

# Drinkaware

Impact Report 2013



**drinkaware**



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# Why we exist



## What we do

Drinkaware aims to change the UK's drinking habits for the better, preventing alcohol-related harm. We do this by helping people understand the impact alcohol can have on our health and families, and those around us. Our evidence-based information helps people understand the harm alcohol can cause, and our practical tools support them to change their behaviour.

## Why we do it

We want to see a society where people are supported in practical ways to make informed decisions about their drinking.

- Almost one in four adults in the UK drink in a way that is potentially, or actually, harmful to their health<sup>1</sup>
- In 2012-2013, there were over 1 million alcohol-related hospital admissions<sup>2</sup>
- Alcohol misuse costs the UK £8 billion in crime and disorder, £303 per household<sup>2</sup>
- In the UK, the average life expectancy of someone with alcohol-related liver disease is 59 years old and falling. For other major causes of mortality, such as stroke, it is over 80 years<sup>3</sup>
- Over half a million British people go to work with a hangover every day.<sup>4</sup>

## Positive trends

- The proportion of men drinking on five or more days a week fell from 23% in 1998 to 16% in 2011, and from 13% to 9% for women<sup>5</sup>
- The average age of a young person's first alcoholic drink has risen from 13.4 in 2012 to 13.7 years old in 2013<sup>6</sup>
- More people are abstaining from drinking alcohol in Great Britain. The proportion of adults (aged 16 and above) who abstain from alcohol altogether increased from 10% in 1998 to 15% in 2009.<sup>7</sup>

<sup>1</sup>Office for National Statistics. Chapter 2 - Drinking (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey); 2013. URL: [http://www.ons.gov.uk/ons/dcp171776\\_302636.pdf](http://www.ons.gov.uk/ons/dcp171776_302636.pdf) [25 September 2014]

<sup>2</sup>Home Office. Impact assessment for the alcohol measures in the consultation; 2010. URL: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/98465/ia-alcohol-measures.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98465/ia-alcohol-measures.pdf) [25 September 2014]

<sup>3</sup>Juniper, M. et al. Measuring the Units A review of patients who died with alcohol-related liver disease: A report by the National Confidential Enquiry into Patient Outcome and Death; 2013. URL: [http://www.ncepod.org.uk/2013report1/downloads/Measuring%20the%20Units\\_full%20report.pdf](http://www.ncepod.org.uk/2013report1/downloads/Measuring%20the%20Units_full%20report.pdf) [25 September 2014]

<sup>4</sup>More than half a million people hungover at work each day. URL: <http://www.drinkaware.co.uk/about-us/press-office/more-than-half-a-million-people-hungover-at-work-each-day> [25 September 2014]. Drinkaware and Bupa poll by ICM, 1,085 British adults surveyed via an online panel, 2010.

<sup>5</sup>Office for National Statistics. Chapter 2 - Drinking (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey); 2013. URL: [http://www.ons.gov.uk/ons/dcp171776\\_302636.pdf](http://www.ons.gov.uk/ons/dcp171776_302636.pdf) [25 September 2014]

<sup>6</sup>Ipsos MORI. Research into the drinking behaviour and attitudes of 10-17-year-olds and their parents; 2013. URL: [https://www.drinkaware.co.uk/media/157296/drinkaware\\_attitudes\\_and\\_behaviours\\_parents\\_and\\_young\\_people\\_\\_2012.pdf](https://www.drinkaware.co.uk/media/157296/drinkaware_attitudes_and_behaviours_parents_and_young_people__2012.pdf) [25 September 2014]

<sup>7</sup>Dunstan, S. General Lifestyle Survey Overview: A report on the 2010 General Lifestyle Survey. Newport: Office for National Statistics; 2012.

## Our reach and impact

- Nearly 6 million people visited our website in 2013, which we re-launched to make it more accessible, an increase of over 40% since 2012
- In 2013, our online unit calculator was viewed more than 3.8 million times, educating people about units and the health impact of regularly exceeding the lower risk guidelines
- Since 7 February 2013, when the new tool went live, 339,369 people have used our alcohol self-assessment questionnaire to understand whether their drinking may be putting their health at risk
- More than 300,000 people have now signed up to record their drinking and cut back using our online tracking tool MyDrinkaware
- Four in five people (79%) in Berkshire who had used our 'What's in Your Glass?' Kit said they started keeping better track of their drinking
- Following our pilot campaign with the Scottish Government Alcohol Industry Partnership (SGAIP), those believing 'lower strength drinks are a good way to avoid unhealthy drinking' increased from 35% to 60%
- In 2013 our three online films on talking to your child about alcohol were viewed 270,000 times
- In September 2013 we launched our online alcohol self-assessment tool with the Royal College of General Practitioners. From its launch to June 2014 it was accessed by 2,128 GPs.
- On Twitter, we grew our @Drinkaware followers from 3,021 in May 2013 to 6,812 by December 2013
- We launched our pilot H2O'clock campaign in six pubs in Northampton to encourage young people to alternate alcoholic drinks with water

"I drink too much and your site is helping me drink less. Lots less. Just thinking of what I read on your site and recording my drinks is an incentive to cut down. And it works." - Eric

"I've been using the tracking tool for about a year and I've found it invaluable in being able to track and make positive moves in curbing my drinking. It's enabled me to take control." - Mark

"I've been using your website for a couple of weeks now and I think it's brilliant. It is helping me understand my drinking a lot better." - Nick

# Foreword



I am delighted to introduce the Drinkaware Impact Report 2013. Drinkaware is increasingly the 'go to' source of information for those seeking facts and advice about alcohol – but we know that changing drinking habits is complex. We need to know much more about the role of consumer education in reducing alcohol-related harm.

Increasingly, evidence and evaluation is at the heart of our work and we are committed to measuring our impact on consumers' knowledge, attitudes and behaviour around alcohol. We recognise that the burden of alcohol-related harm is best addressed through a range of efforts and are delighted to have worked in partnership with others. In 2013, to extend the reach and impact of Drinkaware programmes, we have worked with local authorities, public health teams, the police and others.

This report covers three key areas of our work in 2013. I am particularly proud of our campaign, aimed at parents, to delay the age that young people first have an alcoholic drink. It led to around 80,000 people visiting the parents section of our website in the last year for facts and advice about how to talk to their child about alcohol. This was an almost threefold increase since 2012.

Our second key initiative is the pilot What's in Your Glass? campaign which tested a kit designed to support adults in Berkshire to make healthier choices about alcohol. It led to a fantastic tangible result with nearly two thirds of those involved in the project reducing the number of units they drink.

The third area of work is our research amongst 18- to 29-year-olds which is identifying approaches to reducing drunkenness in the night time economy. In 2014, we will test these approaches through another pilot campaign which will help us understand how we can work with local people and organisations to reduce this problem.

Without our funders and partners we could not carry out this essential work. Their continued support is invaluable in helping to achieve our aims.

I am confident that we will continue to be the key player when it comes to giving consumers information and advice about alcohol and that our audience will keep growing. It is clear that people trust us to give them the facts and we are making progress on our journey to get them to think differently about alcohol.

**Elaine Hindal**  
*Chief Executive*

# Tackling underage drinking



## The problem

The Chief Medical Officer for England suggests that an alcohol-free childhood is the healthiest and best option. It is recommended that, if children drink alcohol, it should not be until they are at least 15 years old.<sup>8</sup>

However, we know that:

- In 2013, around two in five (39%) of pupils in England aged 11 to 15 reported that they had ever drunk alcohol and almost one in ten (9%) had drunk alcohol in the last week. These figures suggest that there is an issue of considerable underage drinking to address, although the situation has improved in the recent decade: in 2003 six in ten (61%) had ever drunk alcohol and one in four (25%) had drunk alcohol in the last week<sup>9</sup>
- Children aged 11-15 who drink generally do so in order to get drunk. In 2012, of the 10% pupils who had drunk alcohol in the last week half (or one in twenty of all the children) said they had been drunk at least once during that time.<sup>10</sup>
- Research commissioned by Drinkaware shows that more than two in five (44%) young people aged 10 to 17 in the Britain who have tried alcohol, say that they got it from their parents the last time they drank.<sup>11</sup>
- between 2010-11 and 2012-13, more than 15,000 under 18s in England were admitted to hospital because of alcohol.<sup>12</sup>

## What we did

Our long-term goal is to reduce the proportion of young people under 15 who drink alcohol. In 2013, our Talk Now and Avoid Problems Later campaign encouraged parents to talk to their children about the dangers of alcohol before they start drinking, and to continue having open and honest conversations as their children grow up.

The campaign included: outdoor poster advertising in London and the North West; radio advertising across Britain; social media activity; three online films; targeted website content; promotional partnerships with parenting websites Mumsnet and Parentdish; and media coverage on the importance of parental influences on

<sup>8</sup>In Scotland, the recommended minimum age is 16 years old.

<sup>9</sup>Fuller, E. and Hawkins, V. Smoking, drinking and drug use among young people in England in 2013. London: Health and Social Care Information Centre; 2014.

<sup>10</sup>Fuller, E. Smoking, drinking and drug use among young people in England in 2012. London: Health and Social Care Information Centre; 2013.

<sup>11</sup>Ipsos MORI. Research into the drinking behaviour and attitudes of 10-17-year-olds and their parents; 2013. URL:

[https://www.drinkaware.co.uk/media/157296/drinkaware\\_attitudes\\_and\\_behaviours\\_parents\\_and\\_young\\_people\\_\\_2012.pdf](https://www.drinkaware.co.uk/media/157296/drinkaware_attitudes_and_behaviours_parents_and_young_people__2012.pdf) [25 September 2014]

<sup>12</sup>Local Alcohol Profiles for England. URL: <http://lape.org.uk/data.html> [25 September 2014].





## Our impact

Evaluation of Talk Now and Avoid Problems Later<sup>13</sup> found that one in six parents (16%) recognised the campaign. Those parents were more likely to have had conversations with their child (52%) compared to those who didn't recognise it (35%). Additionally:



- Our three online films about how parents can approach having a conversation about alcohol with their children were watched 270,000 times
- People took 75,000 actions on Twitter, from clicking on links about the campaign to retweeting our message
- There were 17,500 clicks on our Facebook campaign adverts which took people to the parents section of our website.

It is difficult to assess our impact in this area as wider societal, policy and economic issues play a part. However, it is encouraging that since 2009, when we began focusing on underage drinking, in England the average age of young people's first drink has increased from 13.4 years in 2012 to 13.7 in 2013.<sup>14</sup>

## What next?



In 2014, we continue to focus our campaigns on parents as role models and how they influence their children's attitudes to alcohol and drinking behaviour. In particular, we will support parents to feel more confident about having conversations with their children about the risks of alcohol by producing tailored information for this audience. We will also consider how we make related information and guidance available to the public.

<sup>13</sup>Ipsos MORI, 2013 parents campaign evaluation; 2014. URL: [http://www.drinkaware.co.uk/media/243988/2013\\_parents\\_campaign\\_evaluation\\_.pdf](http://www.drinkaware.co.uk/media/243988/2013_parents_campaign_evaluation_.pdf) [25 September 2014]

<sup>14</sup>Fuller, E. and Hawkins, V. Smoking, drinking and drug use among young people in England in 2013. London: Health and Social Care Information Centre; 2014 Ipsos MORI. Adults' and children's drinking behaviours and their attitudes towards alcohol; 2014. URL:



# Providing information to help people understand the impact of drinking on their health

## The problem

Awareness of the term 'units' of alcohol is near universal – 93% of 25- to 44-year-olds in Britain said they have heard of it, according to our research.<sup>15</sup> However, only around a third of 25- to 65-year-olds know the correct unit guidelines limit (32% of women and 31% of men). Our research also found that the proportion of people who could identify the correct unit content of a range of alcoholic drinks varied from 13% for a pint of 5% ABV cider, to 36% for a pint of 4% ABV lager.<sup>16</sup>

Similarly, for calories, less than a third (29%) of adults know how many are in a standard (175ml) glass of wine.<sup>17</sup> Understanding the unit and calorie content of alcoholic drinks could help drinkers to understand the impact of their drinking on their health.

## What we did

During Alcohol Awareness Week in October 2013, we worked with Berkshire Public Health and the Local Pharmaceutical Committee to educate people about what their drinks contain. Together, we developed an eight-week campaign, called What's in Your Glass? We gave 151 pharmacies across Berkshire 24,000 free kits to distribute to customers. They contained a half-pint unit measuring cup; a wheel showing units and calories in different drinks; a booklet with information about alcohol-related health problems; and a drinks diary.

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<sup>15</sup>Ipsos MORI. Adults' and children's drinking behaviours and their attitudes towards alcohol; 2014. URL: [http://www.drinkaware.co.uk/media/243984/adults\\_and\\_children\\_s\\_drinking\\_behaviour\\_and\\_their\\_attitudes\\_towards\\_alcohol\\_kpiresearch.pdf](http://www.drinkaware.co.uk/media/243984/adults_and_children_s_drinking_behaviour_and_their_attitudes_towards_alcohol_kpiresearch.pdf) [25 September 2014]

<sup>16</sup>Ibid.

<sup>17</sup>Health and wealth conscious Brits have 'blind spot' for alcohol. URL: <https://www.drinkaware.co.uk/about-us/press-office/health-wealth-conscious-brits-have-blind-spot-for-alcohol> [25 September 2014].



## Our impact

We developed a model for working in partnership to deliver effective brief advice and information to consumers. An independent evaluation<sup>18</sup> showed that the campaign allowed pharmacists to have conversations with customers about alcohol in a non-judgemental way, and the kits were well received, thanks to their bright colours and welcoming design.

Nearly nine out of 10 of the 300 people (86%) who participated in follow-up research found that using the kit made them more aware of the effects of alcohol on their health and well-being. The kit also helped people to start to change their behaviour:

- more than three in five (63%) reduced the number of units they drank
- four in five people (79%) said they had started keeping better track of their drinking after using the kit
- more than two-thirds (67%) reduced the number of calories they consumed
- three in five (58%) drank lower strength drinks
- over half (52%) drank on fewer days of the week

Evidence from 24 follow-up interviews showed that almost everyone was able to sustain these changes.



## What next?

We will build on these positive results to explore what other health settings can be used to communicate messages about how people can reduce the amount they drink. In particular, we will explore the value of the unit measuring cup as a tool to engage people to understand their own drinking behaviour. We are also considering how other partnerships can sustain behaviour change and will seek to build in robust evaluations to evidence our findings.

<sup>18</sup>Shared Intelligence. Evaluation of Drinkaware Resources; 2014. URL: [http://eb6eac5692db912ed5d9-411b8674dd3ca0f7d171c621142907c5.r53.cf1.rackcdn.com/EvaluationDAresourcesV2\\_Feb2014.pdf](http://eb6eac5692db912ed5d9-411b8674dd3ca0f7d171c621142907c5.r53.cf1.rackcdn.com/EvaluationDAresourcesV2_Feb2014.pdf) [25 September 2014]

# Changing attitudes to drinking and drunkenness

## The problem

Research consistently shows that the peak time for violent offending is weekend nights, and the main location is in and around pubs and clubs. Most incidents involve drinking by the offender, victim or both.<sup>19</sup>

Alcohol consumption is a major factor in sexual violence. An estimated 19,000 alcohol-related sexual assaults occur each year in England and Wales. Many of those committing sexual assaults have consumed alcohol prior to an incident.<sup>20</sup>

## What we did

Our Why Let Good Times Go Bad? campaign finished in 2013. It aimed to educate young people about alcohol and responsible drinking, reducing the acceptability of drunkenness and preventing unsafe, unhealthy and anti-social behaviours associated with excessive drinking.

As part of the final stages of the campaign, this year, we commissioned research to find out what future role Drinkaware can play in reducing the harms associated with Drunken Nights Out for 18- to 24-year-olds. This included interviews and workshops with 100 adults from six towns and cities in England and Wales and review of existing research.

We also launched H2O Northampton to increase the number of people choosing to drink water in bars in the Midlands town, and to reduce the speed of alcohol consumption and anti-social behaviour.

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<sup>19</sup>Finney, A. Violence in the Night-time Economy: Key findings from the research. Home Office Findings 214. London: Home Office; 2004.

<sup>20</sup>Faculty of Public Health. Alcohol and violence: Briefing statement; 2005. URL: [http://www.fph.org.uk/uploads/bs\\_alcohol\\_violence.pdf](http://www.fph.org.uk/uploads/bs_alcohol_violence.pdf) [25 September 2014]

## **Our impact**

Our Drunken Nights Out research provided compelling insights into the motivations behind intentional drunkenness and the appeal and risks of drunken nights out to people in this age group who are regularly drinking to excess. The final report will be published in 2014, and will provide an evidence base for different approaches to addressing binge drinking and public drunkenness.

It was difficult to draw meaningful conclusions from H2O Northampton because, in retrospect, the intervention period was too short, lasting only from 1 November to 14 December 2013. The campaign did not have a significant effect on people's speed of alcohol consumption or drinking behaviour and anti-social behaviour.

Independent research from Dr Antony Moss, Head of Psychology at South Bank University, found that messages from the Why Let Good Times Go Bad? overall campaign were not clear and had unintended consequences. For this reason, we decided to not continue the campaign.

Importantly, we have learnt to: take steps to ensure there is a clear evidence base for our future work; put procedures in place to carefully test campaigns materials; and robustly evaluate the outcomes of our work.

## **What next?**

Informed by findings from our Drunken Nights Out research, we will work with our partners to test approaches to reduce problems of drunkenness in the night-time economy. This pilot work will take place in Nottingham and Nottinghamshire as part of the Local Alcohol Action Area scheme launched by the Home Office. The aim is to use materials and learning to develop a national campaign.

# Evidence-based

## **Our Medical Advisory Panel**

Since 2010, our Medical Advisory Panel has helped ensure Drinkaware's campaigns, publications and web content are based on sound medical evidence. Members are experts in their fields and independent of the organisation.

Professor Paul Wallace FRCGP, FFPHM  
Chief Medical Advisor to Drinkaware, Chair of the Panel, University College London  
Emeritus Professor of primary health care

Professor Jonathan Chick  
Consultant Psychiatrist at Queen Margaret University Edinburgh

Dr Sarah Jarvis FRCGP  
GP

Professor Graham Ogden  
Professor of oral surgery at the University of Dundee

Professor Chris Day  
Professor of liver medicine at Newcastle University

## **Our research**

We commissioned a review of existing evidence on this issue in October 2013 as part of our aim to reduce harm from underage drinking. It will provide us with a synthesis of current scientific evidence that we can use to inform information for and campaigns targeting parents and young people.

Our medical panel are overseeing the research which is being led by two experts in this field: Professor Sarah-Jayne Blakemore, from the University of Central London Institute of Cognitive Neuroscience and Professor Sarah Feldstein Ewing, from the University of New Mexico.

# Our finances

# Message from our Chair

I was pleased to step into my role as Chair of Trustees in early 2014 with an organisation embracing change.

Drinkaware has addressed the three key areas outlined in 2013's external audit of its effectiveness. Now, almost all of the recommendations have been put into action or are in the process of being actioned.

Firstly, our work is more evidence-based as we've commissioned independent research, including a review of how alcohol affects an adolescent's brain.

Secondly, instead of working in isolation we have started to build partnerships with others, such as pharmacists and local authorities, to tackle harm caused by alcohol together.

And finally, we have addressed perceptions, identified in the audit, about our lack of independence from the alcohol industry. Our new board of Trustees is smaller, down from 13 to nine and we no longer have quotas of five industry members and five alcohol professionals from outside the industry. We have an open Trustee recruitment process, based solely on an applicant's ability to meet the needs of the organisation.

I would like to officially welcome our three new Trustees: Penny Newman OBE, former Chief Executive of two high profile social enterprises; Vicki Nobles who used to work in corporate relations for Diageo; and Timothy Walker, who was Executive Director of the Financial Reporting Council.

Together, and with your support, we look forward to building on Drinkaware's excellent work in 2013.

**Sir Leigh Lewis**

Chair

June 2014

## **Our current Trustees**

**Dr Catherine Brogan**, *Founding Director and Chief Executive of Public Health Action Support Team*

**Helen Humphreys**, *Group Internal Communication Director at Lloyds Banking Group*

**Alex Hunter**, *Company Incubator and Angel Investor*

**Sir Leigh Lewis**, *Chair and former Permanent Secretary at the Department for Work and Pensions*

**Penny Newman OBE**, *former Chief Executive at Platform 5*

**Vicki Nobles**, *former Corporate Relations Director, Diageo GB*

**Ted Tuppen CBE**, *former Chief Executive of Enterprise Inns plc.*

**Timothy Walker**, *former Executive Director of the Financial Reporting Council*

Thanks to our outgoing Trustees who were involved in all our activities in 2013. Their support has been critical in establishing Drinkaware as the leading provider of alcohol education in the UK:

**Carolyn Bradley**

**Nick Grant**

**Derek Lewis**

**Benet Slay**

**Dr Michael Wilks**



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