



DRY JANUARY®

Evaluation of Dry January 2019

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Summary

The popularity of Dry January is growing: in 2019 82,000 people registered via the website or mobile phone application, and it is estimated that four million people attempt to have a Dry January without registering via the website. Previous studies of Dry January registrants have indicated that participation is associated with beneficial changes in well-being, confidence in managing temptation or pressure to drink, and actual alcohol intake. These benefits have been found to be greater among people who stay dry during January than among people who have a partially-dry January.

However, previous research has not explored these changes in the general population. In particular, previous studies have shown that many DJ participants drink less in August than they did before Dry January; but clearly 'before Dry January' is December, a month in which people may be drinking more than usual: we do not know whether the drop in drinking from December to August is related to Dry January, or is part of a seasonal variation in the general population.

Second, previous research has not compared the cohort who do the "official" Dry January - signing up to the campaign and receiving the campaign support - with those who undertake an unofficial, unsupported Dry January.

Two key aims of the research reported here, therefore, were

- 1) to determine whether the beneficial changes observed in previous studies of Dry January participants were unique to that group, and not also observed in people not attempting to stay dry
- 2) to determine whether the benefits of Dry January are experienced equally by those who do the supported version and the unsupported version (in which case, the fact of going dry for January is the key driver of change), or whether those who sign up receive more benefit (in which case, the support is an essential element in the change process).

The research involved surveys of Dry January registrants and parallel surveys of the general population. Self-completed online questionnaires were completed by a total sample of 7148 people in late December 2018 and early January 2019 (at the start of Dry January), 3564 people at the end of Dry January (1-month follow-up), and 2741 people 6 months after the end of Dry January (6-month follow-up). The general population sample contained a sub-sample of those who had undertaken their own, unsupported Dry January, as well as those who had not.

Key findings are summarized below, framed as responses to the main evaluation questions.

Why do people do Dry January? What might motivate more to become or remain involved?

Participants' most commonly cited reasons for taking part in Dry January were to have a break from alcohol, to improve health, and to prove something to themselves. Fundraising was the least important reason for taking part, and fundraising was not related to saying dry during January.

Among people undertaking an "unofficial" Dry January, the two most commonly cited reasons for not registering indicated that people felt that they could, take on the challenge unaided.

Among people who did not want to try to have a Dry January, the most common reasons reflected people's belief that there was no need to change their drinking behaviour: "I do not have a problem with my drinking" and "I am not interested in changing my alcohol use".

How positive is the user experience of the campaign

The sources of support that were most commonly used and perceived as most useful were the website, supportive emails, and the app. Very few participants used support from sources outside of Dry January.

What are the key causal factors behind participants experiencing a successful Dry January? and What are the effects of taking part?

Two-thirds (64%) of people who tried to stay dry during January were successful in doing so. Staying completely dry during January was predicted by: female gender; higher education; higher income; better physical health at baseline; starting Dry January more concerned about the health effects of their drinking; and having a higher AUDIT-C score at baseline.

Among people who were completely dry, 59% reported reduced alcohol intake, 49% reported increased control over their drinking, and 43% reported better mental well-being, and 32% reported better physical health at 6-month follow-up.

Although not drinking at all during Dry January may seem the most obvious way to measure success, it is also important to note that another important marker of success is whether participants feel more in control of their drinking. It is therefore important to note that the vast majority of people who tried not to drink during January reported having more control over their drinking in the one-month follow-up questionnaire: 81% of those who were abstinent in January felt more in control, and 67% of those who partially abstinent felt more in control. People were also more likely to experience increases in control if they had registered for Dry January, if in the baseline questionnaire they reported drinking more, having lower DRSE, and feeling more concerned about their drinking.

Background

In the past decade, organisations in several countries around the world have established campaigns in which people are challenged to give up alcohol for one month. Alcohol Concern first ran Dry January in 2013. Its popularity is growing: the number of people who register via the website or mobile phone application to do Dry January increased from just over 4,000 in 2013 to nearly 60,000 in 2016 (de Visser et al., 2017), and over 80,000 in 2019. Additional evidence indicates that even more people attempt to have a Dry January without registering via the website (de Visser et al., 2017).

Previous surveys of Dry January participants have shown that most report completing the challenge, and that staying completely dry during January is accompanied by greater confidence in being able to refuse alcohol, and that these changes help to explain why staying completely dry during January is linked to lower levels of alcohol intake 6 months later (de Visser et al., 2016). These surveys have also revealed that 'rebound effects' (i.e., drinking more after a period of temporary abstinence) are uncommon, and are much less likely than sustained reductions in alcohol intake (de Visser et al., 2016). Evidence from small-scale physiological studies indicates that not drinking alcohol for a month conveys numerous physiological benefits (Coghlan, 2014; Mehta et al., 2018; Munsterman et al., 2018). Past surveys of Dry January participants have revealed that participation is linked to improvements in general well-being (de Visser et al., 2018).

Completion of abstinence challenges - defined here as not drinking alcohol for one month - is predicted by the characteristics of individual drinkers such as Drink Refusal Self-Efficacy (DRSE), which reflects feelings of control over being able to refuse alcohol (Young et al., 1991). People with greater DRSE are more likely to complete abstinence challenges, and participants in Dry January experience increases in DRSE (de Visser et al., 2016).

In addition to considering individual characteristics, it is important to consider the influence of the social settings in which people undertake Dry January. Social support can help people to change their behaviour (Bauld et al., 2009; Olander et al., 2013). Over the years, the Dry January team has increased the type and amount of support given to participants via the website, email, app, and social media. It is important to determine which elements of this support participants consider to be most helpful.

Although past research has measured successful completion of abstinence challenges as a binary measure of staying dry (or not) for a month, it is also important to explore the effects of periods of abstinence of less than one month. Furthermore, given that a key aim of Dry January is to help people feel more in control of their drinking, it is also important to consider using a greater sense of control as an outcome measure.

Evaluation methods

The research reported here is based on surveys of two samples of adult drinkers. A sample of Dry January registrants was recruited by inviting people to complete an online questionnaire at the time of registering via the website or mobile telephone application. A sample of members of the general population was recruited by an independent social research company. Both samples completed online baseline questionnaires over a 10-day period ending on 5 January 2019. They were then emailed links to follow-up online questionnaires in the first week of February 2019 (1-month follow-up) and in the first week of August 2019 (6-month follow-up).

The overall sample sizes were: 6148 at baseline; 3564 at 1-month follow-up; and 2741 at 6-month follow-up. Participants in the general population sample who tried to have a dry month and had registered for Dry January were re-coded as Dry January participants. As a result, the Dry January sample sizes were:

	3171 at baseline
	1342 at 1-month follow-up
	1158 at 6-month follow-up.

General population sample sizes were:

2977 at baseline
2222 at 1-month follow-up
1583 at 6-month follow-up.

In addition to demographic variables, questionnaires assessed concerns about various aspect of alcohol intake, and previous experience of temporary abstinence. Participants who attempted to have a dry January reported their reasons for taking part, whether they were taking part with others, and their plans for alcohol consumption after January. Participants who were not trying to stay dry in January answered questions about reasons for not considering taking part.

The key outcome variables of interest were:

- Scores on the WHO Alcohol Use Disorders Identification Test (AUDIT-C: Babor et al., 2010)
- Drink Refusal Self-Efficacy scale (DRSE: Young et al., 1991)
- Self-reported physical health
- Warwick-Edinburgh Mental Well-Being Scale (Stewart-Brown et al., 2011)

Participants' reports of various aspects of well-being were also assessed at all three time points to allow comparisons between those who did not try to stay dry, those who were partially dry, and those who were completely dry during January.

Only 46% of the original sample completed the 6-month follow-up, and completion of the 6-month follow-up was significantly related to age, gender, ethnicity, education, WEMWBS scores, concern about the health effects of drinking and control over drinking, AUDIT-C scores, and DRSE. Thus, data were weighted for likelihood of completing the follow-up.

In the analyses, the "tried to have a dry January" group includes the sample of Dry January registrants plus members of the general population sample who reported that they tried to complete a dry month during Dry January: 85% of those in the combined samples who tried to have a dry month registered for Dry January. This group is compared to the members of the general population who did not attempt a dry month. Where relevant, the "official" participants in Dry January are compared to those who made an unsupported attempt at being abstinent.

Results

Compared to the general population, Dry January participants were: more likely to be female; younger; more likely to have completed university education; and had higher incomes (Table 1). They were also heavier drinkers; had less DRSE; and were more concerned about the health effects of their drinking and their control over their drinking. They had better self-rated physical health, but poorer psychological well-being.

Table 1 Profile of all survey participants

		Dry January		Population
		Registered	Unsupported	
Sex	Female	82.0%	50.6%	51.0%
	Male	17.9%	49.4%	49.0%
	Other	0.1%	0.0%	0.0%
Age		45.2 ^a	46.8 ^a	49.8 ^b
Ethnicity	White	96.5%	86.3%	93.1%
	Mixed / Multiple	1.0%	0.8%	1.7%
	Asian British	1.1%	10.8%	3.4%
	Black British	0.5%	2.0%	1.6%
	Other	0.9%	0.0%	0.2%
Education	up to GCSE	22.6%	34.9%	37.2%
	A level	18.4%	29.7%	25.0%
	university	48.9%	35.3%	37.8%
	other	9.0%	0.0%	0.0%
Income	up to £30000	24.6%	47.4%	42.6%
	£30000 - £60000	38.1%	37.1%	39.4%
	£60000 - £90000	20.9%	9.9%	12.3%
	over £90,000	16.3%	5.6%	5.1%
AUDIT-C score	(range = 0 - 12)	9.1 ^a	5.1 ^b	5.7 ^c
AUDIT category	lower risk	10.0%	48.0%	53.8%
	increasing risk	42.3%	28.0%	33.2%
	higher risk	19.1%	10.8%	6.9%
	possibly dependent	27.8%	13.2%	6.1%
DRSE		4.14 ^a	5.22 ^b	5.28 ^b
Concern about drinking: ^a	health effects	6.84 ^a	5.25 ^b	4.47 ^c
	control	5.68 ^a	4.71 ^b	3.72 ^c
Physical health ^b		3.26 ^a	3.02 ^b	2.93 ^c
WEMWBS: well being ^b		3.35 ^a	3.45 ^b	3.46 ^b

notes: a - 10-point scale; b - 5-point scale; c - 7-point scale; d - 12-point scale
 red figures denote significantly higher values in Dry January sample
 green figures denote lower values in Dry January sample

1: User motivation and non-user motivation

Table 2 lists responses to the question “How important was each of the following reasons for your decision not to drink during January?” in order of decreasing importance. The most important reason was to have a break from drinking, with health reasons and proving something being given similar importance. Of the 10 reasons suggested to participants, only two had mean importance ratings below the scale mid-point of 5: saving money, and charity/fundraising. It is notable that “official” participants in Dry January gave these reasons significantly lower ratings than did people making an unsupported attempt. In contrast, for all others reasons, Dry January registrants gave significantly higher ratings.

Table 2 Reasons for taking attempting a dry January

Reason	Unsupported	Registered
To have a break from drinking	6.43	8.91
To improve my health	6.79	8.48
To prove to myself that I can do it	6.25	8.48
To lose weight	6.13	7.61
To have more energy	6.14	7.49
To improve my sleep	5.98	7.24
To gain more control over my drinking	5.03	7.21
To improve my concentration	5.94	6.53
To save money	5.87	4.44
For charity	4.30	1.90

Table 3 displays characteristics of respondents who tried to have a Dry January that relate to registration for Dry January. Approximately two-thirds of Dry January survey respondents had participated in Dry January at least once in the past. Those who registered for Dry January were more likely to have participated in the past.

Approximately one-third of participants decided to attempt a Dry January within one week of taking on the challenge, just under one-third of the sample had been considering taking part for at least one month. Those who registered for Dry January were less likely to have planned a dry January for more than 6 months.

Around one-quarter of participants reported that they intended Dry January to be the start of them becoming abstinent. Just under three-quarters intended to resume drinking alcohol, but at lower intake levels. Those who attempted a dry January unsupported were significantly more likely to have intended to use their month of abstinence to initiate longer-term abstinence, whereas Dry January registrants were more likely to intend to drink again, but at lower intake levels.

Just under half of respondents participated in Dry January alone. Among those taking part with other people, the most common companions were spouses/partners. Respondents who undertook a dry January without registering were more likely than Dry January registrants to be attempting a month of abstinence on their own.

Table 3 Approach to taking part in Dry January

	Unsupported	Registered
Previous attempts at Dry January?		
none	29.6%	33.2%
1-3	34.8%	23.8%
4+	35.6%	43.0%
How long had you thought about doing Dry January?		
less than 1 week	34.1%	36.1%
2-4 weeks	28.8%	35.7%
1-6 months	11.2%	16.9%
more than 6 months	25.9%	11.3%
Plans for after Dry January		
Stop drinking	46.5%	21.1%
Drink less	39.4%	75.8%
No change	13.5%	3.1%
Drink more	0.6%	0.1%
Dry January with ...?*		
nobody	67.4.5%	44.0%
spouse / partner	21.0%	31.3%
friend(s)	12.2%	16.4%
other family	3.7%	12.4%
work colleague(s)	1.2%	7.7%

Reflecting on the lower portion of Table 1, it should be noted that Dry January registrants were heavy drinkers in relative terms when compared to the general population, and also in absolute terms: AUDIT scores suggested that 43% were drinking at risky levels (compared to 13% of the general population).

In the baseline survey, respondents from the general population survey who were not contemplating a “Dry January” were asked to identify barriers to having a month without alcohol. Their responses in Table 4 indicate that the most common reasons reflected people’s belief that there was no need to change their drinking behaviour.

Table 4 Reasons for not considering Dry January

Reason	Proportion
I do not have a problem with my drinking	61.7%
I am not interested in changing my alcohol use	39.3%
I think there are better ways to change my drinking	10.0%
I could not manage to have a month without alcohol	7.2%
I am worried about what people would say	1.5%

Respondents from the general population sample who had not registered for Dry January but who indicated in the baseline questionnaire that they were intending not to drink during January answered the question “How interested are you in registering to take part in Dry January?” using a scale ranging from 0 = “not at all” to 10 = “extremely”. Responses ranged from 1 to 10, 60% had a score above the mid-point of 5, and the mean interest score was 6.0. These data indicate that many people who try to have a Dry January could be potential “official” registrants.

The data in Table 5 list reasons for not registering to take part in order of decreasing frequency. The two most commonly cited reasons were that people wanted to, or felt that they could, take on the challenge without support. However, some of the other reasons given were indicative of a lack of knowledge of the “official” version of Dry January run by Alcohol Change UK.

Table 5 Reasons for not registering for Dry January among those taking part “unofficially”

Reason	Proportion
I don’t think I need the support	31.8%
I want to see if I can do it myself	25.0%
I did not know that there was an official version to register with	21.8%
I do not want to sign up	21.6%
I do not know what the benefits of registering are	19.8%
I assumed it was about fundraising	16.1%
I do not want to give personal details	15.0%
I do not know how to register	13.7%
I thought that I would have to pay to register	10.4%

2: User experiences

Among respondents who tried not to drink alcohol during January, 64% reported staying Dry. Those who registered for “Dry January” were significantly more likely to stay dry: 70% of Dry January registrants were abstinent from alcohol during dry January, but only 36% of those who did not register were abstinent.

Dry January registrants used a 10-point scale to indicate how helpful each of various sources of support was for them. The data in Table 6 indicate that the most helpful sources of support were. They show that the three most useful sources of support were the website, the supportive emails, and the app. The data also show that people found support provided by and through Dry January to be considerably more helpful than other sources of support and other abstinence campaigns. Very few participants used support from sources outside of Dry January.

Table 6 Use and usefulness of sources of support during Dry January (scores out of 10)

Source of support	% used	Mean Score	
		all	users
Dry January website / blog	92.5%	5.23	5.60
Dry January emails	85.5%	6.17	7.23
Dry January app	74.7%	6.27	8.48
Media coverage of Dry January	45.4%	2.27	4.84
Dry January Facebook groups	27.3%	1.96	6.55
Dry January social media	26.4%	1.81	6.83
Drinkaware website	21.4%	1.41	6.47
NHS website	16.4%	1.03	6.22
"Try Dry" book	11.4%	0.83	7.31
Club Soda	11.3%	0.75	6.61
Dryathlon	8.4%	0.57	6.81
One Year No Beer (OYNB)	9.1%	0.57	5.85
GP or other health professional	7.9%	0.52	6.25
Smart Recovery	5.8%	0.42	7.83
Alcoholics Anonymous	5.8%	0.41	6.78

As indicated in Table 3, at the time of registering for Dry January: 47% of “unofficial” participants in Dry January registrants intended to stop drinking, 39% intended to drink less, 14% intended to drink the same amount, and fewer than 1% intended to drink more. At the end of Dry January, 23% intended to stop drinking, 45% intended to drink less, 29% intended to drink the same amount, and 3% intended to drink more. Over half (57%) had the same intention - stop drinking, drink less, or drink the same amount as before Dry January- whereas 24% shifted from intending to stop drinking to drinking less or drinking at the same as before Dry January, and fewer than 1% changed to an intention to drink more.

As indicated in Table 3, at the time of registering for Dry January: 21% of registrants intended to stop drinking, 76% intended to drink less, 3% intended to drink the same amount, and fewer than 1% intended to drink more. At the end of Dry January, 13% intended to stop drinking, 83% intended to drink less, 2% intended to drink the same amount, and fewer than 1% intended to drink more. Three-quarters (76%) had the same intention - stop drinking, drink less, or drink the same amount as before Dry January - 13% initially intended to stop drinking, but now intended to drink less or return to previous levels of intake. Fewer than 1% changed to an intention to drink more.

3: Campaign impact

The data in Table 7 show that completion of a dry January conveyed benefits that were less likely to be observed among people who had a partially-dry January or people who did not try to have a dry January. For each variable a change of 10% was considered to be a marker of a significant change. The data relate to all participants who tried to abstain from alcohol, and take into account whether people registered for the “official” Dry January. Registration for Dry January was associated with a greater likelihood of experiencing each of the benefits listed.

People who completed a dry January were significantly more likely than others to have a reduction in their AUDIT-C score of at least 10%. They were also significantly more likely than those who were partially dry or those who did not try to stay dry to have increases of at least 10% in Drink-Refusal Self-Efficacy, physical health, or mental well-being. It is notable that people who registered for Dry January but were only partially dry were more likely to report improvements in DRSE and well-being than were people who were completely dry but not register for Dry January. This indicated the value of the support provided by Dry January.

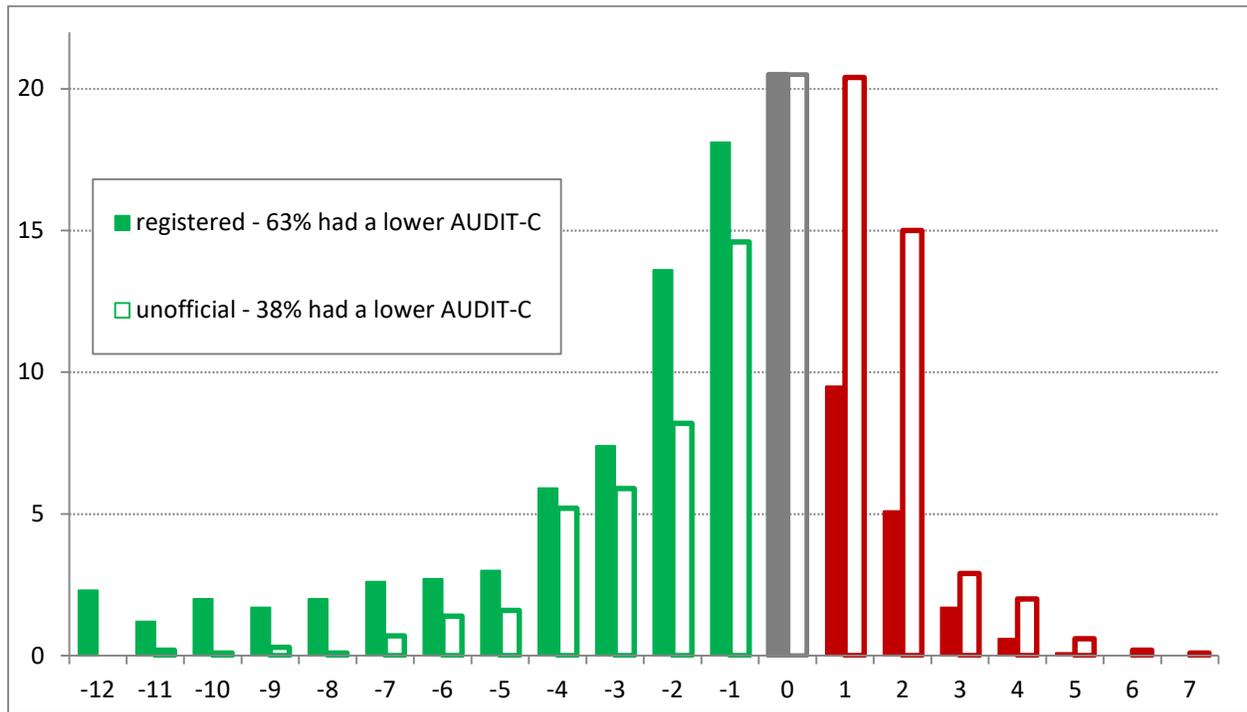
Table 7 Changes in key outcomes variables between baseline and 6-month follow-up

	no attempt (n = 1012)	Dry January?			
		unsupported		registered	
		partially (n = 199)	completely (n = 113)	partially (n = 428)	completely (n = 990)
10+% reduction in AUDIT-C					
no	64.3%	68.3%	41.0%	53.3%	41.0%
yes	35.7%	31.7%	58.4%	46.7%	59.0%
10+% increase in DRSE					
no	78.1%	74.4%	75.2%	55.6%	48.7%
yes	21.9%	25.6%	24.8%	44.4%	51.3%
10+% increase in health					
no	82.0%	82.4%	75.2%	74.8%	67.3%
yes	18.0%	17.6%	24.8%	25.2%	32.7%
10+% increase in WEMWBS					
no	77.3%	75.4%	83.2%	61.0%	54.1%
yes	22.7%	24.6%	16.8%	39.0%	45.9%

The data in Figure 1 show the proportions of respondents reporting various changes in AUDIT-C scores between baseline and 6-month follow-up. The data show that the majority (51%) of Dry January registrants reported a reduction in their AUDIT-C scores, 20% reported no change, and 17% reported increases. When considering the increases in AUDIT-C scores, it should be noted that the most common changes were very small, and only 2.4% of Dry January registrants reported an increase of 3 or more points.

Among people who did an “unofficial” dry January just over one-third (38%) reported a reduction in their AUDIT-C scores, 21% reported no change, and 41% reported increases in AUDIT-C scores.

Figure 1 Changes in AUDIT-C scores between baseline and 6-month follow-up



The data in Table 8 compare self-ratings of various aspects of well-being between three groups across the three time points (as in the Figures above). The green text indicates scores at 1-month or 6-month follow-up that were significantly greater than the baseline scores.

The data show virtually no change in any measure for the members of the general population who did not try to have a Dry January. Nor were there significant changes among people who attempted to complete a dry January without registering for the official campaign. In contrast, ratings of sleep quality, energy levels, and concentration were all significantly higher at 1-month follow-up and 6-month follow-up among people who registered for Dry January, with larger and/or sustained changes observed among those who stayed completely dry.

Table 8 Self-ratings of domains of well-being and alcohol intake during January

Self-rating of ...	Dry January?	Survey			
		baseline	1-month follow-up	6-month follow-up	
Sleep	No attempt	2.60	2.61	2.60	
	Non-registered	partially dry	2.63	2.58	2.64
		completely dry	2.74	2.87	2.87
	Registered	partially dry	2.49	2.80	2.73
		completely dry	2.39	2.89	2.83
Energy	No attempt	2.63	2.66	2.64	
	Non-registered	partially dry	2.61	2.66	2.70
		completely dry	2.91	3.07	3.04
	Registered	partially dry	2.56	2.87	2.85
		completely dry	2.48	3.00	3.01
Concentration	No attempt	3.11	3.12	3.08	
	Non-registered	partially dry	3.17	3.14	3.14
		completely dry	3.32	3.41	3.25
	Registered	partially dry	2.65	2.96	2.96
		completely dry	2.70	3.17	3.19

Table 9 displays analyses conducted to identify variables that were correlates of remaining dry during January. This table compares those who were partially dry, and those who were completely dry, regardless of whether they registered for the “official” Dry January. Staying completely dry was significantly related to:

- being female;
- having completed university education;
- having a higher income;
- reporting better physical health at baseline;
- being more concerned about the health effects of their drinking at baseline; and
- having a higher AUDIT-C score at baseline.

Staying dry was not significantly related to age, ethnicity, mental well-being, concern about control over drinking, or DRSE.

Table 9 Correlates of staying completely dry (v partially dry) during January

	Dry January?	
	partially (n = 627)	completely (n = 1103)
Age	45.5	45.3
Gender		
female	34.5%	65.5%
male	41.9%	58.1%
Ethnicity		
non-white	44.9%	55.1%
white	35.7%	64.3%
University education		
no	39.2%	60.8%
yes	32.9%	67.1%
Income ^a	5.22	5.89
Self-rated physical health ^b	3.13	3.29
WEMWBS: well being ^b	3.35	3.38
Concern - health effects of drinking ^a	6.41	6.71
- control over drinking ^a	5.40	5.62
AUDIT-C ^c	7.61	8.98
Drink-refusal Self-efficacy (DRSE) ^d	4.35	4.27

notes: a - 10-point scale; b - 5-point scale; c - 12-point scale; d - 7-point scale

Table 10 displays data relating to how people’s approaches to having a dry January were related to whether they remained abstinent. Staying completely dry was significantly related to:

- considering registering for Dry January for more than one week, but less than 6 months;
- planning to drink less after Dry January;
- having registered for Dry January via the website or app.

Staying dry was not significantly related to the number of previous attempts of Dry January, or doing Dry January with another person.

Table 10 Correlates of staying partially or completely dry during January

	Dry January?	
	partially (n = 627)	completely (n = 1103)
Previous attempts at Dry January?		
none	37.3%	62.7%
1-3	39.6%	60.4%
4+	36.3%	63.7%
Thought about doing Dry January for ...?		
less than 1 week	36.5%	63.1%
2-4 weeks	30.6%	69.4%
1-6 months	31.9%	68.1%
more than 6 months	43.2%	56.8%
Plans for after Dry January?		
Stop drinking	39.7%	60.3%
Drink less	32.2%	67.8%
No change	44.9%	55.1%
Drink more	100.0%	0.0%
Registered for Dry January?		
no	63.8%	36.2%
yes	30.2%	69.8%
Attempted a “Dry January” with another?		
no	34.5%	65.5%
yes	38.5%	61.5%

Given the importance of registration status, subsequent analyses separate out those who did and did not register for Dry January.

Table 11 displays the associations between three variables - reasons for trying not to drink during January, Dry January registration status, and staying partially- or completely dry. Figures in red are significantly different from figures in green, and figures in black are not significantly different from the red or green figures. It can be seen that among those who were completely dry during January, there were few differences in motives between those who registered and those who did not. However, those who were only partially dry, those who registered for the “official” Dry January and those who did not had significantly different patterns of motives.

Table 11 Reasons for attempting to have a dry January

	Unsupported		Registered	
	partially (n = 199)	completely (n = 113)	partially (n = 428)	completely (n = 990)
Reasons for taking part (10-point scale)				
To have a break from drinking	5.72	8.31	8.93	8.91
To improve my health	6.20	8.39	8.51	8.47
To prove to myself that I can do it	5.71	8.04	8.63	8.42
To lose weight	5.52	7.71	7.68	7.59
To have more energy	5.65	7.39	7.61	7.43
To improve my sleep	5.58	6.96	7.31	7.21
To gain more control over my drinking	4.36	6.68	7.50	7.08
To improve my concentration	5.55	6.76	6.63	6.49
To save money	5.41	6.98	4.82	4.27
For charity	4.14	4.38	1.63	2.01

When the whole sample was examined - whether registered or not registered for the “official” Dry January - people were significantly more likely to stay completely dry if they gave greater importance to taking part to:

- have a break from drinking,
- improve their health,
- prove to themselves that they could do it, or
- lose weight;
- and if they gave less importance to taking part to save money

It is notable that the reasons that were more important for all participants were also the reasons that distinguished between those who did and those who did not complete the challenge.

Figures 2 to 5 display data from people who registered for Dry January and completed all three questionnaires. They display changes in physical health, changes in psychological well-being, changes in DRSE, and changes in AUDIT-C scores. The solid lines denote sub-groups of participants who tried to abstain from alcohol, regardless of whether they registered for the “official” Dry January. The dashed line denotes scores for people who did not try to abstain from alcohol during January.

Changes toward healthier outcomes, beliefs, or behaviours were most likely among people who had a completely- or nearly Dry January, and somewhat less likely among people who stayed dry for shorter periods. Among people who did not attempt Dry January, there were no obvious changes between baseline and 1-month follow-up or 6-month follow-up. The absence of changes in the general population suggests that the observed beneficial changes are a consequence of participation in Dry January.

Figure 2 Change in self-reported health

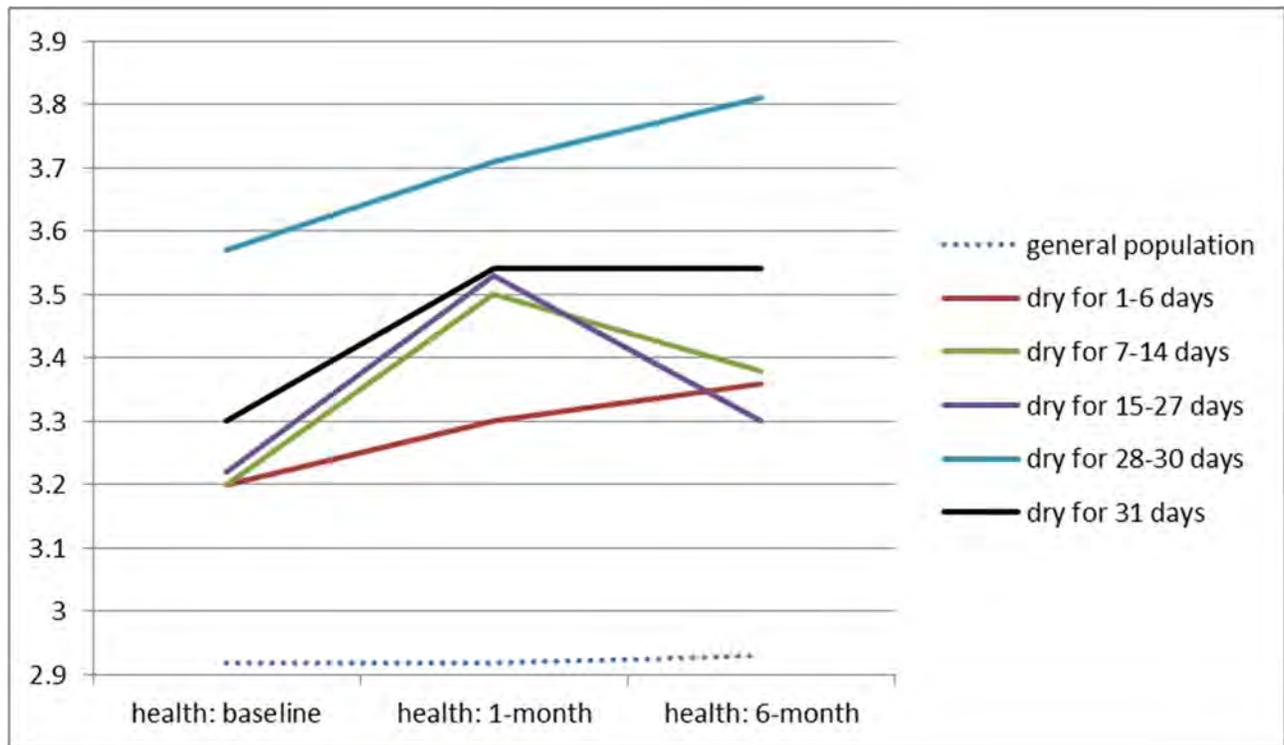


Figure 3 Change in mental well-being (WEMEBS)

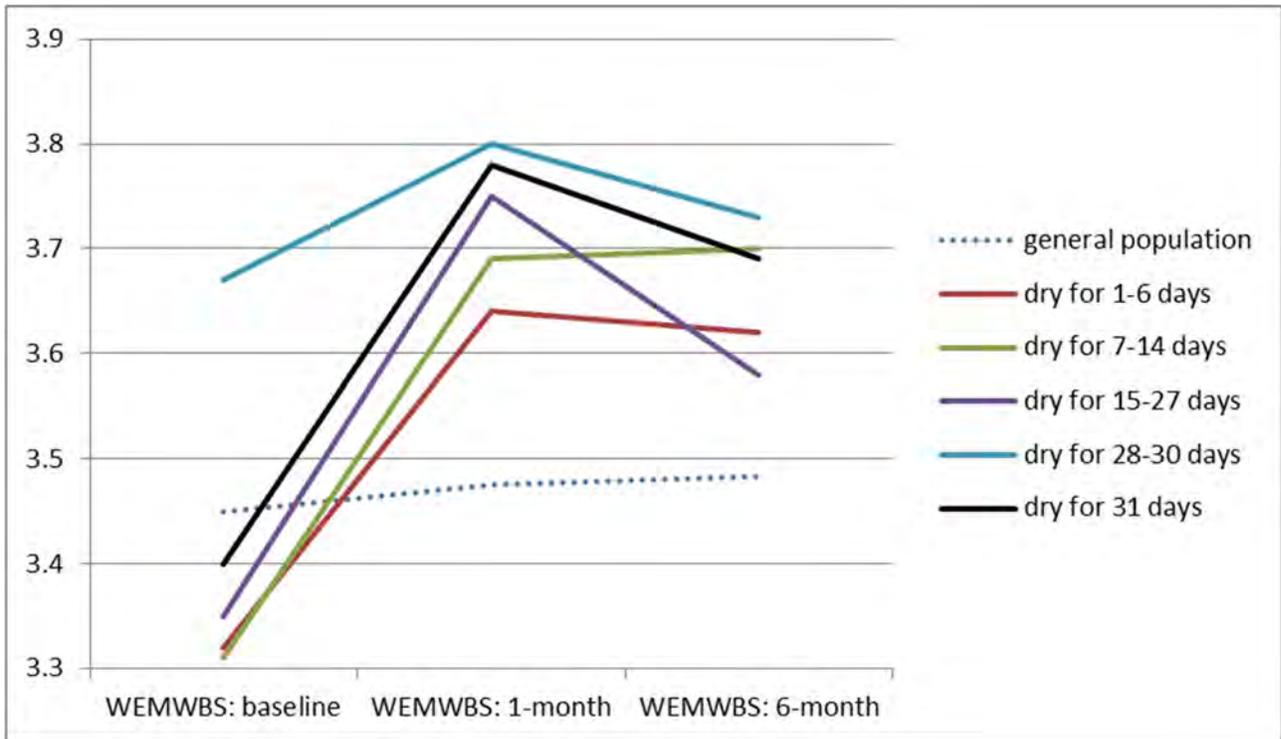


Figure 4 Change in drink-refusal self-efficacy (DRSE)

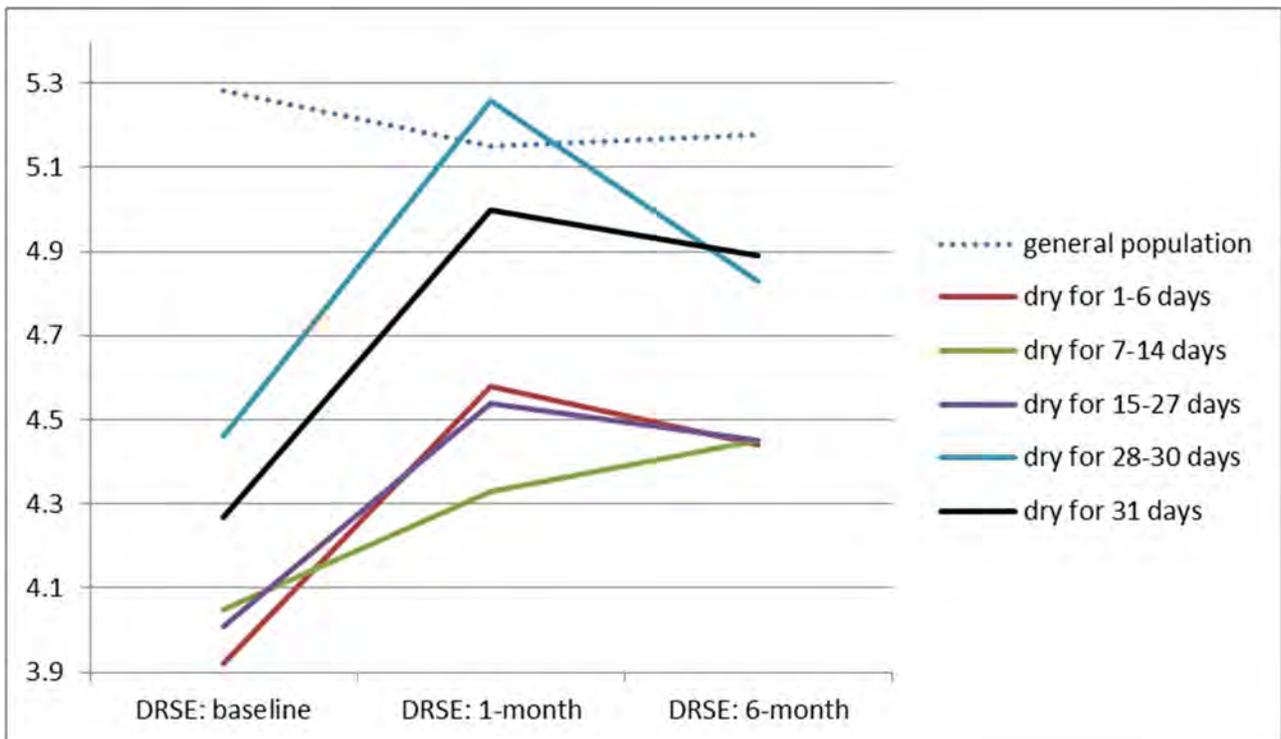
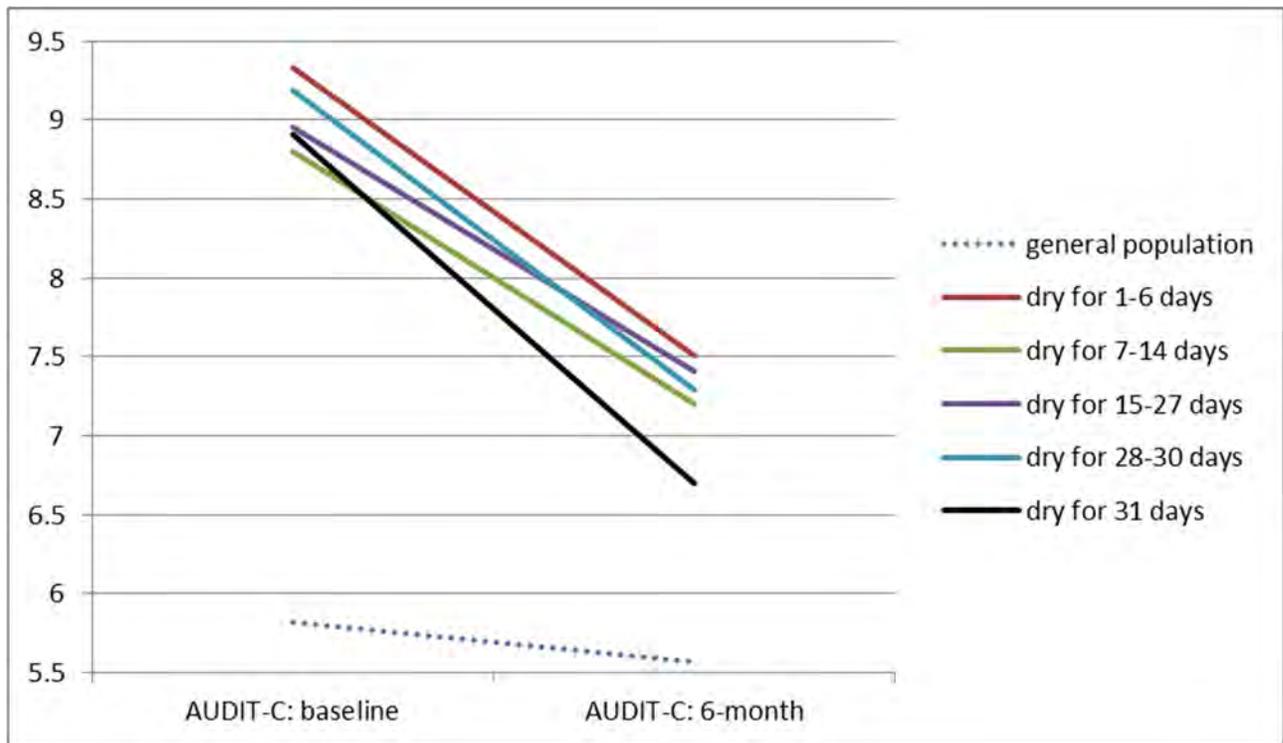


Figure 5 Change in AUDIT-C measure of alcohol consumption



Participants who tried to have a dry January - officially or unofficially - used a 7-point scale ranging from “Disagree very strongly” to “Agree very strongly” to indicate whether they had experience various benefits of not drinking. Scores of five and above were taken to indicate that the benefit had been experienced. Table 12 lists the benefits in order of decreasing frequency for those who managed to stay dry during January, and also notes the mean score for each benefit. The majority of respondents who completed a Dry January reported each of the benefits listed, and those who completed the month without drinking had significantly higher scores for each of the benefits.

It is notable that although saving money was one of the least important motives for taking part in Dry January, it was one of the most common benefits. In contrast, better health and weight loss were strong motives for taking part, but were less likely to be experienced than other benefits.

Table 12 Benefits associated with taking part in Dry January among Dry January registrants

	Partially dry		Completely dry		All registrants	
	Benefit	Mean	Benefit	Mean	Benefit	Mean
I proved to myself that I could do it	62.9%	4.80	94.0%	6.23	86.6%	5.89
I have saved money	77.0%	5.28	88.8%	5.54	84.4%	5.48
I have more control over my drinking	69.3%	4.93	83.9%	5.54	80.4%	5.39
My sleep quality has improved	65.6%	4.73	74.0%	5.09	71.9%	5.01
I have more energy	52.4%	4.50	69.6%	4.94	65.6%	4.84
My concentration levels are better	49.4%	4.51	68.8%	4.90	64.3%	4.81
My general health has improved	52.7%	4.57	66.1%	4.84	62.9%	4.78
I have lost weight	42.9%	4.17	54.9%	4.44	52.0%	4.37

It is also notable that a majority of those who did not manage to stay dry during January reported saving money, proving something to themselves, having more control over their drinking, and having better sleep.

Given that a key aim of Dry January is to help people feel more in control of their drinking, it is also important to consider using a greater sense of control as an outcome measure. The analyses in Table 13 only include people who registered for Dry January. However, it should be noted that compared to those who did not register, people who registered for Dry January were significantly more likely to report feeling more in control of their drinking.

The data show that reporting feeling more in control of drinking was more likely among participants who: had made a previous attempt at having a dry January; completed a dry month in 2019. Feeling more in control was not significantly related to attempting a dry January with another person.

Reports of feeling more in control over drinking were more likely to be made by people who at baseline:

- were more concerned about the health effects of their drinking;
- were more concerned about their control over their drinking
- had higher AUDIT-C scores
- had less DRSE

Table 13 Correlates of feeling more in control over drinking after attempting a dry January

	More control?	
	no	yes
Previous attempt at a dry January?		
no	15.9%	84.1%
yes	21.5%	78.5%
Attempted a dry January with another?		
no	20.2%	79.8%
yes	19.9%	81.1%
Dry days in January		
1-6	33.3%	66.7%
7-14	25.0%	75.0%
15-27 months	20.0%	80.0%
28-30	34.8%	65.2%
Completely dry	15.6	84.4%
Self-rated physical health ^b	3.25	3.28
WEMWBS: well being ^b	3.36	3.39
Concern - health effects of drinking ^a	6.47	6.90
- control over drinking ^a	5.09	5.90
AUDIT-C ^c	8.51	9.16
Drink-refusal Self-efficacy (DRSE) ^d	4.48	4.09

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