

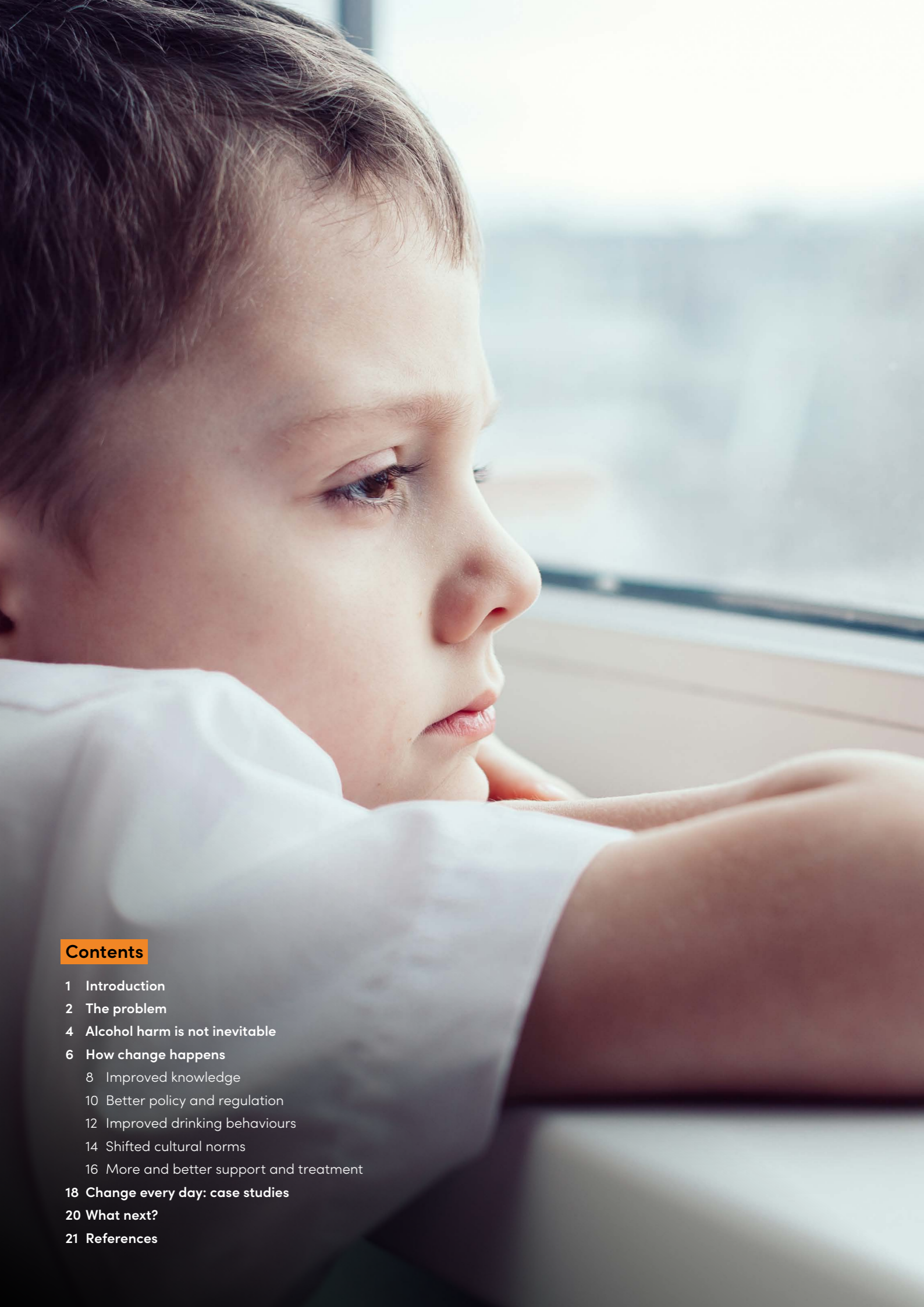
# The alcohol change report

November 2018

ALCOHOL

CHANGE<sup>UK</sup>

It's easy to think  
that **alcohol harm** is  
inevitable. **It isn't.**



# Introduction

**By Professor Alan Maryon-Davis FFPH FRCP FRCGP,  
Chair of Trustees**

Looking at alcohol in the UK today, it is easy to think that the future looks bleak.

Every year thousands die as a direct result of their drinking. Despite our improving health as a nation, liver disease is one of the very few conditions that is increasing in prevalence, and the number of deaths as a result is rising.

There are an estimated 600,000 dependent drinkers in England alone – people who are in a relationship with alcohol that is bringing them and their families ill-health, conflict and pain. Four in five of them are receiving no treatment.

Much of the harm from alcohol – death, illness, violence, neglect – comes not from dependent drinkers, but from those drinking at high levels who would still be considered by many to be ‘normal’ drinkers.

Yet, looking to the future, I feel optimistic. So do all of us at Alcohol Change UK, the charity formed by the merger of Alcohol Research UK and Alcohol Concern – because we know that change is possible.

Many people see alcohol harm as something that happens to a small group of dependent drinkers who do not or cannot control their drinking, and who are mostly beyond help. But we at Alcohol Change UK know that that is not the case.

There is nothing inevitable about the way we drink, how we behave when drinking or how difficult it is to access the support that can help turn lives around. Research shows that the majority of dependent drinkers recover, that heavy drinkers can make new choices, and that the social and cultural environment in which people drink can and does change. Change is possible for individuals, and it is possible for society.

Alcohol Change UK is not anti-alcohol. We are against the harm caused by alcohol, and we are for alcohol change. We are working towards a future in which society has a healthier relationship with alcohol; where no-one feels they must drink; where the issues which exacerbate alcohol harm – like poverty, mental health problems, homelessness – are addressed; and where those who drink too much, and their loved ones, have access to high-quality support whenever they need it, without shame or stigma.

This report sets out our approach to alcohol harm and how we will work with Government, public bodies, organisations, charities and individuals to reduce it. But more than that, it looks at the UK today and makes the case for some key changes that we must all work towards if our society is to end serious alcohol harm.

If you are reading this report, we want to work with you. Get in touch. Support our work. Tell us your ideas. And spread the word. Together we can make change happen faster.

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## Alcohol Change UK

**Alcohol Change UK is an alcohol charity formed from the merger of Alcohol Concern and Alcohol Research UK.**

Alcohol Concern, founded in 1984, has a history of campaigning, working with the treatment sector, and supporting people directly. Alcohol Research UK (previously the Alcohol Education and Research Council) was founded in 1982, and has funded over 800 projects aiming to build the evidence base to reduce alcohol harm.

Our vision is of a world free from serious alcohol harm. Together we will work towards five key changes: improved knowledge; better policies and regulation; shifted cultural norms; improved drinking behaviours; and more and better support and treatment.

## Our values

### Truthful

We seek and tell the truth.

### Compassionate

We care deeply about everyone seriously harmed by alcohol, whoever they are.

### Ambitious for change

We are optimistic and determined.

# The problem

Alcohol is a part of many of our lives. We use it for celebration, for comfort, to socialise, to wind down, to cope. It's legal, socially acceptable, even encouraged.

Yet every year in the UK alcohol-related harm leads to thousands of lives lost, and hundreds of thousands more damaged. The harm goes far beyond those who drink too much, affecting families, communities, and ultimately our whole society.

## The human cost

In 2017, 7,327 people in the UK died as a direct result of their drinking. This is the equivalent of 20 people per day, and is an increase of 11% since 2006.<sup>1</sup> But this is only the tip of the iceberg. If we include every death in which alcohol was a factor, the figure is closer to 24,000. Alcohol is the biggest risk factor for all early deaths among 15-49 year olds.

The risk is not just to those we tend to think of as dependent drinkers, sometimes referred to as 'alcoholics'. Those who end up on cancer, liver and stroke wards are often 'normal' heavy drinkers who might appear well on the outside but who have been unknowingly harming their bodies.<sup>2</sup> Behind each death is a personal tragedy, not least because every one of these deaths is avoidable.

Alcohol was a factor in almost 24,000 deaths in the UK in 2017.

## Lack of support

Even as thousands die each year as a result of alcohol and services creak under the pressure of caring for those with problems, dedicated alcohol support services are being cut. Less than 20% of people in need of treatment for alcohol dependence are getting the support they need.<sup>3</sup> In the last few years, over two-thirds of local authorities have cut their funding for alcohol services, many by over 50%.<sup>4</sup>

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## The toll on families

There are around 600,000 dependent drinkers in England, and around 200,000 children living with an alcohol dependent parent or carer.<sup>5</sup> The pressures of caring for a family member who is drinking harmfully can be overwhelming and there can be lifelong effects on the children.

Support for people with a family member who drinks heavily improves outcomes for both the person drinking and their loved ones; yet these services are being cut along with services for those who drink.<sup>6</sup>

Harm isn't restricted to families of the heaviest drinkers. Drinking does not need to be at dependent levels in order to cause harm, conflict and pain in close relationships.

Around 200,000 children in England live with an alcohol dependent parent.

## Pressures on other services

As well as causing enormous harm to individuals and families, alcohol has a significant impact on society, in part through the pressure it places on public services. In England alone, alcohol costs the NHS an estimated £3.5 billion every year.<sup>7</sup> In 2017 there were 337,000 hospital admissions caused primarily by alcohol, which is 17% higher than in 2006. The total number of hospital admissions for which alcohol is a contributory factor is closer to one million: or about 7% of all hospital admissions.<sup>8</sup> 82% of alcohol-related deaths in 2017 were caused by alcoholic liver disease: a preventable condition which is increasing significantly in the UK as it falls across the rest of Europe.<sup>9</sup>

Alcohol costs the NHS an estimated £3.5 billion every year in England alone.

## Social costs

Alcohol is implicated in a wide range of social costs. In 2015, 167,000 years of working life were lost as a result of alcohol, and it has been estimated that the annual cost of alcohol to the economy is around £7 billion. Alcohol is linked to over 50% of all violent crime (and a much higher proportion in the evening and at weekends), which equates to around 700,000 offences annually. The total social cost of alcohol to society is estimated to be at least £21 billion.<sup>10</sup>

The total social cost of alcohol to society is estimated to be at least £21 billion each year.

## Time for change

Reducing serious alcohol harm to individuals and society is far from easy as alcohol plays such a central role in our society. But the costs are too high to ignore; there are far too many personal tragedies and too much public resource spent in addressing the avoidable problems caused by harmful drinking.



# Alcohol harm is not inevitable

**We do not have to live in a society in which alcohol does this amount of harm. There is nothing inevitable about the way we drink, how we behave when drinking or how difficult it is to access support that can help turn lives around.**

## Changing drinking behaviours

How we drink, and the amount of harm that alcohol causes, changes all the time.

Fifty years ago, for example, adults in the UK drank an average of 7.4 litres of pure alcohol every year. By 2004 this had risen to 11.6 litres, before falling to 9.5 litres in 2016.<sup>11</sup> Thirty years ago, most of the alcohol consumed in the UK was drunk as beer – and it was drunk in the pub, mostly by men. Now most of our alcohol is consumed as wine, and most of what we buy is drunk in the home.

The amount drunk by the average UK adult has fallen from 11.6 litres of pure alcohol in 2004 to 9.5 litres in 2016.

Far more women drink than in the past. This is a reflection of greater social equality, but it comes with costs as the number of women experiencing alcohol-related health problems has increased.

Twenty years ago, much of the most harmful consumption was among younger drinkers. Rates of overall consumption were at a record high, and there was widespread concern over public drunkenness and disorder in town and city centres at night.<sup>12</sup> Those problems have not yet been resolved, as police, accident and emergency staff, or those working in supervised recovery facilities in town centres (sometimes called 'safe havens' or 'safe spaces') across the country will confirm.<sup>13</sup> But consumption among young people has fallen considerably – more evidence of how cultural attitudes can change over time.

Now, many of the problems we face are among older drinkers, who have carried their drinking behaviours into middle age and beyond.<sup>14</sup> It is here that we are seeing particular increases in the rates of liver disease, as well as higher recorded levels of heavy and dependent drinking.

## Reducing harm

Other countries show us that the alcohol harms we experience in the UK are not inevitable. In the UK, liver disease rates have been rising significantly, while they have fallen across most of Europe. In the UK the peak liver disease mortality age for women is around 55, twenty years younger than in France, where rates have fallen steeply in recent decades.<sup>15</sup>

The prevalence of liver disease is closely related to levels of alcohol consumption: as consumption has increased, so have incidences of liver diseases. If consumption falls, we can expect the number of people whose lives are devastated by this avoidable condition to fall as well. Change won't happen overnight, as liver disease is a condition that develops over a long period of time, but if consumption shifts downwards, it will happen.<sup>16</sup>

Other countries show us that the alcohol harms we experience in the UK are not inevitable. In the UK the peak liver disease mortality age for women is around 55, twenty years younger than in France.

It is not only the amount that people consume that can change. Both policy and shifting attitudes can create reductions in specific harms. Drink-driving, for example, has become increasingly socially unacceptable. The number of people killed and injured in drink-driving incidents is still far too high, but has seen a long-term decline.<sup>17</sup> A combination of much stronger enforcement of the law, including the widespread use of breathalysers, and campaigns to change attitudes have worked to create a positive social shift which has saved hundreds of lives.

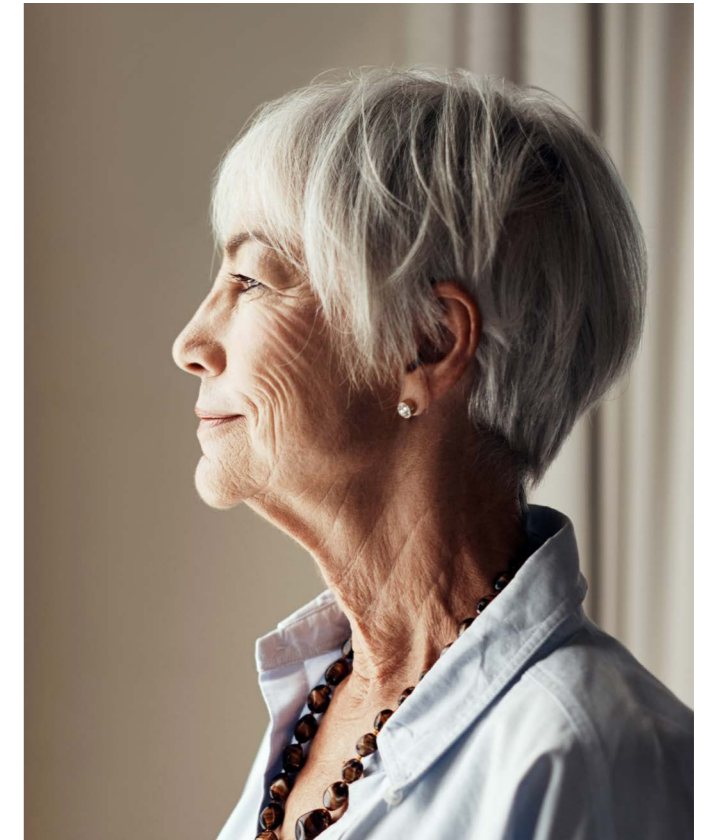
## Improving support and prevention

When support for people who drink too much improves it saves money and harm is avoided. It is estimated that for every additional £1 spent on treatment, at least £3 in wider healthcare costs can be saved, and if targeted at people with complex needs the savings can be higher.<sup>18</sup>

But even greater savings can be achieved if we prevent people falling into problematic consumption in the first place. This means introducing policies that reduce harmful drinking; regulating the price, accessibility and marketing of alcohol; intervening to provide advice for people whose drinking is becoming risky, and providing accurate information on the risks of drinking at all levels to allow people to make the choices necessary to reduce harm in the population at large.<sup>19</sup>

It also means being sensitive to the enormous role that social inequalities play in alcohol harms, ensuring that actions reduce these inequalities and help the most vulnerable to reduce the risks to themselves and their families.

Nothing about alcohol harm is unchangeable. It can be reduced. This is the core principle motivating what we do.





# How change happens

Social and individual change is unpredictable. Countless factors influence attitudes and behaviours, not all of which are fully understood. There are no magic wands which can transform people's lives overnight. There are, however, powerful elements of change that can be influenced.

These are the areas across which charities, public bodies, policy-makers and individuals must work together for change. These are the areas in which we work.

- Improved knowledge
- Better policy and regulation
- Improved drinking behaviours
- Shifted cultural norms
- More and better support and treatment

# Improved knowledge

**Everyone has an opinion about alcohol, but opinions can be wrong. Indeed, in the case of alcohol – which plays such a big role in many people’s lives, and which can elicit deeply personal feelings – our personal perspectives and judgements are often narrow and biased. For that reason, unbiased research is essential.**

## The difference research can make

If we do not properly understand the nature of a problem, we risk proposing the wrong solutions. In the past, for example, people were sceptical that a brief conversation about alcohol – simply asking ‘Have you thought about your drinking?’ – could make much difference to alcohol harms. Partly through our research, we now know that ‘brief interventions’ like this, if delivered well and in the right setting, are an effective way to reduce the drinking of those at risk. They now form a key element of Government policy across the UK.<sup>20</sup> By contrast, extensive research into the effects of alcohol education programmes in schools has helped us better understand the limitations of this approach in reducing harm, allowing limited money to be spent on better-evidenced methods of harm reduction.

Over the past thirty years, Alcohol Change UK’s predecessor charities have funded and shared high-quality research into alcohol harm. We have supported pioneering research into brief interventions, health inequalities, alcohol and families and licensing regulation.<sup>21</sup> At the same time, the body of international research on alcohol has grown enormously. This research has allowed us to identify the key levers for harm reduction. It has also helped identify approaches that are less useful, and so can inform policy-makers at all levels where to direct their efforts.<sup>22</sup>

For example, in 2016 Public Health England published a comprehensive review of the evidence on the public health burden of alcohol and the most effective policy responses.<sup>23</sup> The review confirmed that the affordability of alcohol, and the use of pricing policies to influence this, has the greatest impact on how much people drink and the subsequent levels of harm. It also showed that properly regulating availability (both the number of outlets and the times at which they can retail) is a key lever for harm reduction. On the other side of the equation, it confirmed that information-based campaigns (posters, health advertising and so forth), while good at raising knowledge, do little to change behaviour on their own.

In 2009, the Scottish Government announced it would build its alcohol policy on the basis of the international evidence.<sup>24</sup> Since then it has led the way, nationally and internationally, on bringing evidence-based policies into practice through its licensing laws (including a formal role for public health in licensing activity), pricing policies (for example the introduction of a minimum price for alcohol) and support for brief interventions.

Furthermore, it has carried out extensive monitoring into the impact of its alcohol policies and has established a detailed evaluation of the effects of minimum pricing.<sup>25</sup> This illustrates how research can both inform and help improve policy at a national level.

## Research communication

Research and evidence should underpin the way we think about alcohol harm reduction. However, much research is inaccessible – whether because it is published in journals that are costly to access, because it is written in technically dense language, or simply because there is too much out there for people to digest. That is why one of our roles is to help with the curation and communication of the evidence.

**We as citizens need access to relevant knowledge that can help us to make informed decisions about our drinking.**

The audience for research should not be limited to other researchers. Practitioners, such as people working in treatment, need to be able to access the latest studies on what works and what does not.

Policy-makers need to be aware of the evidence on policy effectiveness and also be able to see why certain policies are relevant and viable.

We as citizens need access to relevant knowledge that can help us to make informed decisions about our drinking. The media are always hungry for new findings, but we also need to ensure that research is reported in ways that reflect the complexity of the findings without over-simplifying or over-sensationalising for the sake of eye-catching headlines.

## What next?

There is still a great deal that we do not understand about preventing and reducing alcohol harm. As drinking cultures continue to change, we need new approaches to tackling harm where it arises. With a commitment to rigorous, impartial research and a desire to put that knowledge into action, we can develop policies and interventions that are smart, proportionate and effective.

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We can act to reduce the huge health inequalities that lead to alcohol harms falling disproportionately on the most vulnerable. We can create new interventions that prevent people from slipping into drinking problems. We can support more effective, targeted treatment. We can better understand how alcohol affects drinkers at different stages of their life. We can show the role that marketing, packaging, promotions and pricing have on consumers and broader social norms. And we can help ensure that Government enacts the policies that are best-designed to prevent harm across the whole population.

## Our role

We fund, carry out, collect and communicate research across all aspects of alcohol harm prevention. We have over thirty years of experience in funding high-quality alcohol harm research and will continue that investment as we seek to reduce harm.

We are committed to promoting better public understanding of alcohol harm, risk and behaviour change through honest communication about what the research is saying. This includes being honest when research findings are contradictory and do not provide clear answers.

We also recognise the critical value of listening to the experiences of those who are affected by alcohol harms. We have led the way in encouraging researchers to better engage with people who have personal experience of alcohol harm. By combining specialist knowledge, systematic analysis and direct experience, we can develop real insights that drive change.<sup>26</sup>



# Better policy and regulation

**Good, evidence-based policy can make a difference to millions of real lives, and is essential to positive change.**

## Evidence-based policy

We believe that all policy should be informed by the evidence; we avoid and indeed challenge policy proposals based on ideology. Policy is a key driver in reducing alcohol harm and the evidence is relatively clear on the most effective areas of intervention.

The price of alcohol, and particularly its affordability relative to income, is one fundamental influence on consumption levels, and consumption levels have a knock-on effect on alcohol harm. Broadly speaking, when alcohol is more affordable, consumption increases, and harm increases. We know this is not a simple equation: different consumers respond in different ways to price changes; people can switch from one product or brand to another if prices shift; and responses to price vary depending on how heavy someone's drinking is.<sup>27</sup> These complexities matter, and we think they should be explored and understood. Nevertheless, price is a prime example of an influencing factor that, through taxation or other pricing policies, governments are able to influence.

For too long, alcohol policy has been focused on achieving economic benefits, working in the interests of the alcohol industry and its profits.

The availability of alcohol is also critically important. Where alcohol is more easily accessible, it is more likely to be consumed in higher quantities. Again, we recognise this is a complex relationship: demand can drive supply, just as increased supply can stimulate demand.<sup>28</sup> Through the licensing system, however, local authorities have the power to shape the local alcohol market and help to reduce the harms associated with it. There is increasing evidence that where licensing is applied more firmly to reduce the density of alcohol outlets, to regulate hours of sale, or to ensure that the trade is well-managed, harms measurably reduce.<sup>29</sup>

For Government, balancing the interests of business with the public good can be difficult. But failing to act to reduce alcohol harms is a false economy, and the evidence on this is clear.

## Improving regulation

For too long, alcohol policy has been focused on achieving economic benefits, working in the interests of the alcohol industry and its profits. We don't view the alcohol industry as inherently bad. However, the interests of the alcohol industry are unlikely to be identical to those of people who wish to reduce harm, especially as around a quarter of alcohol industry revenues come from just 4% of the population – the very heaviest drinkers.<sup>30</sup>

While deregulatory approaches may encourage some producers and retailers to attempt to reduce alcohol harm, there is an accountability gap. When governments step back too far, some producers and retailers will inevitably focus on increasing their profits at the expense of reducing alcohol harm.<sup>31</sup>

One area where this is particularly relevant is alcohol marketing. The sale of alcohol happens in particular contexts, not in a vacuum – and marketing and promotion are key elements of that context.

While alcohol advertising is clearly, in part, about promoting specific products and encouraging brand loyalty, the cumulative effect of the millions of pounds spent annually on alcohol promotion is to create an environment in which alcohol is associated with more and more aspects of everyday life, indeed with almost every occasion. At the same time, non-drinking is continuously de-normalised.<sup>32</sup> There is also evidence that young people are especially liable to be influenced by alcohol marketing.<sup>33</sup> On social media especially, alcohol marketing – often in the guise of competitions, sponsored events, or promoted posts – weaves alcohol into the fabric of daily experience.<sup>34</sup>

Consistent, common sense and effective regulation of the alcohol industry would reduce alcohol harm.

Our current regulatory structures, designed as they were in the 'broadcast' era of media communications, are totally inadequate to deal with the challenges presented by digital communications. Significant change is needed to bring the marketing of alcohol under better control and to ensure that that the interests of alcohol brands do not take precedence in the regulatory landscape.

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## Our role

We are committed to the promotion of evidence-informed policy-making, and to the robust evaluation of policies once they are in place. While we recognise that policy-makers have a range of considerations, and that alcohol involves an array of interested parties and stakeholders, we see our role as promoting the evidence in that context.

Policy-making is complex, especially where alcohol is concerned. Decisions made by central Government do not always translate into action on the ground. In the case of alcohol licensing especially, it is at the most local levels that policy is shaped and has its impact.<sup>35</sup> We work to ensure, therefore, that both central and local government apply the evidence in their decision-making, as well as commissioners of treatment services, the police, local planning, and all the other local stakeholders with a role in reducing alcohol harms.

Policy change does not come easy. Governments are buffeted by events, but also subject to enormous pressure from powerful interests. The alcohol industry has long carried enormous economic weight across a whole range of central government departments.

But when arguments are made well, bringing the best evidence to bear, change is possible. Our approach is to seek partnership with Government: to use the evidence, to be constructive, to avoid confrontation for the sake of it, and to recognise that change may come in small steps as well as large. At the same time, we are persistent, determined and ambitious for change.

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# Improved drinking behaviours

**Drinking behaviours are learnt behaviours. This is not only true of rituals like buying rounds or discussing wine types; anthropologists have shown that even how we behave when drunk is partly a learned behaviour. So while alcohol has undeniable physiological effects and can create long-term changes to the brain (especially among adolescents), few of our drinking behaviours are set in stone. That means, of course, that they can be changed for the better.<sup>37</sup>**

## Changing relationships with alcohol

Personal change is deeply complex and subject to an array of influences. However, we know that people's relationships with alcohol are not set in stone. Indeed, people alter their relationship with alcohol throughout their lives.

Young people have to learn to drink. Alcohol is an acquired taste and intoxication an acquired 'pleasure'. That is partly why alcohol marketing has to continuously target younger drinkers, and reaffirm the notion that not enjoying alcohol is odd.

As we grow older, what, how and where we drink changes. Older people are more likely to drink at home and to drink regularly; younger drinkers to drink less frequently, but get drunk when they do. The routine consumption of alcohol by middle-aged and older drinkers – sometimes referred to through clichés such as 'wine o'clock' – can easily slide into a habit that becomes hard to break.

For some people, their relationship with alcohol develops into dependence. It is estimated that there are around 600,000 dependent drinkers in England alone and over a million people are drinking at levels which are likely to cause damage to their health.<sup>38</sup> While some people view alcohol dependence as a disease, we recognise that problem drinking exists on a spectrum – there is no clear line at which dependence begins. Words such as 'addiction' cover a variety of experiences and diagnoses and the concept of addiction is not as straightforward as we might think.<sup>39</sup>

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But just as people begin to drink more over time, changes in drinking behaviour in the other direction are possible. Decades of research have shown that the majority of dependent drinkers successfully achieve recovery.

## How does 'recovery' happen?

The routes to personal change are varied and different approaches work for different people. For some, self-defining as an 'alcoholic' and joining a peer-support group such as Alcoholics Anonymous is transformative, but this is not true for everyone. Others may benefit from counselling, motivational therapies, family-based therapies, mentoring or drug-based interventions. For many, simply achieving stability or a sense of purpose in their lives may be enough to effect a change.

**It is not only people at the extreme end of consumption who can change their relationship with alcohol. People drinking at low, moderate and high levels can make changes to their drinking and see the benefits.**

It is not only people at the extreme end of consumption who can change their relationship with alcohol. People drinking at low, moderate and high levels can make changes to their drinking and see the benefits. A parent may feel they are stuck in a habit of drinking after work, with negative impacts on the time they spend with their children. Someone may feel pressured to drink after playing or watching sports, despite not enjoying the effects. A couple may find that alcohol, which once formed a bond between them, is starting to cause conflict. A student may dread Freshers' Week because they just do not want to have to get drunk in order to make friends.

Many of us can positively change our drinking patterns without formal support from alcohol services. But for most people informal support and positive encouragement can make all the difference; online communities, drink tracking apps and behaviour change campaigns have a powerful role to play.

## Our role

Fundamentally, we know that personal change is possible – wherever people are coming from, and however they wish to take control.

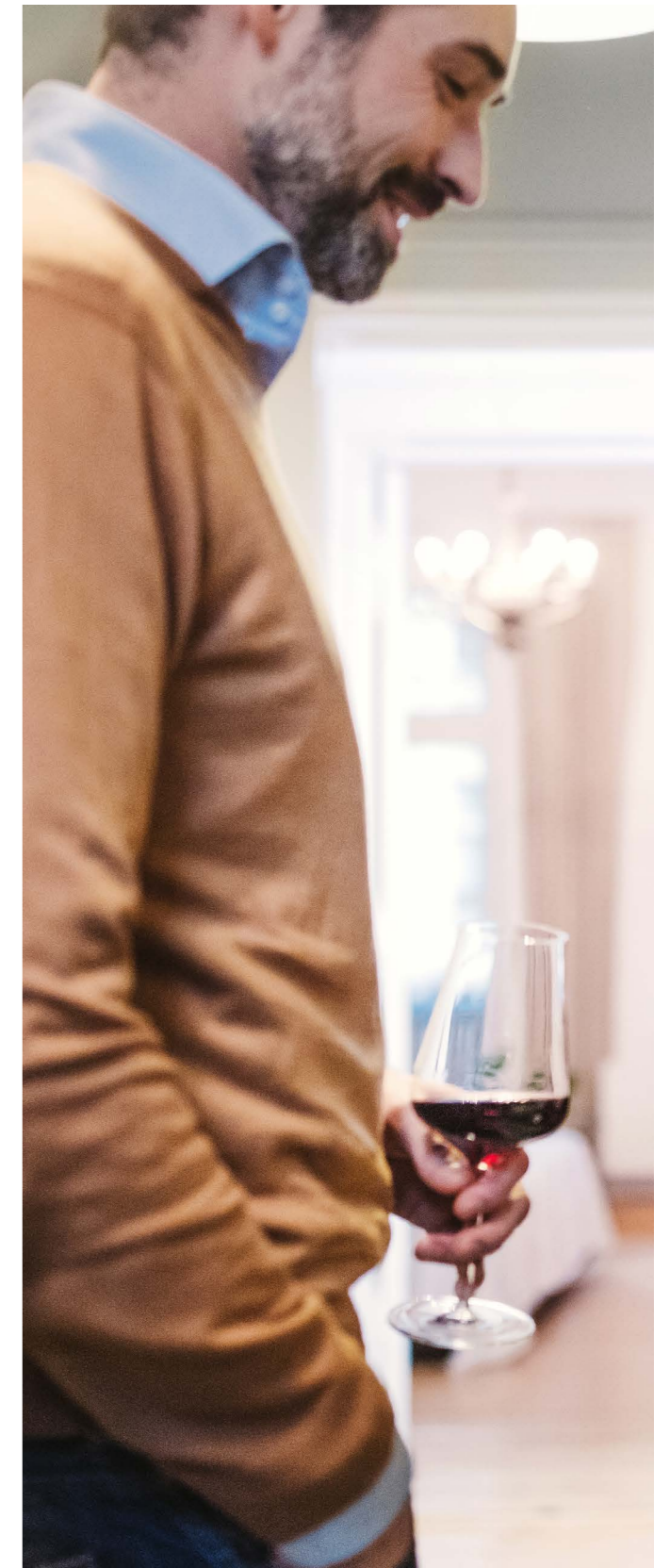
We support approaches that are effective and we promote better research into understanding exactly why certain interventions work or do not, and for whom. We believe there is no single method for changing problematic drinking, so we seek to ensure that access is as wide as possible while also being effectively targeted.

Over three million people reported that they planned to give up alcohol for January 2018.<sup>40</sup> Dry January, a campaign which we run, engages many thousands of people to try a month without alcohol with a view to taking control of their drinking (whatever that means to them) for the longer-term.

Those taking on Dry January are offered the support of online communities and a dedicated app as they give up alcohol for four weeks, giving them an opportunity to break habits and reset their longer-term relationship with alcohol.

Our evaluations so far suggest that, for the majority of participants, Dry January has a long-lasting impact in terms of both reduced drinking and their confidence to refuse drinks when offered.<sup>41</sup> We continue to evaluate Dry January in order to deepen our understanding of how, and to what extent, it works in reducing harm, and to continuously improve it.

More generally, by seeking to better understand what motivates and facilitates change, and by using our influence to help raise awareness, we aim to support as many people as possible to have a healthy relationship with alcohol.





# Shifted cultural norms

**We are not anti-alcohol; it is a central part of our culture, and at low levels alcohol itself does not cause significant harm. But we know that cultural norms can create pressures to drink in ways that do create harms for both individuals and communities – and so we work with many other organisations to change them.**

## Pressures to drink

Drinking is an expectation in all sorts of situations in the UK. Celebrations are often thought to be incomplete without alcohol. Workplaces frequently rely on drinks to encourage colleagues to socialise. Drinking in rounds is a tradition from which it can be hard to stray, but one that causes problems for those who want to drink less or more slowly.

Marketing is undoubtedly part of the problem. Through advertising and sponsorship, alcohol producers are able to imply that their products are essential to everything from watching sport, to celebrating holidays, to relaxing after work. While no alcohol company believes its own marketing causes the problem, as a whole alcohol marketing saturates our culture with the idea that drinking is a necessary accompaniment to everyday life and to every occasion.

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There's more to drinking cultures than marketing. From an early age, we are initiated into a complex array of drinking behaviours, rituals and expectations. We come to learn that alcohol is associated with celebrations, weekends, food, and a range of social gatherings.

Beyond learning the 'rules' of drinking, we can also be made to feel that deviating from particular behaviours is socially condemned. We experience peer pressure at both an individual and a wider societal level. This can lead to us drinking in ways that we do not enjoy or which may not be good for us. People who do not drink – even just for a night, let alone a month or a lifetime – often report being strongly encouraged to do so, and being criticised for not.

It often seems that the norms of drinking today are fixed and represent traditions that have never changed. This is not true; for example, bringing a bottle of wine to a dinner party would have been unheard of outside the most rarefied social circles just fifty years ago. Drinking heavily on St Patrick's Day is, essentially, a creation of marketing departments. And while student excess has a long history, the idea of Freshers' Week as a seven-day pub crawl was unusual until recently (and seems to be declining again).

## Changing drinking cultures

The reality is that drinking cultures change, constantly. Young people are drinking less, sales of alcohol-free and low alcohol drinks are increasing, and the mainstream media is taking notice of the change.<sup>42</sup> This is not a niche trend. Around 20% of the UK population do not drink, and a great many more drink only occasionally.<sup>43</sup>

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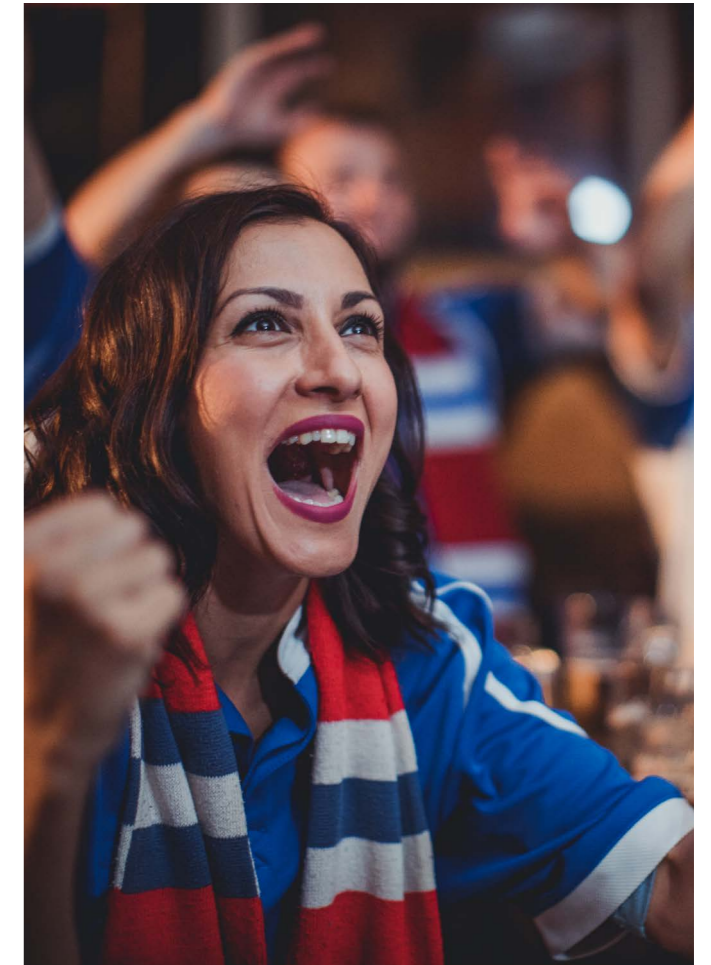
## Our role

We support the development of spaces and products that allow those who do not wish to drink alcohol, or who wish to drink only small amounts, to do so without discomfort or embarrassment. We seek to normalise more diverse approaches to drinking, for example through encouraging a wider variety of alcohol-free products, more emphasis on food in pubs and bars, or less encouragement to drink alcohol at public events.

For many of us socialising sober is so rare that we forget how to do it. So at Alcohol Change UK we tell the truth: that socialising, partying, dancing, watching sports, and many other parts of life can even be enhanced if you are not drinking.

Innovations such as our Dry January campaign have a role to play. While Dry January has helped thousands of individuals to reset their relationship with alcohol, it has also helped shift the national conversation on drinking. Not drinking in January is now a perfectly acceptable lifestyle choice, rather than an eccentricity. This, in turn, makes behaviour change more achievable.

As we have seen from the trends in youth drinking, not drinking is increasingly normal. We see it as one of our roles to support this – not because we are anti-drink, but because we stand up for freedom and choice. Supporting people to be free to drink as they choose, not how they 'must' to fit in, enables them to be healthier and happier.



# More and better support and treatment

**For hundreds of thousands of people in the UK, alcohol has become a source of profound suffering. They may be individuals feeling locked into a relationship with alcohol that is damaging their lives, or friends and family members struggling to cope with the consequences and unsure how to support their loved one. In these cases, treatment is often the best way to turn lives around.**

**But treatment services often seem to be low on the list of political priorities. In recent years particularly, funding has been repeatedly cut. Dependent drinkers are often stigmatised, treated as if they have simply brought their condition upon themselves, or considered beyond help. This needs to change.**

## The state of alcohol services

Our research has demonstrated the extent to which local alcohol treatment services are bearing the brunt of local authority budget cuts.<sup>44</sup> Over two-thirds of local authorities have cut their funding in recent years, many by over 50%. There is a loss of capacity, skills and accessibility as services merge, staff are moved from one provider to another and local centres are closed down.

The risks of this are enormous: without an effective treatment system, hundreds of thousands of people will be left without the support they need. This not only comes with a human cost, but creates knock-on costs for hospitals, the ambulance service, the police and other social services. These costs far outweigh any short-term savings to local authority budgets. Worst of all, cuts tend to fall hardest on areas with the highest levels of deprivation and the greatest need for alcohol treatment, making health and social inequalities even worse.

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## The impact of better support

Among those hardest hit by these cuts are people with the most complex needs, such as those with both alcohol problems and mental health problems. They can find it particularly hard to engage with services, with alcohol services ill-equipped to cope with mental health issues and mental health services not working with them until their drinking has been resolved. What people in this situation need are wraparound services that are able to work on both their mental health and alcohol problems – if not simultaneously, then at least as part of a coordinated plan.

Our Blue Light programme, like other multi-agency programmes that encourage assertive outreach, has shown clearly that such people can be helped and that doing so creates enormous savings to other services. Research has found that drinkers with complex needs are likely to become very frequent attenders at Accident and Emergency units, often because they have nowhere else to go in moments of crisis. Engaging such people in a treatment programme brings an estimated £3,400 in savings for every £1,000 spent, and most importantly can dramatically improve their lives.<sup>45</sup>

Research has also shown that recovery has significant benefits for families affected by alcohol. When a dependent drinker gets help that works, family members feel less stressed and anxious, do better at work, and have improved relationships.<sup>46</sup> Dedicated support services for the friends and family of people who drink too much have also been shown to be effective.



Estimates show that every £1 spent on assertive outreach treatment could lead to savings of up to £3.42.<sup>47</sup>

## Our role

Everyone who wants help with their drinking should be able to access the support they need, without shame or stigma.

We do not provide treatment directly, but support those services that do and the people that commission them.

We are an independent voice for all those who are engaged in helping people towards recovery, whether treatment providers, voluntary groups, fellowships, specialist medics or researchers exploring more effective interventions.

We also use our knowledge and research to support practitioners on the ground, service managers, commissioners and national Government to put in place the most effective policies and practices.

We campaign for appropriate funding, share research about the most effective treatment methods, and work to reduce the stigma surrounding alcohol problems so that more people seek the help they need.

# Change every day

Alcohol harm is not inevitable. Across the country, people are experiencing and creating change. Here are some of their stories.

## Tom

The new wave of alcohol-free beers helped me cut down as a new parent.

"Like lots of people, I'd always viewed alcohol-free beer as a bit of a joke.

"Things changed when our baby girl was due to make an appearance. At the time, I was unwinding with a beer or two a few evenings a week and having the odd weekend binge. Nothing too heavy. But probably enough to prevent me driving to the labour ward at short notice.

"I knew I'd find it difficult to give up the beer completely, so I decided to give alcohol-free beer a go, despite my previous reservations.

"After being pleasantly surprised by the beer I plumped for, I went in search of more alcohol-free beers. And while I did come across a few that most definitely didn't come up to scratch, I also found loads of decent alcohol-free beers and lagers that rival 'the real thing'.

"Nowadays, I do still have the odd full-strength beer. But I'm more likely to reach for an alcohol-free beer when I fancy a drink, something that I'm not alone in doing. Sales of no and low alcohol beer in the UK are up 58% year-on-year.

"With a young baby growing up fast, the lack of alcohol in my drinks has been a major boon for me. Not only do I keep my wits about me when I unwind with a beer, but I've also got a clear head for those middle-of-the-night screams and early-morning wake up calls.

"Swapping alcoholic beer for the non-alcoholic variety has also allowed me to get more done in those rare moments when I get a bit of time to myself.

"Today I run a blog reviewing alcohol-free and low alcohol beer. Safe to say, I'm a convert!"

## Alicia

I went from being the child of an alcohol dependent household to an academic researching alcohol harm.

"Heavy drinking can have painful effects on a family. For some children of alcohol dependent parents, this experience makes them drink themselves. For others it drives them so far away from alcohol that they would rather not think about it. But I took a different route. My experience drove me into an academic career focussed on researching problematic drinking practices. I want to make a difference.

"Harm doesn't only come from long-term alcohol dependence, as my family experienced, and in fact that's not the type of harm I study. This year I designed and executed a research project looking at pre-drinking culture within student populations in Newcastle Upon Tyne.

"My project found that over 80% of students interviewed and surveyed admitted to having passed out drunk, been hospitalised or having no recollection of a night out after excessively consuming alcohol at pre-drinking events.

"Student drinking is hard for institutions to regulate and monitor, but universities and researchers like me are looking for strategies. We hope to change student drinking cultures and give young people more freedom to choose how much they drink, rather than being pressured into drinking more than they might want to."

## Ellie

I worked with Kirsty to help her recover from alcohol dependence. Today she and her baby are thriving.

*Ellie is a family worker at the Orbit Project in Hackney, which provides antenatal, postnatal and holistic support to parents and families with children under five where the parent is struggling with alcohol and other substance misuse difficulties.*

"When Kirsty first came in, she was struggling emotionally and experiencing high levels of anxiety. She had a long history of problematic alcohol use, including a period of dependency, and had suffered with depression for many years. Kirsty recognised that she needed to find new coping strategies as her drinking was putting her child at risk, but she was scared that she would be unable to manage without alcohol.

"Initially, I worked with Kirsty in one-to-one sessions while she was on day release from hospital. After a couple of appointments, Kirsty agreed to us introducing her and her baby to the stay and play area where she was welcomed by the creche team, the specialist substance misuse midwife and other service users. This is a stimulating and fun area for both mum and child and it helped put Kirsty at ease and helped her to start believing that recovery was possible.

"After a few months, Kirsty felt able to engage with some of the group sessions. As a result, her confidence as a new parent seemed to grow, as did her confidence around her abstinence.

"Having been with us for just over one year, Kirsty had a lapse. She was distraught and struggling to forgive herself. But her relationship with Orbit staff meant she was able to disclose this lapse and address it before it could become a full-blown relapse.

"Kirsty has not drunk for almost a year now and is accessing universal childcare and starting college. Her case is now closed to children's social care, but she continues to attend one-to-one appointments at Orbit. Without our support, Kirsty would not have been able to access the main drug and alcohol service as it is an adult-only service and cannot cater for families or offer creche time to facilitate access.

"I'm delighted to see Kirsty and her baby thrive. They have both come a long way."

## Jo

Change began with asking for help.

"My father drank from when I was about six years old. I was kicked out of home when I was 16. When I was 20, he passed away as a result of his drinking.

"Today I am 43, and have lived many years without my father. Many people would think that he and his drinking wouldn't have much of a bearing on my life now. But they would be wrong.

"Not long after he died, I started to notice problems in my life, and the connection they had with my dad's drinking. Relationships were one of the big issues I had; I found it hard to connect with others, to open up and share how I felt, or even to know how I felt in the first place. I struggled with trusting people, as I'd been lied to so much by my father. My self-esteem and confidence were on the floor as I'd not been accepted for who I was.

"Even though my dad was no longer with me, the impact he had on my life was.

"Thankfully, I was able to seek help. I started my ongoing, now 20-year journey of self-development.

"While most parents with drinking problems want the best for their child, just like any parent, it can be hard for them to give their children what they need. Self-care wasn't something I was taught. I didn't learn about boundaries, how to self-soothe, how to respect myself and others, how to express myself in an assertive way. So it can be hard to take care of yourself as the child of someone alcohol dependent, and even harder to seek help from others. But life is so much better now, thanks to the help I sought."

# What next?

## Reducing the harm caused by alcohol is not easy. But there are reasons to be positive.

Across the country, charities, local authorities, service providers and other organisations are working for change. Policy-makers are showing increasing interest in and understanding of alcohol harm as an urgent problem that requires an evidence-based response.

We are living in a society with increasingly diverse drinking cultures, in which new freedom from restrictive traditions can be achieved. We are also living at a time when new norms and technologies are revolutionising the ways we think about our health. The time is ripe for serious change.

What is the role of Alcohol Change UK?

We seek to understand the nature of the problems that we face. We focus on where harms occur, and support and enable actions based on the best available knowledge. We approach change with honesty, determination and compassion.

We commit to undertaking, supporting and communicating the best research. We will fund new research activities, collate and curate the wealth of knowledge already available, and work to ensure that this knowledge informs the work of policy-makers and practitioners at all levels.

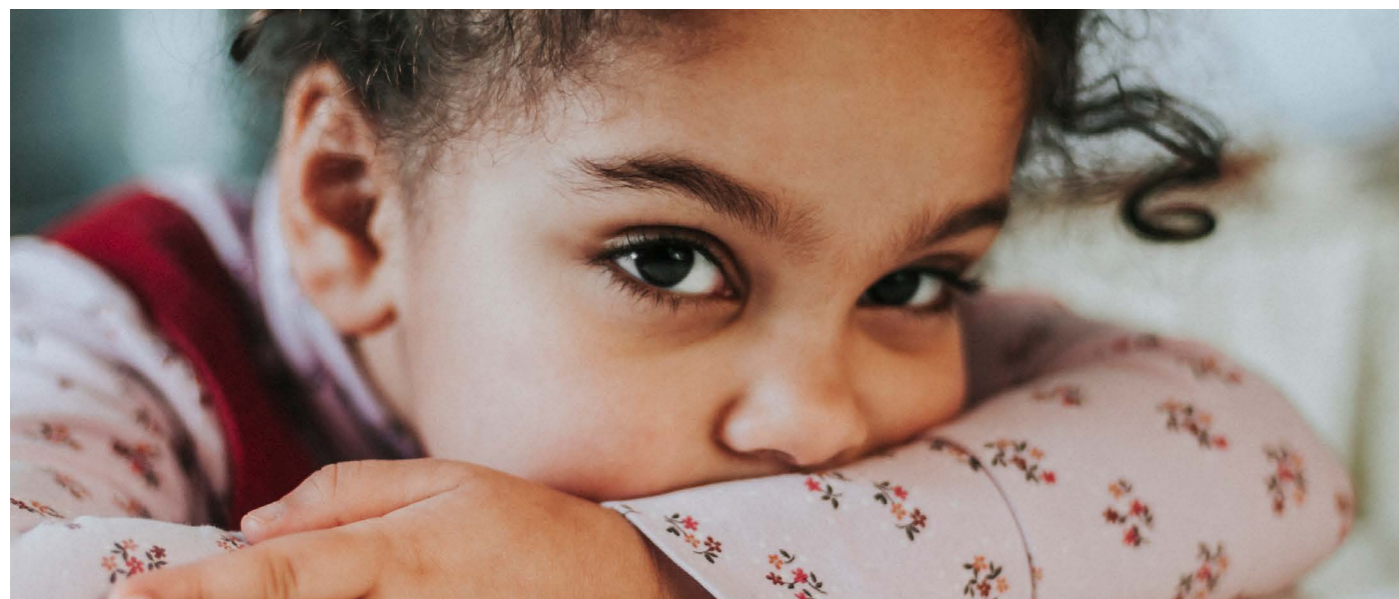
We will actively promote the use of evidence in policy-making, and advocate for policies based on that evidence. We will work across the UK, and at both national and local level, to ensure this is the case. That means not only seeking to influence the policies at Westminster and the devolved administrations, but in local authorities, among clinical commissioning groups, in licensing committees, with police and crime commissioners and all other stakeholders engaged in the reduction of alcohol harms.

We will support positive changes in social attitudes towards drinking; both those that widen choice for drinkers and non-drinkers, and those that reduce the stigma associated with drinking problems. We will seek to promote a more mature, considerate and caring culture around alcohol, with compassion and understanding at its heart.

We will help people to gain the motivation, confidence and ability to exert control over their drinking, providing the knowledge and information needed for people to make positive choices. We will provide leadership on campaigns such as Dry January, which create the empowering, collective environment in which individuals can explore the changes they wish to make. We will also continue to invest in the latest research on behaviour change, an area which is making significant strides in relation to alcohol.

We will work with others to champion the alcohol treatment sector, and other organisations and networks whose purpose is to help those with the greatest level of need. We do not take a one-size-fits-all approach and so will work actively to support any organisation engaged in evidence-based work to help individuals on their road to recovery, or to support families and communities affected by alcohol.

All this will take time, investment and effort. But change is essential, and it is possible. The work of our predecessor charities has shown what can be achieved; building on that, we are confident that even more can be done to reduce the harm caused by alcohol.



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# Get involved



**We cannot reduce alcohol harm alone. The more we all work together, the faster change will happen, and the more lives will be improved and saved. We are here for anyone who wants to take action, whatever that might be, to reduce alcohol harm.**

Some people are motivated to support us financially, whether in memory of a loved one, because of their own experiences, or because they share our vision for a society free from alcohol harm.

Some people want to share their own ideas, knowledge and experiences, or to collaborate with us through research.

Some are keen to speak out, to use their voices to help policy-makers to focus on the evidence and to take action.

And some people will have other innovative and creative ideas for making change happen. Our role, wherever possible, is to help people to take action to reduce alcohol harm.

Find out more and get involved at **[alcoholchange.org.uk](http://alcoholchange.org.uk)**