Cragg Ross Dawson

Qualitative research on draft Alcohol Guidelines

Report

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Public Health England

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CONTENTS **PAGE NUMBER**

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A. BACKGROUND AND OBJECTIVES

Between 2013-2016 the low risk drinking guidelines were reviewed in light of new medical evidence on the risks of alcohol. Qualitative research was conducted in 2015 to explore response to an initial draft of new guidelines.

A consultation was undertaken from 8 January and 1 April 2016 on the tone and expression of the revised guidelines. In addition further qualitative research was commissioned to…

- examine reactions to the new guidelines generally
- focus on specific aspects of the guidelines:
  - changes in the wording from the initial draft
  - single occasion advice
  - response to using a numerical limit expressed in units
  - feelings about a single occasion limit of 5 or 7 units
  - any other relevant issues which come in discussion of the guidelines
- the context in which the guidelines are being reviewed

B. METHOD AND SAMPLE

We conducted 18 short (1-hour) focus group discussions with adults who drink alcohol regularly, with a range of risk rates.

The sample included…

- an equal mix of men and women
- a range of ages from 18 to 65+
- an equal mix of men and women
- a range of social classes: BC1, C2D
- a spread of drinking risk level – higher risk drinkers, increasing risk drinkers and low risk drinkers

Drinking risk levels were established when drinkers were recruited to take part in the research. They were defined by Public Health England as follows:

- higher risk drinkers – women regularly drinking 35 units and above, men regularly drinking 50 units and above a week
- increasing risk drinkers - women regularly drinking 15 -34 units a week, men regularly drinking 15-49 units a week
- low risk – men and women regularly drinking 14 units a week or less

Across the sample there was representation of people from black and minority ethnic groups.

Research locations outside London were the Birmingham area, Greater Manchester and the Newcastle area.

There were 5-6 respondents in each group and they lasted one hour.

Groups were conducted by Tim Porter and Alice Bearn, and took place in March 2016.

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The sample was structured as follows.

	Gender	Risk level	Social class	Age	Region
G1	Male	Low	BC1	18-24	London
G2	Male	Low	C2D	25-35	Birmingham
G3	Male	Low	BC1	51-65	Manchester
G4	Male	Increasing	C2D	18-24	Newcastle
G5	Male	Increasing	BC1	36-50	Birmingham
G6	Male	Increasing	C2D	51-65	Manchester
G7	Male	Higher risk	BC1	25-35	Newcastle
G8	Male	Higher risk	C2D	36-50	London
G9	Male	Higher risk	C2D	51-65	Manchester
G10	Female	Low	C2D	18-24	Newcastle
G11	Female	Low	BC1	36-50	London
G12	Female	Low	C2D	51-65	Birmingham
G13	Female	Increasing	BC1	25-35	Manchester
G14	Female	Increasing	C2D	36-50	Newcastle
G15	Female	Increasing	BC1	51-65	London
G16	Female	Higher risk	BC1	18-24	Birmingham
G17	Female	Higher risk	C2D	25-35	London
G18	Female	Higher risk	BC1	36-50	Newcastle

C. SUMMARY OF FINDINGS

1. The context

Drinking behaviour covered a spectrum. Low risk drinkers typically drank once or twice a week, but rarely to a high level, and tended not to enjoy heavy drinking. Increasing risk drinkers drank more often, and in many cases had heavy drinking sessions at weekends; some of them limited their consumption by having alcohol-free days. Higher risk drinkers generally drank most days, almost as a matter of routine, and had long sessions at weekends in addition to drinking regularly through the week.

Virtually all drinkers were aware of the dangers of drinking to excess, especially the long term health problems, but few felt they were at risk. Low risk drinkers drank relatively little and higher risk drinkers believed they were in control of their drinking. Among low risk and increasing risk drinkers a minority had cut down their drinking in response to worries about their health.

Knowledge of units of alcohol was widespread. Only a few had a clear idea of the numbers of units in drinks they drank, but understanding seemed to be growing, largely as a consequence of the increasing visibility of references to units on alcohol packaging and in public health information.

Most drinkers had heard of past medical research that had suggested that moderate consumption of red wine could have benefits for the heart. Some used this to justify and defend their drinking.

Many were aware of government guidelines on drinking, and some had a reasonably accurate idea of the recommended guideline amounts. There was also some recall of recent changes to the guidelines, and specifically the fact that the recommended level is now the same for men and women.

Guidelines were often discussed in terms of how much they allowed or permitted people to drink, rather than being a guide to what consumption levels mitigate the risks of drinking.

2. Overall response to the draft guidelines

Response to the new draft guidelines was generally favourable, and they were preferred to earlier drafts. Most drinkers believed the information about the risks of alcohol and accepted the advice and tips on reducing the risks.

The exception to this general acceptance was higher risk drinkers, particularly those over about 35, who saw the guidelines as an attempt to stop them enjoying themselves, and felt the advice was irrelevant to them.

Many drinkers had difficulty grasping how and where the guidelines would be used. In current form – words on paper - they did not attract attention or invite reading, and there were repeated requests for the inclusion of visual features to give them greater stand-out.

The content of the guidelines came across as largely credible. The Chief Medical Officers were unknown, but generally carried some weight as people who knew their facts. Though aspects of the content were new, particularly some of the health risks, most drinkers regarded it as plausible, and there was no significant doubt about its accuracy.

Most drinkers assumed the intention of the guidelines was to help them stay safe in their drinking by informing/reminding them of the health risks and offering advice on reducing these.

Of the risks mentioned, liver damage was widely known but fewer people knew that heart disease and various cancers could be caused by excessive drinking. Almost none had heard that drinking could be a factor in epilepsy. The advice prompted some drinkers, mainly younger, to consider their own drinking behaviour.

In tone the guidelines were perceived as measured, neutral and focused on information. The advice came across to most as sound and sensible, if not always directly relevant. There was little sense of the tone being nannying, except among a heavy drinking minority, who disagreed with the principle of the guidelines.

The language used in the guidelines worked well. There were few problems with specific words or terms and for the most part it was seen

as direct and straightforward. Some sentences were believed to be unnecessarily long and in need of breaking up. There was strong support for the use of bullet points to separate key facts and tips, and requests for more bullet points in the single occasions advice.

3. **The weekly drinking guideline**

This was generally preferred to the single occasions advice, primarily because it was shorter and almost entirely presented in bullet points. It looked more accessible and approachable. Again a heavy drinking minority were not keen.

The inclusion of a specified number of units (14) for weekly consumption was welcomed by most drinkers because it provided a tangible level against which to gauge their drinking. Higher risk drinkers were less happy with this, mainly because it seemed low and implied that their drinking was seriously excessive. Some wanted a chart showing numbers of units in different drinks to help them translate 14 units into the drinks they usually drank.

Of the language and terms used, *you, safest, it is best* and *if you wish* were all well received for personalising the advice, presenting it in neutral terms and as personal choice, not instructions. There were occasional questions over the terms *heavy* and *any amount,* which were thought to sound too vague.

4. **The single occasions of drinking**

This advice on short term effects of alcohol was generally well received, though it attracted much criticism from a heavy drinking minority. It drew attention for its focus on advice and tips, the reference to death as a possible risk of drinking, and the fact that the advice is the same for men and women.

Views on the absence of a recommended number of units were mixed. The more compliant and accepting drinkers tended to want to see a specified number of units, to make the advice more definitive and to give them a target consumption level. Higher risk drinkers preferred having no stated number, probably because they were happier making their own judgments on consumption levels. If there were to be a number in the guideline, invariably drinkers preferred 7 to 5.

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In terms of its presentation, the single occasions advice prompted some criticism for its length and layout. Drinkers felt it would work better with shorter sentences and more bullet points. And some felt it would be improved by changing the order, so that it spelled out the risks first, then offered advice, rather than the other way round as in the current draft.

In relation to specific elements of language, there were questions over *occasion, higher levels, risky places and activities,* and *regularly,* all of which were perceived as too vague and open to (mis)interpretation. The mention of the weekly guideline generated some confusion when the single occasion guidelines was seen first. And the list of groups who are at greater risk was not always understood.

D. CONCLUSIONS

The landscape

1. Attitudes to guidelines on drinking vary widely between drinkers, largely depending on how much they drink, and how much their drinking behaviour fits with the recommended guideline limits.

2. Everyone knows that drinking alcohol has risks, but most drinkers believe that their drinking is under control and does not expose them to these risks.

3. Those drinking at the lower risk end of the spectrum tend to have a more realistic view of the risks; higher risk drinkers project the risks onto other people who they believe are not in control of their drinking.

4. Most adults are familiar with the existence of public health information, on a range of topics, and have expectations of the way it is presented, largely based on precedent.

5. Most are also aware of existing drinking guidelines and believe they are expressed in the number of units of alcohol that it is safe to drink, by day or by week, for men and for women. Given this, they expect information on alcohol consumption to include recommended limits.

6. Drinkers in the low risk sector, and younger ages and women in the increasing risk category, generally accept drinking guidelines in principle. They acknowledge that even though their drinking sometimes exceeds guideline amounts, it is useful to know what these are, and to know what the risks are if they regularly drink more. *Guidelines, if seen, are likely to have some impact on them.*

7. Higher risk drinkers see guidelines as unnecessary and object to recommended limits. They regard drinking as a reward for coping with demanding lives, and they want to guard their freedom to drink as they wish. They see advice from government sources or from the medical profession as challenging and possibly threatening this freedom.

8. When pushed to confront the risks, higher risk drinkers tend to respond that they know them already, that they don't need advice on minimising them, and that in any case their own consumption is not risky/they can

control it. *Drinkers in this minority are entrenched in their views and their behaviour; they are a hard target to reach and will not be easy to influence*.

9. Guidelines are likely to have an impact if they seem plausible and are presented in simple, informational terms and tone, and if they are not perceived as trying too hard to influence drinkers.

Overall perceptions of the guidelines

10. The current drafts of the Guidelines appear to work well, and to be an improvement on earlier drafts. The use of bullet points, short sentences and short paragraphs makes them seem accessible, and the language is generally straightforward.

11. The purpose of the Guidelines is perceived as focused on health, but about safety more generally. References to short term risks, particularly those deriving from getting drunk, cause some surprise and can irritate older higher risk drinkers, but they often chime with younger drinkers and those who have cut down their drinking in recent years.

12. The tone of the language in the current drafts is perceived as appropriately informational, not nannying: it spells out the risks and invites or allows drinkers to make their own decisions about how much they drink, armed with this knowledge.

13. At the same time, offering advice and specific tips is largely accepted, especially by lighter drinkers and younger people. Though they may know of the risks, at least in general terms, they see no harm in reminding drinkers of them.

Possible improvements to the current drafts

14. The weekly guideline works well and there are no significant problems which need addressing. It might be improved by re-wording the first bullet point to help it flow more smoothly:

To keep health risks from drinking alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis

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15. There are still some elements of the single occasion Guideline which could be addressed, to make the whole work better:

- the 1st paragraph is currently long and a little unwieldy, and would be improved if it were broken into two sentences
- the 2nd paragraph is long and would be improved by making the second part (after the semi-colon) 3 separate bullet points
- the same applies to the 3rd paragraph – this is also long and would be better if it were bulleted
- in the 4th paragraph it is not clear that the content of the bullet points refer to distinct sectors within the drinking population – it would help to give greater emphasis to *more*

Other issues

16. The inclusion of a specified number of units in the guidelines is open to judgement. Most drinkers who are prepared to accept the guidelines say it is helpful: they expect definitive guidance and like the idea of a target consumption level; it can also bolster belief in the guidelines and supporting evidence.

17. Against this, using a stated number of units can prompt rejection and failure to identify with and engage with the guidelines: if the number is a long way below a drinker's usual consumption it can prompt him or her simply to switch off and ignore the information and advice.

18. And including a specified number of units can be seen as condoning drinking up to the stated number. If drinkers believe that the number given is 'safe', they may be more likely to drink to that level.

19. On balance our view is that it would be sensible to include a specified number of units in both the weekly drinking and single occasion guidelines. It is likely to influence more people than it puts off, and it is preferred by those who seem more open to persuasion.

20. The absence of a statement that drinking *any* alcohol carries risks seems wise. It can smack of prohibition, and conflicts with experience, and tends to invite a hostile reaction, even from lower risk drinkers. The current drafts make the point implicitly, without spelling it out.

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21. As in the previous research, references in one guideline to the other guideline (e.g. mentioning the weekly guideline in the single occasion guideline) raises questions and can cause confusion. It is important that the two Guidelines are seen together or are available together.

E. FINDINGS IN DETAIL

1. Contextual points

1.1 Spectrum of drinkers

Drinking behaviour covered a spectrum, as we intended in our sampling. Though there was some cross-over between different segments, broadly behaviour in the different segments was as follows.

Low risk drinkers typically drank alcohol once or twice a week. They would usually have one or two drinks on weekday drinking occasions; at weekends consumption was higher but still seemed fairly moderate. Those in this segment aged over about 35 drank mainly at home; under 35s tended to drink out more, in pubs and bars, and sometimes restaurants.

Several factors played a part in their relatively low drinking levels. Some, especially those aged over about 40, were concerned about their health and, in the case of women, about their weight, and believed that drinking at lower levels was helpful in both respects. Younger people, particularly those in their late teens, had limited money to spend on drinking.

> *"I know how much you should drink and I don't want to cross that threshold of having too much and like going over my units."*
> Low risk drinkers BC1 women 51-65 Birmingham

More generally there seemed to be a lack of appetite for drinking heavily among low risk drinkers. They did not enjoy getting drunk and did not want to drink enough to get drunk. Instead it suited them to drink relatively infrequently, and to drink only in moderation. Some of them, particularly those aged over 40, had drunk more heavily in the past and had cut down; others seemed never to have drunk regularly at high levels.

> *"Just go with the flow. Just a little every now and then. I'm not a mad drinker so not watching in that sense."*
> Low risk drinkers BC1 men 18-24 London

Increasing risk drinkers drank several times a week, generally later in the week and at weekends, and tended to have a relatively heavy session regularly. They were likely to drink at home during the week and out at weekends. Some had made conscious efforts to reduce their drinking, particularly women, primarily for health and weight reasons.

Many of these increasing risk drinkers saved up their units for the weekend; if they had cut down drinking they had done this by stopping drinking early in the week, but then seemed to drink at fairly high levels at the weekend. They enjoyed drinking but felt they had to make some effort to control it.

> *"I might have one at dinner and a little blow-out on the Friday."*
> Increasing risk drinkers BC1 men 25-35 Midlands

> *"Generally it is just one night over the weekend I suppose between 20 and 30 units probably."*
> Increasing risk drinkers C2D men 51-65 Manchester

Higher risk drinkers and some increasing risk drinkers routinely drank at high levels most days. Generally their pattern of drinking would be relatively high consumption during the week and higher consumption at the weekend. They regarded drinking as an important outlet: it was a reward for them, a means of relaxing, unwinding and achieving a break from stressful lives.

> *"I drink four cans a night minimum. Strong German lager."*
> Higher risk drinkers C2D men 36-50 London

> *"I normally drink red wine of an evening… depending on what sort of day I have had and depending on how I am feeling it could range from half a bottle to a bottle a night. Just sitting in front of the TV really, just to wind down and relax the old body!"*
> Higher risk drinkers C2D men 36-50 London

> *"I don't think if you were going to go out on a Saturday night you are going to think oh I really must look after my 7 units. You aren't are you, you are going to go out and have some sort of release, it's a tough life out there."*
> Higher risk drinkers C2D men 51-65 North West

1.2 Understanding of and response to the risks involved in drinking

The long term effects of excessive drinking were widely accepted. Almost everyone knew that alcohol can cause liver damage and some had heard that it can result in heart disease. There were also mentions of the effect of drinking on mental health and wellbeing, and its potential to damage relationships, particularly within families, where it was habitual. Among women there was concern about the effects of alcohol on weight and appearance.

> *"You know too much isn't good for you, there is definitely a health risk in drinking too much."*
> Increasing risk drinkers C2D men 18-24 Newcastle

> *"I think health as well maybe not when I was younger but now that I am getting to 30 you think about your skin more and what you look like and you can't shift weight as easily."*
> Increasing risk drinkers BC1 women 25-35 Manchester

> *"They don't mention anything about mental health though as well as to me I have seen it through family and that is a major factor. That shocked me more after seeing it through someone."*
> Increasing risk drinkers BC1 women 25-35 Manchester

None of these drinkers doubted that alcohol in excess can be harmful in a number of ways, but they tended to deny that at their current level of drinking the risks would apply to them. Many drinkers deflected the long term risks and projected them on to other people, or rationalised the risks as unlikely to impinge on them because they kept active. This was especially the case among increasing risk and higher risk drinkers. They associated the long term risks with people who drank more than they did and who they felt had tangible and visible problems with drinking.

> *"I'm drinking and I'm out getting around, still running around, it isn't affecting me. I don't even think about it."*
> Increasing risk drinkers C2D men 36-50 Birmingham

> *"It's a problem for people if they are dependent. I see them on the streets every day in the morning in certain areas. Bloody hell, I wouldn't like to be like that."*
> Higher risk drinkers C2D men 25-35 Newcastle

However some increasing risk drinkers and a few higher risk drinkers, particularly women, said they had begun to reduce their drinking in recent years, primarily as a consequence of concerns about their

health. Hangovers played a part in this; aside from the short term discomfort, they prompted some drinkers to consider the effects of alcohol on their bodies if they drank regularly. Age was also a factor: in their 40s and 50s people began to think more about their health and about ways of sustaining good health.

> *"I try and avoid drinking Monday to Thursday really, I got to the point where I thought I am drinking too much and it does concern me a bit."*
> Low risk drinkers BC1 women 36-50 London

> *"I've grown out of it [heavy drinking]. As I've got older my hangover lasts longer."*
> Low risk drinkers C2D men 25-35 Midlands

> *"The only thing I do as I've got older, we've all probably cut back now, the binges get less. So you do think of it as your health."*
> Increasing risk drinkers C2D men 51-65 Manchester

> *"I have to admit I used to drink a lot more so I have had a conscious decision to try and cut back. I have probably battled with it for years to be honest with you."*
> *WHAT MADE YOU WANT TO CUT BACK?*
> *"My health."*
> Low risk drinkers BC1 women 36-50 London

> *"My hangovers are getting worse with time, like I suffer really bad and sometimes I'm sick for most of the day… I don't know my limit, like how much I can drink before I get like that, so it does make me think I should try and drink less."*
> Higher risk drinkers BC1 women 18-24 Birmingham

The short term risks posed by excessive drinking were less salient and came to mind less readily. They were more often accepted by younger drinkers than older, particularly by those in their late teens and twenties. Older higher risk drinkers said they were in control when they were drinking and did not accept that short term risks affected them. Nor did they see short term risks as serious, unlike long term risks, which they felt could be significant, albeit for people who drank more than they did.

> *"I know I lose control sometimes. I wonder how I got home and what I did, and it's that sort of thing that can happen [after heavy drinking]."*
> Low risk drinkers C2D women 18-24 Newcastle

> *"You sort of know when to stop. My head tells me when I've had enough."*
> Increasing risk drinkers C2D men 36-50 Midlands

Younger drinkers initially tended to see short term risks, particularly risky behaviour when drunk, as atypical, and not relevant to them. After discussing the issue some drinkers, more often women, began to acknowledge these risks and to think about their own behaviour when they were drinking, especially when going out in the evening.

> *"I think about some of the things I've done… it's been mad sometimes."*
> Low risk drinkers C2D women 18-24 Newcastle

1.3 Belief in claimed benefits of alcohol

Among those in our sample aged over about 30, there was almost universal recall of a news story about medical research which suggested that moderate consumption of red wine could have benefits for the heart. None mentioned the original research (published in the American Journal of Physiology, heart in 2008) but almost all had heard about it, primarily through mainstream media coverage, which had been widespread at the time.

Perhaps unsurprisingly, drinkers echoed the headline finding and paid little attention to the detail or nuances of the research. The key point that they had taken on board was that red wine (or alcohol generally) is, or can be, good for you.

This selective recall probably reflected the way the research was reported, but also fitted with what drinkers wanted to believe. Some said they had heard that benefits only accrued from drinking a single glass of red wine a day, but others perceived the story as effectively saying that drinking of any type or volume has benefits. One woman said a private doctor had repeated (and apparently exaggerated) the story in a consultation with her.

> *"I was told that a couple of glasses [of wine] were fine."*
> Low risk drinkers BC1 women 36-50 London

> *"Alcohol is supposed to be good for your heart isn't it?"*
> Higher risk drinkers C2D men 36-50 London

The story clearly still resonates strongly, and does not help efforts to communicate the risks of drinking. Though subsequent news coverage has reported questions about the research, and emphasis on the need for moderate consumption to reap the benefits, the initial point has

stuck. At best it has muddied the waters for effective dissemination of health messages; at worst it has been used to justify drinking and discouraged moderation.

> *"A few years ago they said a glass of red wine was good for you and now they're saying it's not, so you're confused."*
> Increasing risk drinkers C2D women 25-35 London

1.4 Awareness of units and Guidelines

Almost everyone was familiar with the term units but knowledge of numbers of units in different drinks was patchy. Typically drinkers had heard or seen mention of units in news stories about alcohol, on alcohol packaging, particularly wine bottles and beer bottles and cans, and in health information, for example in GP surgeries.

Units has clearly entered the public vocabulary, and our impression was that understanding is growing. A number of drinkers described their own drinking with reference to numbers of units they drank every week. Some knew roughly how many units there are in the drinks they usually drank, and used this knowledge to gauge and moderate their drinking.

> *"I have seen posters and things like that in the doctors."*
> Low risk drinkers C2D women 18-24 Newcastle

> *"I drink a bit in the week and then usually Friday or Saturday. Probably not more than about 20 units a week."*
> Increasing risk drinkers C2D men 18-24 Newcastle

> *"10 units in a bottle is about average for wine."*
> Low risk drinkers BC1 women 36-50 London

> *"I know I don't go over what the government recommend on normal weeks."*
> Low risk drinkers BC1 women 51-65 Birmingham

Many were less well informed, and at best had only the vaguest idea of the numbers of units in different drinks. Some made entirely wrong guesses when asked to estimate how many units their preferred drinks contained, and there was some surprise at information on units, particularly numbers of units in spirits. Our suspicion was that higher risk drinkers may have exaggerated their ignorance of units; it perhaps suited them not to examine the quantity of alcohol in their drinks.

"I think when everyone talks in units and different drinks are different units then it is hard to gauge and it just goes over my head to be honest."
Increasing risk drinkers BC1 women 25-35 Manchester

"I was going to say 4 [units] for a small glass of wine."
"I thought it was 2.5 for a small glass and 4 for a large."
Increasing risk drinkers BC1 women 25-35 Manchester

"Haven't got a clue. Not sure I want to know!"
Higher risk drinkers BC1 men 25-35 Newcastle

"I couldn't tell you what I drink in units when I'm out, not got a clue."
Higher risk drinkers C2D women 18-24 Birmingham

Awareness of guidelines on alcohol consumption was also widespread. Most drinkers had an impression that the government or bodies acting on behalf of government have for some years issued guideline levels for consumption of alcohol, above which there are risks to health. Current awareness of guidelines was partly to do with health information, particularly on alcohol packaging, and partly to do with news coverage of recent changes to the guidelines. A number of drinkers knew approximately what the previous guidelines had been, and that they had been different for men and women.

"It's 3 units a day I think, and less for women."
Low risk drinkers BC1 men 18-24 London

"I'm pretty sure the limit is 14 units a week, maybe 15."
Low risk drinkers BC1 women 36-50 London

Knowledge of the changes was vague, though some people knew that the guideline weekly amount for men is now the same as for women. There was some confusion with media stories about proposed changes to legal limits for drinking and driving, which had appeared at about the same time.

"I heard in the news that they were going to reduce it, I think they are reducing what you should have. I don't know how much you are allowed but I did see something that they were going to reduce it."
Higher risk drinkers C2D men 36-50 London

"I think I heard on the radio that they had brought the men's down to 14 [units a week] so everyone is the same."
Low risk drinkers BC1 women 36-50 London

"They're dropping to the fact that you can't drive if you've had anything to drink at all, you can't have any units."
Low risk drinkers BC1 women 51-65 Birmingham

2. Overall response to the new guidelines

2.1 Initial perceptions of the content

The guidelines were largely accepted, though a significant minority, mainly older higher risk drinkers, objected to them.

As far as the content was concerned, there was a spectrum of views, fairly closely aligned with drinking level. It was better received by lower risk drinkers and some of those at the increasing risk level, across the range of ages, both men and women. At the other end of the spectrum higher risk drinkers, particularly men, were more critical and less receptive.

The more accepting drinkers acknowledged the risks posed by alcohol and did not question the content. They had little doubt that it was true and in some cases were prompted by the guidelines to consider their own drinking. If they did have any queries these were more likely to be focused on the tone and language of the guidelines than on their content.

The less accepting higher risk drinkers objected strongly to the guidelines. They saw the guidelines as intended to impose restrictions on individual freedoms, and questioned the content. Though they acknowledged that drinking to excess could be risky, they did not see their own drinking as excessive, and resented what they saw as an attempt to curb their enjoyment and the reward they got from drinking.

> *"It just goes against everything about having a good night out, that advice."*
> Higher risk drinkers BC1 men 25-35 Newcastle

2.2 The role and nature of the guidelines

Many drinkers had difficulty understanding the role and place of the guidelines. We presented the guidelines simply as information and advice, initially without explaining how they will be used. The general expectation was that, as public information, they would be promoted and seen in public places such as posters and in magazines and newspapers.

If the guidelines were public information, their presentation – all text, no visuals – made them look plain and bland. In contrast with typical public information, which tends to come across as designed to engage attention, the guidelines made no explicit attempt to attract attention or invite reading. They had no visual component, no elements of design such as colour, shading or variations in fonts. As such their appearance came across as dull and uninviting, and drinkers found it hard to envisage them as items which they would see and read.

> *"It just looks boring, it's all words, nothing to catch your eye."*
> Higher risk drinkers BC1 women 18-24 Birmingham

Even when we explained their role and purpose, and made it clear that they would not be promoted, nor widely visible, some of our sample still asked that the guidelines incorporate visuals, or at least some colour, and that they used a shorter, snappier style, especially the single occasions guideline. In the absence of additional design details such as these, there was uncertainty about their how the guidelines were intended to be used.

> *"They need some colour, some pictures, or at least a diagram."*
> Increasing risk drinkers C2D women 36-50 Newcastle

> *"If this is going to have an impact you've got to do something a lot more punchy."*
> Low risk drinkers BC1 women 51-65 Birmingham

> *"I do think how it is displayed does make a difference, we're reading a piece of paper with black and white writing on it whereas a leaflet with colours and stuff that stands out and maybe a few pictures would definitely have more impact."*
> Increasing risk drinkers BC1 women 25-35 Manchester

Another feature of the guidelines is worth noting. In discussion of their content, and the existence of guidelines generally, drinkers tended to see them as *giving them permission* to drink at certain levels. The language they used in discussion of these guidelines, and guidelines they had heard about in the past, suggested that they perceived drinking guidelines as telling them how much they were allowed to drink, and that beyond this limit they would be exposed to risks.

> *"I think they say you're allowed 3 units a day, is that right?"*
> Higher risk drinkers BC1 women 18-24 Birmingham

> *"I think you're allowed something like 14 aren't you, women?"*
> Low risk drinkers BC1 women 51-65 Birmingham

> *"The limit's 15 units a week, and more than that you're not supposed to have."*
> Low risk drinkers C2D women 18-24 Newcastle

If, as they believed, alcohol guidelines were about permission, they tended to react in one of two ways.

The more accepting drinkers acknowledged that these were guidelines, and were intended to guide and advise people on what is safe. If they drank within weekly guideline amounts felt they were complying, and would be safe from risks. If they drank more than the weekly guideline amount they accepted that they faced risks; some of these said they would think about reducing their consumption.

Those who were unhappy with the existence of guidelines, and the number of units given in the guidelines, actively disagreed with them and challenged the content. Though they acknowledged the label *guideline*, they regarded the content as seeking to tell them how much to drink, or not drink.

2.3 Perceived purpose of the guidelines

We asked drinkers what they felt the guidelines were intended to do. Again differences emerged between low risk drinkers and higher risk drinkers, with most increasing risk drinkers somewhere in between.

However, virtually everyone agreed that there were clear messages in the guidelines, whether or not they accepted them. The overall message was seen as about staying safe: avoiding drinking so much that you compromised your health in the long term and risked injury or accident, or made yourself vulnerable when drinking.

The health risks of drinking came across strongly: there was no doubting that this information as a whole was advising people how to limit the potential for harm to their health from alcohol. Even the higher risk drinkers who did not want information and advice about drinking acknowledged the health message: they said they did not go along with it, but they clearly saw that the guidelines were focused on the health risks of drinking.

> *"Trying to limit your chances of developing severe illnesses."*
> Low risk drinkers C2D women 18-24 Newcastle

"It is telling people to cut down and be more aware of what they are drinking and where they are going and obviously the health implications as well."
Higher risk drinkers C2D men 36-50 London

"It is trying to help you drink alcohol safely."
Low risk drinkers C2D women 51-65 Birmingham

"I think it is trying to show you exactly what drinking can do."
Low risk drinkers BC1 men 18-24 London

"[It's telling you] What's seen as a healthy amount, not a healthy amount because probably none is healthy, but the amount that you can drink without putting damage to yourself."
Higher risk drinkers C2D women 18-24 Birmingham

"It's the government, making people healthy, to cut down on drinking, with the NHS struggling. It is all about reducing people coming into hospitals."
Increasing risk drinkers C2D men 36-50 Birmingham

Almost invariably the health conditions and illnesses covered in the guidelines attracted attention. Though some were known, others were not, and listing them was compelling and quite persuasive for many drinkers. Typically they had heard that excessive alcohol affects the liver, but not everyone knew that it can cause heart disease, and almost no one was aware that it can cause epilepsy. Learning about the range of health risks posed by alcohol, and about some that were unfamiliar, created impact.

The information in the single occasions guideline about the risk of accidents and injury was also communicated clearly: virtually everyone understood that it was trying to get across a message about personal safety. The references to the dangers involved in risky behaviour and loss of control when drinking, and the potential for injury resulting from accidents, possibly fatal, stood out.

Higher risk drinkers and some lower level drinkers in their 40s and above did not accept these risks; they felt they were always in control when drinking. Others, especially younger people, and those with children in their late teens, were more likely to agree that these sorts of things could happen.

2.4 Credibility of the content

Two factors influenced impressions of the guideline's credibility: their provenance, which was identified by reference to the Chief Medical Officers; and the content.

Almost no one had heard of the Chief Medical Officers, and they could only guess what their role and responsibilities are. The general assumption was that they are the people who, on behalf of the government, take decisions and make recommendations on health issues for the country. In this sense they were believed to have 'official' status and authority. Alongside this some drinkers believed that their position and role reflected their expertise and knowledge on health matters.

> *"It sounds like someone who's done a lot of research, has all the data…"*
> *"It sounds like someone with high status in the medical area, it give it credibility."*
> Low risk drinkers BC1 men 18-24 London

A minority, typically the more sceptical higher risk drinkers, expressed doubts about the credentials of the Chief Medical Officers. They wondered who these people were and whether they had objective views on health matters. Some seemed to react against the mention of Chief Medical Officers on principle. The title sounded to them like people in positions of authority, or if they were in younger age bands, people who were much older; this could be off-putting.

> *"I'd need to know who this chief Medical Officer is [to believe in the information]."*
> Higher risk drinkers BC1 men 25-35 Newcastle

> *"As soon as I see the words Chief Medical Officer I switch off."*
> Increasing risk drinkers C2D men 36-50 Birmingham

> *"As soon as it says Chief Medical Officer, I just picture an old man."*
> Higher risk drinkers BC1 women 18-24 Birmingham

Doubts about Chief Medical Officers did not appear to be based on any substantive knowledge of their roles, and instead seemed to reflect objections to the guidelines: one of their ways of questioning the guidelines was to cast doubt on the people who have drawn them up.

As far as the factual content of the guidelines was concerned, this was largely believed to be credible, and likely to be based on fact. The belief was that it was plausible, it made sense, it tied in with existing understanding of the risks posed by alcohol, and brought up new risks which were generally accepted as likely to be true.

> *"It comes from a position of authority and it comes from like a public body as it is a guideline."*
> Low risk drinkers BC1 men 18-24 London

There were occasional requests for 'evidence' to back up the stated health risks: some drinkers wanted to know how the CMOs had identified the risks, and to know what research they had done in drawing them up. We knew from last year's research on earlier drafts of the guidelines and on summaries of the evidence that when presented with this sort of information most drinkers have a limited appetite for it. Our impression in this current research was that when people asked for evidence this was often another expression of their reluctance to accept the guidelines.

> *"Where is the information to back this up? I would like to see the percentages and what is the chances of us getting cancer or liver disease."*
> Higher risk drinkers BC1 men 25-35 Newcastle

> *"The thing about that is there is no evidence backing it up. My dad died at 65. He never drank in his life."*
> Increasing risk drinkers C2D men 36-50 Birmingham

2.5 Perceptions of the tone

In tone, the guidelines generally came across as neutral. The majority who accepted the guidelines in principle believed they were intended to inform rather than to persuade, to let drinkers make their own decisions without pushing them. They did not see the guidelines as overbearing or nannying: the language was straightforward and factual in style.

> *"Seems like advice, it is not telling you not to drink it is just guiding you on what you should and shouldn't do."*
> Low risk drinkers C2D women 18-24 Newcastle

> *"Sometimes the way they word things can come across as quite patronising and I don't think this does as it doesn't actually tell you not to drink, it is just giving you tips about how to drink more responsibly."*
> Increasing risk drinkers BC1 women 25-35 Manchester

"It isn't too in your face. They aren't going: 'you shouldn't' and 'don't'. It is just letting you know."
Low risk drinkers BC1 men 18-24 Newcastle

The minority who rejected the guidelines on principle perceived the tone in a more negative way. Because they felt they could judge what was safe for them and what was not, and because they objected to any advice on drinking, they saw the very existence of the guidelines as a sign of the government or officialdom as patronising them or nannying.

"You need to be speaking straight to someone and not feel when you're reading it that you're getting told off for drinking that amount."
Higher risk drinkers C2D men 36-50 London

"To me it screams nanny state…"
Higher risk drinkers BC1 men 25-35 Newcastle

2.6 Motivating effect

It was not clear how effective the guidelines alone would be in motivating drinkers to reduce their consumption.

It seemed likely that they would have some impact on behaviour because the information about the risks, particularly the health conditions and the effects on judgment, struck a chord with some drinkers. The fact that the tone was generally seen as measured, not attempting to persuade, made it possible that the key messages could slip under the radar and register with drinkers.

"It makes you more aware of how much is recommended."
Low risk drinkers BC1 men 18-24 London

"I don't think I will ever go out and measure what I am drinking in units but I would maybe think oh maybe ease up a bit and I don't need to drink two nights on the trot."
Low risk drinkers C2D women 18-24 Newcastle

Less positively the format and presentation of the guidelines as we showed them to drinkers in the groups – text on white paper – meant they had no visual or emotional impact. As pieces of communication they did not engage interest or invite reading, and they relied on the reader to do the work – to go through them and work out the implications for themselves. There was little in the content that was complex or difficult to read, but the guidelines did not attract attention.

Given this, they were expected, especially by higher risk drinkers, to have little influence on drinkers' current behaviour.

> *"No one counts [units] when they're out."*
> Higher risk drinkers C2D women 25-35 London

> *"You're not going to be ordering a pint of water when it's your round!"*
> Higher risk drinkers C2D men 36-50 London

Though we consistently told respondents that the guidelines were not advertising and would not be promoted, nor presented in this way, invariably some called for them to include a visual element to make them more inviting. And there were requests for an explanation of units to accompany the weekly guideline, to help drinkers understand their consumption.

> *"It would help if they showed how much the units are – how many there are in different drinks."*
> Higher risk drinkers C2D women 25-35 London

3. The weekly drinking guideline

3.1 Overall

Overall response to the weekly guideline was largely favourable, though again a heavy drinking minority had reservations about it.

Its key strengths were that it was short, simple and quick to take in, especially when compared with the single occasions guideline. Its use of bullet points and its relatively short length meant that it looked accessible on first sight, more so than the single occasions guideline. In tone it came across as direct but objective, not telling people what to do or not to do.

> *"Much better [than single occasion guideline]. It's much shorter, it's bulleted, and it's more realistic."*
> Higher risk drinkers C2D women 25-35 London

> *"It's all right. It isn't telling you should or should not. It is 'this is what we recommend'."*
> Low risk drinkers C2D men 25-35 Birmingham

It also gave the impression of offering clear, definitive advice, partly through its inclusion of a stated number of units as recommended weekly consumption limit (14). This was helpful for many and made them feel there was a specified target level, agreed by experts, around which they could gauge their consumption. If they drank more than this on some occasions they would know they had erred; if they drank less they would feel good about it.

> *"It's telling you how much you're allowed, that's good."*
> Low risk drinkers BC1 men 18-24 London

Against this the weekly limit was often seen as unreasonably low, especially by higher risk drinkers, who were generally drinking at far higher levels. If they perceived such a disparity between their own drinking and the official guideline, they felt uncomfortable. Their response seemed to be a mix of unease at drinking so much more than was recommended, and resentment that anyone should advise them to drink so much less than they were used to drinking and wanted to drink.

> *"I can easily drink that much in a night! More than that!"*

Higher risk drinkers C2D men 36-50 London

The use of a stated number of units also prompted demands for examples to help people understand what 14 units would mean for them. Those who were genuinely ignorant of numbers of units in different drinks wanted a guide to see how many were in their usual drinks. A guide of this type was included in a previous draft of the guidelines and was well received.

> *"Where they have 14 units they could also have an example of how much that is in an actual drink and put it in like spirits and beers and lagers and like wine."*
> Low risk drinkers C2D women 18-24 Newcastle

3.2 Comprehension and clarity

The opening line -

The Chief Medical Officers' guideline for both men and women is that:

- was accepted by most drinkers. The term *guideline* suggested that this was informed advice; there was no sense of it being a rule or regulation. As noted, the fact that the guidelines are the same for men and women was new to some. In the context of weekly drinking it was occasionally challenged by higher risk drinking men: they did not accept that the limit could be the same for men and women when men are generally physically bigger than women.

The first bullet -

- *You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level*

- worked well. The use of *You* was appreciated because it immediately personalised the content. *Safest* came across as a good way of communicating how to avoid risks – it was perceived as neutral, and had a warmth about it which suggested caring rather than admonishing. Response to the inclusion of 14 units per week was mixed, as described above.

> *"If I had concerns I would go and find out further. I think this is better advice than just saying 'don't drink this many units'."*
> Increasing risk drinkers C2D men 51-65 Manchester

The second bullet -

- *If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries*

- was accepted by most drinkers but prompted some discussion. In principle the notion of spreading drinking over several days was understood: if you were going to drink around 14 units in a week, it was wise not to have them all on one occasion but spread them across the week. Linked to this, most drinkers acknowledged the risks of heavy sessions. *It is best to* was perceived as neutral, not telling drinkers what to do.

But some wondered what was meant by *heavy,* and felt it was too subjective a term, and implicitly judgemental, to use in guidelines. A few also queried the claimed link between long term risks and single occasions of drinking.

> *"Obviously I know it makes you ill and stuff and makes you suffer the next day but I would never have said it would cause long term illness."*
> Low risk drinkers C2D women 18-24 Newcastle

The third bullet -

- *The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis*

- was not always understood. Some drinkers, generally BC1 and more educated, saw it (correctly) as saying that drinking even a small amount of alcohol carries risks. Others were not clear about this and felt that *any amount* was too vague and was open to interpretation in a way that was not helpful. A few thought it was giving the green light to heavy drinking.

> *"They are just saying that regular is better than one off but then to not drink at all is even better. So if you can't not drink at all then just try to gauge it."*
> Low risk drinkers C2D women 18-24 Newcastle

"That's saying if I drink one glass of wine or 10 glasses of wine I'm still at risk of getting cancer, so… where's your tipping point?"
Higher risk drinkers C2D women 25-35 London

As noted, referencing cancer in general as a potential risk of drinking alcohol was not always persuasive. However, naming specific cancers seemed to have more impact, and there was some surprise at the mention of mouth and throat cancer, which tended to be associated with smoking rather than drinking.

"Everything gives you cancer these days."
"The thing I liked though is… it is quite specific instead of saying cancer it says cancer of the mouth, throat and breast."
Higher risk drinkers C2D men 51-65 Manchester

"That does actually frighten me because I wouldn't have thought that, I would have thought straight away liver. I wouldn't have associated it with throat or breast cancer. I mean breast cancer is quite common so that makes me think oh God, because I don't necessarily associate it with that, I just associate it with liver damage."
Higher risk drinkers BC1 women 18-24 Birmingham

The final bullet -

- *If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week*

- was well received. *If you wish* was liked for indicating that cutting down is a matter of personal choice and freedom, and not an instruction. Its tone was neutral, not didactic. The idea of having *drink-free days* was understood by most and generally accepted. However some drinkers saw this as conflicting with the suggestion of spreading drinking over the week, and could not reconcile the two.

"They're leaving it up to you, they're not telling you what to do."
Low risk drinkers C2D women 51-65 Birmingham

"It says <u>you</u>. It's talking to you, it has a bit more impact."
Low risk drinkers BC1 women 51-65 Birmingham

"If you're also supposed to spread it out over 3 days or more, when you are meant to drink then?"
Higher risk drinkers C2D men 51-65 Manchester

"It tells you in the second paragraph to spread it over the 3 days or more. And then at the bottom one I know exactly what it's trying to say, it's trying to say don't drink for 4 days

and spread it over 3, but the way it's put on that bottom one, makes it sound like you could save them all up for one day."
Low risk drinkers BC1 women 51-65 Birmingham

"Because you've said 14 units over a week you remember that. It's got all these have over 3 days and have so many drink free days, it gets confusing as to how many units."
Higher risk drinkers BC1 women 18-24 Birmingham

"So they are saying spread it over three days or more so they are saying drink for three days and then don't drink for three days."
Low risk drinkers C2D women 18-24 Newcastle

4. The single occasions of drinking guideline

4.1 Overall

Initial reactions to the advice on short term effects of alcohol were mixed but overall positive. To a large extent it came across as useful advice based on credible information, and most of it was believed to be presented clearly. The less receptive higher risk drinkers tended to reject it as irrelevant to them and as an implicit curb on drinking that they regarded as acceptable.

Two elements of the content attracted particular attention on first sight. The perceived emphasis on advice and guidance was generally apparent, especially among the more receptive drinkers: the impression was that the content was intended to advise and offer tips, of which there were many. And the risk of death stood out: this was extreme and unexpected, though not implausible, and it brought home the potential danger of alcohol.

Two other details generated some surprise. The fact that the advice is the same for men and women was unexpected among those who had not heard about changes to the guidelines. For years the perception had been that the upper daily or weekly recommended limit was higher for men than women, and learning that the advice was now the same for both attracted attention.

The link between alcohol consumption and epilepsy was news to almost everyone, and generated some concern. The belief seemed to be that epilepsy, though not necessarily life-threatening, is a serious and debilitating condition. There was some alarm and consternation that it can be brought on by excessive drinking.

Several aspects of the way the guideline was presented attracted criticism. It looked long on first sight, and not very easy to absorb quickly: as an item of public information it did not look like a quick, simple read. Linked to this, some people had occasional difficulty in understanding certain sentences when they first read the guideline, and had to re-read and think about them to get the point.

There were also a few queries about the order in which different parts of the guideline were presented. It seemed to offer advice on ways to

moderate drinking, then describe the risks of not following this advice and drinking too much and/or too quickly. Some drinkers felt it would have been more logical and more engaging to outline the risks first, then give the advice and tips on ways of reducing these risks.

4.2 The absence of a specified number of units

The absence of a stated limit on recommended numbers of units of alcohol per day often went unnoticed, especially if drinkers saw this guideline before the weekly drinking guideline, which did use a number of units (14 per week). A few people noticed and wondered why the single occasion guideline did not feature a recommended number.

When we asked drinkers whether there should be a stated number of units, their views tended to polarise. Some saw the guideline as leaving the amount consumed up to the drinker: it informed them of the risks but did not advise them on exactly what level of consumption was safest. This came across as a more liberal approach, and not dictatorial or finger-wagging. Higher risk drinkers and some increasing risk drinkers, typically older, fell into this camp.

> *"It's better without [number of units] because you feel like it's not telling you what do, it's making it your choice."*
> Increasing risk drinkers BC1 men 36-50 Birmingham

> *"I'd rather have more advice on helping me how to cut down rather than giving me a target and then you feel like a naughty boy if you go over. Maybe a lifestyle thing - 'yeah, it isn't bad to drink but change your life this way, that way'."*
> Increasing risk drinkers C2D men 36-50 Birmingham

Others were less sure; they felt that a guideline with no specified limit was not sufficiently definitive in its advice. They preferred the idea of a guideline which they could use as a point of reference to gauge their own consumption. It may also have been that they were used to seeing a specified limit, and they now expect guidance on drinking to include one.

> *"There's nothing tangible on the minimum amount, no numbers. It's all a bit fluffy."*
> Higher risk drinkers C2D women 25-35 London

> *"It just feels like it's saying don't drink too much and that's it. It's a bit wishy washy."*
> Higher risk drinkers BC1 women 18-24 Birmingham

> *"I think it would rein you in a bit [including a stated number of units]. Although you might not stick to it, you might think oh God that's way over the guidelines, so you'd bring it in a little bit."*
> Higher risk drinkers BC1 women 18-24 Birmingham

We suggested to drinkers two options for a recommended limit on consumption per single occasion: 7 units and 5 units. Almost everyone preferred 7 to 5. For higher risk drinkers even 7 was too low, but more realistic than 5. Lower risk drinkers liked to have some flexibility in their consumption: they might not want to drink as much as 7 units on a single occasion, but they might, and they preferred not to feel they were exceeding the limit.

> *"What? [5 units] I put more than that in my gravy when I'm cooking the roast!"*
> *"If it's going to be that low you might as well not drink at all."*
> Increasing risk drinkers C2D men 36-50

When considered alongside the weekly guideline, the possible recommended single occasion limit caused some confusion: if the advice was not to drink more than 14 units a week and to spread this over three or more days, 7 units did not quite fit in.

> *"So this second one [single occasion guideline] if it is saying you can drink no more than 7 units on one occasion and then here [weekly guideline] it is saying you can drink 14 units a week but spread it over 3 days... It contradicts itself doesn't it really?"*
> Higher risk drinkers BC1 men 25-35 Newcastle

4.3 Language and tone

The more accepting drinkers – largely those at the low risk end of the spectrum and younger and female increasing risk drinkers – had no reservations about the tone of the single occasion guideline. They generally believed the content and saw the guideline as neutral and objective in the way it presented the content. It came across as informational in its approach, and not trying to persuade.

Those who were less accepting of the guidelines as a whole and the single occasion guideline in particular, mainly higher risk drinkers and those increasing risk drinkers who were close to the higher risk end of the spectrum, regarded the single occasion guideline as patronising. This perception derived primarily from the advice section, especially paragraph 1 and the accompanying bullet points. They felt this was

irrelevant to them because they knew how to drink without running risks, and they did not want advice.

> *"We know all this, it's a bit patronising. I feel like a kid and I'm being told off."*
> Higher risk drinkers C2D women 25-35 London

4.4 Comprehension and clarity

4.4.1 *Paragraph 1 and bullet points*

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- *limiting the total amount of alcohol you drink on any occasion;*
- *drinking more slowly, drinking with food, and alternating with water;*
- *avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely*

The opening paragraph largely worked to invite reading, but was often thought unnecessarily long and a little difficult to take in on first sight. As noted, referencing Chief Medical Officers was convincing for most. There was occasional surprise that the advice was the same for men and women, among those who had not heard about changes to drinking guidelines.

The use of the term *who wish* was applauded; this suggested that there is no compulsion about following the advice, and that it is entirely optional. Some drinkers, especially younger ages and some higher risk drinkers, queried the term *occasion*, which they perceived as meaning a party or a big night out, not any occasion on which they drink.

> *"They're not telling you, they're leaving it open."*
> Increasing risk drinkers C2D men 51-65 Manchester

> *"I think it's the wrong word [occasion]. You would think it is like a wedding, not going out on Tuesday night. If you go out for a drink every Tuesday, it is not a drinking occasion."*
> Increasing risk drinkers C2D men 36-50 Birmingham

The use of bullet points was welcomed for ease of reading: they separated each piece of advice and looked more approachable than paragraphs with blocks of text.

The advice in the bullets was largely accepted: most drinkers, even if they did not see it as directly relevant to them, regarded these tips as sensible. Some younger drinkers identified with the scenarios and behaviour implicated in the advice. There were a few queries about the meaning of *risky places and activities*: it was not always apparent what this was referring to.

> *"When it is saying risky it kind of jogs you to think hmm yes I probably shouldn't have done that!"*
> Increasing risk drinkers BC1 women 25-35 Manchester

> *"I've actually done that myself, if I don't want to have too much to drink… I'll drink slowly and I'll have a water in between, to last the night."*
> Low risk drinkers BC1 men 18-24 London

Most higher risk drinkers, and some in the increasing risk sector, dismissed this advice as common sense and, as far as they were concerned, superfluous. They felt they knew how to handle themselves when drinking and did not need guidance of this type.

> *"We don't need to be told this, it's stating the obvious. This is for younger people."*
> Higher risk drinkers, C2D women 25-35 London

> *"This is the sort of information that you would expect to see posted on a freshers week notice board or something like that."*
> Increasing risk drinkers BC1 women 25-35 Manchester

> *"I don't like this stuff about risky activities. What do they think I am going to be doing? On a skyscraper or something? I don't get that."*
> Increasing risk drinkers C2D men 36-50 Birmingham

4.4.2 *Paragraph 2*

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

The risks covered here chimed with many drinkers, especially women, who were aware of the danger of making misjudgements about people

and places, and losing self-control. As noted, the mention of death stood out and attracted attention. A minority, mainly higher risk drinkers, saw it as exaggerating the risks of drinking.

> *"I think you could relate to this as a lot of people do do it."*
> Low risk drinkers C2D women 18-24 Newcastle

> *"'If you have one or two heavy drinking sessions you increase your risk of death', oh gosh reading that is scary."*
> Increasing risk drinkers BC1 women 51-65 London

> *"You don't actually think about it when you go out until you read it on paper and then you think oh yes that is actually quite serious the things that could happen."*
> Increasing risk drinkers C2D women 36-50 Newcastle

A few drinkers tripped up on initial reading of the first half of this sentence. They read it as *drink correctly* rather than *judging the risks… correctly,* and thought it was referring to right and wrong ways of drinking.

Otherwise there were several requests for the second half of the sentence to be separated into three bullet points. This might make each point stand out more, and would mean the text was a little easier to read.

> *"There are three suggestions in one paragraph in one bullet point so why are they not broken down?"*
> Increasing risk drinkers BC1 women 25-35 Manchester

4.4.3 *Paragraph 3*

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

This paragraph was generally thought too long, with too many elements. Some drinkers, mainly C2Ds, found it difficult to take in, even on second reading, and thought it would work better if it were two sentences, not one. Only a minority seemed to understand it fully, and the underlying meaning was missed by most.

Understanding was also confused if drinkers saw this guideline first; in this case the reference to *weekly guidelines* prompted questions. They

wanted to know what the weekly guidelines were and how they fitted with the advice in the single occasions guideline.

> *"It seems to be cancelling itself out. It's saying you can be at risk even if you stick to the guidelines?"*
> Higher risk drinkers C2D women 25-35 London

> *"It mentions the weekly guidelines but it doesn't say what they are."*
> Higher risk drinkers BC1 men 25-35 Newcastle

> *"There is no point giving people advice and telling them they need to stick within the weekly guidelines if you don't know what the guidelines are."*
> Increasing risk drinkers C2D men 36-50 Birmingham

Some also queried *higher levels*: it sounded vague and, to higher risk drinkers, judgmental. Higher level drinking was a subjective term and not a definitive measure of consumption.

> *"I get the bit where you drink too much and too quickly but I don't know what the higher levels mean."*
> Low risk drinkers BC1 men 51-65 Manchester

4.4.4 *Paragraph 4*

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- *young adults*
- *older people*
- *those with low body weight*
- *those with other health problems*
- *those on medicines or other drugs*

This section was generally understood, but was open to misinterpretation. In principle highlighting those at extra risk seemed sensible, if it really was the case that these groups were affected more by alcohol than others.

However it was sometimes misread on first sight, in two ways. Some believed it was a list of all those drinkers who are at <u>any</u> risk from drinking alcohol; they missed or skipped *more.* Others thought the list

looked so comprehensive that it was suggesting that everyone is at risk: if the list included *young* and *older*, as well as more specific groups, effectively this was the broad spread of drinkers.

> *"So you are pretty much hitting everyone who is reading it – you're listing them all."*
> Higher risk drinkers BC1 men 25-35 Newcastle

> *"So we're all at risk – young, old, people with health problems…?"*
> Low risk drinkers BC1 men 51-65 Manchester

> *"[It's saying] some groups are likely to be affected by alcohol and should be more careful, I think that's the majority of people like young adults, older people, where do you cut the line off young adults or older people, are they like 50+, or 60+ or 70+? This list is like the majority of people."*
> Higher risk drinkers BC1 women 18-24 Birmingham

A few were unclear what 'drugs' meant: was this illegal drugs or prescribed drugs? This was not especially important but it made them wonder whether they needed more information on the risks of drinking after taking prescribed drugs.

4.4.5 *Paragraph 5*

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

This final paragraph was largely accepted. The list of conditions was persuasive, because it was wide ranging and covered more conditions than expected. As noted, epilepsy surprised many and prompted worry. There were occasional queries about *regularly* – how often did this mean?

> *"I didn't know about epilepsy. That's a bit scary."*
> G2

> *"I didn't realize that alcohol was related to heart disease either."*
> *"It depends how much you drink though. They don't say how often you'd be drinking to get one of these."*
> Higher risk drinkers C2D men 36-50 London

5. Comparison with earlier versions of the guidelines

Towards the end of the groups we showed respondents previous drafts of the guidelines to compare with the current drafts. The overall preference was for the current version.

There were several reasons for this. The use of bullet points and generally shorter sentences in the current drafts made them more approachable. In language and tone they were more informational and objective. And the language was more everyday and accessible, and less didactic.

> *"I think it is the way it is set out with bullet points and stuff and that looks clearer to me."*
> Low risk drinkers C2D women 18-24 Newcastle

> *"I would say the first one [current draft] is better, it's more factual."*
> Low risk drinkers C2D women 18-24 Newcastle

> *"The first one [current draft] is more like a guideline. The second one [earlier version] is more telling you what to do."*
> Higher risk drinkers C2D women 25-35 London

A minority, generally BC1 and more educated, preferred the earlier versions, especially the weekly guideline. They felt it was less formal, more personal and told a story rather than setting out a list of points.

Cragg Ross Dawson

APPENDICES

Weekly drinking guideline

Single occasions of drinking advice

Regular drinking advice

New weekly guideline

The Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Cragg Ross Dawson

Single occasions of drinking

Advice on short term effects of alcohol

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.