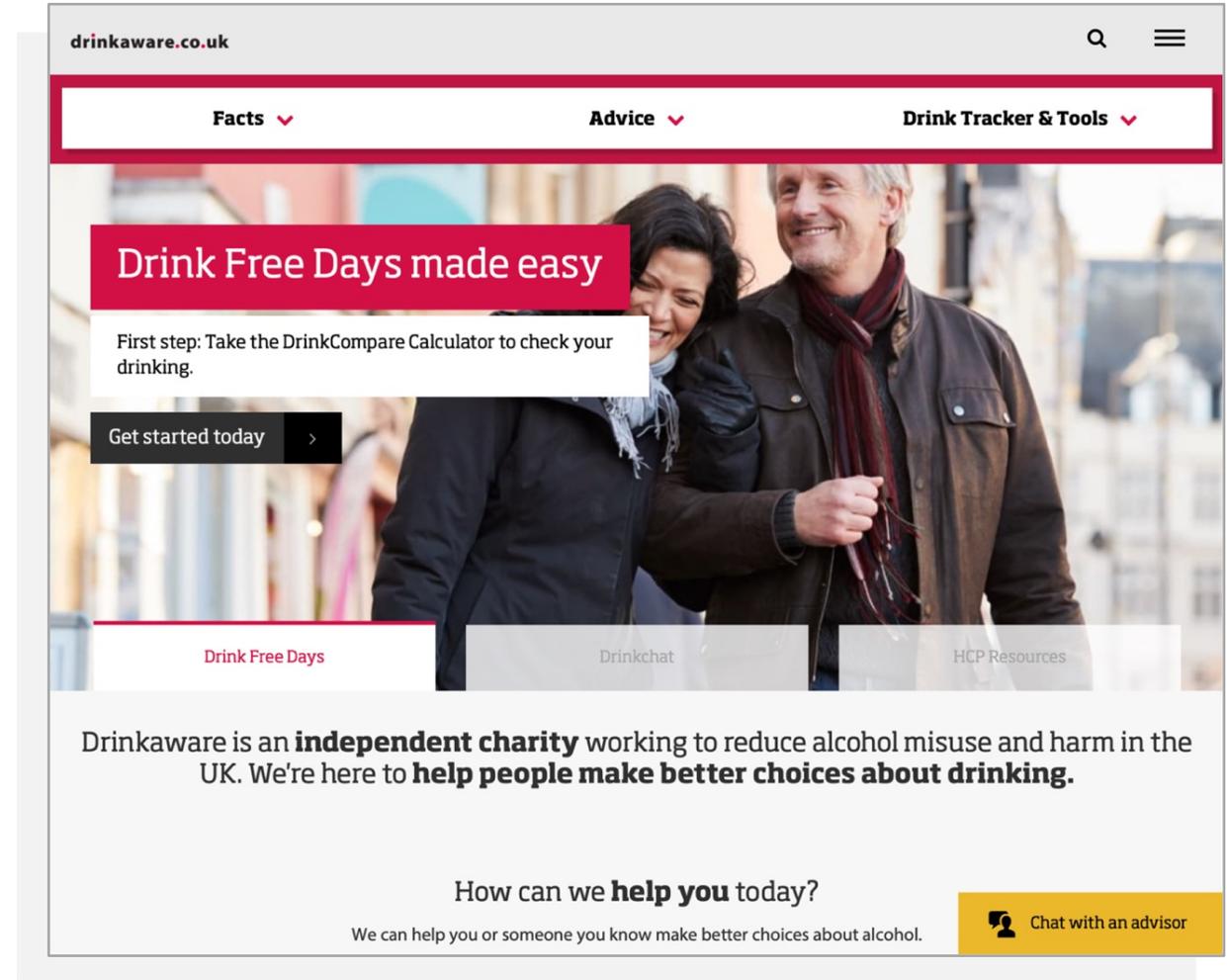
- Factual accuracy of information presented on the website, based on criteria agreed with an expert panel.
- Wider user-centred and experiential context of how the website conveys information, including:
 - User experience expert review checkpoints;
 - Design; and
 - Written content perspectives.
- Workflow processes for content production and publication, to consider the quality assurance levels in place.
- Analysis of comparator websites: NHS England, NHS Health Scotland, Cancer Research UK, British Heart Foundation, Alcohol Change, Drinkaware.ie, Drinkwise.org.au.

Goals

The goals set for this review were to explore the following questions:

- Is the Drinkaware website misleading?
- Does the site differ significantly from comparator sites?
- Are there any reasons to be concerned about the site?

These goals are explored within the Executive Summary.

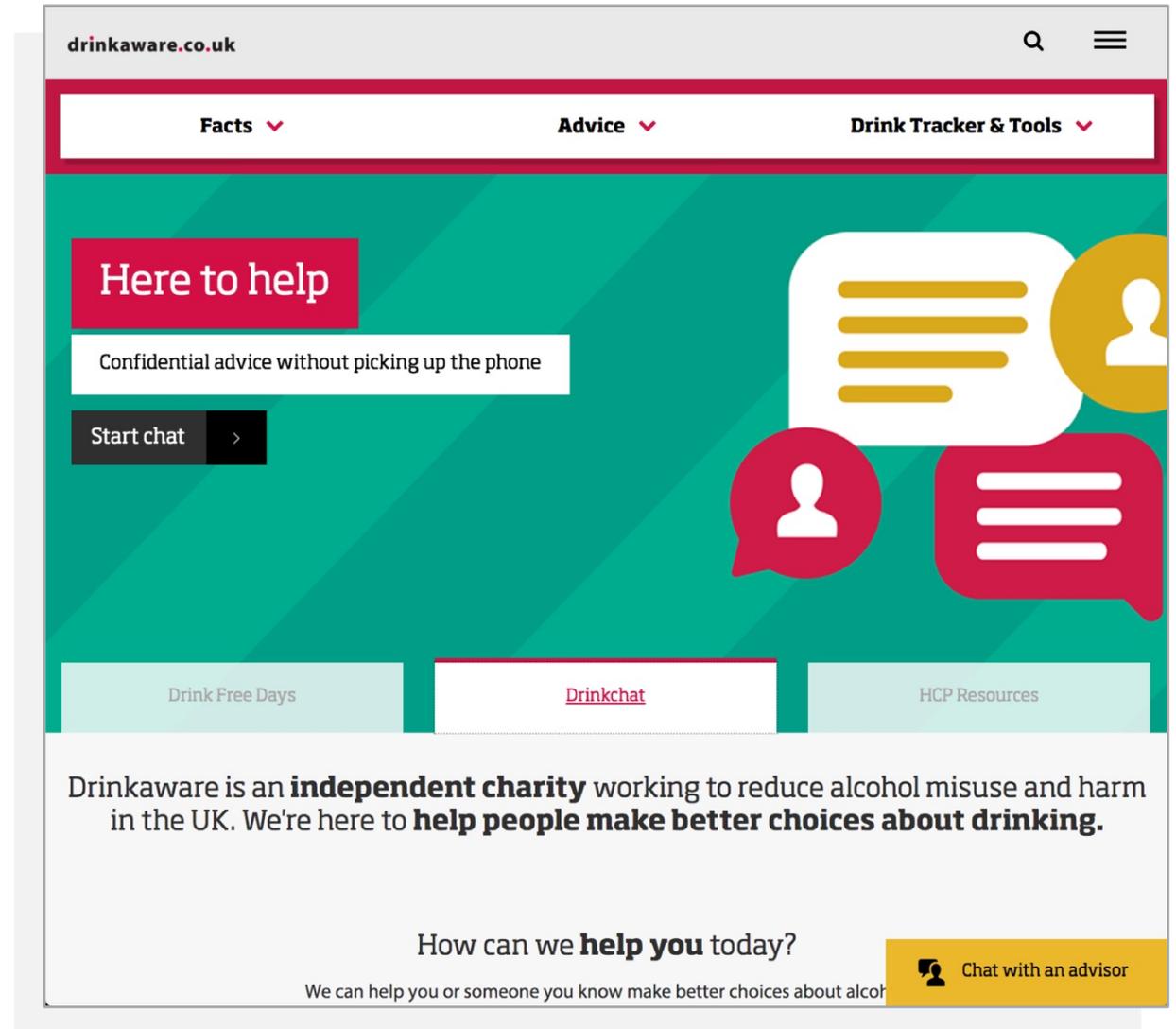


Objectives

The following objectives were agreed for this review:

1. Assess website for **accuracy, clarity and completeness**;
2. Evaluate **ease of access and navigation**;
3. Appraise **accuracy of citation of UK Chief Medical Officers' (CMO) Low Risk Drinking Guidelines (2016)** and compare with other websites;
4. Consider improvements to the **communication of UK CMOs' Low Risk Drinking Guidelines**;
5. Review processes for creating, adding, reviewing, replacing and removing website content.

Recommendations are provided throughout this document to improve issues found. Where possible to implement in the near future, recommendations are marked 'quick win'.



Approach

To support the review process, the team set up an independent expert panel of medical and health practitioners, including:

- Prof Martin Burton (Director, Cochrane UK);
- Prof Bernie Hannigan (Director of Research, Translation and Innovation, Public Health England);
- Prof Fiona Sim (Chief Medical Advisor, Drinkaware's Medical Advisory Panel).

The panel's role was to:

- Support the creation of accuracy criteria for the Nomensa team to use during their review;
- Agree an approach for sampling from the website;
- Assist in deciding the most appropriate comparator websites;
- Provide any feedback on the accuracy review itself.

Drinkaware.co.uk has several thousand pages of content, although has a relatively small number of very popular pages. For example, of 1.4m page views in March 2019*:

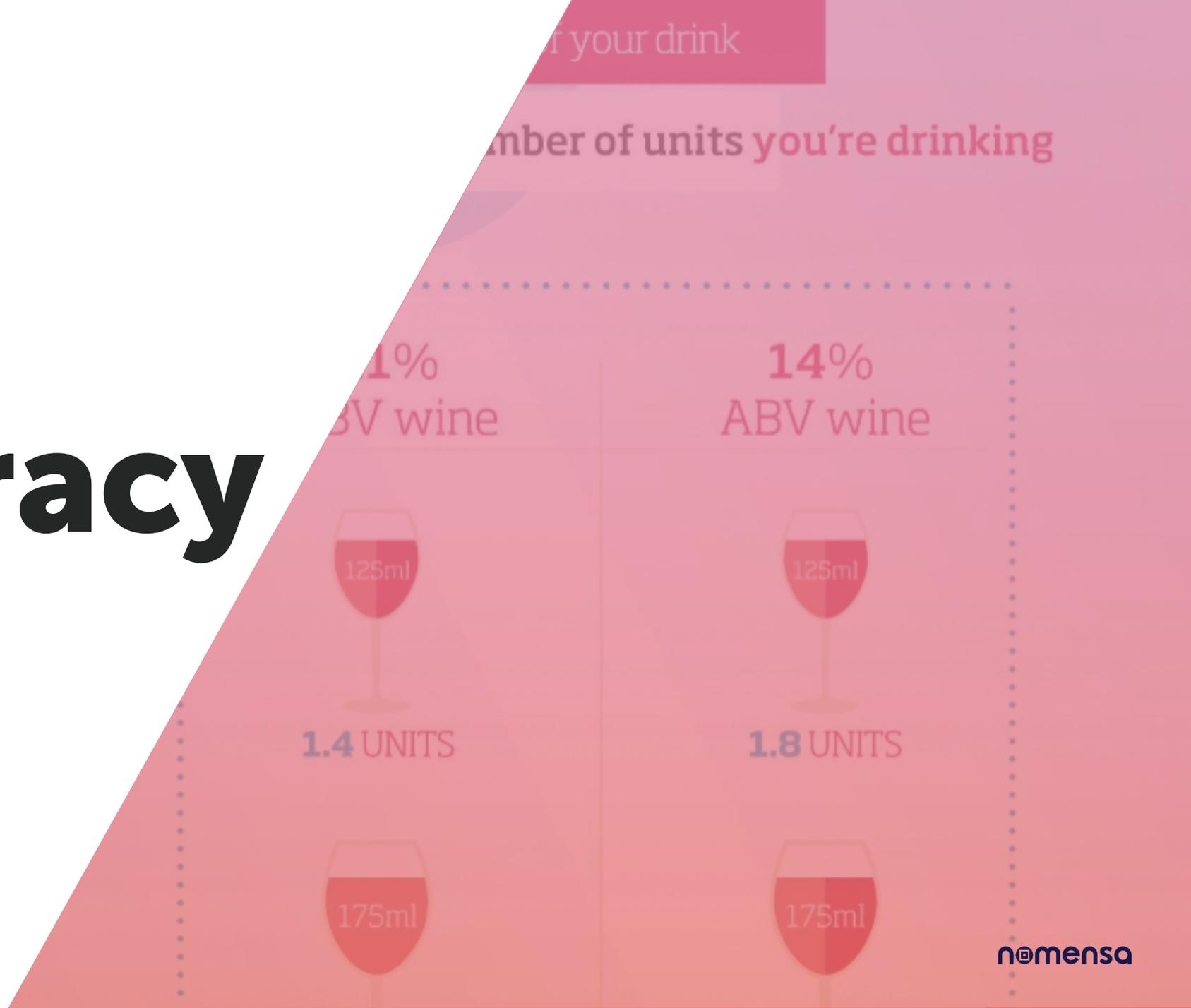
- The single-most popular page, the Unit Calculator, had 11% of all traffic to the site;
- The 19th most popular page (How to cut down) received less than 1% of all traffic in the same period.

We began with the top 40 pages for review, receiving over 70% of all traffic in that period. These were explored and expanded on by the expert panel, who suggested some wider topics not in the top 40 (e.g. relationships) and also that we go more in-depth into some key topics (e.g. health effects, cancer).

The review therefore primarily considers 50 pages, as detailed in the accuracy review spreadsheet. These pages achieved around 78% of all traffic at time of review.

*Analysis was for March 2019 was compared to a 12 month review of pages, accounting for seasonal variation. The 12 month analytics included pages no long available or that have been moved so the smaller, more timely window of March 2019 was used.

Accuracy



Overview

Reflecting on the issues that Drinkaware have faced regarding their website content, accuracy is at the heart of our review and was the main focus of work carried out.

Accuracy was considered based on the criteria introduced and corroborated with the expert panel.

- We reviewed a sample of 50 pages from the Drinkaware website.
- Focus was on popular pages (according to analytics), and higher-level pages within the website.
- **Note:** it is important that all findings be applied to the site in general, *not just* to the reviewed pages.

| drinkaware | | Content Expert Review Copyright © 2019 Nomensa Ltd • Private and Confidential | | nomensa Humanising Technology | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--------------------------------------|--|----------|----------------------------------|--------|-----------------|----------|--------|------------------------------|---------------|------------|---------|---------|--------|----------|----------|---------|----------|------------|-------------|-------|--------|------------|-------------|------|---------|--|---|
| JRL | Page Title | Drinkaware Path | Reviewed | Overall Accuracy | | Policy Accuracy | | | Research Accuracy: Citations | | | | Clarity | | | Comms | | | | | | | | | | | | |
| | | | | Dates | Quotes | Chance | 14 Units | 3 days | Heavy | Illness Range | Drink free | Present | Real | Timely | Reliable | Standard | Balance | Read age | CMO stated | Define unit | Sense | Review | Guidelines | Appropriate | Tone | Imagery | | |
| Drinkaware website | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Homepage | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| https:// | Homepage | / | ✓ | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | Facts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| https:// | Facts (landing page) | /alcohol-facts/ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | |
| https:// | Health Effects of Alcohol | /alcohol-facts/health-effects | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | X |
| https:// | Alcohol Poisoning - Symptoms, Causes | /alcohol-facts/health-effects | ✓ | X | | | | | | | | | | | | | | | | | | | | | | | | |
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| https:// | Why does alcohol make you pee more | /alcohol-facts/health-effects | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | |

Accuracy: Criteria groups

you're drink

14%
ABV wine



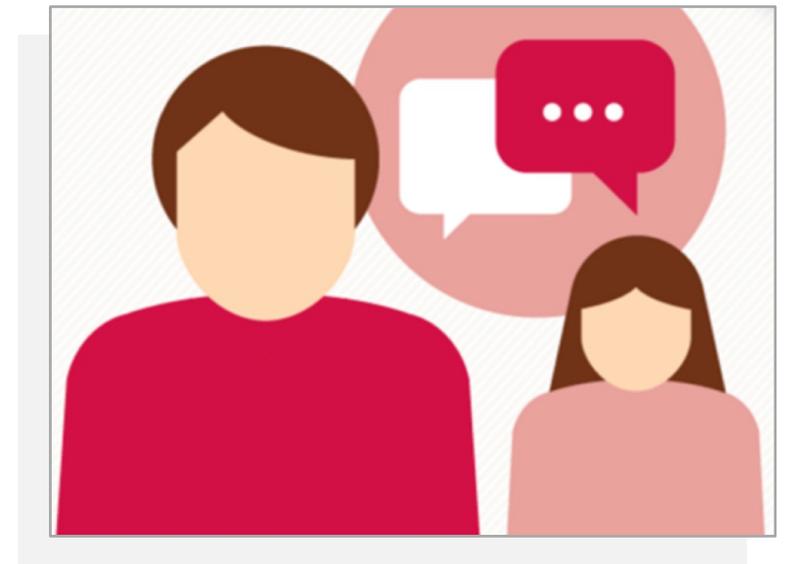
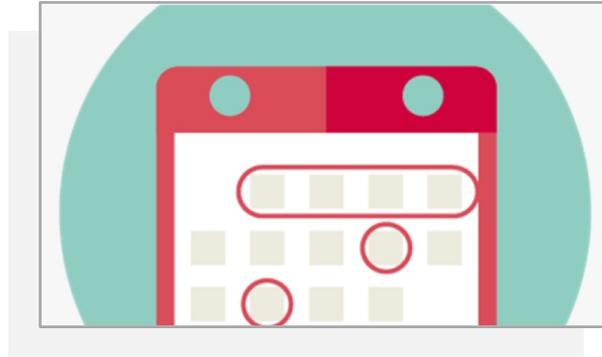
1.8 UNITS



Overall Accuracy

In order to determine 'overall accuracy', the following 'general' criteria were used across every page:

- Using specific dates rather than relative terms such as 'latest', to avoid ambiguity in the recency of information.
- Avoiding direct quotes from individual people, instead using cited publications and websites.
- For Chief Medical Officers (CMO) guideline content, avoiding modifier words (e.g. can, could) that are not used in the guideline documents.



Policy Accuracy

Policy accuracy focussed on the usage of the CMO Guidelines, including:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. .
- If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.



Drink Free Days

Accuracy Findings

you're drink

14%
ABV wine



1.8 UNITS



Content past review date

Some reviewed pages had stated review dates that had already passed.

This will reduce users' confidence in the website's information, and is an easy way for the site to be (perhaps unfairly) criticised.

Recommendations

- As a **high priority**, review all site pages to identify 'expired' content, and update where necessary.
- *Process recommendation*: establish some form of proactive notification system for expired site content (e.g. via a content management system (CMS) feature, on a spreadsheet for example as part of the content coordinator's weekly planning).

Alcohol Poisoning - Symptoms,
Causes, and Effects

Next review due: 21 March 2019

Alcohol
and pancreatitis

Next review due: 29 March 2019

Out-of-date content

At least one page made a relative date statement that was out of date (see right)—“the last decade” referred to 2001 through 2009.

Recommendations

- Review all pages for relative date mentions to ensure the accompanying statistics are still relevant.
- *Process recommendation (Quick win):* Do not use relative date measures in content such as “the last decade”.
- *Process recommendation:* Establish a content review date for any content that specifies dates.

Drinking alcohol can increase your risk of developing liver disease and cause irreparable damage to this very important part of your body. In fact, alcohol is a major cause of the 25% increase in deaths from liver disease in England over the last decade (from 9,231 in 2001 to 11,575 in 2009)².

Relative dates

There are several uses of relative dates without any absolute date to give them context.

As a result, some of these relative date mentions may be out of date, or may make the user mistrust or devalue the content because they don't know how current the information is.

Recommendations

- Remove all relative date references from site pages.
- *Process recommendation:* ideally, avoid the use of any relative date words, such as 'recent' and 'new'. If those words must be used, state the year next to the words so those words have context, and set a review date for this content. For example: "a recent (2016) study found..."

There are over 100 types of HPV, many are harmless but other types can cause cancer. A recent study found that people infected with HPV were 32 times more likely to develop oral or throat cancers.⁷

New Government Alcohol Guidelines

In the past there has been debate about low-levels of certain alcohol being good for us, such as 'is red wine good for the heart?'. However, the most recent research has found that any protective effect of alcohol is ultimately out-weighed by the associated health risk. The small protective effect that can be

Single person quotes

The expert panel recommended that quotations from individuals should be avoided if these quotes are not derived from the content of reputable publications. It was instead posited to only quote from research papers or entire organisations.

As a result, there are several instances of individual quotes on the site that should be revisited. In at least one case (see “Dr Moriarty” example, right), a person was quoted without stating who they are or which organisation they work for.

Recommendations

- Quotes from individuals or organisations should have appeared in a reputable publication. Remove all non-compliant quotes from site pages.
- *Process recommendation (Quick win)*: Include a publication reference for quotes. If not available, do not use quotes from individuals.

“In the longer term, alcohol is associated with an increased **risk of cancer** of the mouth, tongue, lip, throat, stomach, pancreas and colon,” says Dr Moriarty. “Other digestive problems caused by drinking too much include acid reflux – where stomach acid burns your throat. Alcohol can also contribute to developing a peptic ulcer – a painful, open sore in your stomach lining.”

According to Dr Nick Sheron, a **liver disease** specialist from Southampton University, alcohol dependency operates on a spectrum. “At one end of the scale you have people who are mildly dependent,” he says. “That’s people who, for example, can’t conceive of a Friday night without having enough drinks to get a

“Many drivers who would not consider driving after a night in the pub fail to recognise the influence of alcohol on their body the next day, or simply choose to ignore its effects,” says Alice Granville, policy and research analyst from the Institute of Advanced Motoring. “Drivers need to take responsibility and use

Units over 3+ days

There are many (correct) mentions of the “14 units per week” CMO guideline across the site.

However, sometimes the accompanying recommendation was to spread those units across the week, a more general wording than the CMO guideline about spreading the drinking over 3+ days.

Also, in some instances, the 3+ days was not mentioned at all, which may not give some users enough context about how to safely approach the 14-unit guideline.

Recommendations

- *Process recommendation:* ensure that any use of the 14 unit guideline is accompanied by the 3+ days guideline.
- Review site content to ensure the 14-unit guideline is always accompanied by the 3+ days guideline.

BUT don't 'save up' your 14 units, it's best to **spread evenly** across the **week**.

Recapture your spark

If you're serious about not letting alcohol get between you and great sex, then it's best to try **cutting down on alcohol** all-together. Start by planning romantic nights that don't involve drinking alcohol at all, or make sure that you keep the amount on offer to within recommended guidance of not regularly drinking more than **14 units a week for both men and women**.

Citing all references

On some pages, citations were missing a reference. For example, on the right, “Cancer Research UK” was not referenced nor linked on its first mention on the page.

This means that some users may be confused as to exactly what resource or external body is being referenced.

Recommendations

- Review the site’s content to ensure that all external bodies are always linked or referenced, and that Drinkaware pages and resources are always linked.
- *Process recommendation:* ensure any external body or Drinkaware resource is linked or referenced consistently.

Breast cancer symptoms

Cancer Research UK state that you should see a doctor if you have noticed:

- a change in the size, shape or feel of a breast
- a new lump or thickening in a breast or armpit

Why calories in alcohol are extra-fattening

Alcoholic drinks are made by fermenting and distilling natural starch and sugar.

Our free Drinkaware app is an easy way to track the units and calories in your drinks so you can cut back.
What is a unit of alcohol? Find out here...

References review

The references at the bottom of many Drinkaware web pages (see example on right) are an integral part of the content's accuracy.

The accompanying spreadsheet has detailed information on specific reference issues that were identified with the reviewed pages. In addition, notable trends in reference issues are highlighted on the following slides.

The review counted frequency of:

- **Primary sources** agreed by the expert panel: Government documents, OECD research, WHO research, ONS research, World Bank Research, Reports from national public health agencies);
- **UK Charity websites; Peer reviewed journals; Other** sources.
- The age of citations was also noted for reference, with newer (10 years or less), older (over 10 years) and unknown age noted.

References

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- (4) Holmes J, Angus C, Buykx P, Ally A, Stone T, Meier P, Brennan A (2016) 'Mortality and morbidity risks from alcohol consumption in the UK: Analyses using the Sheffield Alcohol Policy Model (v.2.7) to inform the UK Chief Medical Officers' review of the UK lower risk drinking guidelines', Sheffield: *SchARR, University of Sheffield*
- (5) Ferrari et al (2007), 'Lifetime and baseline alcohol intake and risk of colon and rectal cancers in the European prospective investigation into cancer and nutrition (EPIC)', *International Journal of Cancer*. 121(9): 2065-2072. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/ijc.22966/pdf>
- (6) Purohit, V., Khalsa, J. and Serrano, J. (2005) Mechanisms of alcohol-associated cancers: introduction and summary of the symposium. *Alcohol*. 35(3): 155-160. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16054976>
- (7) Duthie, S. J. (1999) Folic acid deficiency and cancer: mechanisms of DNA instability. *British Medical Bulletin*. 55(3): 578-592. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/10746348>
- (8) Department of Health. (2011) UK physical activity guidelines. Available at: <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>
- (9) Parkin, D. M. (2011) 9. Cancers attributable to inadequate physical exercise in the UK in 2010. *British Journal of Cancer*. 105(Suppl 2): S38-S41. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3252067/>

Timely references

The expert panel recommended that, broadly, newer references should be used where possible, to ensure the most accurate and up-to-date research is referenced. In this case i.e. less than ten years old.

The content review identified several dates that are somewhat older than 10 years, and a few that are significantly older than 10 years (see right).

Recommendations

- Review all references on the site to ensure that older (10+ years) references are still the latest and best thinking and/or research.
- *Process recommendation:* as part of a page's review, check whether dated references are still current and appropriate.

References

(1) Eggleton MG, 'The diuretic action of alcohol in man', J Physiol 1942, vol.101, pp.172-191. Available at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1393383/>

- 1 Becker (1998) Alcohol Withdrawal and Kindling, Alcohol Health and Research World, Vol. 22, No.1. Available at <https://pubs.niaaa.nih.gov/publications/arh22-1/25-34.pdf> [Accessed 19 September 2017]

Older and undated references

Of the 124 references reviewed by our team (across the reviewed sample of pages):

- 29% did not have a date included;
- 21% were found to be older than 10 years;
- 6% were from 'other' sources so reliability could be questioned for these.

Recommendations

- Review all site references, and add dates to those that do not have dates (where applicable).
- Review references older than 10 years to ensure they are still the latest, definitive information on an issue.
- *Process recommendation:* ensure any page with references has a review date, and, when the content is reviewed, ensure every reference is dated, reviewed for currency, and has a working link.

| | Primary | Uk charities | Peer reviewed | Other | Total |
|--------------|-----------|--------------|---------------|----------|------------|
| Recent | 32 | 6 | 23 | 1 | 62 |
| Older | 1 | 0 | 25 | 0 | 26 |
| Not known | 19 | 11 | 0 | 6 | 36 |
| Total | 52 | 17 | 48 | 7 | 124 |

(6) Menz V, Grimm W, Hoffmann J, Maisch B. PubMed,1996 'Alcohol and rhythm disturbance: the holiday heart syndrome', vol. 21, no. 4, pp. 227-31. Abstract available online at:

<http://www.ncbi.nlm.nih.gov/pubmed/8805002>

(7) Ettinger PO, Wu CF, De La Cruz C, Weisse AB, Ahmed SS, Regan TJ (May 1978),. "Arrhythmias and the "Holiday Heart": alcohol-associated cardiac rhythm disorders",. Am. Heart Journal. Available at:

<http://www.sciencedirect.com/science/article/pii/000287037890296X>

(3) British Heart Foundation website. High blood pressure. Available at:

<https://www.bhf.org.uk/informationsupport/risk-factors/high-blood-pressure>

(4) British Heart Foundation website. Dilated cardiomyopathy. Available at:

<http://www.bhf.org.uk/heart-health/conditions/cardiomyopathy/dilated-cardiomyopathy.aspx>

Broken and missing references

Some content appeared to cite references (see example, top right) but there were no references at the bottom of the page.

In other examples, references had links that no longer worked (see example, bottom right), or had links that were not implemented as hyperlinks*.

All these issues will erode users' confidence in the site and may encourage questioning of the cited information.

Recommendations

- Ensure all content with reference numbers in brackets or superscript has associated references in the footer.
- Review all reference links to ensure they all work and link to the correct resource.

*It is noted that some journal articles will be behind a paywall. However, it should still be possible to link to the executive summary for the article.

Facts

- Around 35,620 people were admitted to hospital because of the toxic effect of alcohol in England in 2013/14. (1)
- 360 people died from accidental alcohol poisoning in England in 2011. (2)
- 45,290 people under 24 were admitted to hospital in England as a result of drinking alcohol in 2013/14. (3)

(7.) & (8.) NHS Inform website. Pancreatitis, chronic. Last updated: 19/11/12. Available at:

<http://www.nhsinform.co.uk/health-library/articles/p/pancreatitis-chronic/introduction>

Server Error

404 - File or directory not found.

The resource you are looking for might have been removed, had its name changed, or is temporarily unavailable.

Additional criteria groups

you're drink

14%
ABV wine

125ml

1.8 UNITS

175ml

175ml

Clarity

Clarity covered a broad range of aspects that could determine how clearly accuracy was presented:

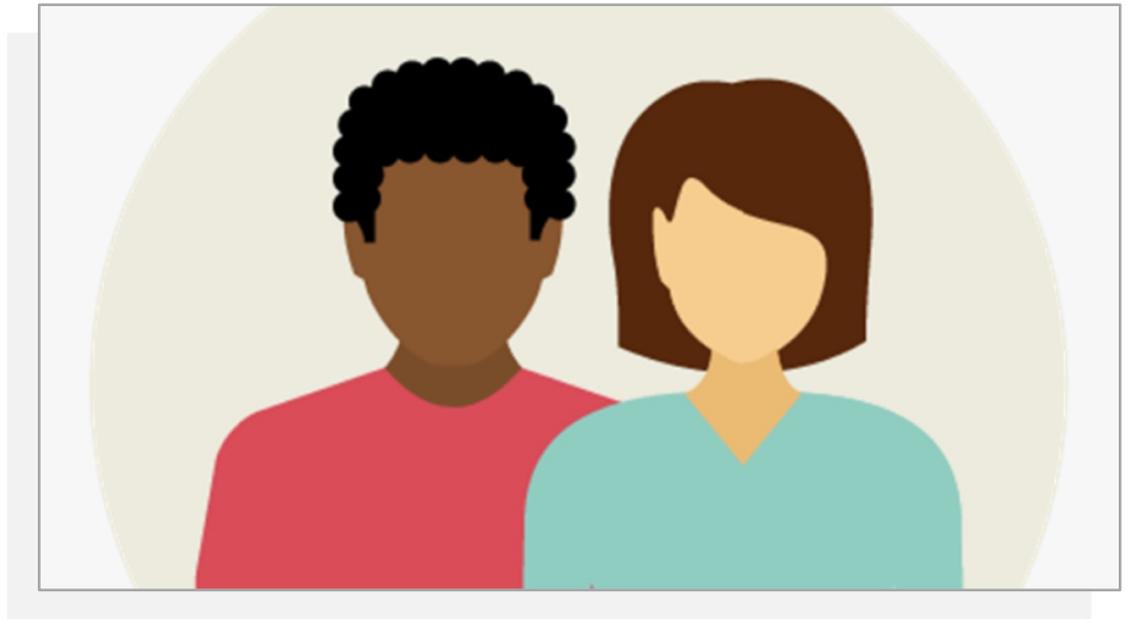
- Ensuring a reading age is met that addresses a wide percentage of the UK population (e.g. avoiding long sentences, using regular paragraph breaks).
- Confirming that CMO guideline mentions are always linked to the appropriate Drinkaware page.
- Defining a 'unit' on any page that mentions it.
- Ensuring the content does not exclude key audiences, such as on the basis of country region.
- Flagging content that could be repurposed to have even greater impact on the user.



Communications

The accuracy review also considered the media used to convey the information and how this might affect accurate understanding of web content:

- Ensuring additional information is available that supports the reader beyond just the CMO guidelines.
- Ensuring wording choice and Tone of Voice is appropriate to a broad audience (see WRITTEN CONTENT section for more on this).
- Assessing the appropriateness, consistency, and frequency-of-use of imagery (see the VISUAL DESIGN section of this report for a detailed assessment on this criterion).



Additional Findings

you're drink

14%
ABV wine



1.8 UNITS



CMO guidelines as link

The CMO guidelines were cited fairly consistently through all the reviewed pages.

However, in some instances, the guidelines were not linked on their first use on a page. This may confuse users as to what the guidelines are, or may make it more difficult than necessary for users to read about the guidelines in more detail.

It was also noted that in some places the 'CMO' initialism was used without spelling out what this stands for.

Recommendations

- Review all pages on the site to ensure at least the first mention of the CMO guidelines on a page is linked to the appropriate Drinkaware page.
- *Process recommendation*: establish a checkpoint to ensure any mention of the CMO guidelines is appropriately linked.

Pancreatitis is when your pancreas becomes inflamed and its cells are damaged. Heavy drinking can cause pancreatitis. But if you drink [within the UK Chief Medical Officers' low risk drinking guidelines](#), you should avoid upsetting this important organ.

If you choose to drink, you can help keep your risk of developing breast cancer from alcohol low by [following the UK Chief Medical Officers' low risk drinking guidelines and not drink more than 14 units a week](#). The more you cut down on alcohol the more you reduce your risk.

This is why the [Chief Medical Officer \(CMO\) advises](#) that a good way to cut back on your alcohol in-take is to have several drink-free days a week.

Defining a unit

There were several reviewed pages that mentioned an alcohol unit without defining what it is.

Users new to the concept of units may therefore be confused as to what is being recommended by Drinkaware.

While it may be onerous to define a unit in the body of content on every page, it should at least be linked from the page, perhaps from the sidebar or in a “What is a unit?” aside.

Recommendations

- (Quick win) Add a link to the “What is an alcohol unit?” page to every Drinkaware site page.
- *Process recommendation:* ensure every first use of the word ‘unit’ in content is accompanied by a link to, or definition of, a unit.

• To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.

• To avoid recurrence of hangovers, keep track of what you're drinking and stay within the low risk drinking guidelines by not regularly drink more than 14 units of alcohol per week. If you do choose to drink as much as this it is best to spread your drinking evenly over three or more days and take



Colloquial or casual

The Tone of Voice of content on reviewed pages was found to be generally approachable, and suitable for a broad audience.

However, there were some instances, such as seen on the right, where the turn of phrase bordered on too colloquial. Some readers, especially those for whom English is not their first language, may not understand it, unnecessarily adding frustration; occasionally, it may also offend.

See section WRITTEN CONTENT for further consideration.

Recommendations

- Ensure language used reflects the audiences for that piece of content.
- *Process recommendation:* establish a “preferred terms” list to have a consistent way to write about certain subjects and audiences, and specify the avoidance of idioms and overly casual language.

- Avoid **hair of the dog** – it only delays the problem. **Take a break from alcohol.**

If you use drink to try and improve your mood or mask your depression, you may be starting a **vicious cycle...**

If you drink heavily and regularly you’re likely to develop some symptoms of depression. It’s that **good old brain chemistry** at work again. Regular drinking lowers the levels of serotonin in your brain – a chemical that helps to regulate your mood.

Does **weeing all the alcohol out of my system help prevent a hangover?**

- Drink plenty of water before **hitting the sack** and keep more by the bed.

Reading age

Generally the reviewed site content was found to be of an approachable reading level, suitable for many audiences. Sentence lengths were good, and terminology was usually appropriate for the page.

However, there was an example such as shown below (from the homepage) that suggests that longer, more complex sentences may occasionally be slipping through onto the site. Such sentences may be confusing for some audiences, not addressing their needs or dissuading them from using the website further.

See section WRITTEN CONTENT for further consideration.

Recommendation

- *Process recommendation:* ensure **all** site content, whether in the body of a standard content page or elsewhere, is checked against the Plain English Campaign's content guidelines.

Public Health England **Alcohol Evidence Review**

Reducing the affordability, availability and promotion of alcohol identified as the most effective approaches to increasing impact on alcohol-related harm.

Amount of imagery

Many of the sampled pages have no image other than the 'hero' (lead) image at the top of the page.

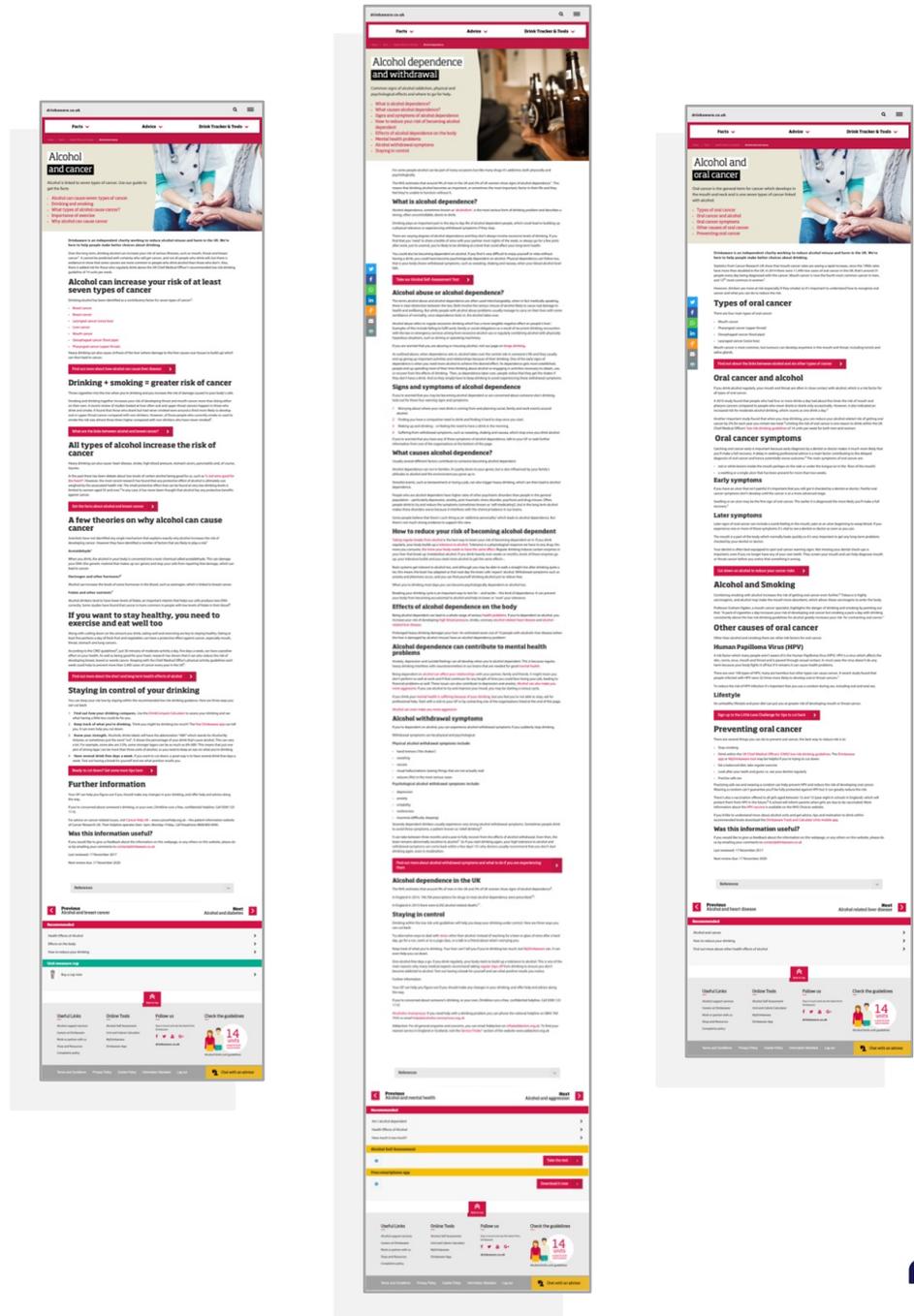
This large amount of text can make it more difficult for some users to digest the content on the page, as some people are more visually focused than word focused.

While not restricting the use of the site, an increased use of imagery, from diagrams to infographics to content-related aspirational imagery, can make the content more approachable and digestible.

See section VISUAL DESIGN for further consideration.

Recommendation

- Review how additional imagery can be used on the site to make content more engaging and easier to approach for a wider audience.



Drinkaware messaging

An introductory sentence (“Drinkaware is an independent charity...”) starts the content on many pages.

This out-of-context statement may confuse users who are scanning the page for its purpose or to find specific content. It also likely adversely affects Search Engine performance.

There are better ways to advocate Drinkaware and its role—such as in a sidebar panel saying “What is Drinkaware?”—than using this first sentence in this way.

Recommendation

- (Quick win) Remove this templated Drinkaware sentence from the top of all content pages.

Alcohol Poisoning - Symptoms, Causes, and Effects

- Is alcohol a poison?
- Alcohol poisoning symptoms
- Know what not to do
- How much do you have to drink?
- When to get help
- What to do and a step-by-step visual guide
- Staying in control
- Drinkchat
- Further information

Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. We're here to help people make better choices about drinking.

Alcohol and cancer

Alcohol is linked to seven types of cancer. Use our guide to get the facts:

- Alcohol can cause seven types of cancer
- Drinking and smoking
- What types of alcohol cause cancer?
- Importance of exercise
- Why alcohol can cause cancer

Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. We're here to help people make better choices about drinking.

Content consistency

Some reviewed pages with similar purposes had notably different content. For example, the two pages on the right are both about units and calories, one for wine and one for gin, yet they have very different content types.

This inconsistency means also means the advice may be inconsistent between pages—a reader of one page may end up with better insight than the reader of a similar page, or one page may inadvertently miss out something critical.

Recommendation

- Consider a longer-term exercise to establish and test standard content templates for pages of a similar type and purpose, and then update the site's pages to match those templates.

Units and calories in wine

- The low risk drinking guidelines in relation to wine
- Check the strength of your wine
- Calories in wine
- Five things you can do to cut back on wine

The low risk guidelines in relation to wine

Check the strength of your wine

A large glass of wine contains as many calories as an ice cream

| ABV | Volume | Units |
|-----|--------|-----------|
| 11% | 250ml | 1.4 UNITS |
| 14% | 150ml | 1.8 UNITS |
| 15% | 150ml | 1.9 UNITS |
| 18% | 150ml | 2.4 UNITS |
| 20% | 100ml | 2.0 UNITS |
| 25% | 100ml | 2.5 UNITS |

Things you can do right now to reduce the amount of wine you are drinking

1. **Mind your measures.** If you're used to drinking large glasses of wine, swap those convenient 250ml wine glasses for 125ml ones - in the pub and at home. Remember to check the volume too. Wines with higher ABV have more alcohol.
2. **Take your triggers.** If you always have a glass of wine to celebrate a good day at work, or commensurate a bad one, try doing something else instead. An alcohol-free drinker not makes a bad good habit, with a gin session it's a great way to relieve stress.
3. **Give alcohol free days a go.** If you drink regularly, your body starts to build up a tolerance to alcohol. Many medical experts recommend taking regular days off from drinking to ensure you don't become addicted to alcohol. Test out having a break for yourself and see what positive results you notice.
4. **Track yourself!** Trade up to a special bottle of wine that's expensive enough to encourage you to savour it over a few days, rather than drink it all in one go. This way, you'll savor and treasure your consuming.
5. **Track your drinking over time.** If you choose to drink, recording exactly what you've drunk during the week will tell you whether you're keeping within the unit guidelines. Our free Drinkaware Track and Calculate Units app is perfect for tracking your drinks when you're not at home.

Units and calories in gin

- Want to know how many calories and units are in gin, and how that relates to the low risk drinking guidelines? Use our simple guide to find out.
- Units in gin
- Calories in gin
- Check the strength of gin
- How to cut down your drinking

How many units are in gin?

How many calories are in gin?

25ml 27.5% ABV gin & tonic = 0.9 UNITS

crumpet = 97 Cals

How to reduce the amount of gin you're drinking

- Explore the alternatives. Try tonic water, ice and lemon mixed in a glass, which can give you a gin and tonic taste without the alcohol. Plus, premium alcohol-free 'spirit' are now growing in popularity, and make a great base for alcohol-free cocktails.
- Watch your measure. If you're making drinks at home, their measures poured 'by eye' can be much bigger than the 25ml of gin you'd expect at a bar. Invest in a spirit measure, or order a Drinkaware unit measure cup. To take the guesswork out of home-made gin and tonics.
- Get out of bounds. Drinking to reach means you have to keep pace with the fastest drinker in your group. Stick to buying your own drinks and then you're free to drink at your own speed rather than somebody else's.
- Take a break. If you want to cut back the amount of gin you are drinking and drink with the low risk drinking guidelines, a good way to try several alcohol-free days each week.
- Space your drinks, slow the pace. Enjoying a meal as part of your evening out slows down the absorption of alcohol, so you can enjoy yourself right to the end of the night. Ordering soft options between alcoholic drinks will also help you stay in control.
- Use our free app to track your units. The Drinkaware Track and Calculate Units App is a simple-to-use tool for keeping tabs on how much alcohol you're drinking each week.

Quality control

Several typos and minor content mistakes were identified in the sampled pages, including:

- Spelling mistakes (e.g. “References”);
- Mistyped URLs (e.g. double ‘http’ example, right);
- Incorrect numbering (e.g. saying ‘three items’, when four are listed);
- Link wording typos (e.g. missing out the first letter of a word when it was turned into a link).

These mistakes will affect users’ perception of the professionalism of the site and, by extension, the accuracy of the advice/facts provided.

See section PUBLISHING WORKFLOW for further consideration.

Recommendation

- *Process recommendation:* as a **high priority**, introduce a checkpoint-based QA process on content before it is made live.

References

<http://http://www.alcohollearningcentre.org.uk/Topics/Browse/SpecTreatment/>

You can keep your risk low by staying within the recommended low risk drinking guidance. Here are three ways you can cut back:

- 1
- 2
- 3
- 4

Drinking within the UK Chief Medical Officers' (CMO) low risk drinking guidelines will help keep your drinking in control. Here are three ways you can cut back:

Here are two ways you can cut back and keep your drinking under control

User experience expert review

gin?

risk drinking guidelines recommend that both men and women should not drink more than 14 units a week. If you do choose to drink that amount it is best to spread it evenly across the week.

A 25ml measure of 37.5% Alcohol by Volume (ABV) gin contains 0.9 units of alcohol. Drinks made with this same amount of alcohol means you will exceed the guidelines. If you drink doubles you'll be over the guidelines with half the number of

Exceeding the guidelines could increase your chances of developing a number of long-term health conditions including heart and liver disease and cancer and it can also affect your mental health.

Recommended

- [More unit and calorie info on spirits](#) >
- [How to reduce your drinking](#) >
- [Are you drinking too much?](#) >

Alcohol Self Assessment



Take the test
n@mensa

Overview

A user experience (UX) expert review comprises assessing a website against a series of pre-defined heuristics or rules that determine patterns for enhancing the user’s experience of a website.

Across 18 years’ research experience, Nomensa has created a detailed list of checkpoints against which to review a website. This section highlights impactful areas in which expert review checkpoints have been missed.

| Usability Review Checklist | | |
|----------------------------------|-----|--|
| v3.1 | | |
| | | URL or scope of re |
| | | Last upd |
| Section | No. | Checkpoint |
| Website goals and purpose | | |
| | 1 | Is it clear what site you are on? |
| | 2 | Is it easy to identify the main objective(s) of the website? |
| | 3 | Does the site meet the audiences’ key goals? |
| | 4 | Is it straightforward, ideally in one click, to locate more information about the site’s objectives? |
| | 5 | Does the site leverage cross-sell opportunities? |
| Homepage | | |
| | 6 | Does the homepage accommodate the target audiences? |
| | 7 | Is there a ‘scope note’ on the homepage clearly describing the purpose of the site? |
| | 8 | Are users presented with quick routes to information, such as most popular sections? |
| | 9 | Is the home page visually distinctive from other pages within the site? |

Confusing dual navigation

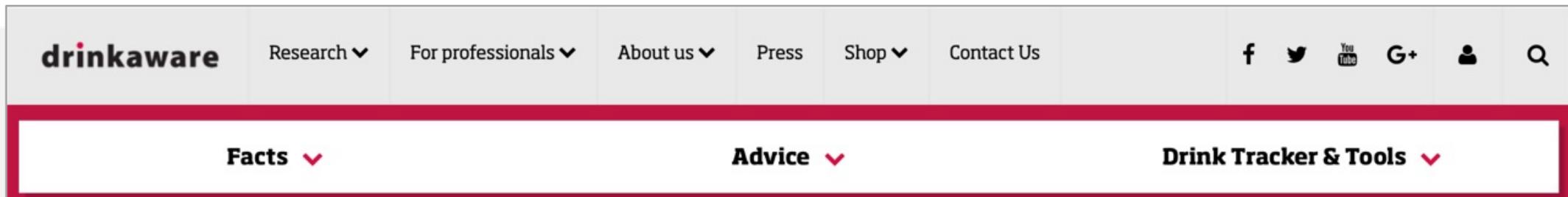
The use of two navigation bars (one starting “Research, For professionals, ...” and the other starting “Facts, Advice, ...”) will confuse some users as to where to start, building frustration.

It may also mean that some users, by using only one of the navigation bars, will overlook site information that may be useful to them.

Recommendation

- Conduct a website structure (or information architecture) research exercise to develop a single site structure that works for all audiences, and then implement that site structure using a single navigation menu.

(Note: this does not stop you using the navigation to prioritise some content as desired; you can achieve this using, for example, dropdown menu design).



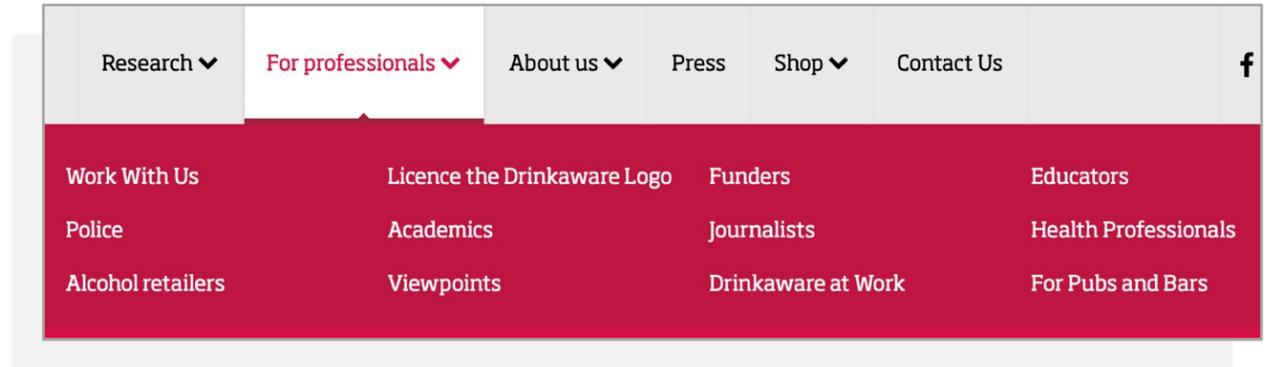
Menus do not reflect site structure

When the structure (or hierarchy) of the menu reflects the structure of the website as a whole, users build up an understanding of where to find content, making their use of the site easier, more satisfying, and more successful.

However, the current menus have links that go to a variety of parts of the site without consistency. For example to different site 'levels' within the hierarchy, or sometimes even linking part of the way down a page (e.g. "For professionals > Academics").

Recommendation

- As with the previous issue, consider running an information architecture research project that better structures the site's content, and then develop a new, engaging menu system that surfaces that great content for users who browse the website.



Anchor links do not match headings

Many links at the top of content pages do not match the headings they link to.

For example, on the 'Alcohol and heart disease' page (see right), the anchor link "The effects of alcohol" links to a heading on the same page called "Long-term, heavy drinking can lead to heart disease".

This can confuse users who may be unsure if they have selected the right link, and may lead to less engagement and trust with the site.

Recommendation

- Ensure anchor links always match the headings or content they link to.

Alcohol and heart disease

The effects of alcohol on the heart, looking at the risks and also the potential benefits claimed by some researchers.

- What is coronary heart disease?
- **The effects of alcohol**
- The effects of binge drinking
- Alcohol's benefits?
- The facts

Long-term, heavy drinking can lead to heart disease

'Alt' text problem suggests accessibility issues

In checking a random sample of images, many were found to be missing their 'alternative' (alt) text, i.e. hidden text that describes an image to search engines and to users with visual impairments. This will effectively make the images invisible and useless to both of those audiences: this is a legal, commercial and ethical minefield.

This also suggests there may be serious accessibility issues with the website that should be addressed as a matter of priority. Positively, addressing these issues will increase the site's audience reach, improve site's search engine rankings, and make the site more compatible with future technologies.

Recommendation

- In the short term, add alternative text to all images on the website.
- Commission an accessibility audit of the site to determine the scope of the accessibility issues and their fixes.



Code for the above image (note the empty "" for the 'alt' attribute):

```

```

'Previous' and 'next' links may confuse

At the bottom of several pages are links to a 'previous' and 'next' page.

However, those pages may not relate well to the current page. For example, it is not intuitive to say that after a "What is an alcohol unit" page, the reader would expect to read "Alcohol's ingredients, chemicals and manufacture".

This valuable space at the bottom of many pages is therefore being used ineffectively.

Recommendations

- Consider replacing the previous/next links with "See also" content at the bottom of pages, curated on a page-by-page basis, to deepen site engagement and increase satisfaction with Drinkaware's information.
- Ensure that content types are tagged in an effective way to ensure that related content can easily be linked to and surfaced on relevant pages.

What is an
alcohol unit?



Previous
CMOs' Low Risk Drinking Guidelines

Alcohol's ingredients, chemicals and manufacture

Next



Not all content is listed in page summaries

At the top of several pages are anchor links or summary bullet points about the content on the page.

However, those lists are sometimes incomplete. In the example on the right, the “Health Effects of Alcohol” lists seven page sections. However, there are 10 sections on the page, meaning sections like “Alcohol and gender” are not represented at the top.

This means that some users may mistakenly overlook valuable content on the site, sometimes increasing frustration with Drinkaware.

Recommendation

- Ensure summary lists at the top of pages cover all page sections. If this means there are too many items, consider combining sections of page content or splitting the page into multiple pages.

Health Effects of Alcohol

The short and long-term effects of alcohol can affect your body, lifestyle and mental health. Armed with the facts you can make an informed choice about your drinking. Find what you need on:

- Alcohol's effects on the body
- Alcohol and appearance
- Alcohol and calories
- Alcohol and children and teenagers
- Alcohol-related diseases
- Hangovers
- Alcohol, fertility and pregnancy

Alcohol and gender

Alcohol and men >

Alcohol and women >

References are not hyperlinks

It is relatively common practice for a reference (written as a superscript number) to be a hyperlink to the full information.

However, the references on the site (see example, right) are not hyperlinks. This adds a small, yet unnecessary, step for any reader wishing to read more about a particular fact or referenced organisation.

Recommendation

- (Quick win) Consider implementing all references as hyperlinks to the reference panel at the bottom of the page.

Rapid Eye Movement (REM) stage of sleep.²

Visibility of essential information

There is strong content on the facts pages information about how to help a friend with alcohol poisoning.

However, those pages often have background factual information that would make it difficult for a person in a hurry to find the critical support they need.

The example on the right shows the content at the top of the “Alcohol poisoning” page. Note how the ‘symptoms’ content—which may help someone diagnose a friend with alcohol poisoning—is far below factual reference information on why alcohol is a poison.

Recommendation

- (Quick win) Consider revisiting popular pages to ensure that background information is notably separate from practical information, especially information involving urgent actions.
- Decisions should be made at a more strategic level as to the purpose of these pages, whether the factual pages are to support people in emergency, for example. This will guide what content to use on the page.

Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. We're here to help people make better choices about drinking.

Black coffee won't help. Nor will making someone sick. Or leaving them to sleep it off.

In fact, these traditional ways of trying to sober up a friend can do far more harm than good. Particularly if the friend is actually experiencing acute alcohol poisoning – which can be difficult to spot initially.

They may have only had a few drinks, or they could have downed several, but this isn't always an indicator. By recognising the signs of acute alcohol poisoning and knowing what to do, you could save someone's life.

[Learn about how alcohol poisoning affects young people.](#)

Alcohol is a poison

It may not seem like it but alcohol is a poison and can sometimes have lethal consequences.

Your body can only process one unit of alcohol an hour. Drink a lot in a short space of time and the amount of alcohol in the blood can stop the body from working properly.

It can:

- slow down your brain functions so you lose your sense of balance.
- irritate the stomach which causes vomiting and it stops your gag reflex from working properly – you can choke on, or inhale, your own vomit into your lungs.
- affect the nerves that control your breathing and heartbeat, stopping both.
- dehydrate you, which can cause permanent brain damage.
- lower the body's temperature, which can lead to hypothermia.
- lower your blood sugar levels, so you could have seizures.

[Are you drinking too much? Take our Self Assessment test to find out](#)

Alcohol poisoning symptoms

Within-site search is underperforming

There are signs that the site's internal search feature is performing poorly for some searches. For example, in a search for 'alcohol poisoning', the page with that exact name on the website does not show up anywhere in the 52 results.

"Drink free days" is another search that does not bring up the relevant campaign page, instead highlighting strange results such as "Gluten free alcohol".

While we believe the site search is a distant second in importance compared to Google search performance, if the feature is made available to users it should work efficiently so as to maintain user confidence in the site.

Recommendation

- Review the technical implementation of the search feature on the site, to see if a misconfiguration or other issue is affecting the search results.

Results for alcohol poisoning 1 - 15 of 52

What is alcohol? Ingredients, chemicals and manufacture

, consuming too much alcohol in a short span of time could put you at risk of alcohol poisoning ... Whether you choose to drink wine, beer, or spirits, they all contain alcohol. Get the facts about alcohol's ingredients and the processes involved in its production. How is alcohol made



Alcohol and bowel cancer

Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. We're ... early can mean a full recovery, and reducing your alcohol intake is just one of the ways you can ... poisoning. If you notice any of the above symptoms, don't panic, but make an appointment to see your GP



Alcohol and women

Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. We're here to help people make better choices about drinking. For women, alcohol can put you at greater ... of the menopause. So, whatever age you are, it's important to keep an eye on your alcohol consumption



Calories in alcohol

calories in alcohol are extra-fattening Alcoholic drinks are made by



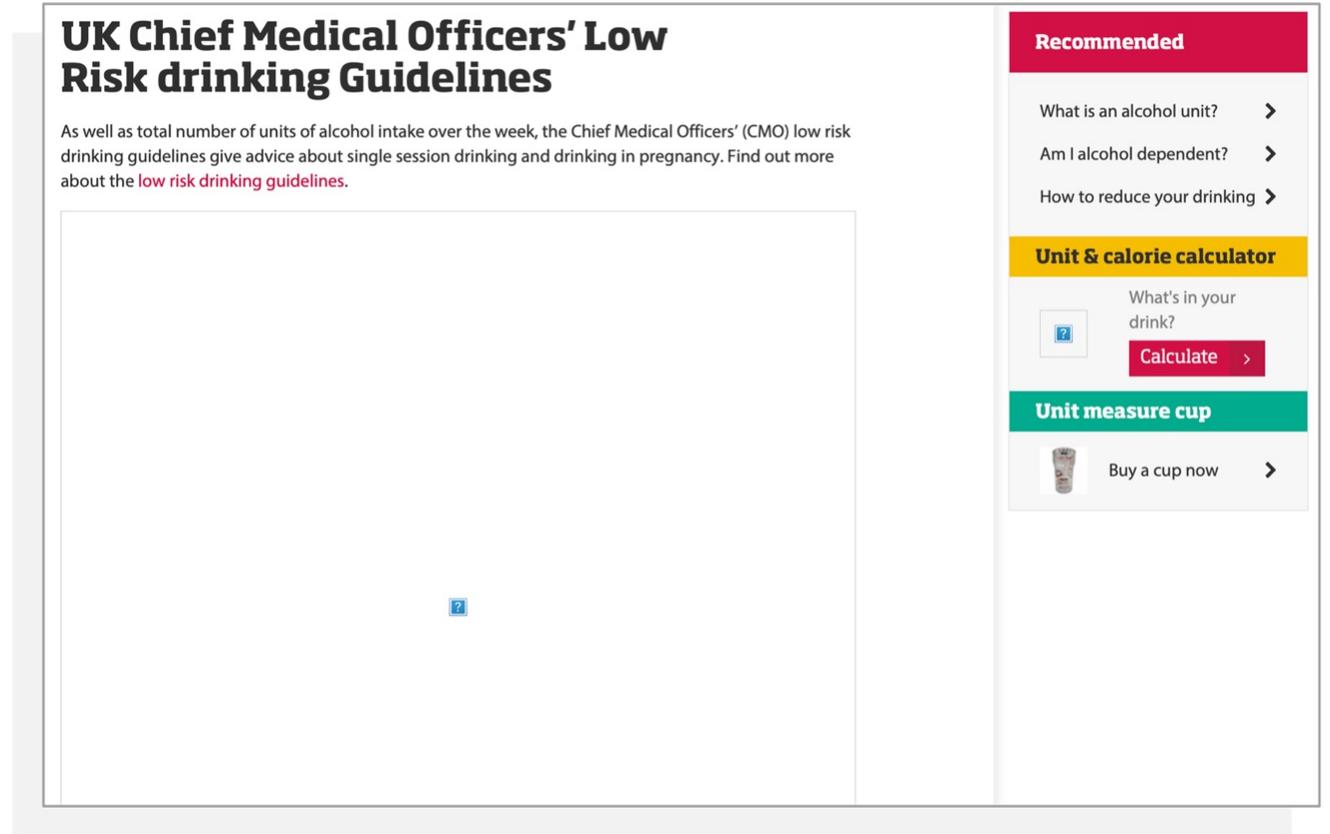
Missing imagery

On some site pages there were missing images, notably in the example on the right (one of the two pages on the CMOs' Low Risk Drinking Guidelines) where a large image and a sidebar image did not load.

Missing images will affect the perception of Drinkaware's competence and professionalism, and will also, for some users, cast doubt on the accuracy of content (because missing images can often be associated with old websites).

Recommendation

- (Quick win) Review all pages and sidebars for missing or 'broken' images.



to the rest of the UK.
k Free Days could make.

Visual design



Overview

Overall, Drinkaware should feel an educational, trustworthy and inspirational environment. It is entirely possible to curate every image to support this mission.

There is already some good imagery in use, in particular the infographic style educational illustration. There are also places where inappropriate and/or repeated imagery is used which does a disservice to the content as a whole.

With the introduction of a few more rules and rationale to regulate the use of each type of imagery, it can become a strong cohesive visual language.

Our recommendations are designed to ensure each and every image serves a purpose. With a strict audit and ongoing curation the site will continue to evolve into a stronger and more trustworthy resource to best support and serve its important content.



Design: Detailed Review

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Image styles

There are a variety of image styles being used around the site (listed right).

While there is effective use of imagery, it would be useful to carry out an audit to ensure that the right types of imagery are being used, and that they are being used in the correct context to best support the written content.

On the following pages we will provide examples of the types of imagery.

Image styles being used around the site:

- Photography: Lifestyle
- Photography: Alcohol portraits (still life)
- Photography: Distressing / triggering
- Photography: Medical
- Illustration: Animations
- Illustration: Editorial
- Illustration: Educational
- Illustration: Interactive
- Illustration: Navigational

Lifestyle photography

Lifestyle photography is used in all areas of the site. Sometimes this feels relevant, and sometimes it feels out of place. Here are two examples:

The top image accompanies the “Drink Free Days” campaign. This feels appropriate because the image is chosen to inspire people to take a position action.

The bottom image is the ‘hero’ (lead image) on “How alcohol affects relationships” page in the “Facts” section of the site. This feels out of place because the image portrays a desirable lifestyle, which undermines the advice given and may be received as a

personal judgement i.e. “if this reflects your life, you’re doing something wrong.”

Recommendation:

- Reserve the use of lifestyle photography for inspiring positive action.

This could be story telling (e.g. case studies), or campaign use (e.g. the ‘Go Sober For October’ campaign). Photography depicts real people, places and objects and as such naturally lends itself as a story telling medium. On the flip side generic photography can create a disconnect and feel like a ‘place holder’.



Alcohol portrait photography

Alcohol portraits are used frequently around the site, often on pages with an educational focus.

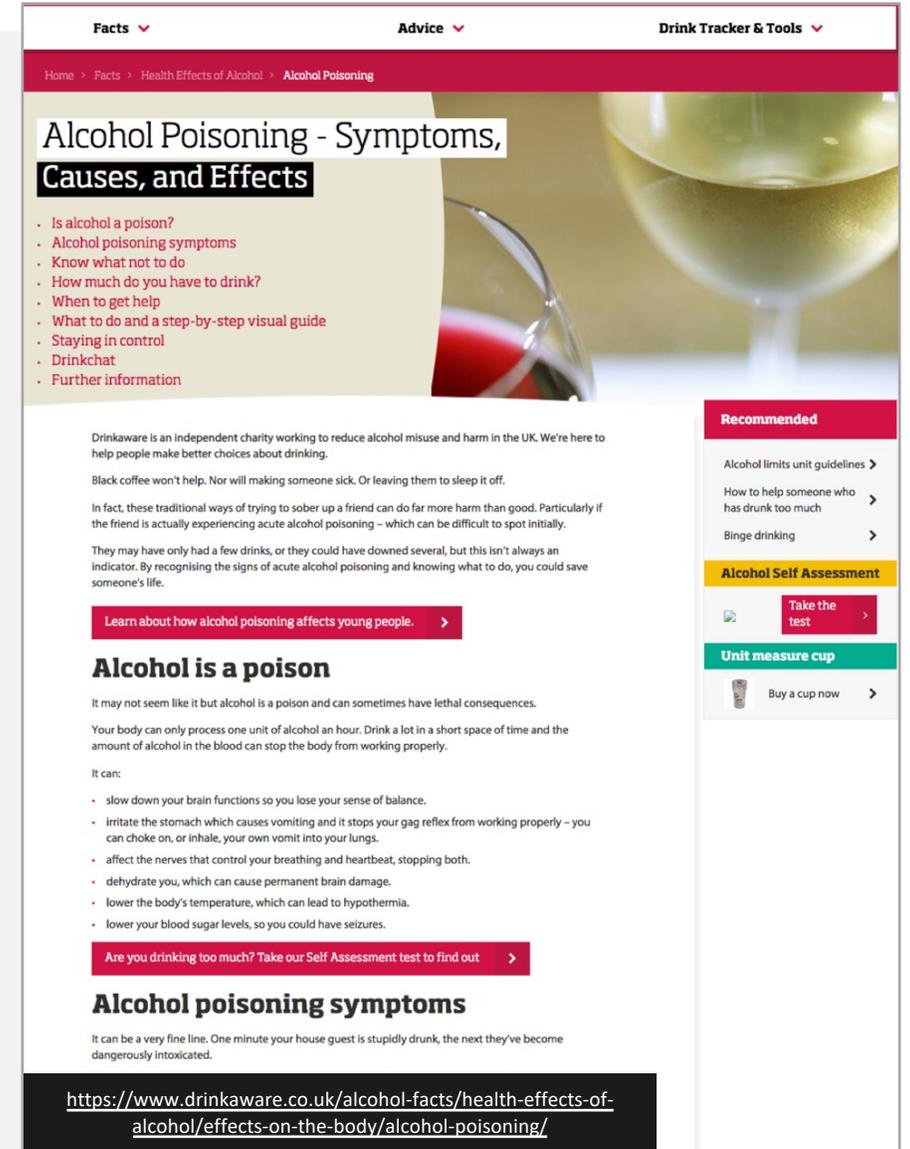
In some situations the portraits create a 'demonising' effect. For example on the "Alcohol Poisoning – Symptoms, Causes, and Effects" page (pictured right) the combination of the neutral close up photo of two glasses of wine with words such as "Poison" and "Symptoms", the page suddenly feels like a frightening and negative place.

This emotional effect may distract the audience from learning, and make them feel judged.

Recommendation

- (Quick win) Reserve the use of alcohol portrait photography for content that requires literal representations.

There are scenarios that will require photographs of alcohol for educational purposes – this is where these photos will best support the content. In these cases we recommend accompanying the medical photograph with a caption to indicate their relevance. For pages such as this example, a more educational illustration of a scientific nature will engage and inform the audience, giving them the knowledge they require to make better decisions regarding alcohol consumption.



Distressing / Triggering photography

Distressing and Triggering photography is seen around the site, usually as a hero image, often on pages with an educational focus.

These images are the first thing a user will see, and they create a heightened emotional backdrop to the content.

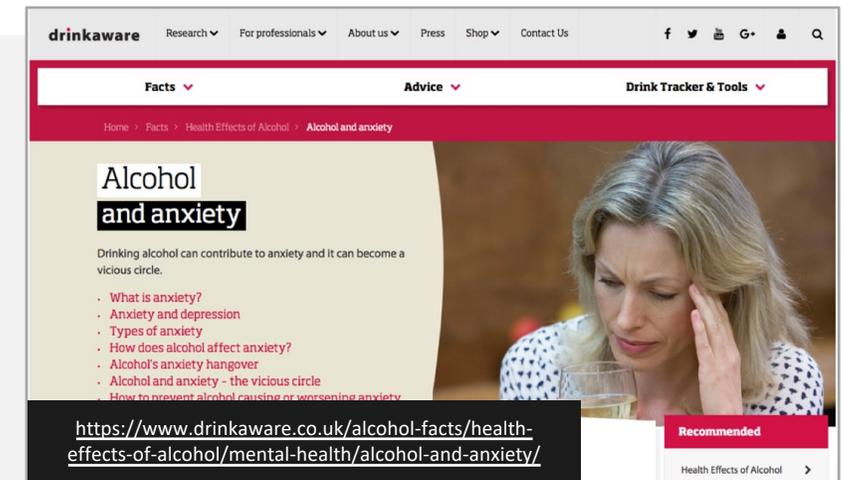
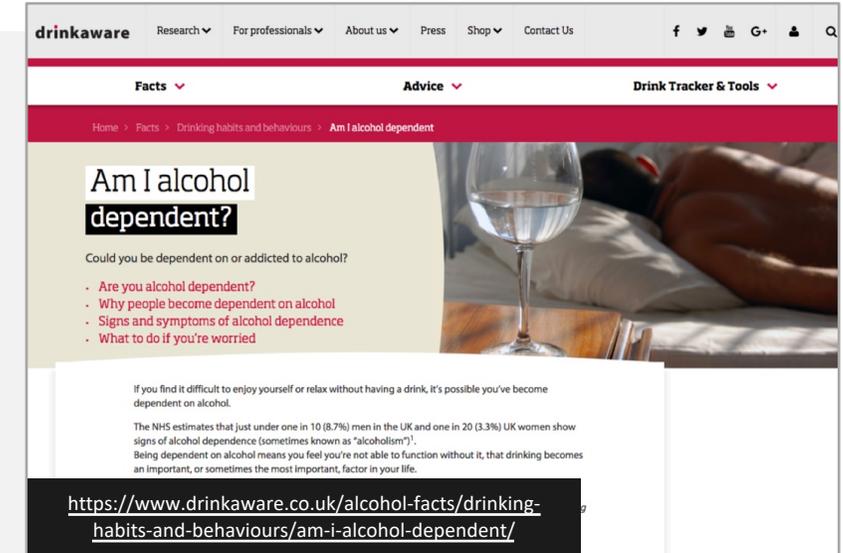
For example on the “Am I alcohol dependent?” and “Alcohol and anxiety” pages (pictured right) the emotionally triggering imagery alongside the context of the page will heighten the emotions of someone who has come to this page to find important information. This emotional effect may distract from learning, and create a sense of panic.

Recommendation

- Remove emotionally triggering photography and consider using illustration or bold, typographic headings.

In many places the subject matter is already triggering for somebody who is looking for help. The audience is here to find information, and the imagery should support that mission in a mindful way.

Illustration is able to set a neutral backdrop, using abstract or educational concepts to communicate information, or in some cases provide calming emotional support.



Medical photography

Medical photography is sometimes used as the page hero, usually in the Facts section.

The images usually depict doctors, patients, medical examinations and equipment and has a neutral feel.

Some images are used in multiple places to support different subjects.

Recommendation:

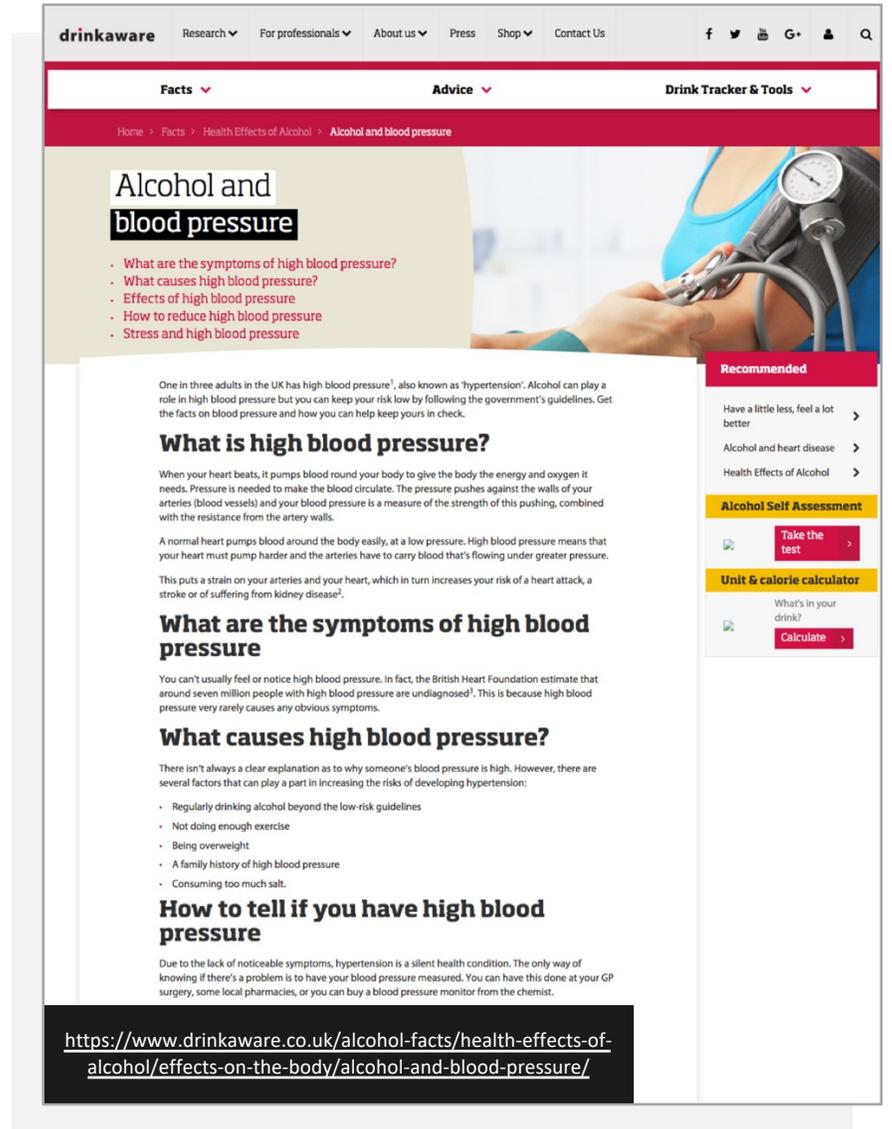
- Reserve the use of medical photography for content that requires literal representations.

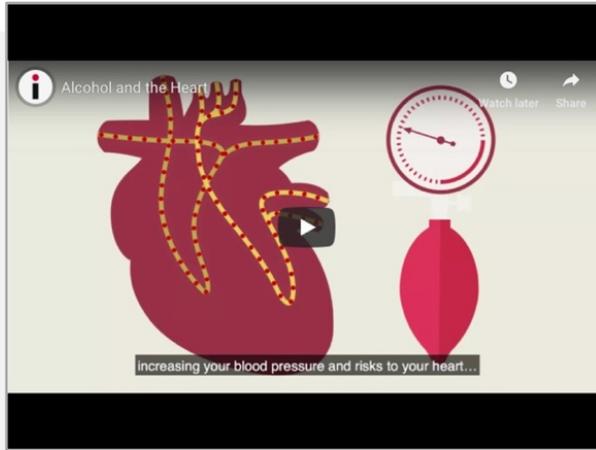
For educational pages, the educational

iconographic style is more effective as they provide a method of communication for users who may prefer visual learning to written content.

There are scenarios that will require photographs of medical scenes for educational purposes – this is where these photos will best support the content. In these cases we recommend accompanying the medical photograph with a caption to indicate their relevance.

We also recommend only using each image once. This will avoid reducing the meaning and impact of the imagery.





Educational: Animations



Educational: Infographics and diagrams

Types of Illustration in use



Editorial: scene setting



Educational: Interactive tools



Navigational: call to action devices

Educational illustration



The iconographic style is in wide use around the site to support educational content by visual communication.

The style is simple, neutral and clean which makes it easy to understand.

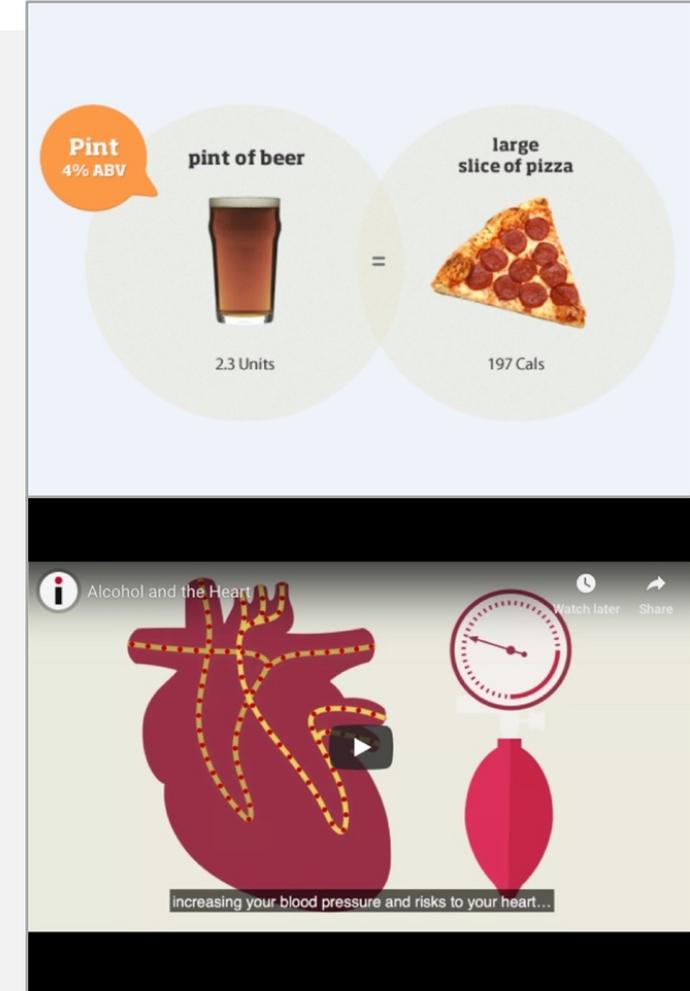
Some icons are used in multiple places to support different subjects.

Recommendation

- (Quick win) Reserve the use of the iconographic illustration style to communicate facts and results, and to visually explain scientific detail.

The clean, neutral style lends itself to text book style education, decreasing the barrier to understanding and enabling visual learners who may skim past written content.

To strengthen the educational content we also recommend assigning an official meaning to each icon in order to maintain a consistent visual language and ensure that icons are not being reused for conflicting meanings.



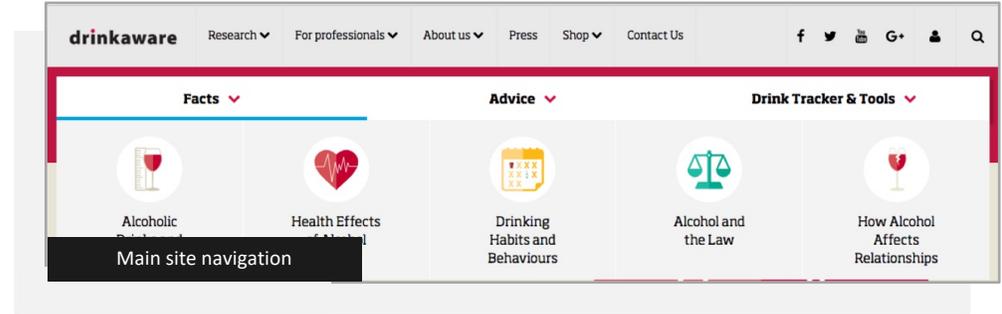
Navigational illustration

The iconographic style is frequently used around the site as a navigational device. Some icons are used in multiple places to support different contexts.

Recommendation

- (Quick win) Reserve the use of the iconographic style for educational content, not navigational devices.

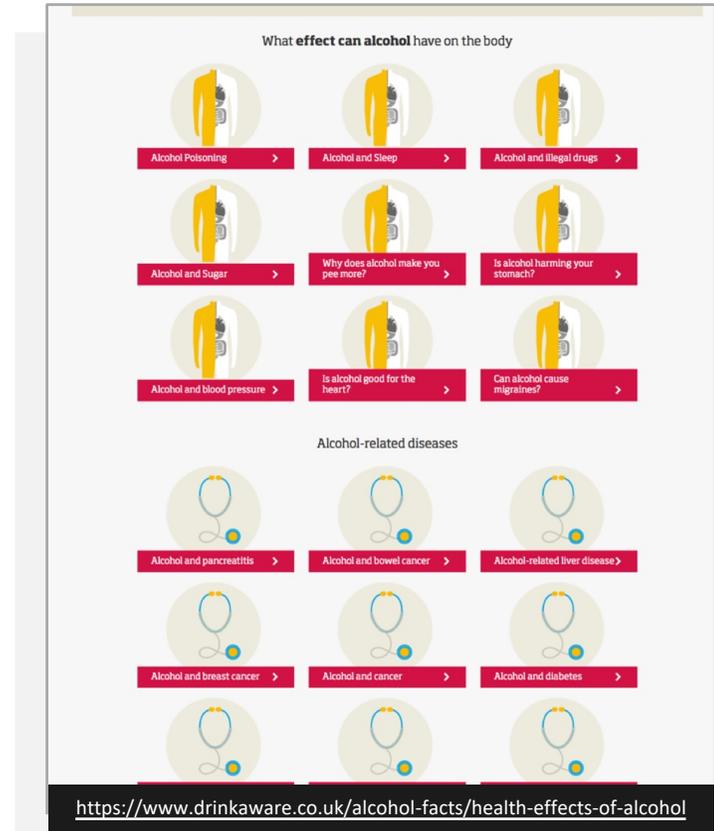
The visual educational content on the site is rich and supports the written content well. However when the same imagery is seen in other places as calls to action the message becomes muddled. This is especially apparent when it is seen repeatedly, as in the example on the right.



Avoid using icons (or the same style of icon) for educational content and navigational devices.

Reserving the iconographic style for educational content will help the audience to recognise when to stop and learn. If the same style is used elsewhere for navigating the site the user may skim over the educational imagery and dismiss it as a call to action.

The exception to this is the main site navigation (pictured top). The icons here have been well designed to match the main sections of the site, and are always seen in that same position.



Editorial illustration

In some places the iconographic style is used to create editorial illustrations.

The illustrations create a backdrop to the written content, usually as a hero image, but do not serve an educational purpose.

Recommendation

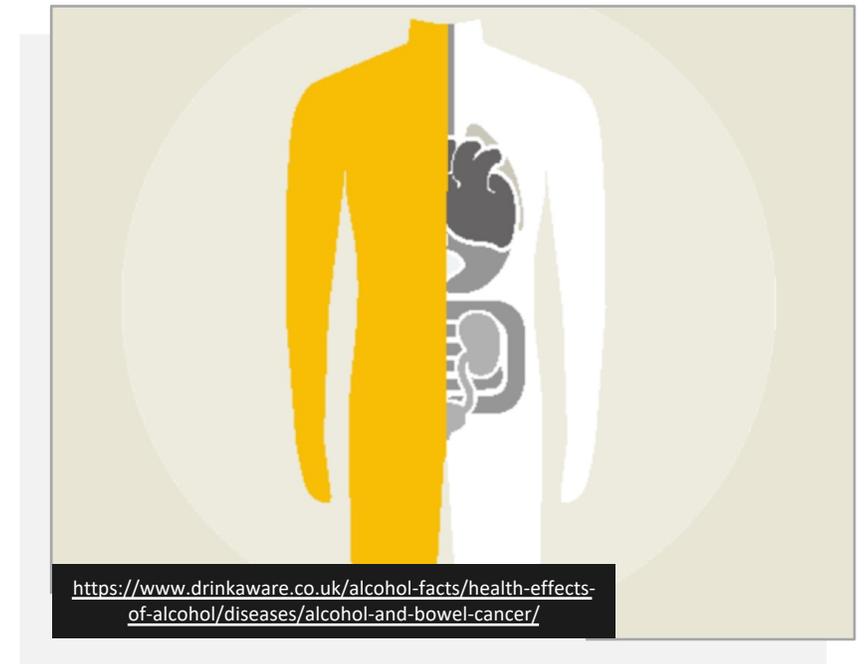
- Introduce a new style of illustration for editorial purposes.

Editorial illustration can support content where photography is inappropriate and educational iconography is not required. The style should be more free than the iconographic content to enable the audience to differentiate.

Illustration is able to set a scene and introduce emotion without being as literal as a photo.

Illustration can be designed to communicate abstract concepts, without the boundaries of real life. This is a very useful tool for communicating something in a simple way without distracting with unnecessary detail.

Another benefit of illustration is the ability to appeal to a more diverse audience. It is in the illustrators gift to design their cast, scenes and objects. A suite of illustrations can easily include many varied cultures.



Design Recommendations

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Summary

Reserve the use of photography for inspiring positive action. Introduce a strict rationale for any use of photography to support this rule.

Positive action could be story telling (e.g. case studies), or campaign use (e.g. the 'Go Sober For October' campaign). Photography depicts real people, places and objects and as such naturally lends itself as a story telling medium. On the flip side generic photography can create a disconnect and feel like a 'place holder'.

Avoid emotive imagery on Facts and Advice pages in favour of educational images, diagrams and infographics.

The audience are on the page already so they don't need to be emotionally persuaded to stay, use the page as a tool to educate and inform in a factual way.

Try not to show the audience photos of something they can't have.

There will be cases where the easy answer is to add a photo of a situation involving alcohol, but be wary of undermining the written content and advice on the page. An image is typically the first thing the audience will see, and if it depicts a relatable scene, even something innocuous like a glass of wine on a table, the written content may then take on a different slant; for example it may feel more personal, and therefore judgemental.

Summary continued

Use the iconographic illustration style to communicate facts and results, and to visually explain scientific detail.

The clean, neutral style lends itself to text book style education, decreasing the barrier to understanding and enabling visual learners who may skim past written content.

Avoid using icons (or the same style of icon) for educational content and navigational devices.

Reserving the iconographic illustration style for educational content will help the audience to recognise when to stop and learn. If the same style is used elsewhere for other purposes (e.g. navigational devices) it will become confusing and disorientating.

Introduce a new style of illustration for editorial purposes.

Editorial illustration can support content where photography is inappropriate and educational iconography is not required. The style should be more free than the iconographic content to enable the audience to differentiate. Editorial illustration is able to set a scene and introduce emotion without being as literal as a photo. Compositions can be designed to communicate abstract concepts, and appeal to a more diverse audience.

Recommended imagery types



Campaign Photography

to intentionally heighten emotion in order to empower and inspire **positive** action.



Educational Illustration

to neutrally communicate facts and results, and to visually explain scientific detail.



Editorial Illustration

to support factual or advisory content by neutralising and calming emotion. To act as a backdrop and break up text heavy pages.



Alcohol Portrait Photography

for educational purposes (with captions)



Medical Photography

for educational purposes (with captions)

Written content



14 glasses of 40% spirits

For your 14 units, it's best to **spread evenly** across the week.

To cut down the amount you're drinking, a good idea is to have several **drink-free days** each week.



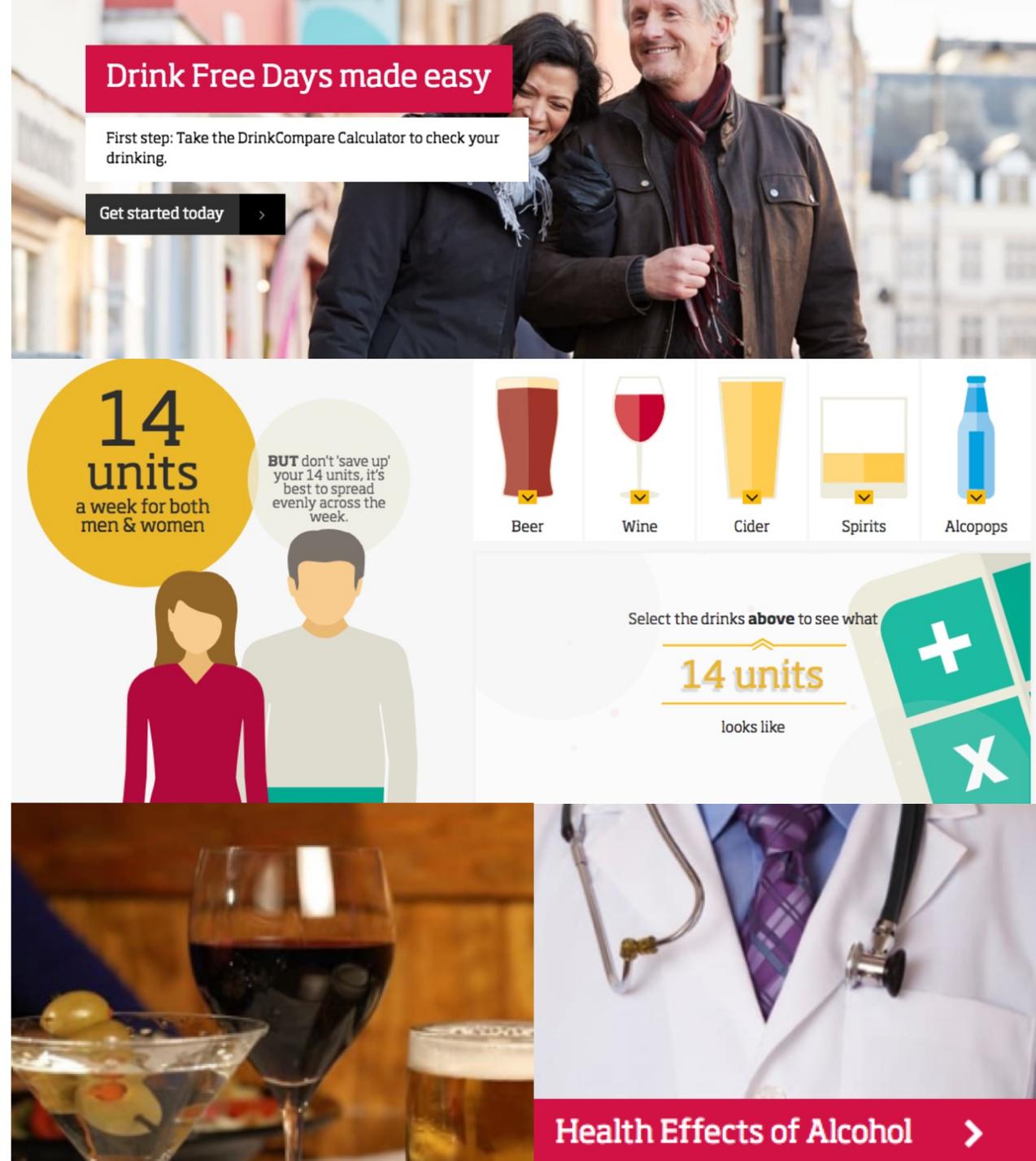
10% ABV wine and 4% ABV beer

Overview

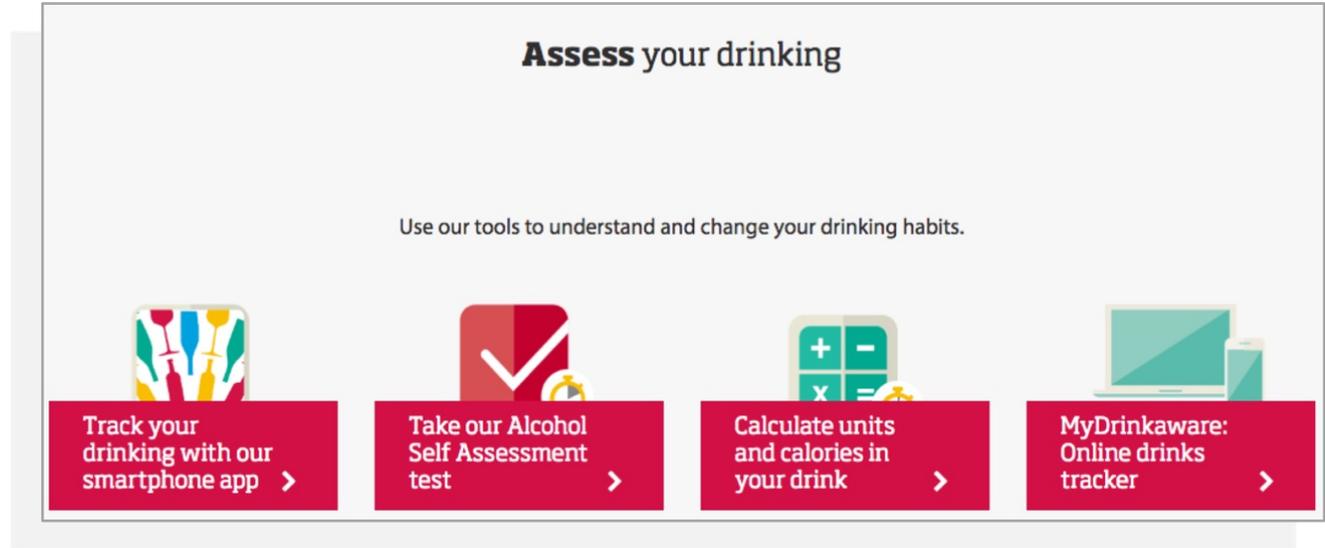
Drinkaware helps people across the UK make healthy decisions about drinking alcohol. Hence, it is imperative that their content is factual, functional and easy to understand.

For our written content review we considered:

- Is the content useful and usable?
- Is it aligned with content best practice?
- Is it written to the right reading age?
- Is it optimised for the web?
- Is its tone of voice consistent?
- Is it making use of alternative content formats, like imagery or infographics?



Homepage content



The homepage is the first place users land, so we need to make sure it is a warm reception. The homepage worked well as a whole, but it is important that people who interact with Drinkaware feel understood and supported, especially as many will have complex emotions and motivations while navigating the website.

In addition, making small changes to the content can help make users feel more empathised with.

Recommendation

- Subtle semantic adjustments like the one below demonstrates how we can shift the tone towards aspirational, making them more likely to stay and benefit from Drinkaware’s wealth of resources:

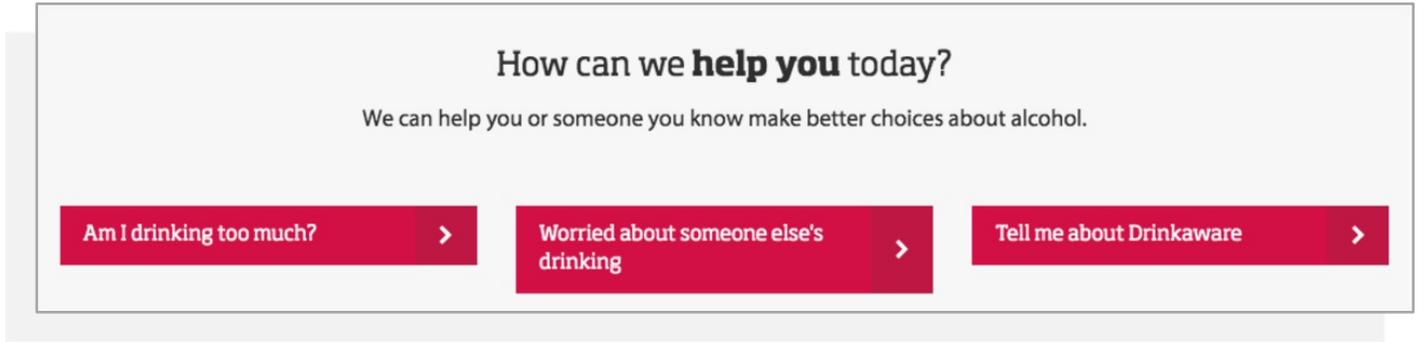
“Use our tools to understand and **change** your drinking habits” *change to:* “Use our tools to understand and **improve** your drinking habits”

In addition, we did spot a few inconsistencies in content structure and the occasional grammatical error crept in.

Recommendation

- These small glitches could be solved with an improved QA process.

Calls to action



We also looked closely at the calls to action (CTAs) and how we could make them more compelling to users.

By using first person pronouns across the CTAs we can make them more consistent and engaging for users, as it feels like we are speaking directly to them. That said, generally the micro-copy within the CTAs are helpful and adequately direct the user.

Recommendations

- Using the homepage's CTAs as an example, under 'how can we help you today', we would firstly remove the second line of content as it does not provide any additional information.
- Secondly, we would adjust the CTAs to the following:
Am I drinking too much? >
I'm worried about someone else >
Tell me more about Drinkware >

Facts landing page

Next we looked at the facts landing page. Sentences like “What is alcohol and how does it affect you? Here you’ll get the facts.” aren’t bad per se, but could be more persuasive. Sentence structure can be shortened too (i.e. ‘Here are the facts’ rather than ‘Here you’ll get the facts’).

The micro-content mentioned above also serves no significant purpose: the header content already orients the user and introduces them to the page, while the cards direct them where to go next. However, if this micro-copy is necessary, then the words above and below aren’t doing what they need to.

When writing for the web, we need to say more with less. This lends itself to writing in an active voice, which is by default more engaging than the passive voice.

Facts

Honest facts about alcohol can help you make better choices about your drinking. We work with our independent panel of medical experts to bring you reliable information and advice about alcohol.

What is alcohol and how does it affect you? Here you’ll get the facts.



Chief Medical Officers' low risk drinking guidelines >



Alcoholic drinks and units >



Health Eff



Drinking habits and behaviours >



Alcohol and the law >



How alcohol relationships

Health effects of Alcohol

Content on this page is functional and easy to navigate. But it is also somewhat clumsy at points. For example: “The short and long-term effects of alcohol can affect your body” while making sense, sounds awkward due to the use of: ‘...effects....can affect...’.

We also spotted some inconsistencies in grammar stylings within the CTAs. Although these were minor errors, like missing full stops and question marks, we should always endeavour to have sparkling content. Nothing dents consumer trust quite like a typo.

The tone also switches between a formal and colloquial voice in the CTAs, and its effect is quite jarring. It is important for the tone of voice to remain consistent in order to foster trust, particularly on medical, fact-based pages.



Fact page: alcohol poisoning

Scene-setting

When landing on the alcohol poisoning page, users are immediately confronted with a few paragraphs of unnecessary scene-setting content, as well as a strip of boilerplate copy. To get to the symptoms – the page’s headlining feature – the user needs to crawl through paragraphs.

This section – like we see on other fact pages – is, while understandable, utterly redundant. Firstly, there is no need for Drinkaware to introduce itself or outline its merits. It has a clearly signposted ‘about us’ page for those who are unsure, and the users themselves will have landed here for a reason. At best, it is an annoyance, at worst it will disorientate the user who could decide to click elsewhere.

Storytelling can be an effective tool, but not in this context. These users are task-led and while this conversational tone of voice may have worked in earlier stages on the user’s journey, right now they just want to know what the symptoms are.

Content hierarchies

Googling ‘alcohol poisoning symptoms’ brings up this page. When we consider the contexts users may be searching from – it could be out of curiosity or in response to a medical emergency – it is especially important that symptoms are not buried.

Symptoms are a clear example of what content should be prioritised, but on other pages, specific user needs may not be so clear. Balancing writing for the web best practice with insights gained through user testing should reveal what content should sit where.

Long sections such as this one could also benefit from using accordions that hide the text, or alternative content formats like infographics or videos, like we see on the cancer advice pages.

Content Recommendations

14 glasses
40% sp

is best to **spread**
week.

amount you're drinking,
drink-free days each we

Thursday

Friday

Saturday



V beer

Content prioritisation

We need to make sure the most important information on a page is prioritised. First paragraph is about more than tantalising the reader. It orients them and lets them know if they are in the right place. We need to give them what they want, and then get out the way.

In general, when writing for the web it is best practice to follow the 20/80 front-loading rule. As a well established journalism tactic, it sees the most crucial insights from a piece of content brought to the front (representing the 20% people will read) while the more in depth information (the 80%) follows further down.

This is particularly true for the content for healthcare professionals. Non-specialists may be interested, but only want to learn a superficial overview. While professionals may just want to get the highlights quickly. Both signify the 20%.

Recommendation

- Content testing should be adopted; this approach is supported by multiple studies.

For example, [Jakob Nielsen](#) found people only read 20-28% of a page's content. Further, concise, objective, scannable, copy was found to be 124% more usable than controls.

By frontloading and optimising for scanning, we give the user the opportunity to delve deeper if they want to, but those that are looking for less, they get it straight away.

Determining what content comes first can be challenge and it all begins with the page's purpose. Conducting content testing will not only reveal user expectations of a page and whether you are meeting them, but also if the content's hierarchy is in the right order.

Accessible writing

We found that while overall Drinkaware tended to use simple language, occasionally sentences meandered and words were too complex. This usually happened in areas referencing or containing healthcare information, like the report example cited here.

But there is a way to balance high-level medical insight with simple, straight-forward writing. We can cater to varying reading levels; considering not just accessibility in terms of individuals with a permanent or temporary disability, but those with low digital skills, poor literacy levels, limited access to the internet or low digital confidence, as well.

Public Health England **Alcohol Evidence Review**

Reducing the affordability, availability and promotion of alcohol identified as the most effective approaches to increasing impact on alcohol-related harm.

Reading age

The example 'Public Health England: Alcohol Evidence Review' opposite shows a slice of homepage content that is written to a graduate level. While it does lead to a report written for medical professionals, even they prefer easy language. In fact, according to [Christopher Trudeau's 2012 research](#), the higher their literacy level, the greater their preference for plain language was. Similarly, content designers in the Government Digital Service (GDS) consider it best practice to write to a reading age of a nine year old for citizen and business-facing text.

Recommendation

- By simplifying the language, we can lower the reading age, while the use of 'we' makes it a collective effort:

We can limit alcohol-related harm by increasing costs, and reducing its availability and promotion

To paraphrase a frequently touted content design mantra: simplifying content doesn't mean dumbing down, it opens it up.

Accessible writing

continued

Recommendation: Sentence length

- It's good to keep it short.

The longer sentences are, the more difficult they are to read.

[Studies have shown](#) that sentences lasting 11 word are easy to read. By 21 it become fairly difficult, and at 29 words or longer, it's very difficult. This means that users won't just struggle to get through your content, they may miss its most pertinent points.

Recommendation: Semantic mark-up

- A simple way to make content more accessible is to change the way we denote bold in mark-up.

Drinkaware uses bold to add emphasis to its content across the website. Standard mark-up for bold in HTML is ``. But this is listed as a WCAG Level A error as it isn't announced to those using a screen reader on the website. However, using semantic mark-up in HTML like the `` tag tells the user that the content is important.

Tone of Voice amends

Beware the overfriendly brand voice. As we have already noted earlier in this review, occasionally language slips from friendly to overly colloquial. This is problematic for a number of reasons.

As we saw on the alcohol poisoning page, knowing when to leverage a brand's tone of voice is arguably harder than actually writing. Personality content appearing in the wrong place often has the opposite effect as intended.

Users may be frustrated because they have to scroll past it, while slang is often location and experience specific. This is not just isolating for some users, but when appearing on an advice or facts page, it could mean they misunderstand vital information.

Alcohol depression = a vicious cycle

If you drink heavily and regularly you're likely to develop some symptoms of depression. It's that good old brain chemistry at work again. Regular drinking lowers the levels of serotonin in your brain – a chemical that helps to regulate your mood.

In Britain, people who experience anxiety or depression are twice as likely to be heavy or problem drinkers. For some people, the anxiety or depression came first and they've reached for alcohol to try to relieve it. For others, drinking came first, so it may be a root cause of their anxieties².

Drinking heavily can also affect your relationships with your partner, family and friends. It can impact on your performance at work. These issues can also contribute to depression.

If you use drink to try and improve your mood or mask your depression, you may be starting a vicious cycle...

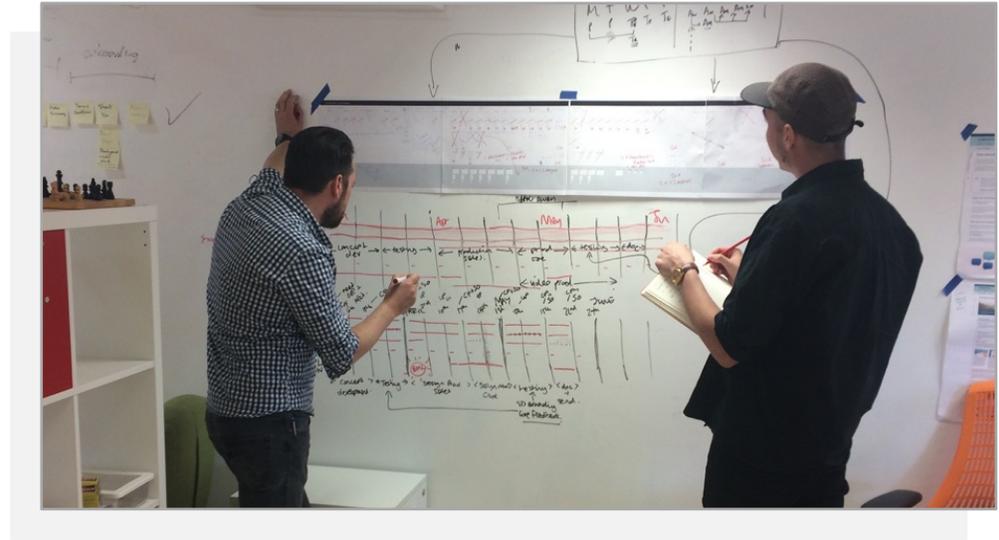
Warning signs that alcohol is affecting your mood include:

- Poor sleep after drinking
- Feeling tired because of a hangover
- Low mood
- Experiencing anxiety in situations where you would normally feel comfortable.

On the alcohol and mental health page, the conversational tone of voice could be viewed as boarding on being facetious. Depression is not a matter of "that good old brain chemistry [being] at work again" and for a user suffering from such a crippling disorder, they may find such a tone unhelpful and a touch dismissive.

The copy needs to be intelligent and flexible with when and how using branded content. We need to always ensure the content that appears is useful, relevant and appropriate for its context, and that it directly serves a user need.

Content strategy



In addition to the recommendations made on the previous page, we have highlighted here how focus on content strategy could further support Drinkaware’s aims.

Most of the recommendations made in the **C O N T E N T** section is in line with content design principles, the Government Digital Service (GDS)-approved branch of copywriting. Shaped by user needs and defined by its penchant for testing, accessible language and stakeholder investment, it cracks a service open to a cross-section of the public.

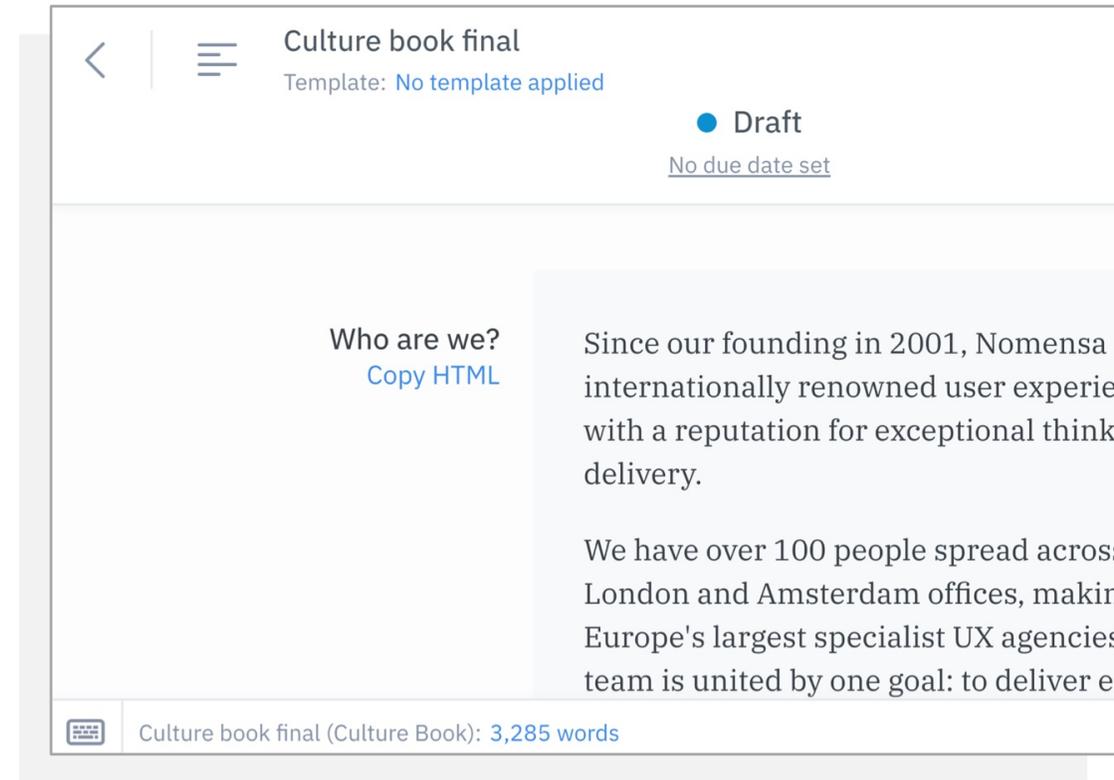
Content design comes with its own set of grammar rules and stylings, but it is championed by almost every government service. It factors in every kind of user, iterates and improves constantly through testing, and most importantly, gives users the information they need in a way that they can all understand and act on.

This should also consider prioritising and rationalising the number of pages on the website in order to focus on the most impactful content used by the public at large.

Content governance

By refocusing Drinkaware's existing strategy, we could compile our earlier recommendations around diction and tone, and agree upon language and definitions for the likes of units. There is scope to further pick apart the internal workflow processes, and make additional recommendations for improvement and innovation.

Core to this is the creation of an enhanced governance process that would empower stakeholders to take ownership of content at various stages in the lifecycle. Drinkaware currently does a review process in place, but exploring new avenues of content management system (CMS) – like GatherContent – could help to better manage and schedule it through notifications and assigned pages. This would also help with flagging content ripe for repurposing.



Example of GatherContent production

Publishing workflow

Red wine

Whiskey

Champagne

Alcoholic and non-alcoholic
beers

Gin

Alcopops

Cider

Overview

Nomensa interviewed three stakeholders involved in the content production process within Drinkaware to explore the current processes and where any gaps might lie.

These included:

- Director of Evidence & Impact;
- Digital Communications Manager;
- Press & Media officer & MAP Content Coordinator.

The purpose of these interviews was to gain both strategic and operational understanding of the current approach to content production, review, and quality assurance.

This broadly covered the stakeholder aims and intentions for the site, the approaches to generating different types of content, as well as the more detailed process for running content via the Medical Advisory Panel (MAP), as well as how Drinkaware meets the NHS England Information Standard.

Content description

To be completed by the Drinkaware team for each content/asset/product before submission of

| Title | Description | Channel/medium (e.g. website content, video for social, advert for social, infographic for social, e-learning module) |
|-------|-------------|---|
| | | |

Content log

This is a 'live' tracker of the status of the content.

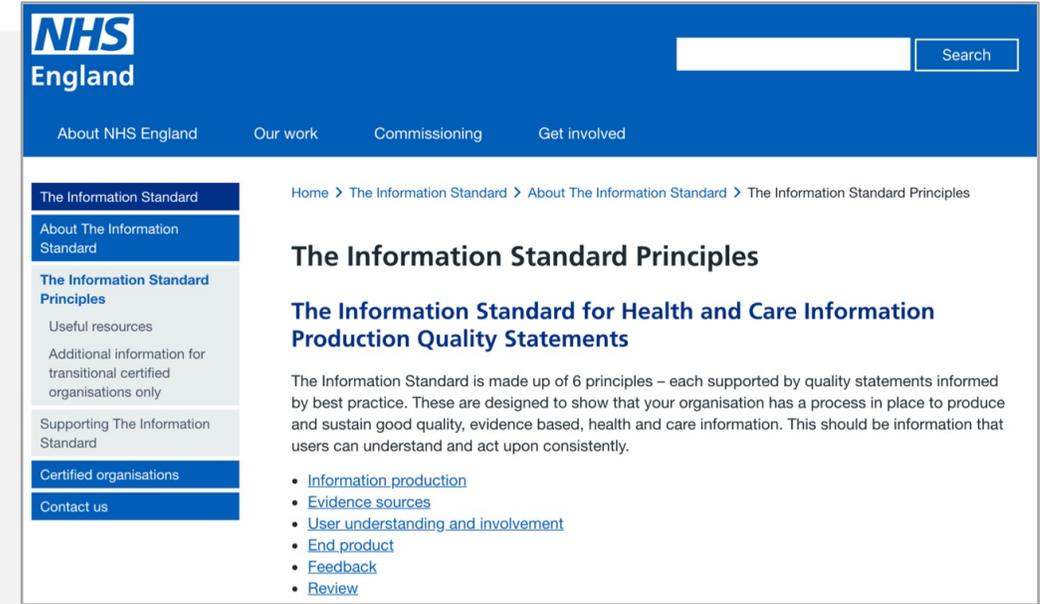
The relevant columns must be updated by the end of each review stage) and the Chief Medical Adviser must be considered approved, and therefore cannot be rejected. See the Product Log table below.

| Draft Number (to be completed by Drinkaware team member) | Date submitted (to be completed by Drinkaware team member) | Date reviewed (to be completed by Chief Medical Adviser) |
|--|--|--|
| | | |

Information standard

A fundamental aspect of how Drinkaware has coordinated its digital content production process stems from gaining certification in [The Information Standard](#).

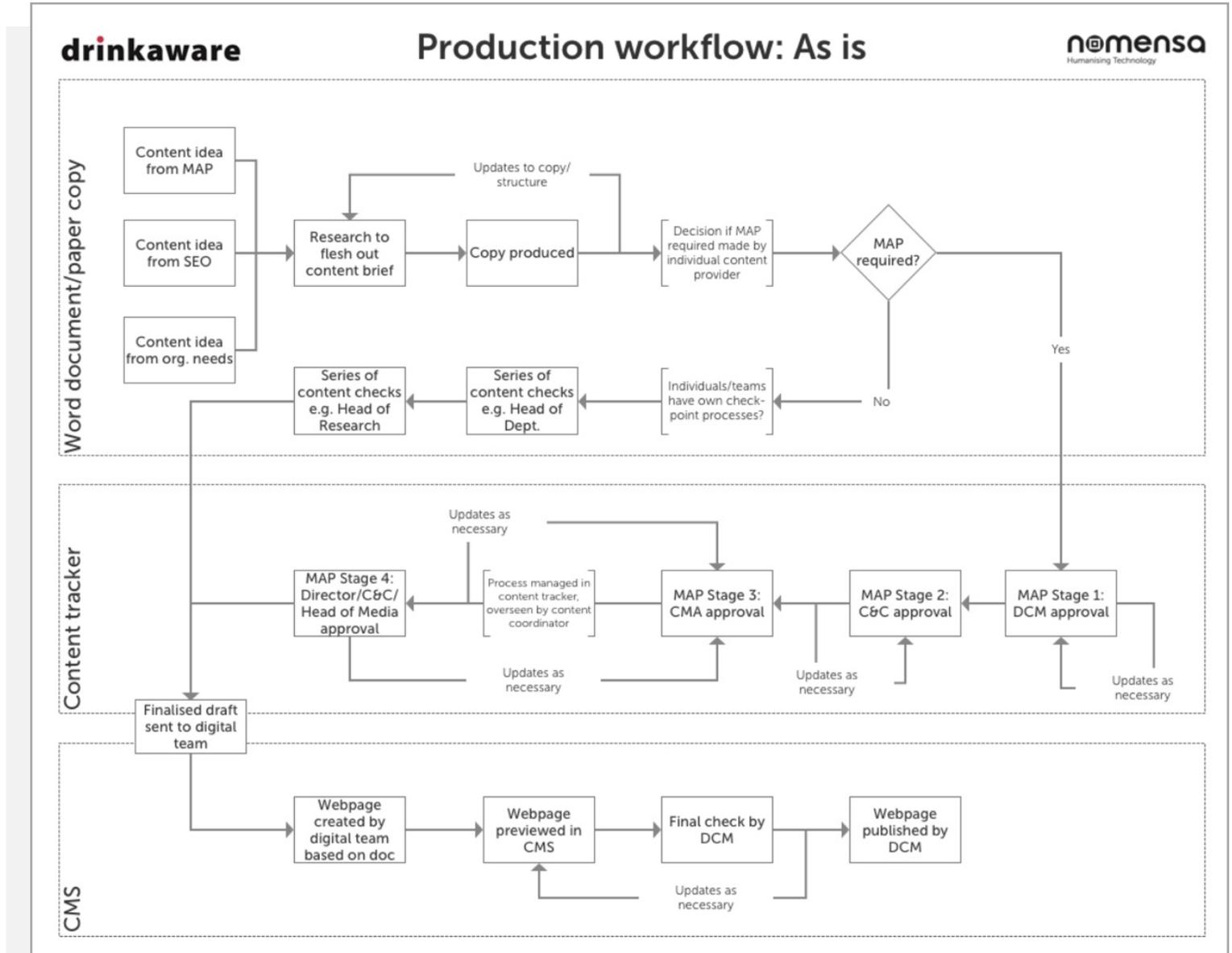
A significant aspect of this is the creation and adherence to a content production workflow process. Drinkaware has utilised a four-stage approval process that integrates the independent Medical Advisory Panel (MAP) in order to check and verify evidence of medical content added to the website.



Workflow map

Drinkaware's current workflow is shown here, for more formal (MAP) and less formal (non-MAP) processes as well for moving content into the CMS.

On the following pages we explore what works well and where there is room for improvement in this process.



Current workflow: room for improvement

- The use of multiple tracking documents means that there are multiple opportunities for errors to creep in during iterations, with different versions to be monitored.
- There is not a clearly documented approach for initiating an idea for various content types, e.g.: press releases, marketing, social media, other 'business-to-business' type content.
- There is not a clear decision-point within the process for confirming if a MAP review is required: this is left to an individual to decide.
- Different teams may have different ways/approaches to creating non-MAP content.
- There isn't a dedicated coordinator for non-MAP content.
- There is no clear equivalent to the tracker/word document template for non-MAP content to be uploaded.
- There are not clearly documented checkpoints once the content has been agreed to ensure that multiple people quality assure (QA) the content uploaded into the content management system (CMS).
- There isn't a clear definition for much of the undocumented process when either a 'soft' or 'hard' sign-off is required by an approver, i.e. brief check vs. formal go-ahead.
- Data that needs regular review/updating (e.g. on a particular date) is all stored in the 'live' template document for future reference. This includes the citation data.

Workflow Recommendations



Workflow recommendations

Core recommendations for the content workflow processes include:

- Bringing all content processes into a single documented workflow approach, including for various content types and users.
- (Quick win) Using a single, unified method for tracking and updating documentation to ensure version and content control can be tracked and quality assured.
- (Quick win) Link updating and tracking to a calendar to ensure timely review of content that requires re-review.
- Establishing and documenting when individual teams can take ownership of content, so only requiring 'soft' sign-off, and when more significant review measures and 'hard' sign-off will be required.
- Ensuring multiple people (not just a single reference point such as DCM) are available to QA content at each stage of the workflow.
- Ensure the content strategy and governance of content are reviewed and updated regularly (see overleaf).
- Consider the additional checkpoints and process recommendations made within the earlier parts of this review and how these might be introduced at a more granular level.

Comparators

Officers' low risk guidelines explained.



Beer



Wine



Cider



Spirits

Select the drinks **above** to see what

14 units

looks like

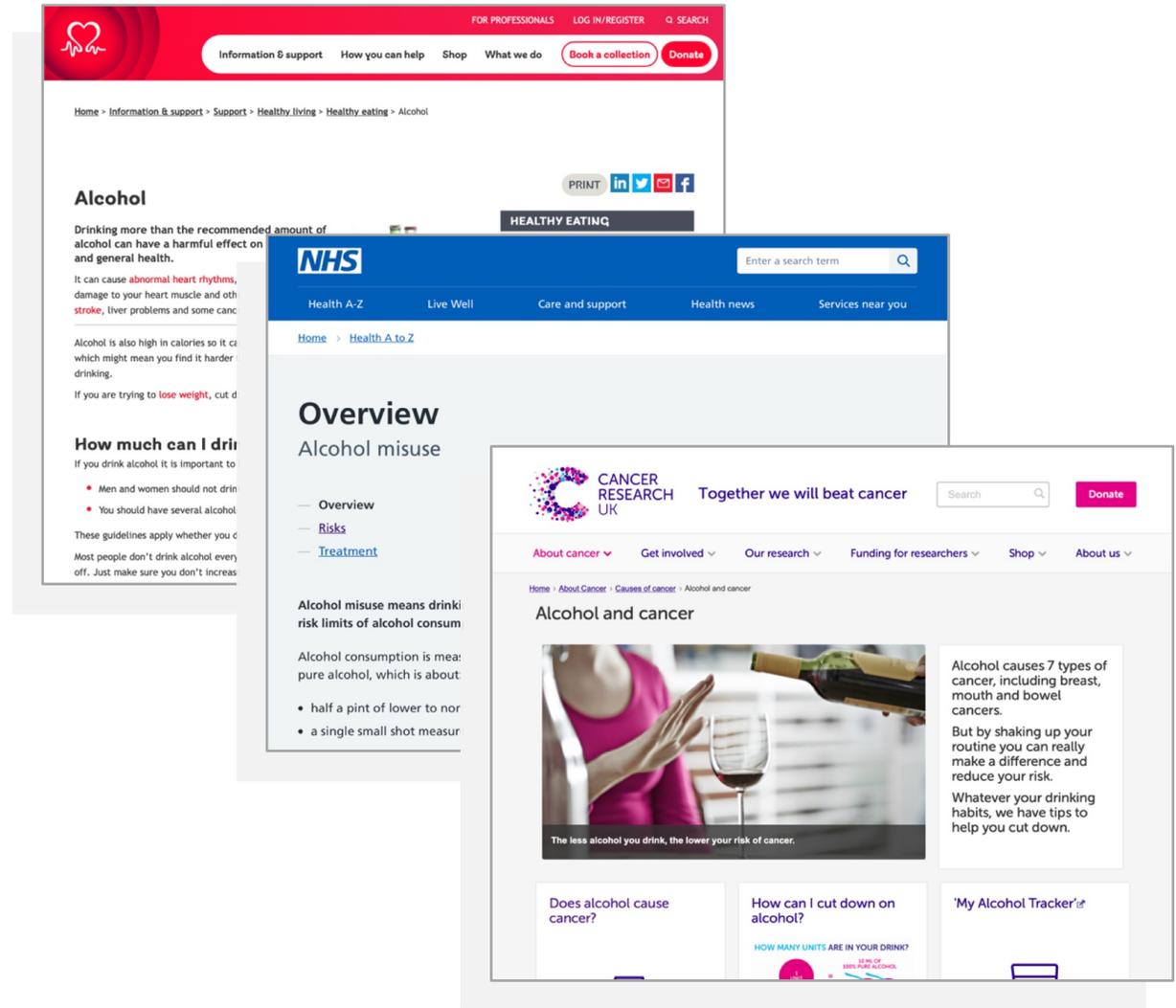
Use our full **Unit and Calorie Calculator** now

Overview

As part of the review we looked at a sample of relevant pages from a number of comparator websites:

- Alcohol Change;
- Drinkaware Ireland;
- DrinkWise Australia;
- NHS England;
- NHS Scotland;
- Cancer Research UK;
- British Heart Foundation.

The objective was to compare their pages against this project's checkpoints, and also identify **positive content traits** that could help Drinkaware further improve their content.



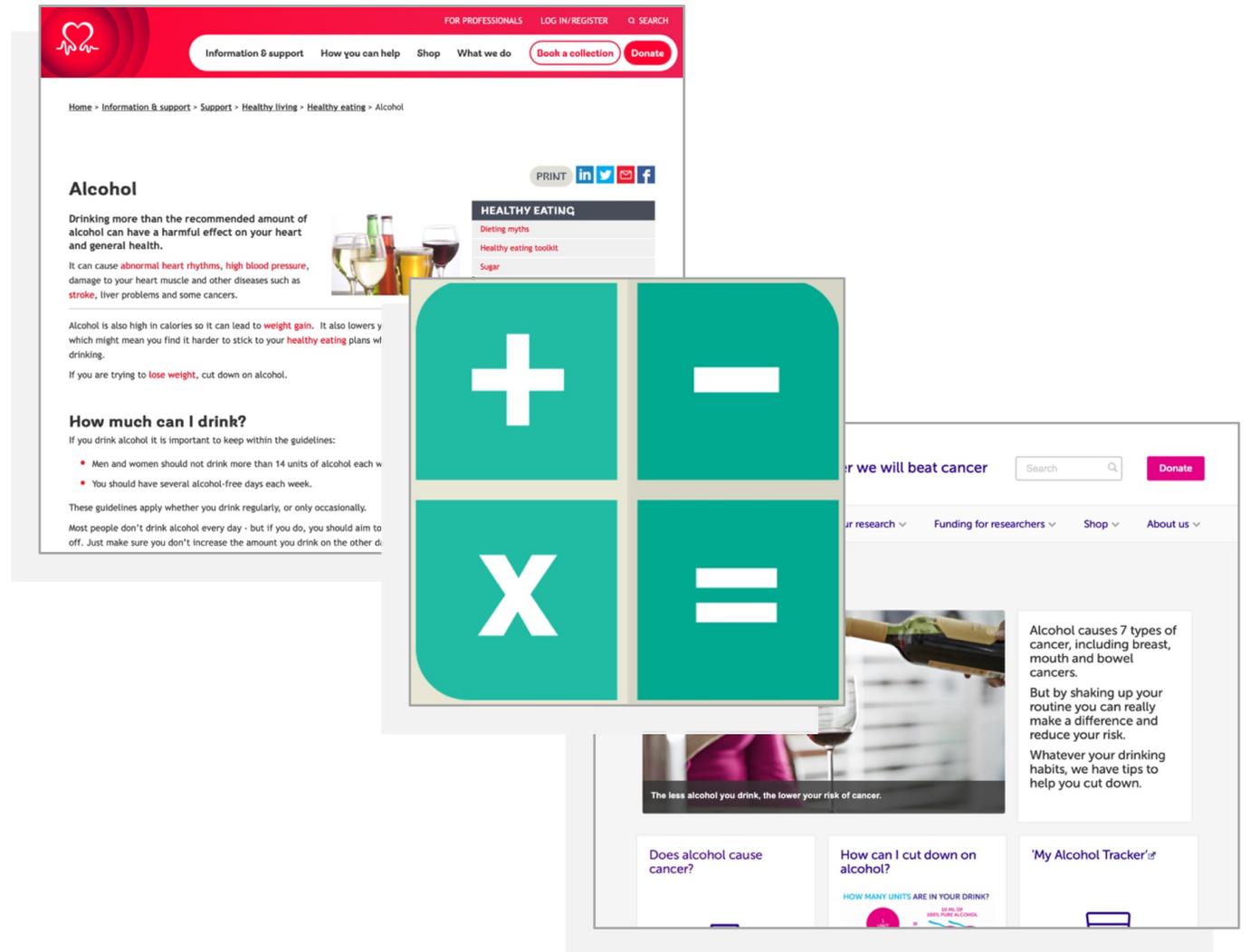
Key findings

While most comparator sites had at least one content trait that was better than Drinkaware, there was **no standout better performer**.

Drinkaware's content, within the confines of our review time and scope, was judged to be in **comparatively good shape**.

(The accompanying spreadsheet has specific comparator findings using the same checkpoints that we used for the Drinkaware website.)

The following slides highlight some comparator strengths, and note how they tend towards design ideas rather than content recommendations.



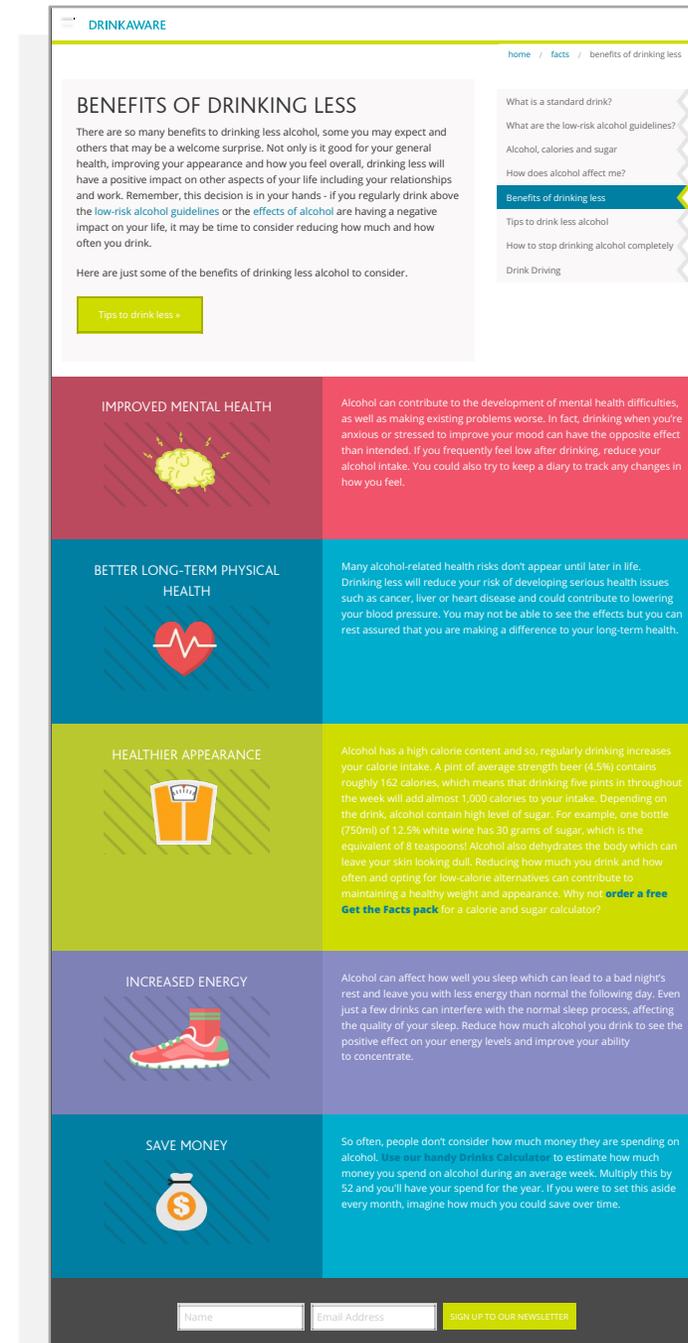
Styled content

Highlight: Drinkaware Ireland

One of the reviewed pages on the Drinkaware Ireland site (see right) is a crossover between standard content page and a tailored, styled page. The result is a series of coloured panels that lifts the content and makes it easier to scan.

For some content on the Drinkaware site, especially urgent need pages such as helping a friend with alcohol poisoning, a more styled approach to content—rather than a long text block—may make the content more valuable to your audiences.

However, the Drinkaware.ie site does not meet the [WCAG 2.1 AA standard](#) for accessibility, as the contrast between font and background colours within sections is not large enough to meet this standard. This could be avoided by only using the colour coding on the left-hand column, for example. If and when using colour-coding, Drinkaware should ensure AA standard is met.



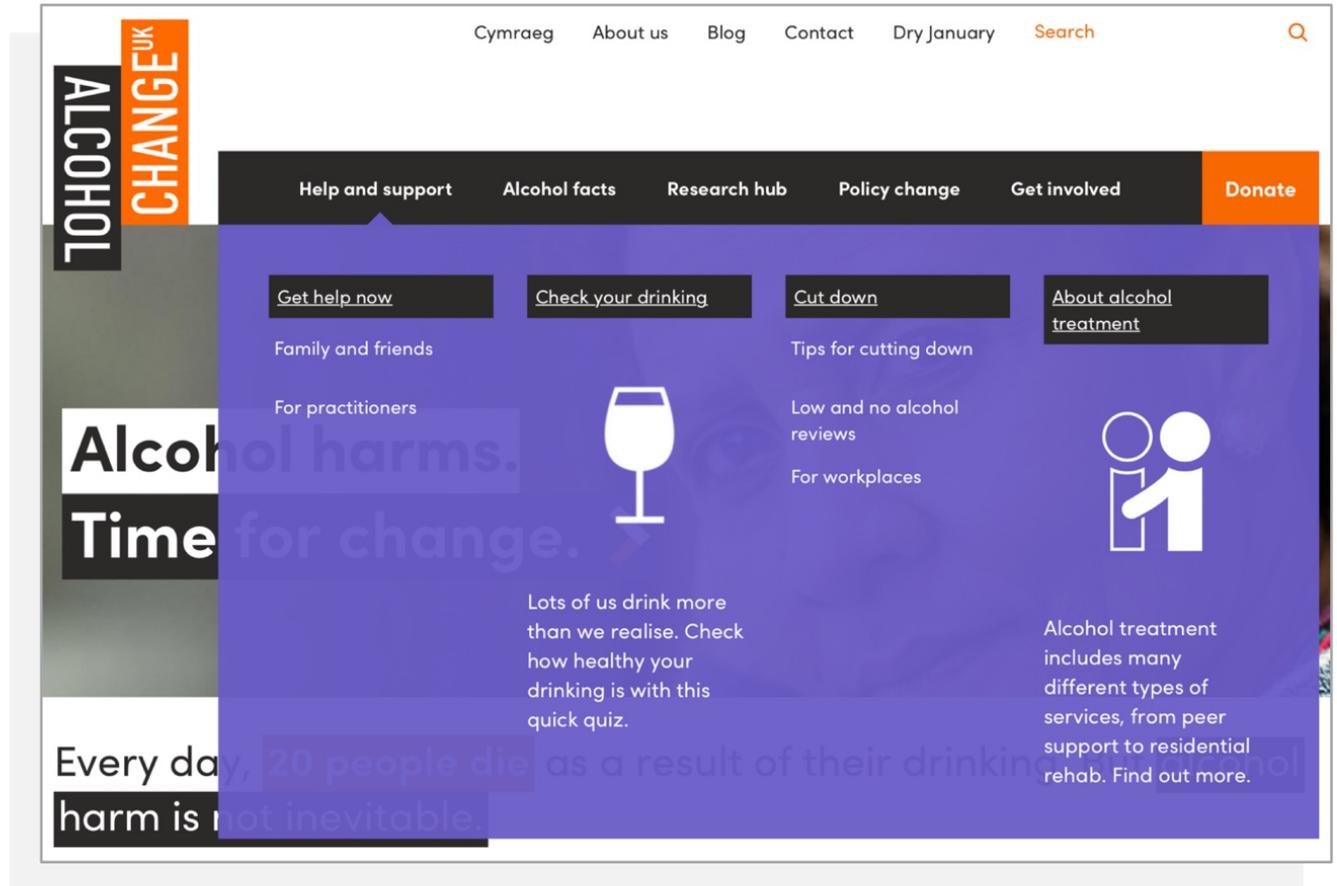
Improved navigation

Highlight: Alcohol Change

The Alcohol Change UK website has a concept sometimes called 'mega menus', where a large menu shows supporting information and imagery as well as many links grouped into topics.

In the example on the right, the 'Help and support' menu provides many practical routes into the site, including a prominent 'Get help now' section that likely assists people in urgent need.

Given the Drinkaware site simply shows a few links without context, this more expansive menu approach is worth considering for the next site design refresh.

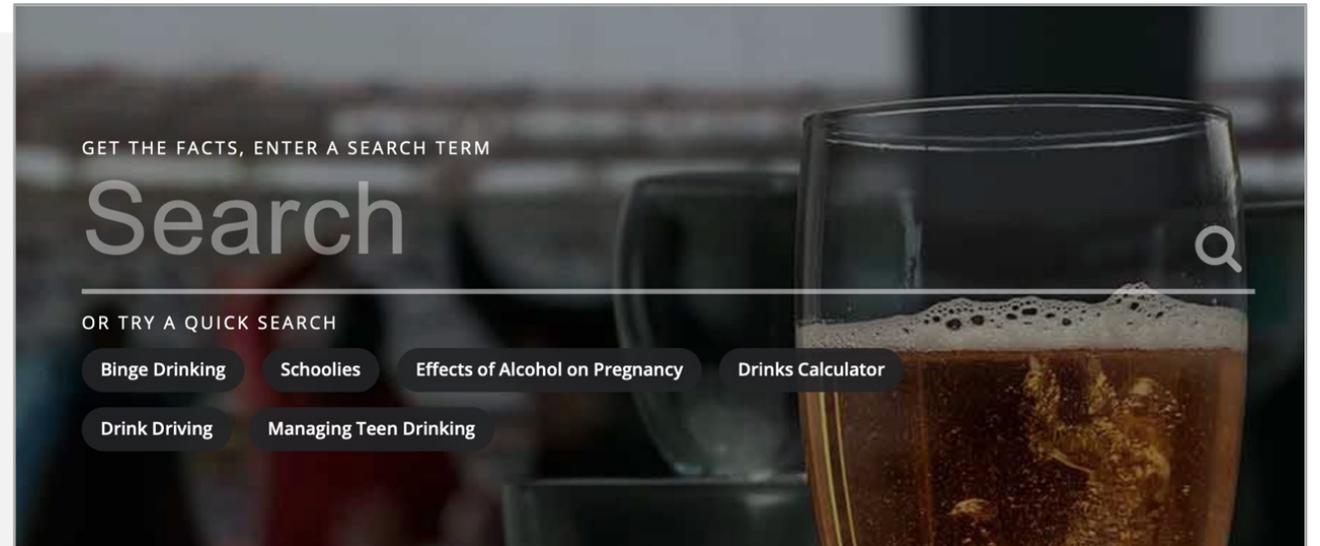


Encouraging questions & search

Highlight: Drinkwise Australia

By having a search box prominently on the homepage, Drinkwise Australia encourages the user to share their specific ask of the website. Together with the prompts of suggested searches, this may help some users get more easily to the information they need (when compared to a ‘standard’ homepage design).

However, the way Drinkwise Australia have implemented this search feature, and their site in general, is very poor, so we would not recommend copying their approach—simply to note that it’s a different way of approaching the homepage that encourages a very different usage of the site in general. Again, usability testing could explore the merits of such an approach for Drinkaware.



Content clarity

Highlight: NHS England

The NHS site was notable for its clean design, focusing the user solely on the content.

Subtle, smart design decisions, such as good linespacing and the lack of background or sidebar distractions, make the content extremely easy to read.

The counterpoint to this approach is that because the content is solely text-based, there is no imagery to help explain ideas, and the site has a very minimalist design. This, based on our experience, may be making the NHS site 'cold' and unapproachable in some users' eyes, particularly when considering the wider Drinkaware audiences.

However, for the clear, unambiguous communication of important information, the NHS approach has many merits in terms of understanding purpose and finding content.

Dangers of alcohol poisoning

If a person is poisoned by alcohol, they could:

- stop breathing
- have a [heart attack](#)
- die by choking on their own vomit
- become severely [dehydrated](#), which can cause permanent brain damage in extreme cases
- develop more severe hypothermia
- have fits (seizures) as a result of lowered blood sugar levels

Repeated vomiting and retching can lead to vomiting blood, caused by a torn blood vessel at the junction of the stomach and gullet.

Facts area

Highlight: NHS Health Scotland

One interesting approach to presenting facts is to separate them off into their own part of the page. This allows the reader to skip over them if, for example, they are more interested in advice or practical help rather than statistics.

NHS Health Scotland shows how this can be achieved by having 'Key Facts' in an expandable area on the page (see right).

the economy. You will find our resources to help you deliver alcohol related interventions with patients below.

Alcohol consumption and related harms are significant public health issues in Scotland.

+ Key facts

Alcohol and health inequalities

The amount and the way a person drinks is influenced by a number of factors. This

the economy. You will find our resources to help you deliver alcohol related interventions with patients below.

Alcohol consumption and related harms are significant public health issues in Scotland.

- Key facts

- On average 24 people in Scotland died from illnesses wholly caused by alcohol every week in 2016.
- People are being diagnosed with alcohol related diseases, such as liver cirrhosis, at a younger age.
- 20.2 units of alcohol were sold per adult per week in 2016, 17% more than in England and Wales.
- On average 96 hospital admissions a day in 2015/16 were due to illnesses wholly caused by alcohol.
- Although alcohol related mortality and morbidity in Scotland have fallen, they remain high, and higher than England and Wales.

Link information

Highlight: Cancer Research UK

The use of a small PDF icon, together with an icon indicating an external link, communicates a lot of the purpose and value of a link to the reader without taking up valuable wording and visual space.

Such a link labelling approach could improve the ease with which users read and interact with the various links on the Drinkaware website.

Does a small amount of alcohol increase the risk of cancer?

Yes, cancer risk starts to increase at small amounts, so the more you can cut down the more you can reduce your risk. Sticking within the  [government guidelines](#) is a good place to start.

Next steps

ON THEIR SIDE (recovery position)
ed out
Y ARE BREATHING PROPERLY
THEM & MONITOR THEIR SYMPTOMS

what NOT to do

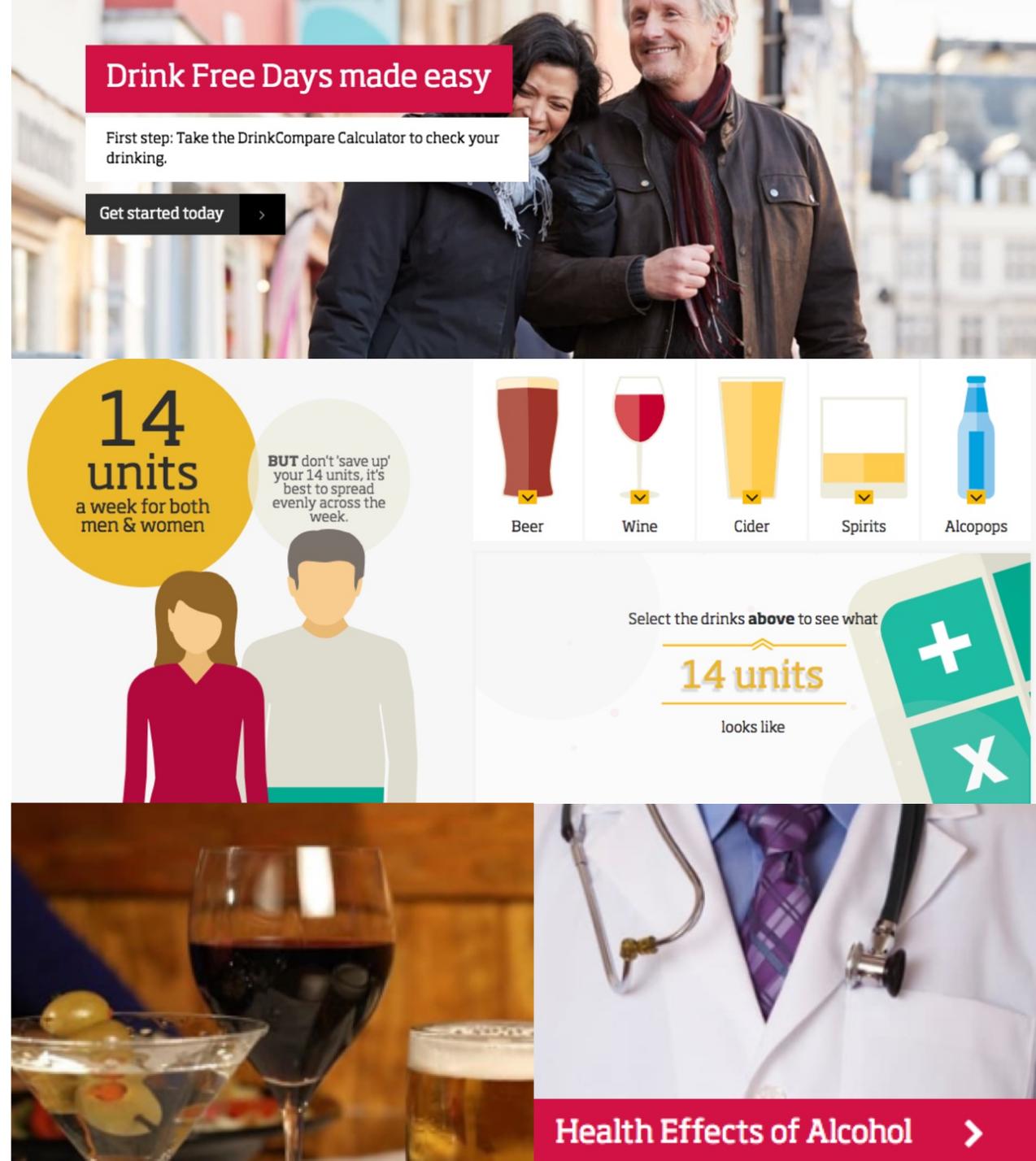
- DON'T LEAVE THEM TO SLEEP IT OFF
- DON'T GIVE THEM COFFEE
- DON'T MAKE THEM SICK
- DON'T WALK THEM AROUND
- DON'T PUT THEM UNDER A COLD SHOWER
- DON'T LET THEM DRINK ANY MORE ALCOHOL



BETTER SAFE THAN SORRY is the rule for alcohol poisoning.
If you have any doubts, CALL 999 FOR AN AMBULANCE.

Overview

- Our collective findings have delivered a range of recommendations, which can be actioned at a granular level to enhance accuracy and the overall user experience of the Drinkaware website.
- Here we present a series of next steps that can be taken by Drinkaware to ensure a high level of accurate, coherent and pertinent content is produced.



Extended accuracy review

The current study has made a strong case for the independently agreed accuracy criteria being viable and useful for defining where accuracy gaps lie, evident in the examples and recommendations reported.

However, while we've explored content on the website that receives over 75% of traffic, there are still various sections, including in both advice and factual page types, that could be considered.

- A continuation of the current review should be carried out and extended in-house, using these proven criteria, and covering a pre-agreed extensive measure (e.g. 90% of all pages onsite).
- Pages and references flagged should be referred to the MAP for review.
- This process should be repeated annually to review all new and a sample of existing pages.

| drinkaware | | Content Expert Review Copyright © 2019 Nomensa Ltd • Private and Confidential | | nomensa Humanising Technology | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--------------------------------------|--|----------|----------------------------------|--------|-----------------|----------|--------|------------------------------|---------------|------------|---------|---------|--------|----------|----------|---------|----------|------------|-------------|-------|--------|------------|-------------|------|---------|--|--|---|
| URL | Page Title | Drinkaware Path | Reviewed | Overall Accuracy | | Policy Accuracy | | | Research Accuracy: Citations | | | | Clarity | | | Comms | | | | | | | | | | | | | |
| | | | | Dates | Quotes | Chance | 14 Units | 3 days | Heavy | Illness Range | Drink free | Present | Real | Timely | Reliable | Standard | Balance | Read age | CMO stated | Define unit | Sense | Review | Guidelines | Appropriate | Tone | Imagery | | | |
| Drinkaware website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Homepage | Homepage | / | v | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facts | Facts (landing page) | /alcohol-facts/ | v | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| | Health Effects of Alcohol | /alcohol-facts/health-e | v | | | | | | | | | | | | | | | | | | | | | | | | | | X |
| | Alcohol Poisoning - Symptoms, Causes | /alcohol-facts/health-e | v | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Why does alcohol make you pee more | /alcohol-facts/health-e | v | X | | | | | | | | | | | | | | | | | | | | | | | | | |

Additional activities

1. Strategic review of digital content

With the imminent appointment of the Director of Digital, Data & Technology this would be an ideal time to carry out a strategic review of digital processes and practices with the Digital team. This should include consideration of web content purpose and potential for rationalising content where it is of less value or impact.

2. Research with users

As yet, no research has been carried out involving testing the website with users. This is essential to understand user behaviour as well as to meet the requirements of the Information Standard. Having a user panel in place provides a great starting point.

3. Accessibility review of site

Some aspects within the review have been shown to be questionable, such as use of 'alt' text. Accessibility auditing and testing needs to be carried out on the website to ensure legal and ethical requirements are met.

4. Review of website structure

There are aspects of the structure, hierarchies and labelling on the website that have been shown to be potential blockers to finding useful, accurate content. While the website is 'search engine optimised', the information architecture issues could also block discovery of additional information once a user arrives onsite.

Change Log

Revision History

| Date | Author | Version | Change reference and summary |
|------------|---------------|---------|--|
| 09/05/2019 | Emily Trotter | 0.5 | Initial template and Design section |
| 15/05/2019 | Lauren Ellis | 0.6 | Added Content section |
| 15/05/2019 | Alex Metcalf | 0.7 | Main body of document added |
| 23/05/2019 | Tim Dixon | 1.1 | Updates based on expert panel feedback |

Approvals

| Date | Author | Version | Comments |
|------------|--------------|---------|---|
| 16/05/2019 | Tim Dixon | 0.8 | Reviewed main document, added Intro, Workflow & Next steps. |
| 17/05/2019 | Timea Micsik | 0.9 | Quality assurance review |
| 23/05/2019 | Jon Fisher | 1.2 | Quality assurance review |

Distribution

| Date | Name | Version | Organisation |
|------------|---|---------|--------------|
| 17/05/2019 | Bernie Hannigan, Martin Burton, Fiona Sim / email | 1.0 | Expert panel |
| 24/05/2019 | Elaine Hindal /email | 1.3 | Drinkaware |

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