

# Newly at risk? Using Health Survey for England data to retrospectively explore the characteristics of newly defined at-risk drinkers following the change to the UK Low Risk Drinking Guidelines

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## BACKGROUND AND AIMS

Alcohol guidelines enable individuals to make informed choices about their alcohol consumption and assist healthcare practitioners to identify and offer support to at-risk drinkers. The UK Low Risk Drinking Guidelines were revised in 2016 and the weekly guideline for men was reduced.



This study sought to retrospectively establish:

1. The number of additional men in England who have been drinking at increasing risk levels over the past 5 years, and
2. Whether this group of newly defined increasing risk male drinkers shared any specific characteristics.

## METHODS

Average weekly alcohol consumption data for men aged 16+ from the cross-sectional nationally representative Health Survey for England were used and regrouped into:

- Non-drinkers (0 units/wk)
- Lower risk drinkers ( $\leq 14$  units/wk)
- Newly defined increasing risk drinkers ( $>14$  to  $\leq 21$  units/wk)
- Increasing/higher risk drinkers ( $>21$  units/wk)

These data were used to:

1. Calculate annual population prevalence estimates for newly defined increasing risk adult male drinkers from 2011-2015 ( $N=3487-3790$ )<sup>^</sup>, and
2. Conduct a multinomial logistic regression analysis using 2015 data to assess which characteristics were significantly associated with men being newly defined increasing risk drinkers (reference category) versus lower risk and increasing/higher risk drinkers ( $N=2982$ )<sup>†</sup>. Models were fully-adjusted and included age-group, social class, region, smoking status, marital status, ethnicity and limiting-longstanding illness.

Analyses were conducted in Stata 15.

## RESULTS

1. The number of additional men in England who have been drinking at increasing risk levels over the past 5 years

Population prevalence estimates for newly defined increasing risk male drinkers aged 16+

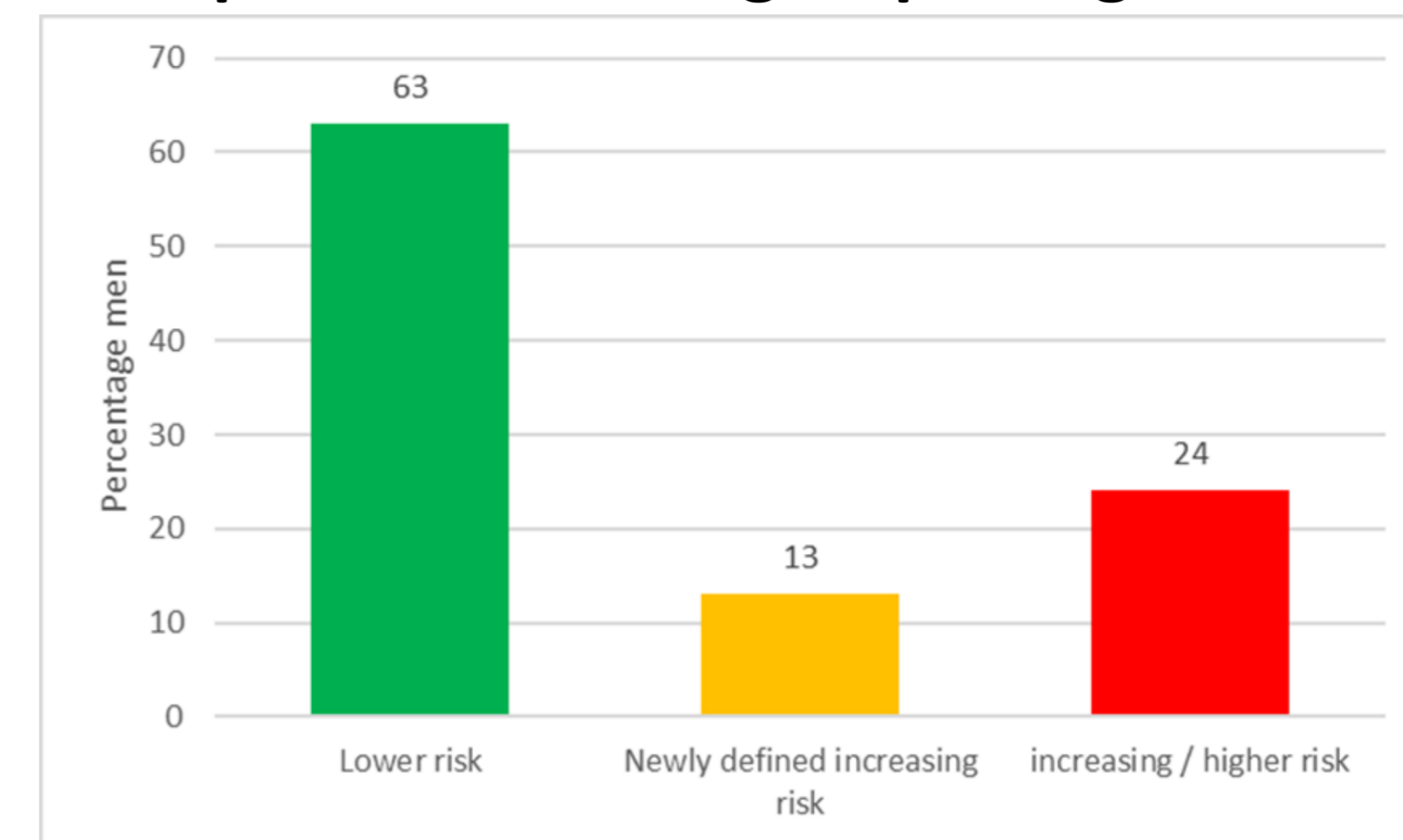
Year	Population prevalence estimate	% male population
2011	2,322,896	11.2
2012	2,261,788	10.8
2013	2,256,825	10.6
2014	2,182,401	10.2
2015	2,365,984	11.0

<sup>^</sup> N = unweighted sample sizes for all adult men (range 2011 – 2015)

<sup>†</sup> N = unweighted sample size for adult male drinkers only (2015)

2. Do this group of newly defined increasing risk male drinkers share any specific characteristics?

Percentage of men per alcohol risk group using 2015 data (N=2982)



Multinomial logistic regression model for adult male drinkers:  
Reference category: Newly defined increasing risk drinkers.

	Lower risk ( $\leq 14$ units per week) RRR (95% CI)
<b>Age 16+ in 10-year age bands</b>	
16-24	1.00 (reference category)
55-64	0.43 (0.21-0.87)
<b>NS SEC</b>	
Routine and Manual	1.00 (reference category)
Managerial and Professional	0.61 (0.45-0.83)
<b>Government Office Regions</b>	
South East	1.00 (reference category)
North East	0.47 (0.29-0.77)
North West	0.56 (0.38-0.82)
West Midlands	0.52 (0.32-0.83)
South West	0.57 (0.36-0.91)
<b>Cigarette Smoking Status</b>	
Never Smoked	1.00 (reference category)
Ex-Regular Smoker	0.62 (0.46-0.83)
Current Cigarette Smoker	0.56 (0.39-0.81)

Compared to lower risk drinkers, newly defined increasing risk drinkers were significantly more likely ( $p<0.05$ ) to be:



Increasing/higher risk drinkers were only significantly more likely than newly defined increasing risk drinkers to be ex-regular smokers (RRR 1.42, 95% CI 1.01-1.99).

## CONCLUSIONS

- Approximately 11% of adult men would have been reclassified from lower risk to increasing risk drinkers.
- Such an increase in at-risk drinkers could impact clinical services.
- Newly defined increasing risk drinkers differ from lower risk drinkers on several characteristics but are largely similar to increasing/higher risk drinkers.
- Universal rather than targeted screening may therefore continue to be most appropriate for identifying at-risk drinkers, but health promotion will be required to enable men to identify themselves as newly at-risk drinkers due to guidelines changes.