MCA Medical Council on Alcohol
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Alcoholis

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Contact details

The Medical Council on Alcohol
2 St Andrews Place, London NW1 4LB
T: 07842 244944 | **E:** contact@m-c-a.org.uk
W: www.m-c-a.org.uk
@mca_med
Registered Charity Number 265242

Dr Dominique Florin
Editor

From the Editor

Welcome to the Spring 2025 issue of Alcoholis.

In this issue

We have two articles which look at alcohol in specific situations – Lisa Schölin uses social media posts to examine attitudes to alcohol amongst pregnant women, and Claire Garnett examines the particularities of smokers who are also risky drinkers. Both these groups are vulnerable in different ways and these are important data.

2024 MCA Symposium on Alcohol and Health

In November last year we held our annual Alcohol and Health Symposium at the RCP in London. It was an excellent day with a focus on stigma, including personal testimony which was greatly appreciated. There was plenty of time for audience interaction and networking which was much valued. Lorenzo Leggio gave an inspiring Max Glatt lecture looking at the potential for GLP1 Receptor Agonists in the treatment of alcohol addiction. This is a highly topical and exciting area of research and Lorenzo, who is also the joint Editor in Chief of Alcohol and Alcoholism, gave an exhilarating presentation. Delegate feedback for the day was extremely positive. The talks are available to view through the MCA website for 6 months for those who have paid the delegate fee; Lorenzo Leggio's talk is available to all. In this issue of Alcoholis you can see some photos giving a flavour of the event.

Alcohol Treatment Services project

During the last year the MCA has hosted a consensus process resulting in a call for a health service response to address alcohol-related health harms. The MCA worked with other organisations and individuals including the Alcohol Health Alliance, the Instituite of Alcohol Studies and Professor Julia Sinclair of the University of Southampton. The project was launched at the MCA Symposium in November; a briefing paper and longer background document are both available on the MCA website: https://m-c-a.org.uk/policy/ and an associated editorial has been published in the BMJ: https://www.bmj.com/content/388/bmj.r38. This is vital work to take forward in the face of rising deaths and other harms.

MCA Competitions

The MCA ran two competitions last year as part of our mission to promote the education of health professionals in training on alcohol-related health harm. The Essay competition was open to all UK medical students on the theme of stigma. There were excellent entries and the winning essay has been published in the MCA Annual Report. The second competition was our QI Competition open to postgraduate doctors in training. The winning entries can be seen in this issue of Alcoholis. Prize winners from both competitions attended the MCA Symposium and were presented with their certificates.

Two competitions will be run this year. The Essay Prize is currently open with details in this issue of Alcoholis, on the theme of no/low drinking. Later this year the biennial NAAD competition will be launched, open to medical, nursing and midwifery students in the UK. Any readers of this issue of Alcoholis please do pass on the details to relevant audiences, all the details are also available on the MCA website.

2025 MCA Symposium and Max Glatt lecture

The 2025 Symposium will be held in person in London on **19th November**. We are currently building the programme and will include a particular focus on occupational health in the alcohol and health field, which is so important in our society and economy. As always, the talks will be of relevance to clinicians and researchers across the disciplines working on alcohol and health. Please do **save the date** and look out for more details.

What can we learn from studying online discussions about alcohol and pregnancy?

Lisa Schölin, Rachel Arkell, Megan Cook, Benjamin Riordan, Natasha Reid, University of Edinburgh

A large portion of daily life is now spent online. Some estimates suggest people in the UK in 2024 spent about 4 hours online per day (1). Some people use online spaces to gather and share information, particularly when it comes to topics that people feel uncomfortable discussing with their peers in the 'real world'. Researchers are therefore increasingly turning their attention to these spaces.

Alcohol use during pregnancy can be a sensitive topic to discuss and seek advice or information about. The stance taken in the UK is to recommend complete abstinence to those who are or think they might be pregnant (2). This 'precautionary principle' has also been adopted in many other countries, which may make it difficult for some to disclose that they are drinking whilst pregnant due to fear of judgement. It is also important to consider that alcohol use can occur before people know they are pregnant, and there is continued uncertainty regarding the potential adverse effects of low to moderate alcohol use during pregnancy (3).

We reflect here on recently published (4) and ongoing work analysing online forums, such as Mumsnet (a UK-based parenting forum with predominantly UK users) and Reddit (an international forum covering all kinds of topics, with over half of users based in the US) to try and understand some of the areas where people are seeking support and information.

In our study we analysed online discussions about alcohol use during pregnancy on Mumsnet. We used an abductive approach informed by sociological theories on risk management in pregnancy. We analysed the posts using discourse analysis, guided by Gee's methodology, to unpick how users constructed identities and engaged with practices surrounding alcohol use during pregnancy. To identify relevant posts on the forum, we sampled threads from specific months over a six-year period (2016–2021), resulting in 271 eligible threads that included discussions on advice, safe consumption, harmful effects, and official guidelines.

By observing what people post online we can better understand knowledge gaps, attitudes, and potential areas of misinformation to be addressed through public health or medical information. This can be especially valuable as users can use pseudonyms and remain anonymous, which reduces some desirability bias that we encounter when collecting data through interviews, surveys, and focus groups.

Lay and peer advice as a source of expertise

What happens online, particularly in online forums, is the merging of expert information (including attempting to understand research evidence) and experiences of individuals. In our recent study of Mumsnet discussions, many different sources of information were discussed and criticised. This included the UK Chief Medical Officers' (CMO) guidelines, which some felt went too far in terms of recommending complete abstinence and removed trust and autonomy from women to make informed decisions (4). Others agreed that a precautionary approach is the most appropriate and the safest advice for pregnant women. On the other hand, in our ongoing analysis of posts on Reddit, users rarely mentioned official guidelines or recommendations.

But in these spaces, lay-expertise becomes central (5) and we observed how it seemed to shape forum users' understanding of evidence. Often we have seen forum users who have some information but want reassurance from others who have lived experience. This is particularly evident around the topic of unintentional exposure in early pregnancy. Those worried about how much and when they drank alcohol without knowing they were pregnant would post details so others could provide reassurance and/or advise them on what they should do next.

The anxiety of uncertainty

The precautionary principle has emerged as the agreed approach due to the uncertainty of a causal relationship and harm. 'Better safe than sorry' is an easily accessible narrative to many. But we identified a lot of judgment towards those who consumed any alcohol while trying to conceive or while pregnant, including comments questioning women's mothering abilities if they cannot abstain for nine months.

But what happens when the 'better safe than sorry' messaging is extended beyond 'normal' alcohol products? While less common, we observed how some forum users were extremely anxious about having consumed no/low alcohol products that they assumed were 0% but may contain 0.5% ABV.

The World Health Organization published their 'public health perspective' on no/low in 2023, which stated the concern that no/low products might mislead pregnant women about ethanol content and that marketing should be restricted to protect pregnant women, among other key target groups (6). However, there is currently limited evidence on how no/low alcohol products are used during pregnancy and if these are used by pregnant women to avoid alcohol products with higher alcohol content. In our ongoing work, we have identified how some forum users appeared unsure of whether they could be consumed safely, while others discussed non-alcoholic product preferences and suggested brands/beverages others could try as alternatives to 'normal' alcohol and/or to help manage alcohol cravings during pregnancy.

What about dependence? The risk of withdrawal

In our study of discussions on Mumsnet we found only a small number of posts around alcohol dependence. More often than not, people directly referred to women with alcohol problems as the end of a spectrum presented when conceptualising what 'risky drinking' is. Those who believed a small amount of alcohol was not harmful noted that women who are dependent and drink significant amounts are the ones who have children with fetal alcohol spectrum disorder (FASD) (4). This was a way of 'othering', that is distancing oneself from what was perceived as 'risky drinking' (heavy episodic drinking or continued regular drinking when pregnant). Such drinking was perceived differently to 'justified' accidental exposure before knowing about the pregnancy or sips of alcohol during a special occasion. In our ongoing Reddit analysis, however, we've seen several threads where posters describe their concerns, fears and struggles with alcohol dependence during pregnancy.

Within Reddit threads we have also identified discussion of withdrawal, with people sharing their own knowledge and experience in these online forums. Some posters advised seeking medical treatment and support when trying to stop drinking during pregnancy. There was discussion around how stopping "cold turkey" could be incredibly dangerous for the developing fetus. Understanding these concerns about withdrawal and creating tailored resources and support for pregnant people is vital. The UK CMO guidelines (2), for example, do not mention withdrawal within their general advice only that if alcohol has been consumed, it should be avoided further on.

Incorporating online knowledge to practice

What can we do with this information we gather from online forums? In our opinion, it provides a lot of guidance for where we can focus our attention on health promotion and targeted advice from health professionals. While posters evidently value peer support and lay expertise, there is also a strong sense that health professionals are a trusted source of information (4). This suggests we need multilayered approaches to risk communication (7), especially to answer questions that might be sought from peers in addition to expert or public health advice.

One key aspect we find important is that posters, regardless of their position on drinking or their own reported behaviour, positioned themselves as responsible and doing 'the right thing' (4). This was a big part of the 'admissions' posters made about having consumed alcohol, especially before they knew they were pregnant, and the many ways they felt they needed to justify their alcohol use (be it intentional or not). This may also inform our communication approaches, by ensuring supportive messages that speak to this desire to do good for their pregnancy.

In previous work, we have shown that key to advising women about alcohol and pregnancy is trust and having conversations that meet women where they are at (8). By learning from the anxieties and worries that are discussed online, we can meet those who are pregnant with compassion and without judgement to encourage an open dialogue about alcohol and access to support where needed.

Acknowledgement

This study was funded by the Institute of Alcohol Studies' Small Grant Scheme. The funder was not involved in the design, conduct or analysis of the data.

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MCA Quality Improvement Prize 2024

1st Prize: Gavin Robertson

Improving Alcohol Screening and the Provision of Brief Alcohol Advice as a Secondary Prevention Strategy in a Tertiary Cardiac Centre

Dr Gavin Robertson, Junior Clinical Fellow in Cardiology
Hammersmith Hospital Heart Assessment Centre, Imperial College Healthcare NHS Trust

NHS
Imperial College Healthcare
NHS Trust

Introduction

Regular consumption of alcohol above the recommended limit of 14 units per week[1], can increase the risk of cardiovascular disease[2]. Despite this, 24% of adults in England in 2022 drank in excess of 14 units per week[3].

Hammersmith Hospital Heart Assessment Centre (HAC) provides emergency care to those suspected of cardiovascular disease, including acute coronary syndrome, arrhythmias and heart failure.

This quality improvement project aimed to improve the screening of alcohol use, detection of 'problem drinking' (> 14 units of alcohol per week[1]), as well as the provision of brief alcohol advice for lower risk alcohol intake as part of a secondary prevention strategy for cardiovascular disease.

Methodology

Patients were audited pre- and post-intervention across two 30-day periods between April - June 2024 (Table 1). Those re-directed, self-discharged or who died were excluded.

Cycle of QIP	Patients Included	Patients Excluded
Pre-Intervention	157	41
Post-Intervention	172	39

Table 1: Number of patients audited pre- and post-intervention.

I communicated a change in practice to cardiology SHOs via email and posters, encouraging quantifiable alcohol histories. I also provided an alcohol advice template to be placed in patient's discharge summaries, advocating for lower risk alcohol consumption as a form of secondary prevention for cardiovascular disease, as recommended by NICE[4].

Results

There was an increase in patients screened for alcohol use following the intervention (Figure 1).

- Pre-intervention: 49.7% of patients were asked about alcohol intake
- Post-intervention: 61.6% of patients were asked about alcohol intake.

There was also an increase in quantifiable alcohol histories using units of alcohol, from 26% to 36%. This still left 64% of alcohol histories unquantifiable, using subjective terms (Figure 3), and none contained a completed AUDIT-C screen.

None the less, there was a 7-fold increase in identification of patients drinking more than 14 units of alcohol per week following the intervention, accounting for 4.7% of admissions. There was also a 2.7-fold increase in patients treated for alcohol withdrawal syndrome.

The provision of brief alcohol advice on lower risk drinking as a form of secondary prevention showed a 21-fold increase from 2.5% pre-intervention to 53.5% of patients post intervention (Figure 2).

Figure 1

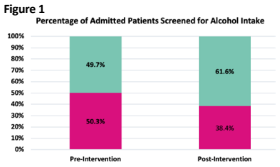

Figure 2

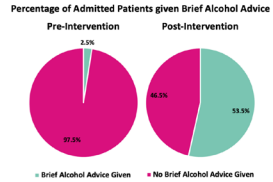

Figure 3

Figure 1: Percentage of patients admitted to HAC with Alcohol Screening
Figure 2: Percentage of patients admitted to HAC given Brief Alcohol Advice on discharge
Figure 3: Commonest subjective words used in alcohol histories for patients admitted to HAC.

Conclusion

By implementing these changes using a plan-do-study-act methodology, there was an increase in patients screened for alcohol intake on admission to HAC, with a higher proportion of histories containing measurable units. As such, a higher proportion of patients drinking more than 14 units a week were identified and more patients were treated for alcohol withdrawal syndrome. There was also a 21-fold increase in patients receiving brief alcohol advice on discharge.

Despite implementing these changes, 38.4% of admissions still had no alcohol histories taken, and of those histories that were taken, 64% still used subjective descriptors over measurable units (figure 3).

As a result, despite increased screening, we only detected 4.7% of patients drink more than 14 units of alcohol per week, far below the national average of 24%[3]. Therefore, we are still likely to be under-detecting patients drinking above recommended limits and at risk of future cardiovascular disease secondary to alcohol misuse.

In future, I plan to introduce a mandatory alcohol screening section and automatic generation of brief alcohol advice on patient discharge summaries. By screening more patients, we would improve detection of alcohol misuse and allow targeted provision of secondary prevention advice, and hopefully reduce the risk of future cardiovascular disease secondary to alcohol.

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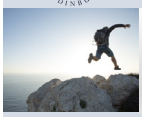
2nd Prize: Nina MacKenzie

THE UNIVERSITY of EDINBURGH

NHS Lothian



LEAP forwards: long term outcomes of a residential rehabilitation programme

N MacKenzie[1,2], D J Smith[1], S M Lawrie[1,2], A Rome[3], D McCartney[2]

BACKGROUND & AIMS

Harmful alcohol use causes a high burden of disease globally. Alcohol dependence affects 4% of the English adult population. In Scotland in 2022/23 there were 31,206 alcohol-related hospital admissions, and 1276 people died from alcohol-specific causes. Current UK alcohol treatment practice varies, with variable access to a range of treatment and services. Current NICE guidelines recommend abstinence as the appropriate goal for most people with alcohol dependence, and that all intervention outcomes should be routinely monitored. The Scottish Government is increasing capacity and improving access to abstinence-based residential rehabilitation, trying to reduce barriers to accessing rehab. The long-term impact of attendance at residential rehabilitation programmes is less frequently reported in the research literature.

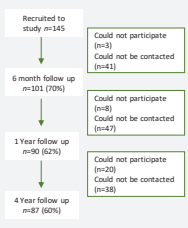
This project aimed to analyse and report outcomes up to 4 years after attendance at the Lothians and Edinburgh Abstinence Programme (LEAP). Outcomes are reported for seven subsections of the Addiction Severity Index-X (ASI-X), together with frequency of alcohol and heroin use, frequency of injecting drug use and rates of abstinence from substances of misuse.

SETTING

LEAP is a mixed-gender 12-week quasi-residential (treatment and accommodation are on different sites) drug and alcohol rehabilitation programme based on a therapeutic community model. It is a 3-month-long day programme consisting of psychosocial interventions delivered by a team of NHS Lothian staff. It consists of groups, meetings, duties, teaching and a focus on relationships and social roles within the community. There are 1-1 and group therapy sessions, using a blend of therapeutic techniques, including CBT. The community of patients and peer support workers act as an agent of change. Further additions to the LEAP model include physical and mental health assessment and care, housing and benefits support, family support, education, training and employability provision, aftercare for up to 2 years and assertive linkage to mutual aid before and during treatment.

DESIGN & SAMPLE

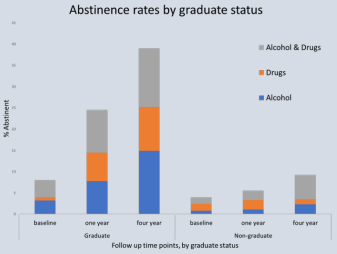
Longitudinal quantitative cohort study, including every patient admitted to the facility over the course of one year. 145 participants recruited, 87 followed up at 4 years. 71.7% male, median age 35. 46.9% of participants had problem alcohol and drug use, 31.7% had problem alcohol use only, and 21.4% had problem drug use only. Heroin was the most commonly used drug.



OUTCOME MEASURES

Semi structured interview and ASI-X on admission and at 1 year and 4 year follow up. Frequency of any alcohol use, frequency of heavy alcohol use (more than 21 units of alcohol per week on average), frequency of heroin use, frequency of injecting drug use and abstinence status over the previous 30 days.

Abstinence rates by graduate status



RESULTS

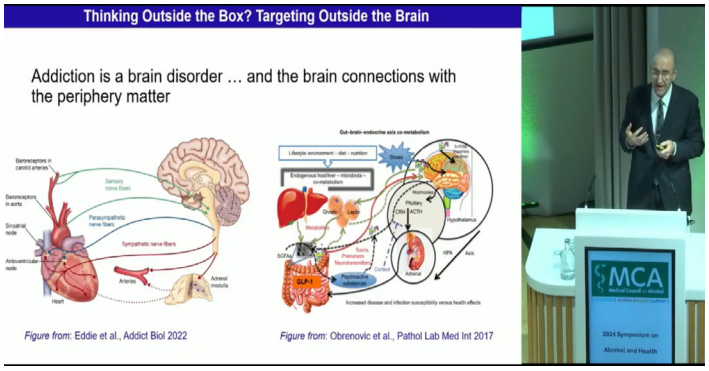
Significant improvement in most outcomes at 4 years, compared with admission scores, were found. Completing the programme was associated with greater rates of abstinence, reduced alcohol use and improvements in alcohol status score (Mann–Whitney U = 626, P = 0.013), work satisfaction score (U = 596, P = 0.016)
and psychiatric status score (U = 562, P = 0.007) on the ASI-X, in comparison with non-completion. Abstinence rates improved from 12% at baseline to 48% at 4 years, with the rate for those completing the programme increasing from 14.5% to 60.7% ($\chi 2(2, 87) = 9.738$, P = 0.002). Remaining abstinent from substances at follow-up was associated with better outcomes in the medical (U = 540, P < 0.001), psychiatric (U = 273.5, P < 0.001) and alcohol (U = 322.5, P < 0.001) subsections of the ASI-X.

CONCLUSION

Attending this rehab programme was associated with positive changes in psychological and social well-being and harm reduction from substance use at 4-year follow-up, with stability of change from years 1 to 4. Residential rehab has the capacity to reduce harms, promote recovery, change life trajectories and improve quality of life for individuals and their families. Promoting visible recovery in the community challenges stigma and offers hope to others.

Affiliations:
[1]Division of Psychiatry, Centre for Clinical Brain Sciences, University of Edinburgh;
[2]NHS Lothian, Edinburgh;
[3]Figure 8 Consultancy Services Ltd, Dundee.

MCA Annual Symposium on Alcohol & Health 27 November 2024



From left to right: Dr Ashwin Dhanda / Prof Claire Henderson / Dr Seonaid Anderson & Dr Hugo Jobst / Exhibitors Hall / Prof Julia Sinclair / Q&A Panel: Chair Prof Julia Sinclair, Prof Sir Ian Gilmore, Dr Nicola Kalk, Dr Ashwin Dhanda, Dr Danny Chambers MP / Max Glatt Lecture by Dr Lorenzo Leggio / Max Glatt Medal presentation to Dr Lorenzo Leggio by Prof Sir Ian Gilmore

Overleaf: Competition presentations by Dr Iain Smith / 1st prize Student Essay: Jessica Sinyor / 1st place QI Prize 2024: Gavin Robertson / 2nd place QI Prize 2024: Nina MacKenzie

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ESSAY COMPETITION

2025 MCA Legacy Essay Competition

No and Low Alcohol products - solution or contributor to alcohol-related harms?

The market for no and low alcohol products is growing rapidly. Given the harms caused by alcohol, is this a good thing and if so to what extent? You should consider what the evidence is for this relatively new development and look at the issue from a wide-ranging perspective, possibly including commercial imperatives, the conflation of no and low alcohol products into a single 'no/low' designation, the normalisation of alcohol, and relevant examples from other sectors such as the use of e-cigarettes.

2025
MCA Legacy Essay Competition

Entrants must be current medical students in the United Kingdom.

Entrants must submit a maximum 3,000 word essay referenced in the Vancouver style to address the topic. The word count does not include references, diagrams and tables.

Only single-authoured entries will be accepted.

The winning essays will receive:

1st Prize	**£750**
2nd Prize	**£500**
3rd Prize	**£300**

All winners will be invited to attend the MCA 2025 Annual Symposium and be awarded a certificate. The winning essay will be published in the MCA Annual Report.

Application

To apply go to our website: **m-c-a.org.uk/education** and upload your essay (MS Word format only).

You will need to include the following:

- **Full name**
- **University/Medical School**
- **Name of course and year of study**
- **Contact telephone number**
- **Contact e-mail**

Opening date:	**1 January 2025**
Closing date:	**1 May 2025**

What do we know about adults who combine smoking and at-risk drinking in England?

By Dr Claire Garnett, Research Fellow, School of Psychological Science, University of Bristol. First published by the Alcohol Health Alliance on 16 January 2024

In this blog, Dr Claire Garnett, talks us through her latest study looking at the prevalence and characteristics of adults in England who both smoke and drink alcohol at risky levels, the health impacts and the need for targeted support.

Smoking and drinking are major health concerns[1], impacting lives and creating health inequalities [2].

There are over 10 million adults in England who are at-risk drinkers [3]. This means that they are at risk of harm to their physical and mental health and may have negative social and financial consequences from their drinking. There are 5.3 million adults in England who are currently smoking [4] meaning they have a wide range of health risks including cancer and heart disease.

When combined, these behaviours increase a person's risk of poor mental health, heart conditions [5], and cancer [6]. While the number of people who smoke [7]and drink alcohol [8] is regularly reported in England, there is little known about the group who engage in both behaviours.

Despite the well-known risks, there's limited knowledge about how big this group of people who are both current smokers and at-risk drinkers is, and the sociodemographic and health characteristics of this group. This information is crucial for reducing health inequalities, especially as those who both drink heavily and smoke are often left out of smoke-free interventions.

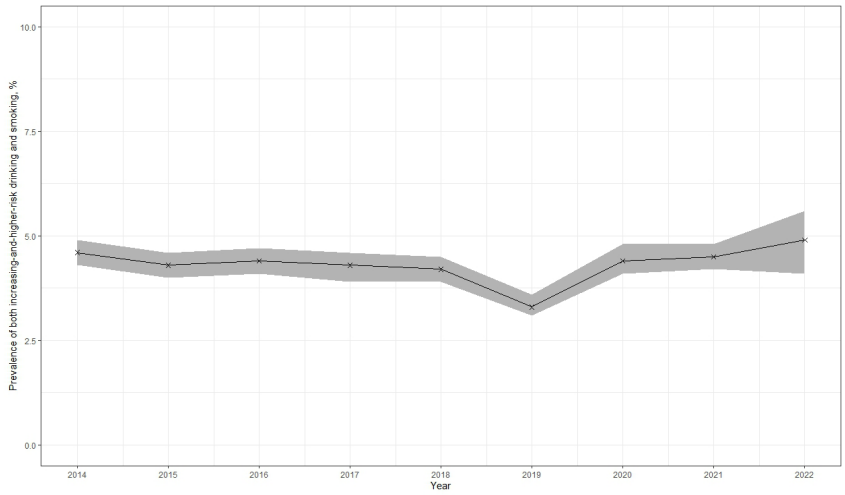
What we did

We conducted a study using data from over 150,000 adults in England from 2014 to 2022 [9]. This survey was representative of the national population and we used it to describe the number of adults who were both current smokers and at-risk drinkers, and to characterise their sociodemographic and health characteristics.

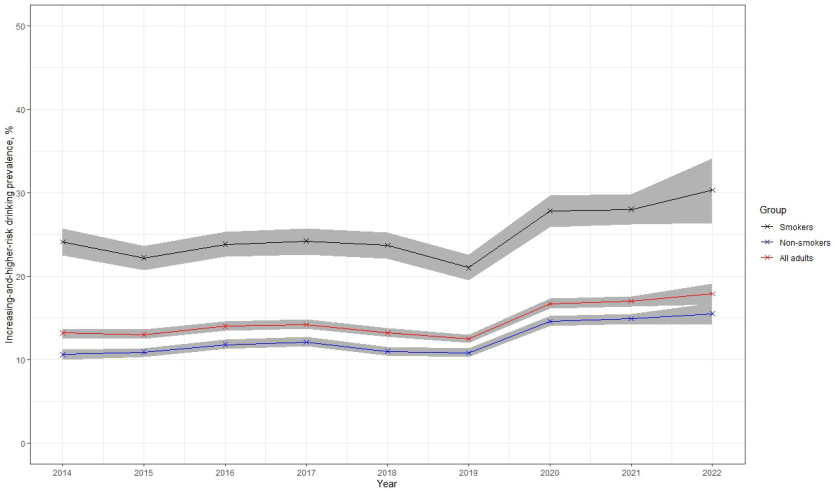
We also focused on the period since the start of the Covid-19 pandemic (April 2020 onwards) as we know that there has been a sustained rise in at-risk drinking [10], potentially leading to more people taking part in both smoking and at-risk drinking.

What we found

Since the start of the Covid-19 pandemic, 1 in 20 people (4.6%) in England engaged in both smoking and at-risk drinking, multiplying the risk of harm to their health. This is around 2 million people in England alone.



Smokers have been more likely to engage in at-risk drinking, rising from 21% in 2019 to 30% in 2022.



This group also had substantially higher rates of mental health conditions, compared with adults who neither smoke nor drink at-risk. About half reported experiencing psychological distress in the last month (49%), and been diagnosed since the age of 16 with a mental health condition (45%), drug use or dependence (7%), alcohol dependence (7%), or problems with gambling (1.3%).

Around half of this group were trying to cut down on smoking, though only around a quarter were doing so for their drinking. A quarter had received advice from their GP on their smoking but only 9% had received this advice for their drinking. People who were both smokers and at-risk drinkers were less likely to be trying to cut down on their drinking or smoking than those who only engaged in one of the behaviours (either smoking or at-risk drinking, but not both).

People who both engaged in smoking and at-risk drinking, compared with those who did neither, were more likely to be younger, male, white and have a higher level of education qualifications.

What does this mean?

People who engaged in smoking and at-risk drinking have higher rates of having been diagnosed with a mental health disorder compared with those who do not. This means they are less likely to be success-

ful at quitting smoking [11], and either the individual or their health care practitioner may not prioritise quitting smoking, and this is concerning.

The need for targeted support

Given the high rates of smoking among at-risk drinkers, and vice versa, this study shows that there is a substantial group of people who engage in both smoking and at-risk drinking who are a priority group for targeted support. This group is not just dealing with the physical health risks of both smoking and at-risk drinking such as cancer, stoke and heart disease, but also higher rates of mental health conditions.

We need a coherent, targeted approach to supporting this group with their smoking, drinking and mental health. This could involve linking the support for their smoking, drinking and mental health. For example, targeting all behaviours in a single intervention or always following one type of intervention with the other so that people are given support for all of these behaviours. Or could involve always assessing and treating smoking, drinking and mental health regardless of which brings someone to a healthcare professional. By ensuring a targeted, coherent approach to support, we can improve the outcomes of successfully addressing their smoking and/or drinking and significantly reduce the health risks within this group.

The full study is available to read here: https://www.sciencedirect.com/science/article/pii/S0306460323003234

Funding: This study was funded by Cancer Research UK and the National Institute for Health and Care Research.

Written by Dr Claire Garnett, Research Fellow, School of Psychological Science, University of Bristol

@ClaireVGarnett / @BristolUniPsych

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2 St Andrews Place, London, NW1 4LB
T: 07842 244944
E: contact@m-c-a.org.uk
www.m-c-a.org.co.uk

MCA London
@mca_med