



# 'The Alcohol Toolkit Study': a national study of alcohol use in England

**Dr Emma Beard**

Department of Epidemiology and Public Health & Department of Clinical, Educational and Health Psychology  
University College London

*Dr Jamie Brown, Professor Robert West, Professor Alan Brennan, Professor Colin Drummond, Professor Matthew Hickman, Professor John Holmes, Professor Eileen Kaner, Dr Karen Lock, Professor Susan Michie*



# Disclosures

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- I am funded by the NIHR School for Public Health Research and CRUK
  - The views reported here are not necessarily those of the NHS, the NIHR or the Department of Health
- Research to date has focused on tobacco control

# Objectives:

- Alcohol consumption in the UK
  - Prevalence
  - Alcohol strategies
- Currently available surveys
  - Limitations
- Alcohol Toolkit Study
  - Advantages
  - Design
  - Measures
  - Planned dissemination

# Alcohol consumption in the UK

- 10 million adults drink above recommend limits

# Alcohol consumption in the UK

### Women

### Men

Should not regularly\* drink more than:



**2-3**  
units a day

**3-4**  
units a day

That's no more than a standard 175ml glass of wine (ABV 13%)



That's not much more than a pint of strong lager, beer or cider (ABV 5.2%)



### Glass of red, white or rose wine

(ABV 13%)

Small 125ml

Standard 175ml

Large 250ml



1.6 units



2.3 units



3.3 units

### Regular (ABV 4%)



1.8 units



2.3 units

### Strong (ABV 5.2%)



2.2 units



3 units

\* "Regularly" means drinking this amount most days or every day.



CANCER RESEARCH UK

# Alcohol consumption in the UK

- Binge drinking (ONS survey, 2012; n=13,000)
  - 24% of men and 17% of women aged 16-24
  - 25% of men and 19% of women aged 25 to 44
  - 20% of men and 11% of women aged 45 to 64
  - 7% of men and 2% of women aged >65
- Everyday drinking (ONS survey, 2012; n=13,000)
  - 13% aged >45
  - 4% aged <45
- “Our invisible Addicts” (Royal College of Psychiatrists)



# Alcohol consumption in the UK

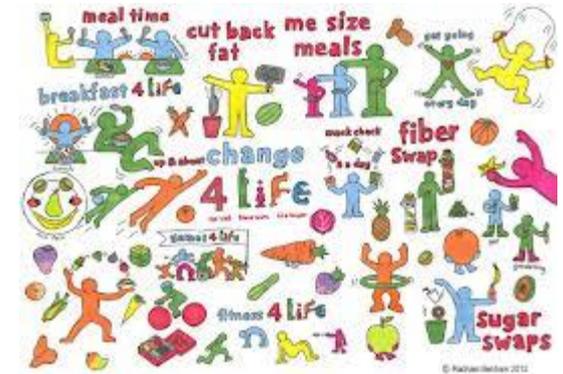
- 10 million adults drink above recommend limits
- Costs £21 billion per annum (HM Government, 2012)
- Direct cause of 3.5% of all deaths (Jones & Bellis, 2013)
  - Liver disease
  - Oesophagus cancer
  - Colorectal cancer
- Indirect cause of 1.1% of all deaths (Jones & Bellis, 2013)

# Alcohol strategies

- 2012 UK Government Alcohol Strategy
  - Helping individuals change their drinking behaviour
  - Taking action locally
  - Improving treatment for alcohol dependence

# Improving treatment

- Integrate alcohol into the wider Change4Life brand
  - On going social marketing campaign to communicate the health harms of drinking excessively
- NHS Health Checks
- Invest £488 million to help 120,000 troubled families with alcohol-related problems
- Develop an alcohol intervention pathway for prisons
- Increase the flexibility of Alcohol Treatment Requirement imposed by the court as part of community sentence



# Alcohol strategies

- 2012 UK Government Alcohol Strategy
  - Helping individuals change their drinking behaviour
  - Taking action locally
  - Improving treatment for alcohol dependence
  - Sharing responsibility with the alcohol industry
  - Minimum unit price
  - Extending restrictions on advertisement

# Alcohol strategies

- Many of these policies have been withdrawn
  - For example, minimum unit pricing
- Have introduced
  - Ban on sales of alcohol 'below cost'
  - Reductions and increases in alcohol duties
  - Screening and brief interventions (part of NHS health checks)
  - Voluntary agreements with the industry
    - Reduce the availability of high strength canned beverages
    - Lower the strength of existing beverages
    - Promote low strength alternatives
    - Increase the number of product labels with alcohol content information

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FOR OCTOBER



DRY JANUARY

**CAN YOU STAY OFF THE  
BOOZE FOR 31 DAYS?**

# Monitoring alcohol consumption

- Timely and detailed surveillance data are required
  - Help inform and evaluate national and local alcohol policies
  
- Several large-scale surveys
  - National Diet and Nutrition Survey (DOH and Food Standards Agency, 2011)
  - Opinions and Lifestyle Survey (a combination of the Opinions Survey and General Lifestyle Survey) (ONS, 2014)
  - Health Survey for England (Bridges et al, 2012)
  - Adult Psychiatric Morbidity Survey (National Centre for Social Research, 2007)
  - General Lifestyle Survey (terminated in 2012) (ONS, 2013)
  - International Alcohol Control Policy Evaluation Study (IAC) (Casswell et al, 2012)

- Infrequent
  - Annually or less

Delay in publication

- Limited in scope
  - Don't just focus on alcohol consumption
  
  - Multiple measures of other health behaviours

- Not directly comparable with surveys from other countries
  - Don't use standardised measures

# Alcohol Toolkit Study

- Gather and publish monthly data on representative samples of adults
  - Timely tracking of national patterns of alcohol consumption
- Includes a widely-validated screening tool for risky alcohol use (the AUDIT questionnaire)
  - Permit international comparisons
- Six month follow-up
  - Individual trends and consistency in alcohol-related measures
- Modelled on and involves the same respondents at the Smoking Toolkit Study (Fidler et al, 2011; [www.smokinginengland.info](http://www.smokinginengland.info))
  - Compare trends in smoking and alcohol use

# Methods

- Design
  - Funded by the NIHR SPHR
    - Lead: Susan Michie (UCL)
      - Collaborations with
        - » Department of Health
        - » Kings College London
        - » Public Health England
        - » Newcastle University
        - » University of Bristol
        - » University of Sheffield
        - » London School of Hygiene and Tropical Medicine



# Methods

- Design
  - Cross-sectional household computer-assisted interviews
  - Conducted by Ipsos Mori
  - 1,800 adults aged 16+ in England
  - Those who agree to be re-contacted are followed-up at 6 months by telephone
  - Baseline data were first collected in March 2014
  - Anticipated that data on around 20,400 individuals will be collected each year over the initial period

# Methods

- The key domains addressed at baseline:
  - Prevalence and frequency of harmful alcohol consumption (AUDIT)

# AUDIT

- The Alcohol Use Disorders Identification Test
- Developed by WHO (First published in 1989)
  - Screen for excessive drinking
  - Assist in brief assessment
  - Developed and validated over 2 decades
- Hazardous drinking
  - “A pattern of alcohol consumption that increases the risk of harmful consequences for the user or others” (WHO, 2001)
- Harmful drinking
  - “Alcohol consumption that results in consequences to physical and mental health” (WHO, 2001)
- Alcohol Dependence
  - “Cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated use . . . Strong desire to consume alcohol impaired control over its use . . .” (WHO, 2001)

# AUDIT

- >8 indicator of hazardous and harmful alcohol use and possible dependence
- Higher scores indicate greater likelihood of hazardous/harmful drinking

**Domains and Item Content of the AUDIT**

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

# Methods

- The key domains addressed at baseline are:
  - Prevalence and frequency of harmful alcohol consumption (AUDIT)
  - Current attempts and motivation to reduce alcohol consumption below harmful levels
  - Health-care professional advice about alcohol consumption
  - Types of drink consumed and amount spent

# Types of drinks consumed

- 2009 Omnibus Survey: 'Drinking: Adults' behaviour and knowledge'
  - Women less likely to drink beer and more likely to drink wine, fortified wine, spirits and alcopops than men.
  - Spirits were most popular among women aged 16 to 24
  - Wine most popular among women aged 45-56 years of age.
- Which of these do you drink most often?
  - Wine
  - Beer or lager
  - Spirits on their own (for example whisky, vodka)
  - Cider
  - Alcopops (for example WKD, Smirnoff Ice)
  - Mixed drinks (for example, gin and tonic, whisky and coke)
  - Other



# Methods

- The key domains addressed at baseline are:
  - Prevalence and frequency of harmful alcohol consumption (AUDIT)
  - Current attempts and motivation to reduce alcohol consumption below harmful levels
  - Health-care professional advice about alcohol consumption
  - Types of drink consumed and amount spent
  - Urges to drink
  - Current serious attempts to cut down and stop
  - Serious attempts to quit
  - Help sought
  - Factors contributing to recent attempts to reduce intake

# Factors contributing to recent attempts to reduce intake

- Which of the following, if any, do you think contributed to you making the most recent attempt to cut down (or stop altogether)?
  - Advice from a doctor\health worker
  - Government TV\radio\press advert
  - A decision that drinking was too expensive
  - I knew someone else who was cutting down
  - Health problems I had at the time
  - A concern about future health problems
  - Something said by family\friends\children
  - A significant birthday or event
  - Improve my fitness
  - Help with weight loss
  - Detox (e.g., dry January)
  - Other (please specify)



# Dissemination

- [www.alcoholinengland.info](http://www.alcoholinengland.info)
  - Under construction
  - Timely publication of:
    - Prevalence of hazardous drinking (Alcohol Use Disorders Identification Test (AUDIT) score of >8)
    - Percentage of hazardous drinkers who reporting attempting to reduce their alcohol consumption
    - Prevalence of different methods used by hazardous drinkers attempting to reduce their consumption
    - Prevalence among hazardous drinkers of receipt of advice to reduce alcohol consumption from a health professional in the past year

# Dissemination

- Beard, E., Brown, J., West, R., Acton, C., Brennan, A., Drummond, C., Hickman, M., Holmes, J., Kaner, E., Lock, K., Walmsley, M., & Michie, S. (under preparation). **The Alcohol Toolkit Study: A National Study of Alcohol use in England.** BMC Public Health.
- Beard, E., Brown, J., West, R., & Michie, S. (other co-authors TBC) (under preparation). **Measuring socio-economic status smokers and harmful/hazardous drinkers.** Journal of Epidemiology & Community Health.
- Beard, E., Brown, J., West, R., & Michie, S. (other co-authors TBC) (under preparation). **Socio-economic predictors of smoking and harmful/hazardous drinking.** TBC
- Brown, J., Beard, E., West, R., & Michie, S. (other co-authors TBC) (under preparation). **Prevalence of brief interventions in primary care on smoking and excessive alcohol consumption in England: Findings from a population survey.** TBC.



**NHS**  
*National Institute for  
Health Research*

For further details:  
[www.alcoholinengland.info](http://www.alcoholinengland.info)  
[www.smokinginengland.info](http://www.smokinginengland.info)

[e.beard@ucl.ac.uk](mailto:e.beard@ucl.ac.uk)  
[jamie.brown@ucl.ac.uk](mailto:jamie.brown@ucl.ac.uk)

