

Men's Health Strategy for England: call for evidence

1. *“Understanding and identifying areas where we can improve support for healthier behaviours”*

Alcohol consumption is a major cause of death among men in England

Data from the Office for National Statistics¹ reveal that the burden on public health in England is growing, with the number of alcohol-specific deaths (deaths which are wholly attributed to alcohol) registered in England rising from 5,184 in 2013 to 8,276 ten years later, in 2023.

However men are disproportionately affected, consistently accounting for around two-thirds of these deaths.¹ In 2023, the alcohol-specific mortality rate among men in England was more than double that of women (20.6 per 100,000 population vs. 9.7 per 100,000 population),¹ a persistent trend since records began in 2001.

Alcohol also causes widespread ill-health among men in England, with 233,053 alcohol-specific hospital admissions, and 748,350 alcohol-related admissions (broad definition) among men being registered in 2023/24.² As with deaths, men were more than twice as likely to be hospitalised by both alcohol-specific and alcohol-related conditions in 2023/24 (alcohol-specific: 868 admissions per 100,000 men vs. 373 admissions per 100,000 women; alcohol-related (broad definition): 2,837 per 100,000 men vs. 935 per 100,000 women).²

Higher mortality rates are linked to riskier drinking among men

Although not the sole cause of this higher level of alcohol-specific mortality, men in England consistently drink more often and more heavily than women, contributing to higher rates of alcohol-related harm.

Data from Drinkaware’s annual Monitor survey (the UK’s only annual, nationally representative survey of drinking behaviours, experiences and attitudes) reveal that more than half of men (53%) drink weekly or more often (vs. 41% of women),³ and almost one in five (18%) typically consume 7 or more units when drinking (vs. 8% of women).⁴ Binge drinking (consuming 6/8 [women/men] units in a single occasion) is also more common, as 56% of men report doing so in the last year (vs. 47% of women),³ whilst 12% binge drink weekly or more often (vs. 7% of women).³ Similar patterns have also been reported in the Health Survey for England.⁵

Men are twice as likely to exceed the Chief Medical Officers’ (CMOs’) low risk drinking guidelines (14 units per week) than women.³ Around 1 in 5 men (21% vs. 10% of women) in England drink above the CMOs’ guidelines,^{3,6} the equivalent of 4.7 million men.⁷ These findings are reinforced by those from the Health Survey for England (32% of men drink 15 units or more per week vs. 15% of women).⁵

Most men drinking above the CMOs’ guidelines fall into the ‘increasing risk’ category (15-49 units per week), accounting for 18% of men in England (approximately 3.4 million men).^{7,8} In contrast, 4% drink at ‘high risk’ levels (50 or more units per week ; equivalent to 680,000 men).^{7,8}

Men are also more likely to experience other alcohol-related harms

Higher alcohol consumption among men in England (relative to women) increases their risk not only of experiencing alcohol-specific deaths and alcohol-related ill-health, but also a range of other adverse alcohol-related effects. For example, male drinkers in England are more likely

than female drinkers to have ever injured themselves or someone else as a result of their drinking (14% vs. 10%).⁴

Beyond physical effects, many adverse effects are more closely related to psychological or emotional health and wellbeing.

Male drinkers are more likely (than women) to report symptoms of alcohol dependency, such as being unable to stop drinking once started (21% vs. 15%), failing to do what is normally expected of them due to their drinking (17% vs. 11%), and needing an alcoholic drink the morning after a heavy drinking session (9% vs. 5%).⁴ They are also more likely to experience adverse drinking consequences, such as feeling guilt or remorse after drinking (27% vs. 23%), and to have been unable to remember what happened the night before due to their drinking (24% vs. 19%).⁴

While not all these harms affect physical health directly, they have clear implications for men's overall wellbeing.

Men with lower socioeconomic status disproportionately experience alcohol-related harm

While men generally face greater alcohol-related harm than women, the level of harm varies significantly among men in England and is often linked to socioeconomic status.

Male drinkers living in the most deprived areas of England are more likely (compared to those living in the least deprived areas) to report symptoms of alcohol dependency, such as, needing an alcoholic drink the morning after a heavy drinking session (12% vs. 6%).⁹ They are also more likely to experience adverse drinking consequences, such as being unable to remember what happened the night before due to their drinking (23% vs. 17%).⁹

These patterns are replicated in mortality data: in 2023, men living in the most deprived areas of England were 3.6 times more likely to die from alcohol-specific causes than those living in the least deprived areas.¹ Although this gap has narrowed slightly since 2021 (when the figure was 4 times higher), stark inequalities remain.¹

Clustering of health damaging behaviours is more common in men

Men are not only more likely to exhibit risky drinking behaviours, but also exhibit other behaviours that exacerbate the health effects of alcohol, or contribute more widely to poor health and wellbeing.

For instance, 14% of male drinkers in England currently smoke (compared to 10% of female drinkers),⁴ rising to 17% of male drinkers who exceed the CMOs' guidelines,⁸ and to 26% of male drinkers who binge drink at least weekly.¹⁰ Smoking exacerbates the health effects of alcohol,¹¹ with combined smoking and risky drinking (above the CMOs' guidelines) leading to increased mortality among men.¹²

Similarly, male drinkers in England are more likely (than female drinkers) to use drugs (14% vs. 10%),¹³ rising to 18% among those exceeding the CMOs' guidelines,¹⁴ and 21% among those who binge drink at least weekly.¹⁵ Although the types of drugs used are unspecified, the combination with alcohol can worsen health outcomes.^{16,17}

Male drinkers are also more likely to exhibit behaviours which may affect their psychological wellbeing. For example, 8% of male drinkers are classified as problem gamblers (vs. 5% of female drinkers),¹⁸ rising to 12% among male drinkers who binge drink at least weekly.¹⁹

This clustering of harmful behaviours is disproportionately seen among men in England, especially those engaging in risky drinking.

Men in England are drinking less, and less often

Men are more likely than women to exhibit risky drinking behaviours, to experience alcohol-related harms, and to exhibit other health damaging behaviours which likely also contribute to poorer health outcomes. However, recent trends, particularly the shift towards more moderate drinking, may offer opportunities to reduce further harm. This shift is seen across all genders and ages, meaning men are active participants in driving this trend – perhaps signalling an opportunity for public health measures to further accelerate this trend among men in England.

Since 2018, male drinkers have reduced both their drinking frequency (61% reported drinking weekly or more often in 2024²⁰ vs. 67% in 2018²¹), and the amount they consume on a typical drinking day (67% consumed 4 units or fewer on a typical drinking day in 2024²⁰ vs. 60% in 2018²¹). This has resulted in fewer male drinkers exceeding the CMOs' guidelines (25% in 2024²⁰ vs. 32% in 2018²¹).

The shift towards more moderate drinking has corresponded with increased use of techniques to reduce levels of alcohol consumption. In 2024, 90% of male drinkers in England reported using at least one technique, up from 82% in 2018.^{20,21} The most widely used techniques among male drinkers in England are taking drink-free days during the week (an initiative from a previous joint campaign between Drinkaware and Public Health England²²) and avoiding drinking on a 'school/work night' (68% and 57%, respectively²⁰), both rising since 2018 (from 62% and 46%, respectively²¹).

Other techniques have shown larger relative increases in use, suggesting that they are more rapidly becoming popular among male drinkers in England. For example, use of non-alcoholic beer, wine or spirit substitutes has more than doubled since 2018 (up from 15%²¹ to 31%²⁰), and use of lower strength alcoholic drinks rose from 23% in 2018²¹ to 33% in 2024²⁰ (a 43% relative increase).

These changes have been more pronounced among men than women. For example, use of non-alcoholic beer, wine or spirit substitutes rose by 107% among men between 2018 and 2024 vs. 52% among women, and lower strength alcoholic drinks by 43% among men vs. 37% among women.^{4,23}

The continuation of these positive trends among men may be further accelerated by the Government's intention to support the continued growth of the zero- and low-alcohol market, as set out in the recently published NHS 10 Year Plan.²⁴

Additional techniques, such as "zebra striping" (alternating alcoholic drinks with soft drinks or water; 32% in 2024²⁰ vs. 14% in 2018²¹) and setting drinking limits (e.g., one glass, or one bottle; 27%²⁰ vs. 15%²¹) have also shown faster uptake since 2018 among male drinkers in England (compared to female drinkers). Importantly, they offer the added advantage of being less likely to widen existing health inequalities, a concern raised about zero- and lower-alcohol products due to their cost.²⁵

2. *“Improving outcomes for health conditions that typically, disproportionately or differently affect men”*

Men are more likely to be affected by alcohol’s broad effect on health

Alcohol consumption has been found to be associated with more than 200 diseases, injuries and other health conditions.^{26,27,28} Some of these are solely caused by alcohol (such as alcohol use disorders and alcohol-related liver disease), whilst alcohol serves as a component cause for many others, including conditions particularly experienced by men, such as heart disease and prostate cancer.^{26,27,28,29} Globally, such effects on health mean that alcohol consumption caused 474,000 deaths from cardiovascular diseases in 2019, whilst, in the same year, 401,000 cancer deaths globally were attributed to alcohol consumption.²⁶

Men are also more likely to experience alcohol’s health effects, with men in England being more than twice as likely as women to die from, and be hospitalised by, alcohol-specific causes (health conditions wholly attributable to alcohol).^{1,2} More specifically, men accounted for around two-thirds (64%) of all chronic liver disease deaths in England in 2023,² and were around twice as likely to die from the disease than women (20 deaths per 100,000 men vs. 10 per 100,000 women).²

In addition, alcohol use among men contributes to a range of other harms, including mental ill-health, relationship breakdown, and involvement with the criminal justice system.^{30,31,32}

Risk recognition among men in England is lower than women

Many individuals often justify their own drinking behaviour, and are less able to recognise when their drinking may be cause for concern, and, subsequently, when to make a change.³³

This may be particularly true of men, who are less likely than women to recognise all the listed signs of risky drinking (derived from the Alcohol Use Disorders Identification Test; 30% vs. 41%), and all the listed signs of a drinking problem (39% vs. 47%),³ with consistently lower recognition across behaviours such as binge drinking and frequent drinking.³

This gap is especially pronounced among younger men. Just 21% of 18–34-year-old men in England can identify all the listed signs of risky drinking, compared to 41% of men aged 55 or over.³⁴

3. ***“Improving men’s access, engagement and experience of the health service”***

Two-thirds of men in England have not completed an alcohol assessment

Data from the 2024 Drinkaware Monitor show that 68%³⁵ of adults in England have never completed an alcohol assessment, with two-thirds (66%) of men having never completed one (vs. 69% of women).³

Alcohol assessments, such as the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization (WHO), are validated screening tools for identifying hazardous drinking. The WHO recognises the importance of screening and brief interventions (SBIs), including alcohol assessments, in reducing alcohol-related harm and has included them as a core component of the SAFER initiative.³⁶

Historically, however, the use of such assessments has largely been confined to clinical settings, subsequently limiting their use among the general population, particularly among groups who are less likely to engage with formal healthcare services.

For example, just 23% of men aged 18-24 have ever completed an alcohol assessment (compared to 29% of all men in England).³⁷

Drinkaware is already engaging men in digital alcohol assessment use

The Alcohol Use Disorders Identification Test (AUDIT), developed by the WHO, is a validated screening tool for identifying hazardous drinking, whilst early interventions can be effective in reducing alcohol-related health issues at a later stage.

Drinkaware has digitized this tool in the form of its Drinking Check, a free, online, and anonymous alcohol assessment that individuals can complete in a matter of minutes. It can be used outside of formal health settings, whether at home, in pharmacies, or at work, making it widely accessible.

Raising public awareness of tools like this can encourage uptake, inform individuals of harmful consumption, and prompt behaviour change. This aligns with the Government’s 10-year Plan for the NHS²⁴ and supports a prevention approach to health.

Since the start of Drinkaware’s current strategy period in 2023, over 800,000³⁸ men have completed the Drinking Check, comprising 56% of all Drinking Check completions. In 2025, 82% of all completions³⁹ came from individuals who have never done an alcohol assessment before, suggesting the Drinking Check is reaching new audiences. Among male users, 47% fall into the ‘increasing risk’ category.

Engagement has been supported by targeted campaigns. For example, a 2024 campaign developed in collaboration with men’s mental health charity Andy’s Man Club and fronted by Chris Kamara focused on mid-life men (aged 45-64) who drink at risky levels but who had never previously completed an alcohol assessment. The campaign generated almost 14 million digital impressions and resulted in over half a million ‘clicks’ to the tool.

More broadly, Drinkaware is one of the most visible alcohol health information sources in England. According to the (forthcoming) 2025 Drinkaware Monitor,⁴⁰ 22% of men in England recalled seeing or hearing information about the health risks associated with alcohol from

Drinkaware in the last 12 months; second only to the NHS (29%). Among men who drink in England, this figure rose to 24%.⁴¹

Digital alcohol assessments and reach across demographic groups

Digital tools may increase the accessibility of alcohol assessments by reducing the need for in-person engagement with healthcare services.

Since 2023, men have made up the majority of Drinking Check completions, suggesting digital tools may particularly facilitate their engagement with advice or support about alcohol.

According to the 2022 Drinkaware Monitor, 41% of men from minority ethnic backgrounds said they would seek help or support about alcohol from an app or digital service, compared to 35% of white British men.⁴² This may reflect a preference among some groups for anonymous, digital support.

Research has also identified barriers to engagement with traditional health services among some individuals from minority ethnic communities, including concerns about stigma^{43,44,45,46,47} and distrust of public institutions.^{44,48,49,50} These factors may influence willingness to use online tools, particularly those operated by a third-party organisation.

However, the implementation of digital screening must consider access inequalities. Some population groups, such as older individuals or those from socially marginalised communities, have less access to digital technologies than their counterparts. This 'digital divide' may limit the reach of online screening tools in some communities.⁵¹

Monitoring usage across demographic groups and aligning digital access with the Government's Digital Inclusion Action Plan,⁵² may help mitigate these disparities. Further measures may also be required to support those less likely to access digital services.

Awareness of the alcohol guidelines among men is low

Most men in England are unaware of the Chief Medical Officers' low risk drinking guidelines. According to the 2024 Drinkaware Monitor, only 15% of men correctly identified the 14-unit weekly limit, compared 18% of women.³ Even among men who exceed this limit, 7 in 10 (69%) are unable to correctly identify the weekly unit limit that they exceed.⁸

Awareness is particularly low among specific groups. Just 7% of men from minority ethnic backgrounds correctly identified the guideline, compared to 17% of white men.⁵³ Awareness was also lower among men living in the most deprived areas (11%) compared of those living in the least deprived areas (16%).⁹

Data from the 2025 Drinkaware Monitor (forthcoming) suggest that awareness of alcohol-related health risks may not strongly influence intentions to cut down on drinking for some men. For example, 23% of male drinkers in England said being made aware of the link between alcohol and an increased risk of liver disease makes them want to cut down on their drinking (vs. 29% of women).⁵⁴ Similarly, 15% of men reported that being made aware of the link between alcohol and an increased risk of weight gain or obesity makes them want to cut down on their drinking (vs. 19% of women).⁵⁴

On the other hand, among those currently trying to reduce their drinking, men were more likely than women to cite saving money (35% vs. 30%) as a motivating factor.⁵⁵ Men and women in

England were equally likely to report being motivated to cut back in order to reduce long-term health risks (34% vs. 33%).⁵⁵

Drinkaware recommends:

1. That the impacts of alcohol and its impact on men's health are properly considered when developing the Men's Health Strategy.
2. That the Government works with recognised and trusted charities, such as Drinkaware, in order to deliver a coordinated approach to raising awareness of the health risks associated with alcohol amongst men.
3. That, in line with the NHS 10-Year Plan, the Government unleashes the potential of digital tools. This approach lends itself well to health screening. We urge Government to look at the tools which already exist, and are tried, tested, and trusted, and to encourage greater public uptake. This would avoid a standing-start and increase the ability to scale at pace. As an example, of an existing digital screening tool, Drinkaware's Drinking Check has been used by 1.5m people across the UK since its launch in 2023.
4. That particular focus is placed on delivering health services, including SBIs, to men outside of clinical settings and in communities which have been traditionally underserved
5. That the Men's Health strategy considers how interventions can be targeted towards demographic groups in which alcohol harm is most prevalent

¹ Office for National Statistics (2025). *Alcohol-specific deaths in the UK: registered in 2023*. GOV.UK. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2023>.

² Office for Health Improvement and Disparities (2025). *Public health profiles - Alcohol*. [online] Available at: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>.

³ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All men living in England (n = 1,251), all women living in England (n = 1,289).

⁴ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. [online] PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All men living in England who drink alcohol (n = 1,069), all women living in England who drink alcohol (n = 1,067).

⁵ NHS Digital (2022). *Health Survey for England, 2022 Part 1*. [online] NHS England Digital. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1>. Base: Men (n = 3,441), women (n = 4,186).

⁶ Department of Health (2016). *UK Chief Medical Officers' Low Risk Drinking Guidelines*. [online] Available at: https://assets.publishing.service.gov.uk/media/5a80b7ed40f0b623026951db/UK_CMOs_report.pdf.

⁷ Estimate calculated using 2024 Drinkaware Monitor data, and mid-year population estimates from the Office for National Statistics. Office for National Statistics (2024). *Population estimates for England and Wales - Office for National Statistics*. [online] www.ons.gov.uk. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>.

⁸ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware->

[monitors/drinkaware-monitor-2024](#). Base: All men living in England who drink alcohol and consume more than 14 units per week (n = 266).

⁹ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: Men who drink alcohol and live in the most deprived areas of England (IMD deciles 1-3; n = 305), men who drink alcohol and live in the least deprived areas of England (IMD deciles 8-10; n = 321).

¹⁰ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All men living in England who drink alcohol and consume binge drink (consume 8 or more units in a single session) weekly or more often (n = 148).

¹¹ Durazzo, T.C., Gazdzinski, S., Banyas, P. and Meyerhoff, D.J. (2004). Cigarette Smoking Exacerbates Chronic Alcohol-Induced Brain Damage: A Preliminary Metabolite Imaging Study. *Alcoholism: Clinical & Experimental Research*, 28(12), pp.1849–1860. doi:<https://doi.org/10.1097/01.alc.0000148112.92525.ac>.

¹² Hart, C.L., Davey Smith, G., Gruer, L. and Watt, G.C. (2010). The combined effect of smoking tobacco and drinking alcohol on cause-specific mortality: a 30 year cohort study. *BMC Public Health*, [online] 10(1). doi:<https://doi.org/10.1186/1471-2458-10-789>.

¹³ Pearson, A. and Slater, E. (2022). *The Impact of Drinking on Others. Drinkaware Monitor 2022*. [online] Drinkaware.co.uk. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2022>. Base: All men living in England who drink alcohol (n = 1,503), all women living in England who drink alcohol (n = 1,590).

¹⁴ Pearson, A. and Slater, E. (2022). *The Impact of Drinking on Others. Drinkaware Monitor 2022*. [online] Drinkaware.co.uk. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2022>. Base: All men living in England who drink alcohol and consume more than 14 units per week (n = 463).

¹⁵ Pearson, A. and Slater, E. (2022). *The Impact of Drinking on Others. Drinkaware Monitor 2022*. [online] Drinkaware.co.uk. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2022>. Base: All men living in England who drink alcohol and consume binge drink (consume 8 or more units in a single session) weekly or more often (n = 251).

¹⁶ Singh, A. (2019). Alcohol Interaction with Cocaine, Methamphetamine, Opioids, Nicotine, Cannabis, and γ -Hydroxybutyric Acid. *Biomedicines*, [online] 7(1), p.16. doi:<https://doi.org/10.3390/biomedicines7010016>.

¹⁷ van Amsterdam, J., Gresnigt, F. and van den Brink, W. (2024). Cardiovascular Risks of Simultaneous Use of Alcohol and Cocaine—A Systematic Review. *Journal of Clinical Medicine*, [online] 13(5), p.1475. doi:<https://doi.org/10.3390/jcm13051475>.

¹⁸ Pearson, A. and Slater, E. (2022). *The Impact of Drinking on Others. Drinkaware Monitor 2022*. [online] Drinkaware.co.uk. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2022>. Base: All men living in England who drink alcohol (n = 1,503), all women living in England who drink alcohol (n = 1,590). ‘Problem gambling’ defined by the Problem Gambling Severity Index, score of 8 or more.

¹⁹ Pearson, A. and Slater, E. (2022). *The Impact of Drinking on Others. Drinkaware Monitor 2022*. [online] Drinkaware.co.uk. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2022>. Base: All men living in England who drink alcohol and binge drink (consume 8 or more drinks in a single occasion) weekly or more often (n = 168). ‘Problem gambling’ defined by the Problem Gambling Severity Index, score of 8 or more.

²⁰ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All men living in England who drink alcohol (n = 1,069).

²¹ Gunstone, B., Piggott, L., Butler, B., Appleton, A. and Larsen, J. (2018). *Drinking behaviours and moderation among UK adults: Findings from Drinkaware Monitor 2018*. [online] London: YouGov and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinkaware-monitor-2018-drinking-behaviour-and-moderation>. Base: All men living in England who drink alcohol (n = 2,598).

²² Public Health England (2019). *Drink Free Days campaign 2018: executive summary*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/drink-free-days-2018-campaign-evaluation/drink-free-days-campaign-2018-executive-summary>.

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- ²⁴ UK government (2025). *Fit for the Future: 10 Year Health Plan for England*. [online] Available at: <https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf>.
- ²⁵ Holmes, J., Angus, C., Kersbergen, I., Pryce, R., Stevely, A. and Wilson, L. (2024). *No- and low-alcohol drinks in Great Britain: Monitoring Report*. [online] Sheffield: University of Sheffield. Available at: <https://sarg-sheffield.ac.uk/wp-content/uploads/2024/10/sarg-nolo-monitoring-report-jan-24-revised.pdf>.
- ²⁶ World Health Organization (2024). *Alcohol*. [online] World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/alcohol>.
- ²⁷ Rehm, J., Baliunas, D., Borges, G.L.G., Graham, K., Irving, H., Kehoe, T., Parry, C.D., Patra, J., Popova, S., Poznyak, V., Roerecke, M., Room, R., Samokhvalov, A.V. and Taylor, B. (2010). The relation between different dimensions of alcohol consumption and burden of disease: an overview. *Addiction*, 105(5), pp.817–843. doi:<https://doi.org/10.1111/j.1360-0443.2010.02899.x>.
- ²⁸ Shield, K.D., Parry, C. and Rehm, J. (2014). Chronic Diseases and Conditions Related to Alcohol Use. *Alcohol Research : Current Reviews*, [online] 35(2), p.155. Available at: <https://pubmed.ncbi.nlm.nih.gov/articles/PMC3908707/>.
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- ³¹ Gmel, G. and Rehm, J. (2024). Harmful Alcohol Use. *Alcohol Research & Health*, [online] 27(1), p.52. Available at: <https://pubmed.ncbi.nlm.nih.gov/articles/PMC6676694/>.
- ³² Public Health England (2019). *The range and magnitude of alcohol's harm to others*. [online] Available at: https://assets.publishing.service.gov.uk/media/5cf8e0eee5274a5f1bbcb52e/Alcohols_harms_to_others-1.pdf.
- ³³ Smith, J.J., Spanakis, P., Gribble, R., Stevelink, S.A.M., Rona, R.J., Fear, N.T. and Goodwin, L. (2022). Prevalence of at-risk drinking recognition: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, 235, p.109449. doi:<https://doi.org/10.1016/j.drugalcdep.2022.109449>.
- ³⁴ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All men living in England aged 18-34 (n = 382), all men living in England aged 55 or over (n = 439).
- ³⁵ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All adults living in England (n = 2,540).
- ³⁶ World Health Organization (2018). *The SAFER initiative: A world free from alcohol related harm*. [online] Available at: <https://www.who.int/initiatives/SAFER/alcohol>.
- ³⁷ Pearson, A. and Slater, E. (2024). *What do we know about our drinking?. Drinkaware Monitor 2024*. PS Research and Drinkaware. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2024>. Base: All men living in England (n = 1,251), all men living in England aged 18-24 (n = 165).
- ³⁸ 839,572 Drinking Check completions from men between 2023 and June 2025.
- ³⁹ 252,005 Drinking Check completions between 01/01/2025 and 30/06/2025.
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