July 2025

Men's Health Strategy

Alcohol Change UK is the leading UK charity working to reduce alcohol harm. **We are not anti-alcohol. We are anti-alcohol harm.** Our vision is a society free from alcohol harm, delivered through five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We focus on evidence and compassion.

We produce research, deliver the incredible Dry January® challenge as part of the year-round behaviour change programme: Try Dry®, provide leading edge training to public-facing professionals including on our award-winning Blue Light approach, provide independent information to the public, and share our expertise with Governments to help them to improve the nation's health and wealth.

We welcome the opportunity to provide a response to the Department of Health & Social Care's call for evidence to inform the development of a Men's Health Strategy for England.

Men's health topics

There are many topics that relate to men's health, either directly or indirectly. Which of the below topics, if any, do you think it is most important for the Men's Health Strategy to consider?

- Access to services
- Alcohol
- Inequalities
- Mental health (including stress and anxiety)
- Substance misuse

Understanding and identifying areas where we can improve support for healthier behaviours

Please upload your contribution of data, research and other reports relevant to this topic of men's health: understanding and identifying areas where we can improve support for healthier behaviours.

We are particularly interested in:

- *your insight into the factors driving behaviours posing a risk to health among men and boys*
- *your suggestions as to how to improve health-positive behaviours among men and boys*
- *any gaps in research and evidence*

Please draw upon sex-related health inequalities in your response where possible.

Alcohol and health

Alcohol is one of the biggest issues facing men's health – particularly in our more deprived regions. Alcohol impacts our health and wellbeing in many different ways, from causing headaches, sleepless nights, and feeling "off" the next day, to an increased risk of more serious long-term health conditions like increased blood pressure, cholesterol and cancer. Alcohol is a causal factor in more than 200 different diseases and injuries.[1] But while alcohol harm impacts so many of us, it affects men and women differently. Researchers have identified alcohol as one of the causes of the higher relative mortality of men.[2] This partly relates to the dominant role of chronic diseases in mortality, which now play a more significant role than infectious diseases.[3] [4]

The "Alcohol harm across the drinking spectrum" research report, commissioned by Alcohol Change UK and carried out by the Behavioural Insights Team, shows links between alcohol consumption and a wide range of health issues, even when people are drinking within the Chief Medical Officers' recommended 'low risk' drinking guidelines, and more so among men.[5] Deaths from alcohol are higher among men, and have been rising since the pandemic.[6] Men are also more likely to die because of liver disease,[7] and death by suicide among men who have experienced alcohol harm is also high.[8]

Alcohol use is one of the most important preventable risk factors for cancer.[9] Alcohol has been classified as a Group 1 carcinogen, and even small amounts of alcohol increase the risk of developing cancer.[10] In the UK, 4% of cancer cases were linked to alcohol consumption, equating to 16,800 cases.[11] Among men, alcohol is the fourth-largest contributor to cancer in 2022 in England.[12] Alcohol is causally linked with seven cancers, including mouth, throat, oesophagus, liver, and colon, which are more common among men than women.[13]

Alcohol-related health inequalities

Alcohol can cause problems across the social scale. Alcohol harm is disproportionately greater among more marginalised social groups, despite these groups tending to drink less

than those in higher income groups.[14] This 'alcohol harm paradox' does not have a single causal explanation. Scientists are still investigating the reasons for this inequality in harm. However, we do know that wider factors intersect with and compound the impacts of alcohol on health. These wider factors include poverty, insecure employment, poor housing, increased stress, discrimination, barriers to treatment and healthcare, and more co-occurring risk behaviours such as smoking and poor nutrition,[15] [16] [17] as well as more polarised drinking patterns, meaning higher rates of non-drinkers and people drinking at harmful levels.[18]

For example, in England in 2022, 69% of people living in the most deprived areas drank alcohol, compared to 85% of people living in the least deprived areas. However, in England in 2023, people in the most deprived areas were more than 3 times more likely to die solely due to alcohol compared to people in the least deprived areas.[19]

Men and alcohol

Alcohol consumption plays a central role in socialising for many different cultural groups of men and is often used as a symbol of masculinity.[20] Men's drinking practices are shaped by the norms and expectations in different social contexts (such as on a night out,[21] or in football subcultures),[22] the physical elements in a situation (such as the drinks themselves, the places in which they are consumed), and the knowledge and skills available (as individuals and as groups).[23] The relationship between masculinities and alcohol is also shaped by other social factors, including age, social class and ethnicity.[24] [25] Men's drinking practices also need to be understood in the context of the marketing, sale and regulation of alcohol, including rules about where and how alcohol can be sold and consumed.[26] The normalisation of drinking as part of masculinities requires a holistic approach to alcohol policy to reduce harm. This means reducing the affordability, availability, and marketing of alcohol and ensuring that support and treatment is properly funded and accessible to men across all social groups.

From past to present, research suggests men drink more alcohol than women. In the latest NHS Health Survey for England, men were twice as likely to have exceeded 14 units of alcohol in the last week (32% of men, versus 15% of women).[27] In addition, a greater proportion of men than women fall into the highest risk category (above 50 units for men and 35 units for women per week): 6% of men were in this higher risk group, compared to 4% of women.[28]

Given that men are more likely to drink and to do so at levels above the recommended low-risk guidelines, it is unsurprising that men also experience more alcohol harm. In the UK in 2023, the rate of alcohol-specific deaths for males remained around double the rate for females, with 21.9 and 10.3 deaths per 100,000 people, respectively, consistent with previous years.[29] In 2023/24, men were three times more likely to be hospitalised because of alcohol-related conditions, with 2,837 and 935 admission episodes for men and women, respectively.[30]

In England in 2023, the rate of potential years of life lost for males was more than double the number for females, at a rate of 1,246 and 533 per 100,000 population respectively,

and this gap has been consistent since 2016.[31] The rate of working years of life lost for males is more than double the number for females, at a rate of 492 and 199 per 100,000 population respectively, and this gap has been consistent since 2016.[32]

Additionally, it is worth considering other behaviour risk factors men engage with more than women, such as smoking, gambling, and unhealthy eating, as all risk factors compound each other, worsening outcomes. 14% of men smoke cigarettes compared to 11% of women;[33] of the 50% of adults that have gambled in the past year, 55% were men;[34] and men are less likely to eat fruit and vegetables, and more likely to exceed red and processed meat guidelines, than women.[35]

Age differences

Age is a big factor in how much men drink. Currently, men aged 65-74 and 75+ are consuming much more alcohol than before.[36] This is important because as we age, alcohol impacts us more, particularly if we have long-term health conditions. This means that even low-level alcohol consumption takes its toll. What's more, older men appear to be drinking more at all levels of consumption than in the past.

Among almost all age groups of men, and especially since the pandemic, we can see evidence that the heaviest drinkers seem to be drinking more.[37] The mean (average) units consumed among 16–24-year-olds was falling until the pandemic but has since risen – at the same time as a sharp rise in non-drinkers. This implies that heavier drinkers are driving this, which is highly concerning.

Health Survey for England data also tells us that even though young people are less likely to drink than any other age group, when they do drink, consumption on their heaviest drinking day tends to be higher than other ages.[38] Therefore, it would be a huge mistake to focus the strategy only on older men – we need to tackle alcohol harm across the spectrum, and among all age groups.

Factors driving behaviours

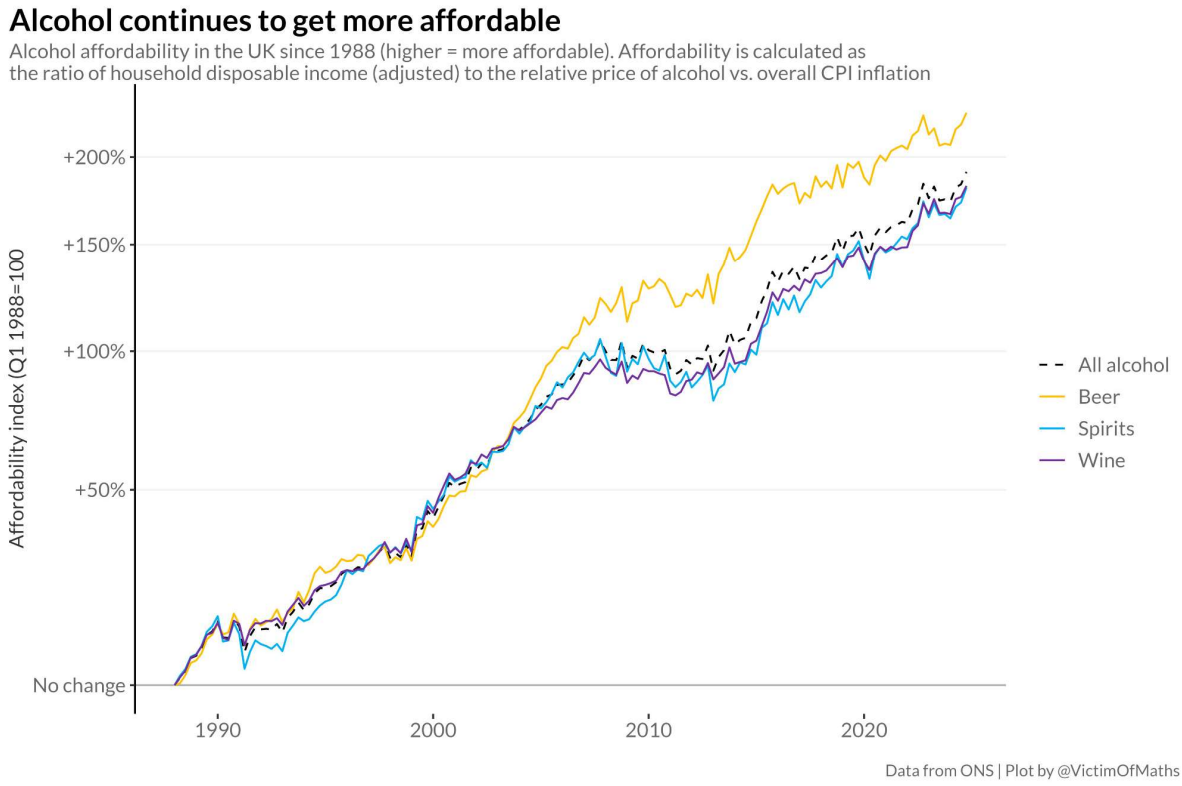
The alcohol industry has a vested interest in selling more alcohol, and uses marketing, pricing strategies, and widespread availability to encourage the consumption of alcohol. This is why the three most effective and cost-effective ways to reduce alcohol harm are to increase its price, restrict its marketing, and reduce its availability.[39]

Price

International evidence shows that, broadly, when alcohol is more affordable, more is consumed; when alcohol becomes less affordable, less is consumed.[40] The price of alcohol is directly linked to alcohol harm – when alcohol is more affordable, harm increases. Cheaper alcohol leads to an increase in consumption, which increases harm at both an individual and population level.[41] To put this in context, it currently costs just £5.20 to buy 18.8 units of alcohol in England,[42] almost five units more than the maximum level UK Chief Medical Officers recommend consuming in a week.

According to NHS Digital, alcohol has become 28% more affordable since 2013, based on affordability of alcohol index.[43] Between 2013 and 2023 the price of alcohol increased by 28%, based on the alcohol price index. However, this doesn't tell the whole story. When inflation is taken into account, the price of alcohol actually *decreased* by 14% relative to retail prices, based on the alcohol price index relative to retail price index. Disposable income per adult increased by 10% over the same period.

Alcohol was around three times as affordable in 2024 as it was in 1988.[44]



Marketing

Alcohol marketing involves all the activities that companies use to place alcohol centre stage and persuade us to drink their products – including price, packaging, and placement (e.g. within stores), not just advertising. The alcohol industry spends billions of pounds every year marketing their products and brands. Alcohol marketing promotes products and brands through physical and online adverts, notifications on our phones, extensive sponsorship, product placement in film, TV and influencer videos, and special offers in shops and pubs.

There is evidence from across the world that exposure to alcohol marketing is associated with alcohol consumption and riskier drinking.[45] Children and young people frequently see alcohol adverts,[46] which leads them to start drinking alcohol earlier and to drink more if they are already drinking.[47] People who are trying not to drink can find themselves bombarded with alcohol marketing, which can trigger cravings and relapse.[48]

Availability

The availability of alcohol is associated with harm. Where alcohol is more easily accessible, it is more likely to be consumed in higher quantities. Greater availability is related to higher levels of hospitalisations, alcohol-related disorder and violence, and deaths caused by alcohol.[49] [50] [51]

In the UK, most alcohol is purchased from off-trade outlets (shops, supermarkets, delivery warehouses etc) or on-trade venues (pubs, bars and other venues where people consume alcohol). It can be difficult to disentangle the impacts of on-trade and off-trade availability on harm, because they are part of a complex system, which includes people consuming alcohol across the off-trade and on-trade on the same day (such as drinking at home before a night out, or drinking at a family meal and going to the pub with friends afterwards).[52]

The analysis of the impact of alcohol outlets on harm in specific local areas is also complicated by the fact that harm does not always show up where alcohol was purchased or consumed. Large supermarkets and online alcohol delivery retailers can have wide catchment areas,[53] and people travel to on-trade venues, particularly those in city-centres.

Chronic health harms caused by alcohol can take many years to emerge. However, despite these complexities, there is nevertheless consistent evidence internationally that the more available alcohol is, the greater the harm it causes.[54]

Recommendations to improve outcomes

Alcohol-related harm isn't inevitable, and the solutions are right in front of us. Our environment can be improved so that whenever we want to make a positive change to our relationship with alcohol, we are supported and not hindered: with more accurate information about risks from alcohol consumption, better protection from efforts to get us to drink more, and improved access to independent, evidence-based support.

Too often, public health campaigns, tend to attract more women than men, so there is a real need to meet men where they are at already, deliver support which actually works for them and breaks down the cultural and social barriers that, at least in part, alcohol companies have helped to build up over many years.

Although our individual decisions are important, the world around us also has an impact on our behaviours, including how much and how often we drink alcohol. Slick advertising tactics from alcohol companies can make it seem like alcohol is 'essential' and alcohol labels don't give us all the facts about the products we're consuming.

The government should introduce preventative policies to reduce the affordability, availability, and marketing of alcohol, to make our environment less alcogenic, shift the spotlight away from alcohol, and reduce people's consumption. We need tighter restrictions on alcohol marketing and proper regulation of alcohol labelling. Alcohol companies are not telling people the whole truth about the products they sell. Introducing mandatory health statements on alcohol labels would help increase people's awareness

of the harms linked to alcohol so that they can make educated decisions about their health.[55] [56] We were pleased to see a commitment to this in the 10 year health plan and look forward to engaging with the government on this issue. Our licensing laws need to be updated for the 21st century, now that we can order alcohol for delivery at the click of a button. And we need to tackle the sale of cheap, strong alcohol by introducing MUP in England. In Scotland, evidence suggests the introduction of MUP led to a reductions in deaths and alcohol-specific hospitalisations among men and people living in the most deprived areas.[57]

Improving outcomes for health conditions that typically, disproportionately or differently affect men

Please upload your contribution of data, research and other reports relevant to this topic of men's health: improving outcomes for health conditions that typically, disproportionately or differently affect men.
We are particularly interested in:

- *your suggestions for improving health outcomes for men and boys, such as on mental health and suicide prevention, cancer and cardiovascular disease*
- *your views as to what extent services in these areas are currently meeting the needs of men*
- *your suggestions as to how services for health conditions that affect men can be improved to better meet their needs*
- *any gaps in data or evidence on these areas*

Please draw upon sex-related health inequalities in your response where possible.

Alcohol both causes and contributes to mental health issues, and alcohol dependence often co-occurs with other mental and physical health conditions. Men are less likely than women to seek and receive help for mental health problems and this plays a role in the use of substances, such as alcohol, as a coping mechanism.[58] Alcohol use worsens mental health problems such as depression, self-harm, and suicide.[59] Those with an alcohol dependency are 2.5 times more likely to die by suicide than the general population, and nearly half of all patients under the care of mental health services who die by suicide have a history of alcohol use.[60]

There appears to be inconsistency between national policy and local practice when it comes to accessing care for people with co-occurring needs around alcohol and mental health. In a survey carried out by the Samaritans, many people felt that healthcare services struggled to understand the complex and personal relationships between alcohol and suicide, processes that ultimately excluded them from the support they needed.[61] People described using alcohol as part of suicide attempts, and some experienced not being taken seriously or being dismissed by healthcare staff because they had used alcohol.[62]

A 2018 report co-authored by the Institute of Alcohol Studies and the Centre for Mental Health recommends that local suicide prevention plans should include action to address the links between alcohol misuse, deliberate self harm, and deaths by suicide.[63]

Our response to the question on “Understanding and identifying areas where we can improve support for healthier behaviours” includes our recommendations to improve on these health outcomes.

Men’s access, engagement and experience of the health service

Please upload your contribution of data, research and other reports relevant to this topic of men’s health: improving men’s access, engagement and experience of the health service.

We are particularly interested in:

- *examples of solutions that have improved men’s engagement and experience of healthcare services*
- *recommendations for how healthcare services can improve how they engage men and the experience they offer*
- *any gaps in data or evidence*

Please draw upon sex-related health inequalities in your response where possible. Do not include any personal information in your response.

Alcohol treatment services

Men are more likely than women to be in contact with alcohol treatment services. In England in 2023/24, there were 94,173 people in contact with services for alcohol treatment only. 56,429 (59.9%) were male and 37,744 (40.1%) were female.[64] There were an additional 42,198 people in contact with services for non-opiate and alcohol treatment. 30,101 (71.3%) were male and 12,097 (28.7%) were female.[65]

Until 2020/21, an estimated 82% of adults dependent on alcohol in England were not receiving the treatment they needed.[66] Investment in drug and alcohol services since the ‘Harm to Hope’ strategy in 2021 has begun to have a positive impact, with increasing numbers accessing treatment. However, there are still an estimated 78% of adults with alcohol dependence whose need for treatment is not being met.

Treatment services can intervene to offer advice and support to people drinking at harmful levels before their consumption reaches dependency. Additionally, treatment for alcohol dependence can prevent other alcohol-related health conditions and harms from developing or worsening.

Alcohol Change UK is calling on the UK Government to:

1. **Invest and expand treatment services to save lives by addressing rising alcohol deaths.** Increasing the public health grants to 2015/16 levels, will improve access to high-quality, community-based alcohol treatment services.

2. **Provide local authorities and treatment providers with three-year budget transparency**. This will encourage local authorities to prioritise alcohol treatment services as a core responsibility. Stable, sustainable funding for community alcohol treatment and support services will allow them to always be accessible, especially for people of all identities and demographics.

3. **Ensure the 20 areas receiving extra funding to cut waiting lists have strong Alcohol Care Teams (ACTs) in hospitals and Alcohol Assertive Outreach Teams (AAOTs) in the community.** ACTs support patients during hospital stays, while AAOTs provide long-term help to high-risk individuals, reducing repeat admissions. Research shows AAOTs cut hospital stays by nearly two-thirds and emergency visits by three-fifths.

4. **Include a specific focus on alcohol in Government's plans to devolve health and work powers to regions, to maximise the impact of local support.** This can reduce health harms while improving employment and productivity.

The "Blue Light" approach

Older, middle-aged men are the main client of Alcohol Change UK's "Blue Light" approach.[67] The manual sets out the very real social, psychological, and emotional barriers that people with chronic alcohol dependency and serious, multiple unmet needs face. The impact of poor sleep, depression, cognitive damage, and liver disease, among other conditions, will mean that their ability to manage themselves is severely impaired.

Our Blue Light approach has trained practitioners across the UK in our structured, effective interventions. The approach is built around a mixture of assertive outreach, multi-agency management, and innovative harm reduction techniques. We also support local authorities to roll out the Blue Light approach locally, embedding it and the key component of multi-agency working into local services.

For example, in Northumberland, the North East Ambulance Service has credited the Blue Light approach with reducing ambulance callouts. Sandwell, in the West Midlands, saved £150,000 in public money in just one year. An evaluation of The Buckinghamshire Blue Light Project showed that the approach reduced police crime reports, reduced police welfare referrals/calls and demonstrated an indicative return on investment of between £4 and £5.70 for every £1 spent.[68]

The second edition of the Blue Light Manual will be published this year and will be freely available on our website. It has been updated with learning from the past 10 years, features case studies from areas which have embedded this way of working, and updates the language and terminology used.

References

[1] World Health Organisation (2018). *Fact sheets: alcohol.*

[2] Zhao, E. and Crimmins, E. M. (2022). Mortality and morbidity in ageing men: Biology, Lifestyle and Environment. *Reviews in Endocrine and Metabolic Disorders, 23*(6), pp. 1285-1304.
[3] DHSC (2023). *Major conditions strategy: case for change and our strategic framework.*
[4] Zhao, E. and Crimmins, E. M. (2022). Mortality and morbidity in ageing men: Biology, Lifestyle and Environment. *Reviews in Endocrine and Metabolic Disorders, 23*(6), pp. 1285-1304.
[5] Behavioural Insights Team (2025). *Alcohol Harm Across the Drinking Spectrum.*
[6] Office for National Statistics (2025). *Alcohol-specific deaths in the UK.*
[7] British Liver Trust (n.d.). *Liver disease in numbers – key facts and statistics.*
[8] Conner, K. (2019). Suicidal Behavior: Links Between Alcohol Use Disorder and Acute Use of Alcohol. *Alcohol Research: Current Reviews, 40*(1). https://doi.org/10.35946/arcr.v40.1.02
[9] American Cancer Society (2025). *Alcohol use and cancer*. [Accessed 02 July 2025]
[10] World Health Organisation (2023). *No level of alcohol consumption is safe for our health.*
[11] Rumgay, H. et al (2021). Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. *The Lancet Oncology*. 22(8): p.1071-1080.
[12] Office for Health Improvement & Disparities (n.d.). Local Alcohol Profiles for England - Hospital admissions due to alcohol. [Accessed 02 July 2025]
[13] Rehm, J. et al. (2020). Alcohol consumption. A leading risk factor for cancer. *Chemico-Biological Interactions*, 331.
[14] Boyd, J., Sexton, O., Angus, C. Meier, P., Purshouse, R.C. and Holmes, J. (2022). Causal mechanisms proposed for the alcohol harm paradox—a systematic review. *Addiction* 117(1): 33-56
[15] Bellis, M.A., Hughes, K., Nicholls, J., Sheron, N., Gilmore, I. and Jones, L. (2016). The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals *BMC Public Health* 16(111).
[16] Institute of Alcohol Studies (2020). *Alcohol and health inequalities.*
[17] Liverpool John Moores University (2015). *Understanding the alcohol harm paradox.*
[18] Lewer, D., Meier, P., Beard, E., Boniface, S. and Kaner, E. (2016). Unravelling the alcohol harm paradox: a population-based study of social gradients across very heavy drinking thresholds. *BMC Public Health,* 16.
[19] Office for National Statistics (2025). *Alcohol-specific deaths in the UK.*
[20] Roberts, S., Ralph, B., Elliott, K., Robards, B., Savic, M., Lindsay, J., O'Brien, K. and Lubman, D. I. (2019) Exploring men's risky drinking cultures (for VicHealth). *Victorian Health Promotion Foundation, Melbourne, Australia.*
[21] Hennell, K., Limmer, M. and Piacentini, M (2022) A 'Proper Night Out': A Practice Theory Exploration of Gendered Drinking *Sociological Research Online* 28(2)
[22] Bandura, C.T., Giulianotti, R., Martin, J.G., Bancroft, A., Morrow, S., Hunt, K. and Purves, R.I. (2023) Alcohol consumption among UK football supporters: investigating the contested field of the football carnivalesque *Drugs: Education, Prevention and Policy* 31(4): 431-442
[23] Roberts, S., Ralph, B., Elliott, K., Robards, B., Savic, M., Lindsay, J., O'Brien, K. and Lubman, D. I. (2019) Exploring men's risky drinking cultures (for VicHealth). *Victorian Health Promotion Foundation, Melbourne, Australia.*
[24] Hunt, G. and Antin, T. (2019) Gender and Intoxication: From Masculinity to Intersectionality *Drugs (Abingdon Engl)* 26(1): 70-78
[25] Condon, L., Hargreaves, S.C., Barry, D., Curejova, J., Morgan, D.L., Worrall, S., Celik, F. and Price, M. (2023) *Telling our own stories: an exploratory study of alcohol use and harm by people who identify as Roma, Gypsies and Travellers* Alcohol Change UK
[26] Bandura, C.T., Giulianotti, R., Martin, J.G., Bancroft, A., Morrow, S., Hunt, K. and Purves, R.I. (2023) Alcohol consumption among UK football supporters: investigating the contested field of the football carnivalesque *Drugs: Education, Prevention and Policy* 31(4): 431-442
[27] NHS England (2024). *Health Survey for England, 2022 Part 1: Data tables.*
[28] NHS England (2024). *Health Survey for England, 2022 Part 1: Data tables.*
[29] Office for National Statistics (2025). *Alcohol-specific deaths in the UK.*
[30] Office for Health Improvement & Disparities (n.d.). Local Alcohol Profiles for England - Hospital admissions due to alcohol. [Accessed 03 July 2025]
[31] Office for Health Improvement & Disparities (2025). *Alcohol profile: short statistical commentary, February 2025.* [Accessed 03 July 2025]
[32] Office for Health Improvement & Disparities (2025). *Alcohol profile: short statistical commentary, February 2025.* [Accessed 03 July 2025]
[33] NHS England (2024). *Health Survey for England, 2022 Part 1: Adults' health-related behaviours.*
[34] NHS Digital (2023). *Health Survey for England, 2021 Part 2: Gambling behaviour.*
[35] NHS Digital (2019). *Statistics on Obesity, Physical Activity and Diet, England, 2019.*
[36] NHS England (2024). *Health Survey for England, 2022 Part 1: Data tables. Adult drinking tables.*
[37] NHS England (2024). *Health Survey for England, 2022 Part 1: Data tables. Adult drinking tables.*
[38] NHS England (2024). *Health Survey for England, 2022 Part 1: Data tables. Adult drinking tables.*

[39] World Health Organization (2024). *Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed.*
[40] Public Health England (2016). *The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies.*
[41] Sharma, A., Sinha, K. and Vandenberg, B. (2017). Pricing as a means of controlling alcohol consumption. *British Medical Bulletin 123*(1), pp. 149-158.
[42] Iceland Foods Ltd. (n.d.). *Frosty Jack's Cider* [Accessed 02 July 2025].
[43] NHS Digital (2024). *Statistics on Public health, England 2023.*
[44] Angus, C. (2025). BlueSky thread on alcohol affordability.
[45] Critchlow, N. and Moodie, C. (2022). Awareness of alcohol marketing one year after initial implementation of Ireland's Public Health (Alcohol) Act and during the COVID-19 pandemic. *Journal of Public Health* 44(4), e.537 – e.547.
[46] Critchlow N, MacKintosh AM, Thomas C, et al. (2019) Awareness of alcohol marketing, ownership of alcohol branded merchandise, and the association with alcohol consumption, higher risk drinking, and drinking susceptibility in adolescents and young adults: a cross-sectional survey in the UK. *BMJ Open 9*(3).
[47] Sargent, J. D., and Babor, T. F. (2020). The relationship between exposure to alcohol marketing and underage drinking is causal. *Journal of Studies on Alcohol and Drugs, Supplement, s19*, pp. 113-124.
[48] Witteman, J., Post, H., Tarvainen, M., de Bruijn, A., De Sousa Fernandes Perna, E., Ramaekers, J. G., Wiers, R. W. (2015). Cue reactivity and its relation to craving and relapse in alcohol dependence: a combined laboratory and field study. *Psychopharmacology, 232*(20), pp. 3685-3696.
[49] Babor, T.F., and others, (2023). *Alcohol: No Ordinary Commodity: Research and public policy, 3rd edn.* Oxford: Oxford University Press.
[50] Maheswaran, R., Green, M.A., Strong, M., Brindley, P., Angus, C. and Holmes, J. (2018). Alcohol outlet density and alcohol related hospital admissions in England: a national small-area level ecological study. *Addiction 113*(11).
[51] Lightowlers, C. and Bryant, L. (2023). Off-trade alcohol availability and violence: Assessing the impact of on-trade outlet closures. *Institute of Alcohol Studies.*
[52] Holmes, J., Sasso, A., John Holmes, Hernández Alava, M., Borges Neves, R., Stevely, A.K., Warde, A. and Meier, P.S. (2024). How is alcohol consumption and heavy episodic drinking spread across different types of drinking occasion in Great Britain: An event-level latent class analysis International. *Journal of Drug Policy, 127,* 104414.
[53] Babor, T.F., and others, (2023). *Alcohol: No Ordinary Commodity: Research and public policy, 3rd edn.* Oxford: Oxford University Press.
[54] Babor, T.F., and others, (2023). *Alcohol: No Ordinary Commodity: Research and public policy, 3rd edn.* Oxford: Oxford University Press.
[55] WHO Regional Office for Europe (2020). *Alcohol and cancer in the WHO European region: an appeal for better prevention.*
[56] Hobin, E. et al. (2022). Enhanced Alcohol Container Labels: A Systematic Review. *Canadian Centre on Substance Use and Addiction.*
[57] Public Health Scotland (2023). *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report A synthesis of the evidence.*
[58] Smith DT, Mouzon DM, Elliott M (2018). Reviewing the Assumptions About Men's Mental Health: An Exploration of the Gender Binary. *American Journal on Men's Health, 12*(1), pp.7-89.
[59] Royal College of Psychiatrists (2021). *Alcohol and depression.*
[60] Darvishi, N. et al. (2015). Alcohol-Related Risk of Suicidal Ideation, Suicide Attempt, and Completed Suicide: A Meta-Analysis. *PLOS ONE*, *10*(5).
[61] Samaritans (2022). *Insights from experience: alcohol and suicide.*
[62] Samaritans (2022). *Insights from experience: alcohol and suicide*
[63] Institute of Alcohol Studies (2018). *Alcohol and mental health: Policy and practice in England.*
[64] Office for Health Improvement & Disparities (2024). *Adult substance misuse treatment statistics 2023 to 2024: report.*
[65] Office for Health Improvement & Disparities (2024). *Adult substance misuse treatment statistics 2023 to 2024: report.*
[66] Office for Health Improvement & Disparities (2025). *NDTMS – National Drug Treatment Monitoring System.*
[67] Alcohol Change UK (2014). *The Blue Light approach.*
[68] Gallagher, M. et al. (2025) *Buckinghamshire Blue Light Project Evaluation Final Report.* London: TONIC.