Impact Report 2018 Accelerating our reach and engagement



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### In 2018, our plans gathered real momentum.

We reached a wider and more diverse audience, from club-goers in Bristol to walking footballers in Derby.

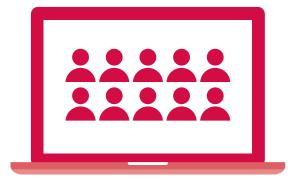
Those audiences also engaged with us in deeper and different ways, whether assessing their drinking using 'DrinkCompare' or gaining personal support online through 'Drinkchat'.

This acceleration of our reach and engagement was largely driven by partnering with organisations who can help us access audiences.

We have a big job to do, and we can't do it alone.

Partnerships were a large part of our Drinkaware success story in 2018 and will be central to the delivery of our ambitious plans for 2019 and beyond.

### **Drinkaware in Numbers** 2018



# **10,493,952** visited **our website**





# 2,606,712

engagements through **social media** delivered by our targeted campaigns – including **269,000 YouTube views** 



## 795,699

completed the Drinkaware Unit and Calorie Calculator





371,932 completed our

Alcohol Self-Assessment test (based on the World Health Organization's AUDIT tool)



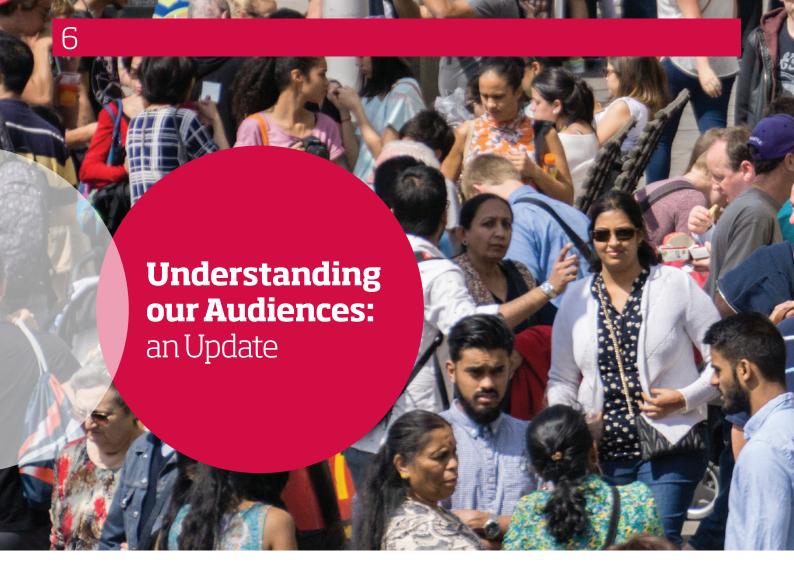
took part in our face-to-face Alcohol Brief Advice programme – delivered across 100 ASDA stores



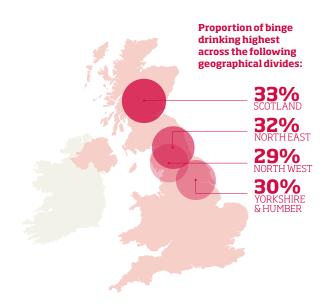
4,048

people were supported by Drinkaware Crew across 23 venues in 11 cities





# The Drinking Patterns that Determine our Direction



In Great Britain, increasingly, people drink moderately and a significant proportion of UK adults do not drink alcohol at all. The proportion of adults who reported drinking in the previous week has been falling over the last decade, from 64% in 2007 to 57% in 2017. The biggest fall has been among those aged 16-24 and 25-44.<sup>1</sup> Indeed, among those aged 25-44, the proportion who abstain from alcohol has increased from 15% in 2007 to 21% in 2017. The level of underage drinking has also declined, with the proportion of 15-year-old pupils in England consuming alcohol in the previous week, falling from almost half (48%) in 2000 to just under one-fifth (18%) in 2014.<sup>2</sup>

As well as fewer drinkers, levels of drinking have also been falling. In England, the proportion of adults drinking alcohol above the Chief Medical Officers' low risk drinking guidelines of no more than 14 units per week has decreased from 26% in 2011 to 21% in 2017 (34% to 28% among men, and 18% to 14% among women).<sup>3</sup> Similar trends have been observed in Scotland,<sup>4</sup> Wales<sup>5</sup> and Northern Ireland.<sup>6</sup> However, while harmful consumption has declined, there are clear geographical divides, with the proportion of binge drinking (defined as exceeding 8 units for men and 6 units for women on the heaviest drinking day) highest in Scotland (33%), the North East (32%), Yorkshire and the Humber (30%), and the North West (29%).



Trends in consumption have been accompanied by a shifting preference away from on-premise sales to purchasing alcohol in the off-trade for consumption at home.<sup>7</sup> Indeed, household spend on alcoholic drinks away from the home has declined from an average weekly spend of £10.88 in 2007 to £8.00 in 2018.<sup>8</sup> Among off-trade sales, the rise of online retailers and the popularity of wine clubs have corresponded with this shift.<sup>9</sup> The UK leads the European market in online alcohol sales, with one-fifth (21%) of UK consumers having bought alcohol online.<sup>10</sup>

Despite declines in drinking prevalence and levels of harmful consumption, there has not yet been a decrease in alcohol-related hospital admissions or alcohol-specific deaths. In fact, alcohol-related hospital admissions ('broad' measure) in England have continued to increase every year since 2008/2009, and the rate of hospital admissions ('narrow' measure), where the primary reason for admission was alcohol, has remained flat.<sup>11</sup> Similarly, alcohol-specific deaths in the UK have increased to rates similar to those observed in 2008 where they were at the highest recorded – with the death rate among men twice the rate among women.<sup>12</sup>

The greatest number of alcohol-specific deaths and other alcohol-related harm are among people in the lower income quintiles, despite a clear link between income and alcohol consumption. Indeed, adults in higher income households are more likely to exceed the low risk drinking guidelines in a usual week (27%) than those in lower income households (15%).<sup>13</sup> This 'alcohol harm paradox' is most likely explained by the combination of multiple unhealthy lifestyle behaviours in more deprived areas.<sup>14</sup>

The diverging trends between drinking prevalence and consumption levels and alcohol-related hospital admissions and deaths could be the result of a time lag effect,<sup>15</sup> with recent declines in consumption yet to be reflected in alcohol harm figures. But there is no reason to be complacent.

#### Limited awareness of the low risk drinking guidelines

Research continues to suggest limited knowledge of the low risk drinking guidelines, two years after the guidelines were announced. In 2016, just after the guidelines were announced, only 8% were aware of the weekly low risk drinking guideline for men and women of 14 units.<sup>16</sup>

While a 2017 survey by the Alcohol Heath Alliance placed this figure at 17% – an improved, but still low figure<sup>17</sup> – a separate study revealed that knowledge and use of the previous guidelines diminished over time.<sup>18</sup> Indeed, just one-in-four drinkers were aware of the previous UK drinking guidelines in 2015, and just one-in-five reported using them, despite being in place for two decades.<sup>19</sup>



### Our Strategic Goals in a Wider Context

In 2018 we stepped up our work to engage people more effectively through collaboration with a range of partners. These partnerships helped us to work towards the ambitious goals set out in our *Drinkaware Strategy 2017-2022*.<sup>20</sup>



15 million individual engagements annually by 2022;

1 million people over the 5-year period to have learnt strategies to reduce harmful drinking; and

500,000 people over the 5-year period to be drinking in less harmful ways.

It is generally agreed that initiatives to reduce alcohol-related harm may include a range of tools to affect the key drivers of affordability, availability and acceptability,<sup>21</sup> and efforts directed at changing drinking behaviour should consider the individual's capabilities, opportunities and motivations for making such changes.<sup>22,23</sup>

Research on the effectiveness of health promotion messaging has found that merely knowing the potentially negative health consequences of drinking is unlikely to be sufficient to change behaviour.<sup>24,25</sup> However, alcohol education importantly offers information and guidance that may increase people's motivation to reduce their consumption and empower them to make informed decisions regarding their drinking.

In this context, partnerships are essential to our work and our success not only in reaching people where they are, but also in engaging with them in meaningful and effective ways.

#### Partnerships to promote healthier lifestyles

Presenting alcohol education as part of a wider healthier lifestyle and wellbeing approach is critical not only in that it can present people with positive alternatives to drinking, but also because this approach acknowledges that alcohol harm is most effectively addressed when understood in the context of other lifestyle behaviours. This is particularly a concern when engaging more disadvantaged groups who, due to the combination of unhealthy lifestyle behaviours, are more likely to suffer alcohol harm.<sup>14</sup>

Our collaboration with the Derby County Football Club Community Trust allowed Drinkaware to provide alcohol education through an established health promotion programme engaging people in the local community.

Again in 2018, we worked with ASDA to provide alcohol brief advice to customers in supermarkets across the country.

Finally, we joined forces with Public Health England (PHE) to deliver a new campaign *Drink Free Days* to midlife men and women.

Significant public interest in our partnerships helped to broaden and deepen our reach and engagement.

### Implementing **our Strategy**





### Information & Advice

### Record numbers of people's questions about alcohol and health answered

In 2018, for the first time in our history, the number of unique visitors to the Drinkaware website exceeded 10 million.<sup>26</sup> Of these, 4.4 million people – or 41% of all our website visitors – came to *drinkaware.co.uk* to access information about the health effects of alcohol. 'Alcohol poisoning' remains the single most widely accessed health-related topic and our information covering this issue was viewed by 887,000 people in 2018.

Important pages on the website continue to reflect trends in the younger adult population: searches for advice on "how to reduce drinking" saw a 43% rise in 2018 with 890,000 people visiting Drinkaware's 'How to cut down' pages. There was also a sharp rise in queries relating to giving up alcohol entirely and information on the benefits of stopping drinking saw a 317% rise in visits.

Other popular topics on the website reflect growing consumer interest in diet and nutrition with 1.6 million people viewing information on the calorie and unit content of alcoholic drinks; the Drinkaware Unit and Calorie Calculator was completed by just under 800,000 people, a total of almost 1.2 million times. Our website tools continue to be a vital help for people to understand the risk their alcohol consumption poses to their health. In 2018 more than 370,000 people completed an online alcohol self-assessment (based on the World Health Organization AUDIT tool<sup>27</sup>).

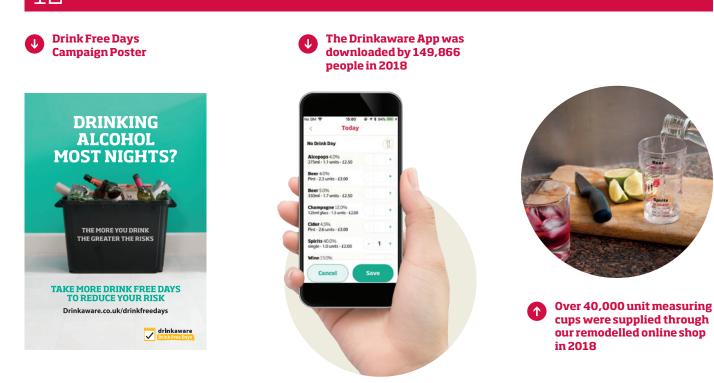
In 2018, Drinkaware began testing a new tool that connected people seeking information and advice directly with trained alcohol advisers. Between August and December, the instant messaging service *Drinkchat* supported 3,055 people to connect with advisors on DrinkLine, the National Drinking Helpline commissioned by PHE.

Visitors to the website continue to come from a broad age range but the majority are under 44, with 25-34 year olds representing the single largest group (31%). Use by gender remains evenly split, with a slight bias towards women (52%). Geographically the site continues to attract visitors from across the UK, and indeed overseas, although London is somewhat over-represented. Residents of the Glasgow area are the second largest group of visitors to the site with Birmingham, Manchester and Leeds completing the top five traffic-driving UK cities.









Our *Drink Free Days* campaign has been successful in increasing the number of 45-64 year old men and women from outside of London visiting the website, increasing engagement with those living in the north of England, Scotland, Wales and Northern Ireland.

In 2018, a survey of 1,752 website users found that for almost one in three (31%) a reason for visiting drinkaware.co.uk was to find out about the health impact of alcohol, 29% came to get a better understanding of their own drinking, and 24% wanted to get help to reduce the amount that they are drinking.<sup>28</sup>

Having used the website, respondents said that they had a 'better' or 'much better' understanding of guidance and low risk drinking of alcohol (64%); the effects of drinking (65%); what to do to prevent harm, to themselves (60%) or to others (55%); and alcohol and the law (51%).

Crucially, the overwhelming majority of website visitors found the site trustworthy, objective, impartial and relevant and over 90% of respondents stated that they would recommend the Drinkaware website to friends or family in the future, a figure that has remained the same since 2016.

#### Our App – Drinks monitoring on the move

In 2018, a number of improvements were made to the Drinkaware App resulting in a continued rise in the number of people using it. The Drinkaware App was downloaded by 149,866 people in 2018, bringing the total number of downloads close to 600,000 since its launch in 2014. On average, more than 25,000 people per month used the App in 2018 and there were 4.7 million App sessions during the year.

#### Support for parents and teachers

Drinkaware continued to provide information and advice for parents on the risks of underage drinking. In 2018 more than 125,000 people visited the Drinkaware webpages containing guidance for parents.

In addition, *Drinkaware for Education* provides free, accredited and flexible resources to teachers of Personal, Social, Health and Economic (PSHE) education in primary and secondary schools. Topics covered included the risks and harms of alcohol, advice on handling peer pressure to drink alcohol, and alcohol and emotional wellbeing. These resources were downloaded 6,800 times in 2018.

### An easier way for the public to find alcohol awareness resources

In 2018 Drinkaware launched a new and significantly improved online shop. The shop makes available physical and digital tools and resources designed to help improve alcohol awareness. More than 40,000 unit measuring cups and 48,000 alcohol and calorie comparison tools were supplied through the shop in 2018.

### Helping Risky Drinkers to Cut Down

#### **Campaigning for change**

The start of 2018 marked the third and final year of the *Have a little less, Feel a lot better* campaign which was focused on encouraging male, over 45, 'Risky Career Drinkers' to become more aware of their drinking habits and to take steps to reduce their drinking, particularly when at home.

Evaluation results suggest that the *Have a little less* campaign helped start a conversation with a hard to reach mid-life male audience; as such, it was fundamental in laying the groundwork for Drinkaware's 2018 partnership with Public Health England.

In the latter half of 2018, the campaign was expanded to include midlife women, with a clearer, more directive call to action – the target audience being prompted to reduce their drinking by having more "*Drink Free Days*" in line with the Chief Medical Officers' low risk drinking guidance to take drink-free days. The campaign is based on evidence which shows that one in five UK adults are drinking above the Chief Medical Officers' low risk drinking guidelines and that among UK adults aged 45-65, 26% of men and 16% of women drink alcohol on at least four days of the week.<sup>29</sup> Many of these people are not aware of the impact this may be having on their long-term health.

This approach was further supported by UK drinker segmentation insights, directing a focus on those drinking routinely at risky levels.<sup>30</sup>

The Drink Free Days campaign launched in September 2018 with the objective of introducing the idea that having more Drink Free Days is a good way to cut down alcohol intake, as well as to highlight how this might help improve health and reduce the risk of serious long-term conditions. The campaign focussed on major health harms associated with alcohol: cardiovascular disease (in men and women); obesity; and breast cancer.

#### **Evaluation**

To examine the reach and perceptions of the *Drink Free Days* campaign, YouGov interviewed UK representative samples of men and women aged 40-64 online both before and after the campaign, and compared the results.<sup>31</sup> The key findings were that:

- around one-third of those interviewed recalled the campaign. Recall was significantly higher amongst men in England drinking in excess of the low risk drinking guidelines;
- two-thirds of those who recalled the campaign agreed that the campaign influenced them to consider their drinking habits;
- more than two-fifths of responders intended to take more drink-free days; and
- there was a significant increase in respondents saying they had taken measures to cut down on their drinking. There was also an increase in people saying that they are changing their drinking habits right now – mainly driven by those drinking in excess of the low risk drinking guidelines.

All in all, this represents a very promising start to the campaign. As the campaign continues over the next few years, we expect to see further impact in terms of greater health harm awareness and reduced harmful drinking.





The Drink Free Days Calculator was completed 335,155 times during the 2018 campaign In 2018 we continued our collaboration with ASDA to deliver brief interventions in 100 stores and reached nearly 7,000 shoppers

#### **Drink Free Days Calculator**

In support of the campaign, the *Drink Free Days* Calculator was created as an easy-to-use online tool that, in addition to weekly drinks, units and calories, provided people with information on how their drinking compared to other men or women in the UK.

The tool functioned as a digital alcohol Identification and Brief Advice tool, providing personalised guidance on alcohol moderation strategies. It signposted people to download PHE's *Drink Free Days* One You App or to access drinkaware.co.uk for more information and support to cut back drinking.

The Drink Free Days Calculator was based on evidence of the potential of social comparison to help change behaviour;<sup>32</sup> it was developed after research showed that midlife men wanted more personal information about the risks associated with their drinking and were open to information about how drinking less could improve their health.<sup>33</sup>

The *Drink Free Days* Calculator was completed 335,155 times during the 2018 campaign.

#### **Identification and Brief Advice**

Identification and Brief Advice (IBA) in primary care settings is well-evidenced as an effective way to help people moderate their drinking.<sup>34</sup> It works by encouraging a personal assessment of current drinking habits; providing feedback on the likely impact of these and the benefits of cutting down; offering suggestions on how to cut down and advice to help develop personal guidance and plans.

In 2018, researchers from the University of Sunderland published their evaluation of our pilot of delivering IBA in supermarkets, pharmacies and community health teams. They identified a number of benefits from delivering IBA in community settings, which were felt to be more inclusive and engaging. Delivery staff felt their respective settings were appropriate for the delivery of the intervention and they proactively engaged members of the public with varying levels of risky drinking and readiness to change their drinking behaviour.<sup>35</sup>

Based on these encouraging findings, in 2018 we continued our collaboration with ASDA to deliver brief interventions in 100 stores and reached nearly 7,000 shoppers. The IBA was also successfully used with people through our Derby County FC and Scottish Football Association partnerships.



Partnering with Derby County FC Community Trust to reach walking footballers

Drinkaware at Work has been designed to support the existing health and wellbeing and health and safety agendas of businesses across all industries

### Engaging midlife men through a football club intervention

Since 2017, Drinkaware has enjoyed a successful partnership with Derby County Football Club's Community Trust. As part of the partnership, Drinkaware has used Derby County FC's channels to its supporters to promote its campaigns and has worked closely with the Trust as a sponsor of a number of their health and wellbeing initiatives including their popular Walking Football and Active Choices programmes.

At the end of 2018, the Derby County Community Trust's health programme consisted of 119 participants, of whom 91 joined the Drinkaware programme. Data was collected using a harmful drinking assessment tool (AUDIT-C) at the beginning of the programme. At follow-up, results for these 91 participants showed a clear decrease in the number of participants drinking at increasing risk levels or above from 50 (55%) at the start to only 2 (2%) at the end of the 12-month programme.<sup>36</sup>

Based on these positive results, Drinkaware is now planning to continue, and expand, the Derby County FC model through other partnerships. In October 2018, we launched a major partnership with the Scottish Football Association acting as a provider of alcohol information and awareness within its Walking Football programmes throughout Scotland; at the end of 2018, after just eight weeks, 115 people had participated.

#### **Drinkaware at Work**

Every day in the UK, it has been estimated that an average of 200,000 people turn up to work with a hangover<sup>37</sup> and 47,000 people are 'off sick' from work due to alcohol<sup>38</sup>.

1 in 5 people in the UK risk damaging their health as they are drinking over the low risk drinking guidelines, with half (51%) thinking that their level of drinking is unlikely to lead to increased health problems in the future.<sup>39</sup>

Drinkaware at Work has been designed to support the existing health and wellbeing and health and safety agendas of businesses across all industries; encouraging employees to think about alcohol alongside the other health and lifestyle information they receive. Working together, the programme aims to help make UK workplaces healthier, happier and more productive.

The current product offering includes face-to-face group sessions, eLearning and a Train the Trainer option all designed to provide engaging, impartial advice to help employees make better choices about their drinking.

During 2018, we delivered *Drinkaware at Work* to teams in 17 companies reaching an estimated 3,000 employees.



Drinkaware Impact Report 2018

Ok to Ask raises awareness of sexual harassment in the night time economy and empowers the audience to intervene to help people on the receiving end of these behaviours with a simple 'Are you OK?'

OK to Ask campaign



### Reducing Harm Related to Social Drinking

During 2018, in support of our five-year strategy to address Risky Social and Coping Drinkers, we continued with interventions to reduce harms associated with social drinking, often related to the night-time economy.

#### OK to Ask campaign

Working in partnership to reach more 18-24 year olds to provide strategies to reduce harm on nights out.

Drinkaware built on the successes of 2017's Ok to Ask campaign by working with partners to reach more young adults in different parts of the UK to challenge drunken sexual harassment in bars and clubs.

*Ok to Ask* raises awareness of sexual harassment in the night time economy and empowers the audience to intervene to help people on the receiving end of these behaviours with a simple 'Are you OK?' The campaign is backed up by memorable three steps advice on how to do this safely: spot it, check it, speak out. In 2018 we worked with partners to deliver local area activations of the campaign:

#### **Cardiff and South Wales**

During July and August, digital and in-venue media were delivered in Cardiff working with South Wales Police and Crime Commissioner (PCC) and Cardiff Business Improvement District (BID), and the estimated reach was over 120,000 (84%) of 18-24 year olds in the area. Then later in the year a region-wide campaign was delivered with the PCC team to reach people during the first term of the university year. The South Wales activity was estimated to reach over 130,000 (91%) 18-24 year olds in the area.

#### Nottingham

Working with Nottingham Police, Nottingham PCC, Nottingham BID and Nottingham City Council, an eight-week campaign kicked off in early November 2018 and ran until early January 2019 in order to reach the audience during the Christmas and New Year party season. Messages were served across social media, on posters in the town centre and in bars and clubs via washroom posters, digital displays and beer mats. The campaign was estimated to reach over 120,000 18-24 year olds, or around 89% of the total audience in the area.



'Crew is worth its weight in gold, takes pressure off the general management. Managers can then be released to deal with other issues like queuing. They are an extended arm'

**Student Union Manager** 



#### **Drinkaware Crew**

Individuals employed by entertainment venues and trained by Drinkaware form the basis of the *Drinkaware Crew* scheme. They look after the welfare of young adults on a night out. Working in pairs, *Drinkaware Crew* mingle with customers to promote a positive social atmosphere and provide assistance to those who may be vulnerable as a result of excessive alcohol consumption.

At the end of 2018, the scheme was live in 23 venues across 11 cities, and research was commissioned to gauge the views of venue staff, managers and customers in order to inform plans for the development of the scheme.

The research involved observations and interviews in nine venues employing *Drinkaware Crew* as well as a survey of 303 young people aged 18-24 who had visited a venue with *Drinkaware Crew* staff.<sup>40</sup>

**Key findings** Venue manager and staff views:

Drinkaware Crew provide a dedicated role that is welcomed by duty managers and security staff – they are seen as part of the team and there is little conflict of responsibility.

Drinkaware Crew free up time, allowing security and management to focus on safety and any bigger issues taking place – e.g. drugs, violence. They provide dedicated time to vulnerable people when they need it.



**3 in 4 (76%)** would be willing to pay £1 more to enter a venue employing *Drinkaware Crew* 

#### **Expanding Drinkaware Crew**

The expertise we have developed through the *Drinkaware Crew* scheme has proven to be relevant to other areas where there is a need to look out for and seek to prevent harm associated with alcohol-related vulnerability.

Adopting the *Drinkaware Crew* training content we provided alcohol vulnerability training for 64 Network Rail staff as part of their 2018 intoxication campaign. The aim of the training was to equip customer-facing staff with the ability to recognise alcohol-related vulnerability and provide support to prevent harm in the run up to Christmas.

We also provided training for 47 Soho Angels who are part of Westminster Council's on-street volunteer scheme to protect vulnerable people on the streets on nights out.

During 2018 we also started work to adopt the *Drinkaware Crew* scheme within LGBT venues, and a pilot is planned in London venues during 2019. A team from Nottingham Trent University has been commissioned to undertake the evaluation.



'I personally feel safer in the knowledge that there are individuals on hand to help myself and my friends if necessary. It makes me regard a company more positively, as it shows that they are socially responsible and concerned with the welfare of patrons'

Venue customer

# About **Drinkaware**

The Drinkaware Trust is an independent UK wide alcohol education charity.

We're here to help people make better choices about their drinking. We do this by providing impartial, evidence-based information, advice and practical resources, and by working collaboratively with partners. Led by the evidence, Drinkaware engages and works with both the alcohol industry and public sector bodies to tackle alcohol-related harms.

#### **Research & Impact Committee**

The Research & Impact Committee provides support and guidance for Drinkaware's work and ensures that our activity is based on the best available evidence. The Committee oversees robust evaluation and determines whether our resources and efforts are being effectively applied.

In 2018, the Drinkaware Monitor survey provided unique insights into drinking in the UK and the experiences and views different types of drinkers have in respect to moderation.

#### **Committee members**

**Dr Timothy Walker** Chair of the Committee and Drinkaware Trustee

**Professor Anthony Goodman** Professor in Community Justice, Middlesex University

**Dr Christopher Spencer Jones** Public Health England Consultant and Drinkaware Trustee

#### **Professor Anthony C. Moss**

Director of Education and Student Experience, School of Applied Sciences, London South Bank University

#### **Dr Matthew Wood**

Principal Lecturer in Marketing, University of Brighton

#### Observers

#### **Dr Fiona Sim OBE**

GP, Senior Clinical Advisor and Drinkaware Chief Medical Advisor

#### **Daniel Broadfield**

Drugs & Alcohol Research, Crime and Policing Analysis, Home Office

#### Medical Advisory Panel

Drinkaware works with an independent panel of expert medical advisors to ensure that our information and advice is based on the most current medical evidence.

The Panel is responsible for providing a strategic overview of Drinkaware's medical evidence and for reviewing all content for accuracy.

The Panel is chaired by the Chief Medical Advisor who reports independently to Drinkaware's Board of Trustees and attends Board meetings in an observer role.

Panel members have a wide range of expertise ranging from public health, general practice, liver disease and mental health to oral cancer, violence and facial injury. The panel calls upon the skills and expertise of other medical specialists when needed.

#### **Panel Members**

#### **Dr Fiona Sim OBE**

Bedfordshire.

Chief Medical Advisor NHS GP and Senior Clinical Adviser, NHS England (Central Midlands) Honorary Senior Lecturer, London School of Tropical Medicine. Visiting professor, University of

#### **Professor Jonathan Chick**

Consultant Psychiatrist and Honorary Professor, Faculty of Health, Life & Social Sciences, Edinburgh Napier University. Medical Director, Castle Craig Hospital, Scotland.

#### **Dr Sarah Jarvis MBE**

GP, Fellow of the Royal College of General Practitioners and Clinical Consultant to Patient.co.uk.

#### **Helene Leslie**

Alcohol Liaison Nurse and Team Lead, Royal Infirmary of Edinburgh.

#### Iona Lidington

Director of Public Health, Royal Borough of Kingston.

#### **Professor Stephen Neidle**

Emeritus Professor at University College London. Cancer Research UK Professorial Fellow. Former Professor and Academic Dean at the Institute of Cancer Research.

#### Professor Graham Ogden

Head of Oral & Maxillofacial Clinical Sciences, University of Dundee Dental Hospital & School. Dean (Dental Faculty), Royal College of Physicians and Surgeons, Glasgow. Honorary Consultant Oral Surgeon NHS Tayside.

# Glossary

#### Alcohol vulnerability

Drinking alcohol can make an individual more vulnerable or prone to accidents. The more someone drinks, the less they will be able to spot dangerous situations, meaning they may lose self-control or do something risky.

#### AUDIT

The Alcohol Use Disorders Identification Test (AUDIT) is a ten question screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviours, and alcohol-related problems.

#### **Binge drinking**

Binge drinking usually refers to drinking a significant amount of alcohol in a short space of time or drinking to get drunk. Drinking too much, too quickly on a single occasion can increase the risk of: accidents resulting in injury, causing death in some cases, misjudging risky situations and losing self-control, like having unprotected sex. The definition used by the Office of National Statistics for binge drinking is having over 8 units in a single session for men and over 6 units for women.

#### **Chief Medical Officer (CMO)**

The Chief Medical Officer (CMO) is the most senior advisor on health matters in a government. There are four CMOs in the United Kingdom who are appointed to advise their respective governments: Her Majesty's Government, the Northern Ireland Executive, the Scottish Government and the Welsh Government. Each CMO is assisted by one or more Deputy Chief Medical Officers, and are complemented by a Chief Nursing Officer.

#### **Drinkaware Crew**

Drinkaware Crew are trained staff working in clubs and venues to help support the welfare and wellbeing of young people on a night out. Working in pairs, Drinkaware Crew mingle with customers to promote a positive social atmosphere and help those who may be vulnerable as a result of drinking too much alcohol.

#### **Drinkaware Monitor**

Drinkaware commissions a UK representative survey each year to find out who is drinking alcohol, how much and why. Within a three-year programme of research, Drinkaware Monitor informs the organisation's understanding of general patterns of drinking among UK adults, people's experiences with cutting back and the drinking habits of young people and their parents.

#### Harmful drinking

Harmful drinking is defined by the AUDIT alcohol use assessment tool as a drinking pattern that is likely to bring damage to health.

#### **Hazardous drinking**

Hazardous drinking is defined by the AUDIT alcohol use assessment tool as a drinking pattern that will likely bring the person to some harm because of alcohol – whether physical, mental, or social.

#### IBA

Identification and brief advice (IBA) is wellevidenced in primary care settings as an effective way to help people moderate their drinking. It works by encouraging a personal assessment of current drinking habits; providing feedback on the likely impact of these and the benefits of cutting down; offering suggestions on how to cut down and advice to help develop personal guidance and plans.

#### **Information Standard**

The Information Standard is a certification scheme for health and social care information. Established by the Department of Health, it has been introduced to fulfil the need for a "quality filter" to help people decide which information is trustworthy. It provides a recognised "quality mark", which indicates that an organisation is a reliable source of health and social care information. Drinkaware has had Information Standard accreditation since 2014.

#### Low risk drinking guidelines

The UK Chief Medical Officers have provided guidelines on how to keep health risks from drinking alcohol to a low level. The Chief Medical Officers' guideline for both men and women is 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.

#### **Risky career drinkers**

'Risky career drinkers' are a segment of UK drinkers as defined by Drinkaware research. Typically they are men over 45 who drink significantly more than the recommended guideline of 14 units per week. Most often, this group of people drink at home alone and their drinking, based on a completion of the Alcohol Use Disorders Identification Test (AUDIT), is defined as being at hazardous or harmful levels.

#### **Risky Social and Coping Drinkers**

'Risky social and coping drinkers' are a segment of UK drinkers as defined by Drinkaware research. Typically they are adults under 35; they drink less frequently than older age groups but are more likely to binge drink on occasions when they do. This group tends to drink in social settings but are more likely than the UK average to say that they drink to cope or to conform. They are more likely than average to report low wellbeing.

#### Social advertising

Social advertising refers to advertising about socially relevant issues that are created in public interest. The aim is often to raise awareness and make a difference. Social advertising campaigns aim to educate people about a given social issue and convince them to adopt changes in their lifestyle or build a better future.

#### Unique website visitor

Unique visitor is a term used in website analytics to refer to a person who visits a site at least once within a given time period. Each visitor to the site is only counted once even if they have accessed the site on a number of occasions during the defined period.

#### Walking Football

Walking football is a variant of association football that is aimed at keeping people aged over 50 involved with football if, due to a lack of mobility or for other reasons, they are not able to play the traditional game. The sport can be played both indoors and outdoors. Though based on association football, the key difference in the rules, from standard football, is that if a player runs then they concede a free kick to the other side.

# Partners & Supporters

### Drinkaware would like to thank our donors for their support and commitment in 2018:

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# Notes

3rd Floor (Room 519), Salisbury House London Wall, London EC2M 5QQ

#### drinkaware.co.uk

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The Drinkaware Trust (A charitable company limited by guarantee) Charity No. 1094586 in England and Wales; SCO43163 in Scotland Registered Office: 3rd Floor, Salisbury House, London Wall, London EC2M 5QQ



