drinkaware

Drinking behaviours and the alcohol harm paradox

Evidence from the 2021 Drinkaware Monitor

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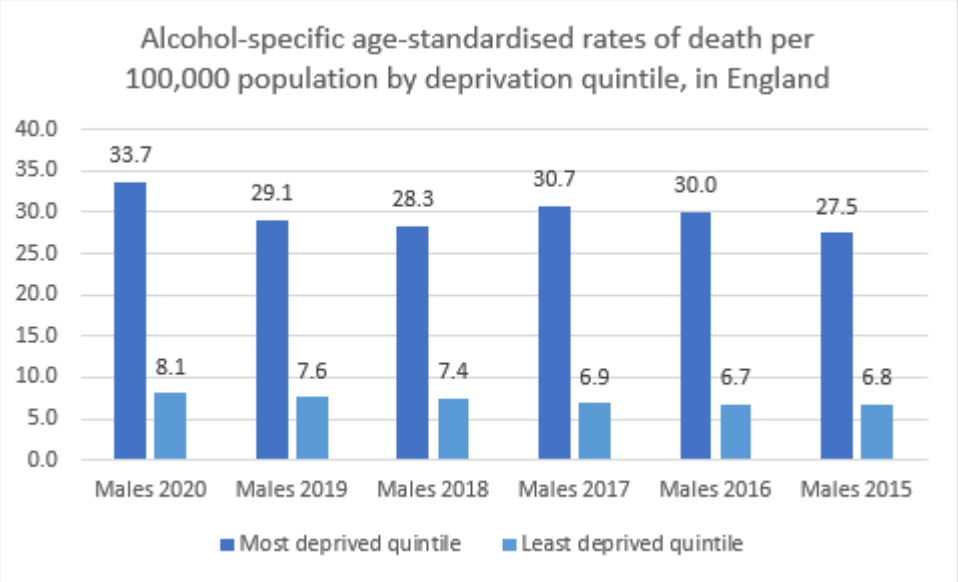
Introduction

While anyone can be at risk of harm from alcohol, the alcohol harm paradox means that drinkers from the UK's most deprived neighbourhoods[1] are likely to experience more harm from alcohol than their more affluent counterparts, despite consuming similar levels of alcohol. Whilst adults living in the UK's most deprived neighbourhoods are more likely not to drink alcohol, or to drink less frequently, it is also the case that rates of hospital admissions and deaths from alcohol are substantially higher in the UK's most deprived neighbourhoods[2]:



[1] Deprivation is measured using the Indices of Multiple Deprivation. The indices relatively rank each small area in England from most deprived to least deprived. For the purposes of this analysis, the least deprived areas are the 20% of neighbourhoods in the UK classified as the least deprived in the UK; and the most deprived are those defined as the 20% most deprived. For more detail on the IMD see here.

[2] Office for National Statistics. (2021, May 6). Quarterly alcohol specific deaths in England and Wales.

Every UK neighbourhood (which is an area where around 1,500 people live) is categorised into one of ten deciles based on a composite measure of deprivation, including factors such as income, crime and health[3]. The analysis in this report compares responses from survey participants who live in the most deprived fifth (or quintile) of neighbourhoods in the UK, to those who live in the least deprived fifth.

About Drinkaware and the Monitor

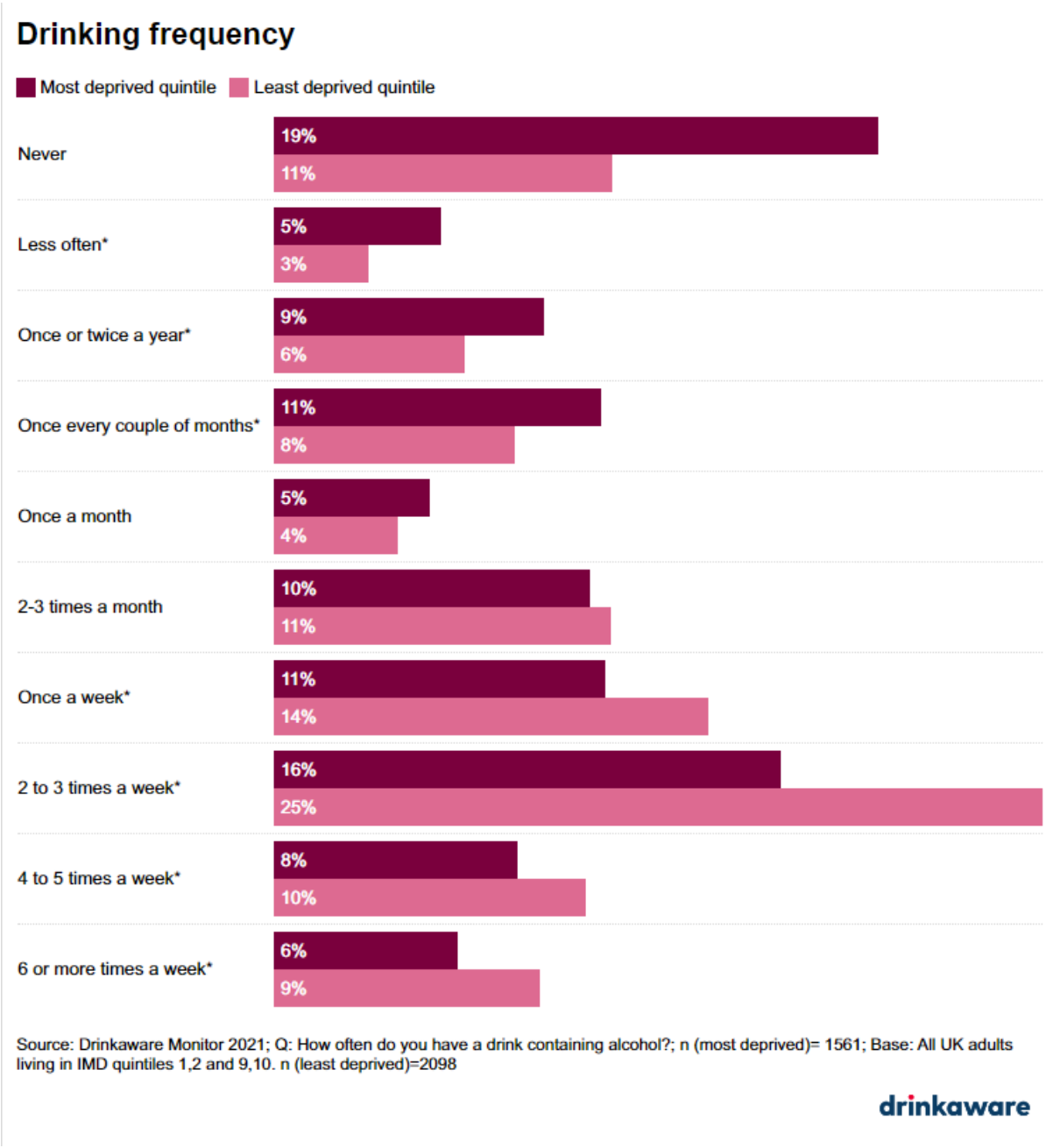
Drinkaware is an independent charity that works across the UK to reduce alcohol harm through providing alcohol education to the public. We are primarily funded through voluntary donations from alcohol producers and retailers. We have a strong commitment to evidence and impact, and ringfence 10% of our annual budget for generating new evidence and a commitment to being led by the evidence. As part of this, we commission the only UK wide survey of adult drinking habits, the Drinkaware Monitor. The data in this report is drawn from the 2021 survey of 9,137 participants aged 18-85. The survey is carried out by YouGov. More information on the survey and methodology can be found here.

All the differences between groups reported in the report are statistically significant using 95% confidence intervals (i.e., 5% significance level; *p* less than 0.05). This means we can be confident the differences are not down to chance.

Differences in drinking behaviours in the UK's most and least deprived neighbourhoods

There are differences in alcohol consumption between adults who live in the most and least deprived neighbourhoods in the UK. Adults in the 20% most deprived neighbourhoods are more likely not to drink at all compared to those in the least deprived ones (19% compared to 11%). They are less likely to report drinking once a week or more (41% compared to 58%).

[3] For overview: English indices of multiple deprivation.



When **just adults who drink alcohol** are considered (n=7,911), the proportion of adults who drink within the Chief Medical Officer's low risk guidelines is similar in the most deprived neighbourhoods compared to the least deprived ones. The difference comes when you look at the proportion of risky drinkers. 5% of drinkers in the UK's most deprived neighbourhoods drink at high risk levels (defined as over 50 units per week for men, and 35 units for women) compared to 3% in least deprived neighbourhoods.

Half of drinkers in deprived neighbourhoods drink weekly or more frequently, compared to 64% of drinkers in the least deprived neighbourhoods.

When the number of units of alcohol consumed in a typical day are compared, there are few differences. The only statistically significant difference is the proportion of drinkers reporting drinking 10 or more units in a typical day when drinking (11% in the most deprived areas compared to 5% in the least deprived ones).

There is very little difference in the incidence of reported **binge drinking** (defined as drinking more than six units in a single occasion for a women, and eight for men) between drinkers in the most and least deprived neighbourhoods. For example, 39% of drinkers in the most deprived neighbourhoods report never binge drinking, compared to 40% in the least deprived ones.

There is little difference in where drinkers drink by deprivation. Just over a third of drinkers in both locations said they drank in a pub/restaurant/bar in the last week (35% for drinkers in the most deprived areas compared to 37%). The most frequently reported drinking location for both groups was their own home (79% for drinkers in the most deprived areas compared to 81%).

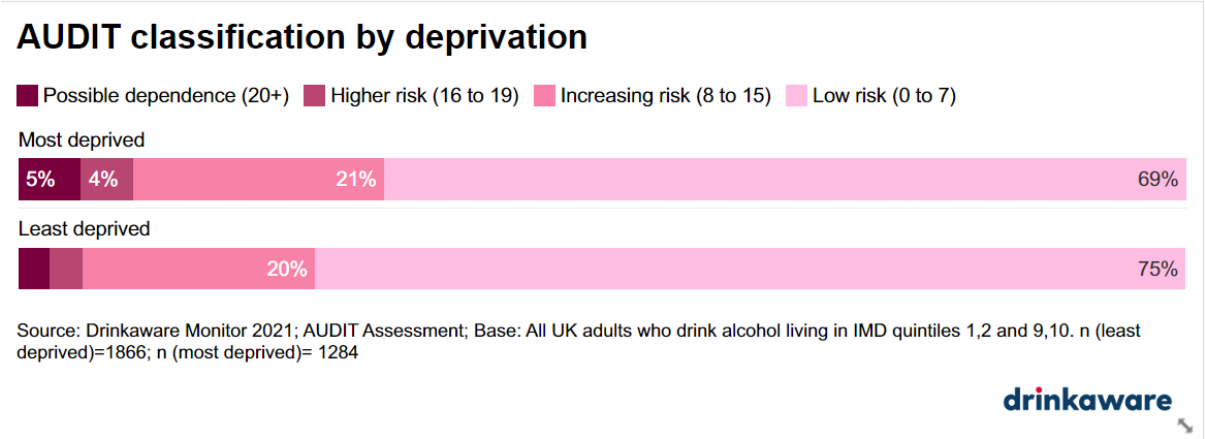
Adults who drink alcohol living in deprived neighbourhoods are more likely to **drink at home alone**. Monitor participants were asked how many days they had drunk alone in the past week. 41% of participants in the most deprived neighbourhoods had drunk at home alone, compared to 28% in the least deprived ones.

Looking at risk from alcohol holistically

There are a number of ways of measuring the risk from alcohol. One of the most holistic and robust is the World Health Organisation's AUDIT assessment. The AUDIT is a screening tool containing ten questions and allocates a score depending on the users' answers. The score is then translated into a risk level, and should be accompanied by brief advice based on that risk level.

The first three questions in the AUDIT are on frequency and quantity of alcohol consumption and frequency of binge drinking. When just these questions are looked at there is very little difference in the prevalence of risky drinking by deprivation quintile.

The AUDIT then asks a further seven questions about the symptoms of alcohol dependence and harmful alcohol use. **When the full AUDIT assessment is used, there is a clear difference between the risk levels of drinkers in the UK's most and least deprived areas**:



It is the responses to the final seven questions which make clear the differences in risk between drinkers in the most and least deprived neighbourhoods. To illustrate:

- 13% of drinkers in the UK's most deprived neighbourhoods said that they or someone else had been injured as a result of their drinking, compared to 9% of those in the least deprived neighbourhoods.
- 8% of drinkers in the UK's most deprived neighbourhoods said that they had feelings of guilt or remorse after drinking either weekly or daily, compared to 5% of those in the least deprived neighbourhoods.
- 6% drinkers in the UK's most deprived neighbourhoods said that they needed an alcoholic drink in the morning to get themselves going after a heavy drinking session either weekly or daily, compared to 0.7% of those in the least deprived neighbourhoods.

Younger people's drinking and deprivation

When we just look at those aged 18-24, it's clear that young drinkers in deprived areas are much more likely to not drink at all (29% vs 15%). And of those that **do** drink, young people in deprived areas are slightly more likely to drink within the CMO's low risk guidelines (86% vs 83%). There is no difference in the incidence of binge drinking between those in the most and least deprived neighbourhoods.

Young drinkers in deprived areas are more likely to say they would find it hard to resist a drink most of the time or always when they are angry or frustrated, or when someone offers them a drink.

Young adult drinkers in deprived areas are aware of the potential future harm to their health because of their drinking. 16% say they are very or fairly likely to have future health problems if they continue to drink at their current level, compared to 12% of their more affluent counterparts.

When we look at the AUDIT assessment- young drinkers in deprived areas are twice as likely to already be classified as high risk of alcohol dependency or possibly dependent on alcohol (20% vs 10%). As with the findings for all drinkers outlined above, rather than the questions on consumption, the indicators of harm from alcohol or symptoms of dependency led to the differences:

- 9% of young drinkers in deprived areas report failing to do what is normally expected of them because of their drinking weekly or daily compared to 0.7% of those in the least deprived areas.
- 11% of young drinkers in deprived areas report being unable to remember what happened the night before because of their drinking weekly or daily compared to 3% of those in the least deprived areas.
- 13% of young drinkers in deprived areas report not being able to stop drinking once they've started weekly or daily compared to 5% of those in the least deprived areas.

Men who live in deprived areas

Men who live in deprived areas are a particular concern. They are more likely to die of alcohol specific disease than women[4], and this is particularly acute in the UK's 20% most deprived neighbourhoods. 7% of men who live in the UK's most deprived neighbourhoods drink over 50 units a week, and are therefore classified as higher risk of harm, compared to 3% of men in the least deprived neighbourhoods[5]. 50 units is the equivalent of five bottles of wine (ABV 13.5%) a week or 17 pints of strong lager (ABV 5.2%).

Motivations for drinking

The reasons most drinkers give for drinking alcohol are social or enhancement ones (such as to enjoy a party or because they like the feeling). Some drinkers report drinking to cope, including to cheer themselves up when they are in a bad mood or to forget about their problems. Drinkers in the most deprived areas are more likely to report drinking to cope most of the time or almost always compared to those in the least deprived areas (17% compared to 10%).

Consumption of alcohol free and lower strength drinks

Drinkers in deprived neighbourhoods are far less likely to report having an alcohol free or lower strength drink in the past year. For example, while 23% of drinkers in the least deprived areas

[4] Office for National Statistics. (2021, December 7). *Alcohol-specific deaths in the UK: registered in 2020*.

[5] This will be an underestimate- a limitation of our Monitor, and all similar surveys, is the under reporting of alcohol consumption and the difficulty in recruiting the hardest to reach participants to surveys. Reported alcohol consumption typically amounts to 40–60% of total alcohol sales.

reported having an alcohol free drink in the last 12 months, only 15% of those in the most deprived areas did.

Availability and marketing of alcohol in deprived neighbourhoods

In the 2021 Monitor, we asked respondents how often they saw alcohol marketing in shops, on-line, in print, as well as other channels. Looking across these channels, drinkers in deprived neighbourhoods are slightly more likely to report seeing alcohol marketing often or very often (56% compared to 52%). When we look by channel, this is driven by the marketing in shops. Drinkers in deprived areas are significantly more likely to report seeing alcohol marketing more often in shops (43% vs 37%).

The finding about shops is perhaps not surprising, as there are a higher concentration of shops selling alcohol in deprived neighbourhoods[6]. There is a substantial body of evidence which associates the number of licenced premised with alcohol harm. However, the density of licenced premised increases in highly populated areas, which are more likely to be classified as deprived.

Drinking combined with other unhealthy behaviours

Risky drinkers in the most deprived areas are more likely to smoke compared to their counterparts in the least deprived areas (30% of risky drinkers in the most deprived areas smoked every day, compared to 10% in the least deprived ones (Monitor 2021)). They are also more likely to report eating less healthily through the pandemic (25% compared to 16%).

They are also more likely to report experiencing more mental health issues since the start of the pandemic.

Summary and next steps

It is clear from this data, and wider research[7], that the alcohol harm paradox cannot be solely attributed to differences in the amount of alcohol individuals in those communities consume, or patterns of consumption. There is a wide body of literature on the alcohol harm paradox[8], and it is clear the reasons behind this paradox are down to multiple reasons, including:

- The additional stress associated with living in a deprived neighbourhood, including higher levels of crime, reduced income etc.

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[6] Shortt, N. K., Tisch, C., Pearce, J., Mitchell, R., Richardson, E. A., Hill, S., & Collin, J. (2015). A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. *BMC public health*, *15*(1), 1-9.

[7] Boyd, J. et al (2021) Causal mechanisms proposed for the alcohol harm paradox—a systematic review, Addiction Review

[8]Probst, C. et al (2020), The role of alcohol use and drinking patterns in socioeconomic inequalities in mortality: a systematic review, Lancet Public Health, 5(6)

- The higher likelihood of individuals having other risk factors for disease- such as being overweight or smoking.
- Access (and willingness to access) healthcare
- Perceptions of control over their lives, and the choices they make.

Alcohol has direct impacts on the individual drinker, but it also affects people around that individual, such as friends, partners, children, colleagues. Our 2022 Monitor collected data on the wider impacts (such as being put at risk in a car when someone else was driving), and provisional analysis indicates the prevalence of these other harms is substantially higher among drinkers in deprived areas; as is the reported incidence of drink spiking. We would be happy to share the findings when available.

Recommendations for policy and practice

The World Health Organisation's 'best buys' of affordability, availability and acceptability are the best evidenced ways of tackling the harm alcohol does across society. One aspect of acceptability is public facing alcohol education about alcohol harm. As an alcohol education charity, we have limited the below recommendations to areas related to education, and to those where Drinkaware has expertise:

- There is no 'silver bullet' to reducing the alcohol harm paradox- it's complex and pervasive. Education should be seen as part of the solution. Drinkaware knows that simply telling people that they are drinking above the low risk guidelines, or about the harm alcohol does to health, is not enough. Alcohol education needs to be delivered in a way which resonates with drinkers, and fits with their view of themselves and their values, for example, focusing on saving money, reducing calories or being a more present parent. Drinkaware has recent qualitative research with high risk drinkers (and their friends and families) that we'd be happy to share.

- Providing drinkers with an 'intervention and brief advice' assessment (IBA) is one of the best evidenced ways of helping people become more aware of their drinking[9]. They are often delivered face to face, for example as part of a GP appointment. Drinkaware provides a digital version and is already successful when it comes to reaching the UK's highest risk drinkers (6% of the UK's adult drinkers are classified as high risk of alcohol harm or possibly dependent on alcohol already according to the WHO's AUDIT tool- 51% of those who completed our self assessment tool last year fell into one of those two categories)- and we had just under 6 million website visitors last year. Many of these visitors will not have received an IBA otherwise- helping us get these tools out to a wider group of potential users

[9] Kaner, E. F., Beyer, F. R., Muirhead, C., Campbell, F., Pienaar, E. D., Bertholet, N., ... & Burnand, B. (2018). Effectiveness of brief alcohol interventions in primary care populations. *Cochrane database of systematic reviews*, (2).

will allow us to do more to help this group that will go on to experience health harms from alcohol.

- Community initiatives aiming to achieve outcomes, such as reducing obesity or improving community cohesion, do not have to be explicitly about alcohol moderation, but this can be part of such an activity, if delivered in a non-judgemental way. For example, before the pandemic, Drinkaware had successful partnerships with the Scottish Football Association and Derby County Community Trust offering walking football. The Derby County partnership showed promising early results in reducing participants' drinking. However, these were not fully evaluated as both activities were paused when the pandemic began. Initiatives focussed on young adults or men would particularly benefit from a focus on alcohol.

- A lot of the causes of the alcohol harm paradox are the drivers of health inequality more widely- such as access to health care, the stress of uncertain or low income, and thus cannot be tackled through interventions designed to reduce risky drinking alone.[10] More could be done to help people find alternative ways of coping with their problems that do not include alcohol.

- To enable people to build connections within their own communities and identify non-medical support resources greater use of social prescribing would allow the delivery of appropriate services for people where they are.

[10] Boyd, J., Sexton, O., Angus, C., Meier, P., Purshouse, R. C., & Holmes, J. (2022). Causal mechanisms proposed for the alcohol harm paradox—a systematic review. *Addiction*, *117*(1), 33-56.