



Impact Report 2017

A promising start to our Five Year Strategy

drinkaware

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In 2017, Drinkaware set out on a new Five Year Strategy. The ambition, goals and targets are challenging, but then so is our simply-stated but highly-complex aim – to enable people to make better decisions about their drinking.

It's early days, but we've made a promising start to our 2017-2022 strategy.

More people are accessing our information and advice via channels such as our website and app, and more of our activity is focused on two distinct groups – identified by our research as 'Risky Career Drinkers' and 'Risky Social and Coping Drinkers'.

There's a way to go. But we are well underway.

Facts & Figures 2017

**In 2017, we
reached a lot
of people**



9.4 million
visited the
Drinkaware
website.

**Those
people weren't
passive -
significant
numbers took
action**



841,000 used
our online tool to find out
how many **units** and **calories**
were in their drinks.



Our 'Have a Little Less,
Feel a Lot Better' campaign reached
5 million midlife men aged 45 - 64.
New partners included TalkSport and
Derby County Football Club. Two thirds
thought the campaign made them
consider moderating their drinking.



389,000 completed our
Alcohol Self-Assessment
test to learn whether their
drinking may be harmful.



201,300 people visited the Drinkaware web pages with **guidance for parents** about underage drinking.



126,716 downloaded the **Drinkaware app** - using their smartphones to monitor their drinking.



237,000 used the online **DrinkCompare calculator** to see the level of their drinking compared to other men and women - social comparison as a motivator to modify consumption.

Face-to-face is a new focus - all set to grow fast

Engaging with people at the point when they are purchasing or consuming alcohol is increasingly important for us - in 2017, we set out our stall.



Drinkaware Crew - trained venue staff protecting the welfare and wellbeing of young people on a night out - supported **4037 people** across **13 venues**. Significant expansion of this activity is planned.



2,827 people took part in our direct face-to-face **Alcohol Brief Advice pilot scheme** - running in non-clinical settings including ASDA supermarkets. The pilot is being extended and expanded.

Trends in Alcohol Harm in the UK

The drinking patterns that determine our directions

Fewer people are drinking at harmful levels

Overall, harmful levels of drinking in the UK have reduced over the past two decades. Since 2000 the proportion of adults who drank alcohol at hazardous levels and above significantly reduced from 26.1% to 21.3%. Looking specifically at the two age groups that drink most (16-24 and 45-54), we can see this change at a more granular level. In 2000, 40.7% of 16-24s drank to hazardous levels, which, statistically, significantly reduced to 28.9% in 2014. Of those aged 45-54, 22.1% were drinking to at least hazardous levels in 2000, which reduced to 19.1% in 2014, although this reduction was not statistically significant¹.

Spending on alcohol is up

While harmful drinking has decreased, over the same period (2000 to 2016) UK household annual expenditure on alcohol per capita increased by 45% (adjusted for inflation).² In 2017 the alcohol category was worth £40.3bn,³ compared to £39.9bn in 2016⁴.

Alcohol-related hospital admissions and deaths are increasing

With recent declines in levels of alcohol consumption, the UK has not yet seen a decrease in alcohol-related hospital admissions or deaths. Although drink driving collisions and accidents, alcohol-related crime, and drinking at hazardous levels have reduced in recent years, alcohol-related hospital admissions have increased by 17% from 2006/7 to 2016/7 and alcohol-specific deaths have increased by 11% in the period 2006 – 2016⁵.

Literature in this area has noted that this diverging trend could be accounted for by a time lag effect; therefore the more recent reduction in consumption has yet to have an effect on alcohol-related admissions and deaths⁶. The decrease in drink driving accidents and casualties and alcohol-related crime could be seen as the more immediate effect of the reduction in alcohol consumption.

Knowledge of the low risk drinking guidelines is limited

When it comes to public awareness and knowledge, research has suggested limited knowledge of the Chief Medical Officers' low risk drinking guidelines. In 2016, 71% of the public were aware of the guidelines introduced earlier that year, but only 8% knew what the recommended limits were. The research suggests that communication of the new limits needs to be improved⁷.

Another study found that following publication of the guidelines the number of people who were aware of them reduced over the next year (Jan 2016-2017). The study proposes that more theory-based promotional campaigns using the guidelines may be required for the drinking guidelines to be an effective public health intervention⁸.



17%

increase in
alcohol-related hospital
admissions in the period
2006/7 - 2016/17



11%

increase in
alcohol-specific deaths
in the period
2006 - 2016

A close-up photograph of a hand holding a green glass bottle cap. The cap is being held between the thumb and index finger, with the cap's opening facing the viewer. The background is dark and out of focus, showing more of the hand and the bottle neck. The overall tone is serious and focused.

Devising a strategy to address harmful drinking

Defining our audiences

Formulating our strategy

Integrating our Key Performance Indicators (KPIs)

Defining our audiences

Segmentation research reveals two key audiences

Our UK drinker segmentation analysis identified two groups of particular concern⁹. We have described these as 'risky career drinkers' and 'risky social and coping drinkers'.

This unique insight helped to inform our Five Year Strategy, enabling us to target our activities and resources to maximum effect. Over time, it will also be a key lens through which we will measure our impact.

Risky Career Drinkers

Risky career drinkers are typically men over 45 who drink significantly more than the recommended guideline of 14 units per week and who are likely to 'binge' drink weekly or more frequently ('binge drinking' being defined as 6 units or more for women and 8 units or more for men, in a single drinking episode).

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. In addition, this group displays other lifestyle behaviours that are likely to have a detrimental effect on their health; a significant proportion of them smoke, and this group is less likely than the UK average to have a healthy diet (as indicated by the consumption of fruit and vegetables) and to take the recommended amount of physical exercise.

Risky Social and Coping Drinkers

Risky social and coping drinkers are typically 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.

Drinking at home, alone or as part of a couple, is now the most common situation in which adults drink, with men significantly more likely than women to drink at home alone.

Our 2017 segmentation research built on our annual Drinkaware Monitor research - providing us with a deep understanding of alcohol-related behaviours and attitudes.

- People remain uncertain about alcohol harm. The association between alcohol and liver disease may be understood, less so that between alcohol and cancer, dementia and mental health¹⁰.
- Awareness of the Chief Medical Officers' Low Risk Drinking Guidelines remains low⁷.
- With 4 in 10 UK adults either drinking very moderately or not at all, hazardous and harmful drinking is increasingly concentrated amongst key segments of the population⁹.
- Drinking at home, alone or as part of a couple, is now the most common situation in which adults drink, with men significantly more likely than women to drink at home alone⁹.
- UK drinkers are open to changing their drinking habits, with 1 in 4 recently making efforts to cut down. Many lack support, however, relying on willpower alone. Fewer than 1 in 10 has discussed their drinking with a healthcare professional¹¹.



Formulating our strategy

A clear focus for the way forward

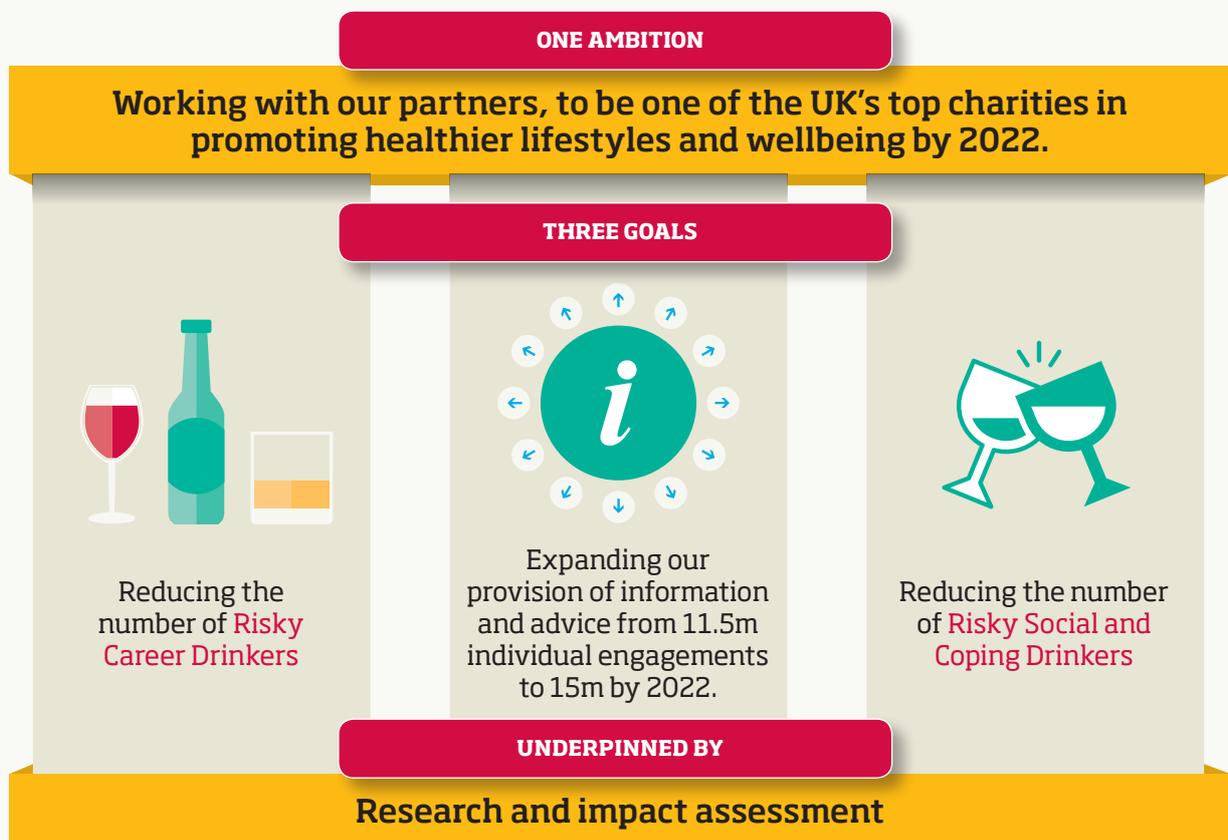
Drinkaware's Five Year Strategy sets out our ambition, working in partnership with others, to become a leading UK charity promoting healthier lifestyles and wellbeing, given that reducing harmful drinking needs to be considered in the context of wider lifestyle behaviours. The strategy, as summarised in the schematic below, recognises that working with and through others is essential to changing behaviour, and emphasises that our work must be led by evidence and informed by robust and impartial evaluation.

Our strategy also sets out the wider change we would like to see in society and how Drinkaware intends to contribute to the complex challenge of reducing alcohol harm.

Fundamentally, the Trust will continue to provide evidence-based, accessible information and advice to a broad public and professional audience, and ensure that our information and advice reflects the latest evidence.

Increasingly, however, the Trust will also employ evidence-based targeted social marketing techniques, based on our understanding of behavioural levers in relation to alcohol use and healthier lifestyles, to help people make better choices about their drinking.

This targeted activity will largely be aimed at two key groups – risky career drinkers and risky social and coping drinkers.



Integrating our Key Performance Indicators (KPIs)

Our 13 KPIs



1. Outcomes and impact

- 1.1 People have a better understanding of alcohol and what they drink
- 1.2 People have a better understanding of the effects of drinking
- 1.3 People have available social and psychological strategies
- 1.4 People drink in less harmful ways



2. Visibility and reach

- 2.1 People accessing our information
- 2.2 Users of our self-help and monitoring tools
- 2.3 Use by professionals
- 2.4 Evidence of reaching different segments in the population
- 2.5 Drinkaware recognition



3. Quality and organisational reputation

- 3.1 Overall quality of and satisfaction with outputs
- 3.2 Relevance to the public and professionals
- 3.3 Acceptance as trustworthy
- 3.4 Acceptance as independent

How we'll measure the success of our strategy

Our Five Year Strategy sets out thirteen key performance indicators under three broad headings: the visibility and reach of Drinkaware activities; the quality of our outputs and the organisation's reputation; and most importantly, outcomes and impact.

Our progress will be measured against these KPIs, and against three headline targets embodied in them. Namely, that by 2022, we aim to:

- engage 15 million people per year with Drinkaware's information and advice, through our website and apps, our social media platforms and through our partnerships with others;
- demonstrate that, over the five years, 1 million people have been able to learn personal strategies to help them cut back their drinking or stop drinking altogether; and
- over the five years, support half a million people to drink in less harmful ways.

Early progress

At the time of writing, we can report upon performance against some (but not all) of the key performance indicators in 2017.

Visibility and reach

In 2017, 12.8 million people accessed Drinkaware information (KPI 2.1), a 19% increase on the previous year. This figure included website visits, engagements on social media and people using the Drinkaware app.

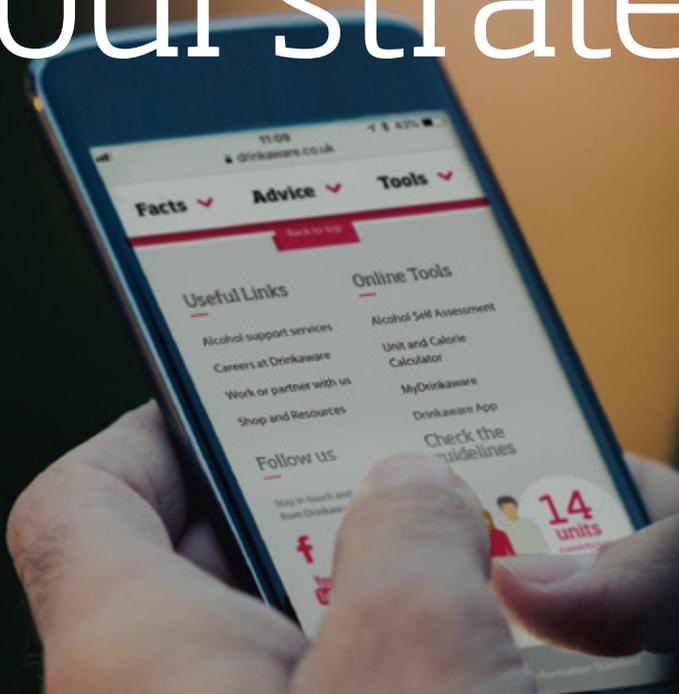
1.8 million people used Drinkaware's self-help and monitoring tools in 2017 (KPI 2.2), a 28% increase on the previous year, and 11,000 Drinkaware resources were used by professionals via the Drinkaware online shop, compared to 8,000 in 2016.

Prompted recognition of the Drinkaware brand increased from 69% in 2016 to 74% in 2017 (KPI 2.5).

Quality and organisational reputation

In 2017, performance against KPIs 3.1 – 3.4 was measured only in relation to website users, for whom a reliable assessment could be made. Data is based upon a quarterly online survey of website users, 90% of whom would recommend the Drinkaware website to friends and family; 95% found the information 'relevant'; 98% found the information 'trustworthy' and 96% found the information to be 'objective and impartial'¹².

Implementing our strategy



Readily-accessible Information & Advice

Engaging with Risky Career Drinkers

Engaging with Risky Social & Coping Drinkers

Readily-accessible Information & Advice

Practical support and guidance for both the public and professionals

A much-visited and trusted website

Drinkaware is an Information Standard accredited provider of reliable and accessible health and social care information and our website is an essential resource for people looking for information and advice about alcohol.

Searching for health information accounted for 35% of traffic to the Drinkaware website in 2017. Of the 9.4 million people who visited the site, 3.5 million people viewed information about the health effects of alcohol.

37 web pages containing new content were added to the website in 2017; they were viewed by more than 400,000 people.

389,000 people completed an alcohol self-assessment (based on the full AUDIT tool) in 2017.

Our typical website visitor is female (52%) and under 44, although visitors from a wide age range use the website. Geographically, the site attracts visitors from the whole of the UK and indeed overseas, but with some disproportionate London bias. For this reason, Drinkaware continues to direct its campaign investment towards people in older age groups and those living in the north of England, Scotland and Wales. Our *Have a Little Less, Feel a Lot Better* campaign has been successful in increasing the number of older men visiting our

web information and advice, and the campaign focus will continue in 2018.

Not surprisingly, popular topics on the website reflect trends in the younger adult population: 'alcohol poisoning' was the single most popular health-related topic, whilst 'how to stop drinking completely' the most visited advice page.

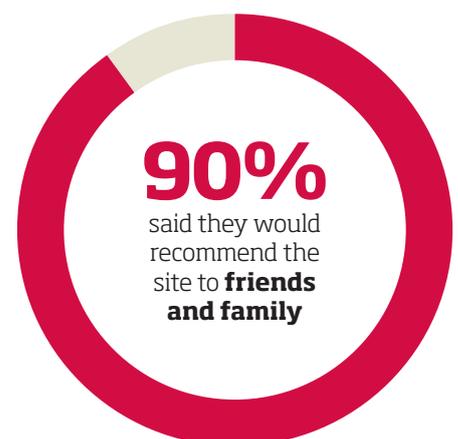
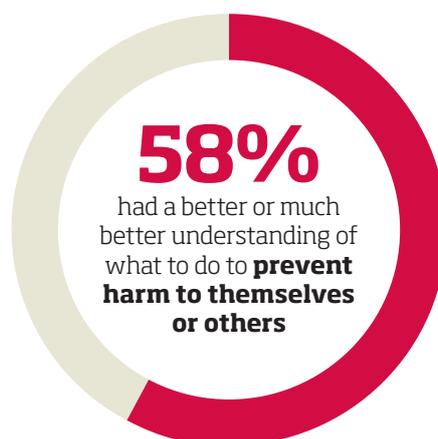
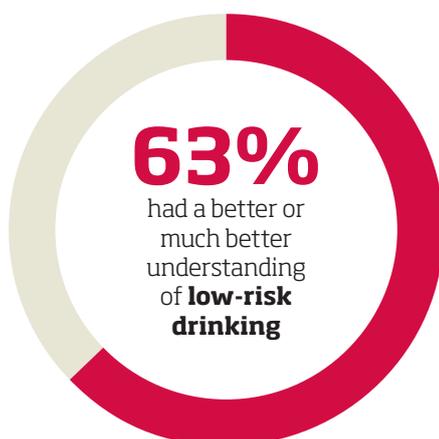
In 2017, a survey of some 3,700 website users confirmed that 29% of respondents had visited the site to get a better understanding of their own drinking, and 20% wanted to reduce the amount that they are drinking¹².

A majority of survey respondents said that having used the website, they had a 'better' or 'much better' understanding of guidance on low risk drinking (63%); the effects of drinking (63%); what to do to prevent harm to themselves or others (58%), and alcohol and the law (54%).

Crucially, the majority of website visitors also find the site trustworthy, objective, impartial and relevant; 90% of survey respondents said they would recommend the site to friends and family.

In 2017, the Drinkaware website was again accredited by the Health Information Standard.

After visiting our website...





Information & advice for parents

A proven – and improved – app

The Drinkaware app was installed by some 127,000 users in 2017, bringing the total number of downloads to over 460,000 since its launch in 2014.

On average, more than 22,000 people per month used the app in 2017 and there were 3.4 million app sessions. App users tended to be 'high risk' drinkers and to report being motivated 'to reduce drinking' at the point of downloading the app.

In 2017 an evaluation of the Drinkaware app was published in the research journal BMC Public Health¹³. The study, based on data from almost 120,000 people using the app over a 13 month period, found that:

- for users who consistently engaged with the app over time, self-reported alcohol consumption levels reduced from an average of 31.6 units per week to 26.7 units after using the app for one week; and
- users who continued to engage with the app kept drinking at this lower level and reported consumption of 27.8 units at week 12.

The evaluation concluded that the Drinkaware app is a useful tool to support behaviour change in individuals who are motivated to reduce their alcohol consumption. At the same time, it was suggested that the Drinkaware app would benefit from greater personalisation and tailoring to promote longer term use.

Based on findings from the evaluation and from user feedback, a number of improvements were introduced to the app in 2017.

Support for parents and teachers

Whilst recent trends suggest a very significant fall in underage drinking over the past decade, 1 in 3 young people aged 10 -17 say that they have been encouraged by others to drink¹⁴.

Drinkaware is continuing to provide information and advice for parents on the risks of underage drinking and in 2017 more than 200,000 people visited the Drinkaware web pages containing guidance for parents.

In addition, *Drinkaware for Education* provides accredited and flexible resources, at no cost, to teachers of Personal, Social, Health and Economic (PSHE) Education in primary and secondary schools. Topics covered include the risks and harms of alcohol, advice on handling peer pressures around alcohol and alcohol and emotional health. More than 1,300 schools downloaded *Drinkaware for Education* resources in 2017.



Engaging with Risky Career Drinkers

A close-up photograph of a hand holding a wine glass filled with red wine. The hand is positioned in the center of the frame, with the fingers wrapped around the stem of the glass. The background is a soft, out-of-focus white surface, possibly a tablecloth. The lighting is warm and natural, highlighting the texture of the skin and the clarity of the wine.

Our programme to help people reduce their drinking had a number of components in 2017; social advertising to engage men over 45; a new online tool; a pilot of in-store Identification and Brief Advice interventions and sponsorship of walking football.

CAMPAIGN – *Have a Little Less, Feel a Lot Better*

The *Have a Little Less, Feel a Lot Better* campaign continued into its second year in 2017. The aim of the campaign is to encourage men over 45, who fall into the 'risky career drinkers' groups, to become more aware of their drinking habits and to take steps to reduce their drinking, particularly when at home.

The campaign was informed by research into men's drinking habits and how they were likely to respond to advice about alcohol and health. In 2017, informed by learning from the first year of the campaign, the advertising campaign focused on alcohol and weight gain, and used the interest this audience had in how their drinking compared to other men of their age, to raise awareness of alcohol risks to health.

In 2017, the advertising campaign reached 5.2 million men aged 45-64; it encouraged people to complete Drinkaware's *DrinkCompare* tool and to watch a series of short animated videos explaining the risks associated with alcohol and liver disease, mental health, weight gain, erectile dysfunction and heart disease. These videos were viewed more than 290,000 times in 2017.

Having identified a bias in our website traffic towards younger audiences, insight research confirmed that sport, specifically football, offered a way for the campaign to reach men over 45 in lower socio-economic groups.

In partnership with TalkSport, Drinkaware used sports celebrities to raise awareness of alcohol harm and encourage listeners to complete the Drinkaware *DrinkCompare* tool. The TalkSport partnership reached more than 2 million radio listeners in 2017.

Drinkaware also sponsored Derby County Football Club for the 2017/18 season to extend the *Have A Little Less, Feel A Lot Better* message to fans using local advertising and perimeter boards. Importantly the partnership enabled Drinkaware to work closely with the Derby County Community Trust, which distributed information through Derby's *Everyone Active* scheme, and to sponsor Derby County FC Men's Walking Football Team, in one of the fastest growing sports amongst men of this age group.

Evaluation

To examine the reach and perceptions of the campaign, a representative sample of 3,006 men aged 45-64 were interviewed online during July 2017. The key findings were:

- a quarter (27%) of male drinkers aged 45-64 recalled at least one campaign element, and amongst increasing and higher risk drinkers (based on AUDIT-C scores) recall was higher (32%);
- two-thirds (66%) of increasing and higher risk drinkers understood from the campaign that cutting out one or two drinks regularly could make a difference to their health;
- more than two thirds of drinkers (69%) thought that the campaign message *Have a Little Less, Feel a Lot Better* makes them consider moderating their drinking; and
- one in four people (27%) agreed that the campaign would prompt men in their age group to cut down.

In 2016 and 2017, *Have a Little Less, Feel a Lot Better* focused solely on male drinkers over 45; in 2018, the campaign will be extended to include women in the same age group.

In 2018, we will commission an evaluation to assess the impact of the first two years of the campaign.

DrinkCompare

DrinkCompare is a simple, online tool that, in addition to weekly drinks, units and calories, provides people with information on how their drinking compares to other men or women in the UK, and their risk of dying from an alcohol-related disease. It then allows users to explore how drinking one, two or three drinks less every time they drink could make a significant difference to their health. The tool is based upon evidence of the potential of social comparison to help change behaviour; it was developed after research showing that older men wanted more personal information as to the risks associated with their drinking, and were open to information about how drinking less could improve their health¹⁵.

In 2017, *DrinkCompare* was refined to function as a digital alcohol identification and brief advice tool, providing more personalised guidance on alcohol moderation strategies and signposting to health videos showing how alcohol affects a number of health conditions.

DrinkCompare also allowed users to sign up to a '*Little Less Challenge*'; a programme of regular email tips on alcohol moderation with reminders to retake the drinking assessment at a future date.

DrinkCompare was completed more than 237,000 times in 2017. An evaluation will be commissioned in 2018 to learn about its impact and how the tool might be further improved going forward.

↓ The online DrinkCompare tool



↓ Identification & Brief Advice Pilot



Identification & Brief Advice Pilot

Identification and brief advice (IBA) in primary care settings is well-evidenced as an effective way to help people moderate their drinking¹⁶. 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.

Drinkaware commissioned an extensive evidence review in 2016/17 that indicated that a simpler brief advice intervention (sometimes referred to as IBA-lite or 'simple brief advice' in the literature) may be as effective as in-depth 'brief motivational interviewing' in changing behaviour¹⁷. Consequently, Drinkaware sought to add value to this field by developing an IBA-lite kit for use in non-clinical settings.

After initial testing in November 2016, a pilot of the kit was undertaken in 2017 through partners in community settings, community pharmacies and in 98 ASDA supermarkets. The kit included an IBA alcohol assessment via a scratchcard, Drinkaware unit measure cups and unit/calorie wheels.

The pilot delivered IBA-lite interventions to 2,827 people. An evaluation, conducted by Sunderland University, suggested that although there were notable differences in how the IBA intervention was delivered, the materials were generally well received by the public and found to be intuitively straightforward to follow and complete. The evaluation is being prepared for peer-reviewed publication in 2018.

↓ Drinkaware at Work



Drinkaware at Work

Evidence suggests that every day in the UK, some 200,000 people turn up to work with a hangover¹⁸, 47,000 people are absent from work due to alcohol¹⁸, and UK industry loses £7.3 billion a year to alcohol-related sickness absence¹⁹.

Following a review of work-based alcohol education schemes and consultation with HR departments, Drinkaware tested *Drinkaware at Work*, an alcohol information programme to help employers raise awareness of alcohol harm, in 2017.

The programme included health stalls, employee face to face sessions, e-learning and train-the-trainer sessions to deliver alcohol education in an interactive and non-judgemental way. Pilot programmes have been delivered to organisations in the public sector, and in the energy, transportation, facilities management, entertainment, tobacco, drinks, and heating solutions sectors.

An internal assessment of the *Drinkaware at Work* pilot will help to determine whether it should be extended in 2018.



Every day in the UK

47,000

people are **absent from work due to alcohol**



UK industry losing

£7.3 billion

a year to **alcohol-related sickness absence**

Engaging with Risky Social & Coping Drinkers

Our programme to help younger adults reduce harm from alcohol had a number of components in 2017; social advertising to change attitudes towards drunken sexual harassment; the expansion of *Drinkaware Crew* and the introduction of e-learning for venue staff to raise awareness of alcohol vulnerability.

↓ OK to ask campaign



CAMPAIGN – *You Wouldn't Sober, You Shouldn't Drunk*

The *You Wouldn't Sober, You Shouldn't Drunk* campaign continued in northwest England for the third consecutive year in 2017. The campaign was designed to change attitudes towards drunken sexual harassment and to offer practical advice to younger adults on a night out. Informed by an external expert panel, the advertising was evolved in 2017 to focus more on supporting victims of drunken sexual harassment with the message: 'If you spot someone being sexually harassed on a night out, it's ok to ask if they're ok'.

The *OK to ask* campaign executions ran in cinema, digital TV, digital display, social media and outdoor advertising throughout northwest England and were supported in media by advice on how people spotting drunken sexual harassment might take action.

Evaluation

To examine the impact of the campaign, we surveyed 415 18-45 year olds in the northwest who regularly go to pubs and bars. The key findings were that:

- compared to pre-campaign research in 2016, in 2017 more men agreed with the statement that 'Persistent unwanted sexual attention (both physical and verbal) ruins a good night out' (82%, compared with 73% in 2016); and
- fewer respondents agreed with the statement that 'inappropriate behaviour can be excused when you're drunk'.

This shift was not evident in the Midlands control region (where the campaign had not been running). An evaluation of the full three-year campaign will be commissioned in 2018.

Drinkaware Crew

Drinkaware Crew is a programme to train venue and nightclub employees in protecting the welfare and wellbeing of young adults on a night out. Working in pairs, *Drinkaware Crew*, who are employed and managed by the venue, mingle with customers to help promote a positive social atmosphere and help those who may be vulnerable as a result of drinking too much. This can include reuniting customers with friends, helping people into taxis, or simply providing a shoulder to cry on. The value of the *Drinkaware Crew* programme was recognised by the Home Office in its 2016 Modern Crime Prevention Strategy.

Based on experience from a 2016 pilot²⁰, a number of improvements were made to the programme which was expanded to 13 new venues in four cities in 2017: London (Shoreditch), Leicester, Coventry and Derby. In all, 105 venue employees were trained to work as *Drinkaware Crew* (compared to 56 in 2016). Overall, during 2017, *Crew* members supported more than 4,000 individuals in need.

Additional research was undertaken to adapt *Drinkaware Crew* for festivals and the programme was tested at the British Summer Time Festival and the Corona Sunsets Festival, both based in London, in 2017.

Evaluation

A process evaluation by Nottingham Trent University involved observing *Drinkaware Crew* in training and during shifts, interviews with *Drinkaware Crew* and festival staff, and an analysis of activity log data. The study is being prepared for peer-reviewed publication. The findings suggested that the scheme was implemented successfully and that the *Drinkaware Crew* were playing a unique role alongside other venue employees. The evaluators found that *Drinkaware Crew* members dealt with a wide variety of issues, including a number of standout cases that were seen to prevent serious harm to customers.

Case Study

'OK to ask'

His mates defended his behaviour and said he was just very drunk - but I told them that's not an excuse - if you wouldn't do it sober, you shouldn't do it drunk.

Jane Smith*, from North London, witnessed drunken sexual harassment many times on a night out and in 2017 supported Drinkaware's 'OK to ask' campaign after stepping in when her friend was groped.

Describing the incident, Jane said:

"We were at a club we'd been to before, but this time the atmosphere seemed different. There was one particular guy who wouldn't leave my friend alone.

"After she ignored him and made it clear that she wasn't interested he grabbed her bottom. She told him to go away, but he kept coming back. It's like he saw it as a challenge. When his mates got involved - I stepped in too.

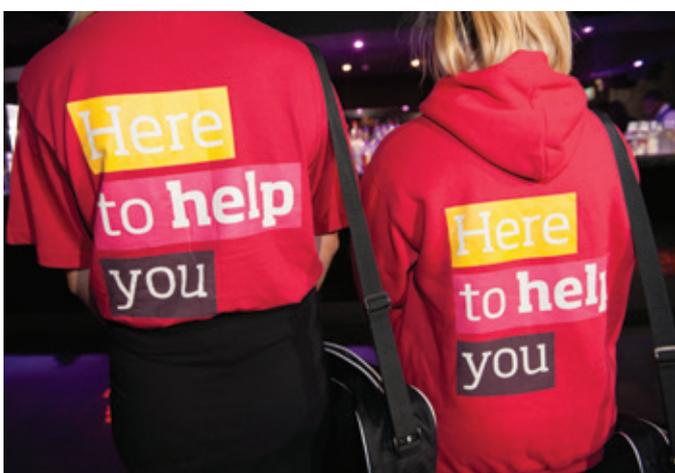
"It seemed safer to talk to his mates as I wasn't sure how he would react. His mates defended his behaviour and said he was just very drunk - but I told them that's not an excuse - if you wouldn't do it sober, you shouldn't do it drunk.

"Even after they'd all left, I felt like I needed to keep looking out for this guy in case he tried to grope or harass my friend again. It completely ruined our night."

Jane is grateful for Drinkaware's campaign to empower people to step in when they see sexual harassment happening on a night out:

"I would have stepped in to help anyone who was on the receiving end of unwanted attention but not everyone who sees it, feels confident enough to get involved. It's great that Drinkaware are taking this issue on and sharing what young people can do if they witness drunken sexual harassment - it really can make all the difference. I've only developed the confidence to step in for others recently. I wish I'd had this advice when I was younger. It would have been a lot of help!"

*The name has been changed in this true Case Study.



↑ Drinkaware Crew

→ Venue Welcome Pack



The evaluation and our internal risk assessment makes clear the importance of safeguarding both venue employees, when working as *Drinkaware Crew*, and venue customers who may be vulnerable as a result of excessive drinking. We work closely with participating venues to ensure appropriate safeguarding policies and procedures are in place and that Crew members are fully supported by their colleagues in the venue, including line management and security staff, to help them stay safe.

Alcohol vulnerability awareness e-learning

In June 2017, Drinkaware launched an online training resource for bars and smaller venues to raise employee awareness of alcohol vulnerability and the importance of safeguarding. The *Alcohol Vulnerability Awareness E-learning*, endorsed by the British Institute of Innkeeping, was designed to help equip staff with an understanding of vulnerability, advice on how to spot when a customer may be vulnerable as a result of alcohol and how to provide help.

Since its launch, some 1,400 courses have been provided to a number of public and private sector organisations and, in a partnership with the Nottingham Police and Crime Commissioner and Nottingham Business Improvement District, the training has been provided to McDonald's outlets, taxi marshals and a number of venues across Nottingham as part of its Local Alcohol Action Area programme.



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 2017, the *Drinkaware Monitor* survey provided unique insights into drinking in the UK and offered a segmentation analysis of different types of drinkers to inform our work going forward.

Committee members

Dr Timothy Walker

Chair of the Committee and Drinkaware Trustee

Professor Anthony Goodman

Professor in Community Justice, Middlesex University

Professor Anthony C. Moss

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

Dr Paul Nelson

Director with PHAST and Drinkaware Trustee

Dr Matthew Wood

Principal Lecturer in Marketing, University of Brighton

Observers

Dr Fiona Sim OBE

GP, Senior Clinical Advisor and Drinkaware Chief Medical Advisor (appointed November 2017)

Professor Paul Wallace

UCL Emeritus Professor of Primary Care and Drinkaware Chief Medical Advisor (retired November 2017)

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

Professor Paul Wallace

Chief Medical Advisor (retired November 2017)

Clinical Director of the NIHR Primary Care Network and Emeritus Professor of Primary Care.

Dr Fiona Sim OBE

Chief Medical Advisor (appointed November 2017).

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

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

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.

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.

Dr Lynn Owens (retired November 2017)

Nurse Consultant, Alcohol Services and Hepatology. RLBUHT Honorary Research Fellow – The University of Liverpool.

Iona Lidington

Director of Public Health – Royal Borough of Kingston

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. The risk of short-term harms like accidents or injuries increase between two to five times from drinking 5-7 units (equivalent to 2-3 pints of beer) within a 3-6 hour period.

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 complimented 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 as the most dangerous use of alcohol, at which damage to health is likely.

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 well-evidenced 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.

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