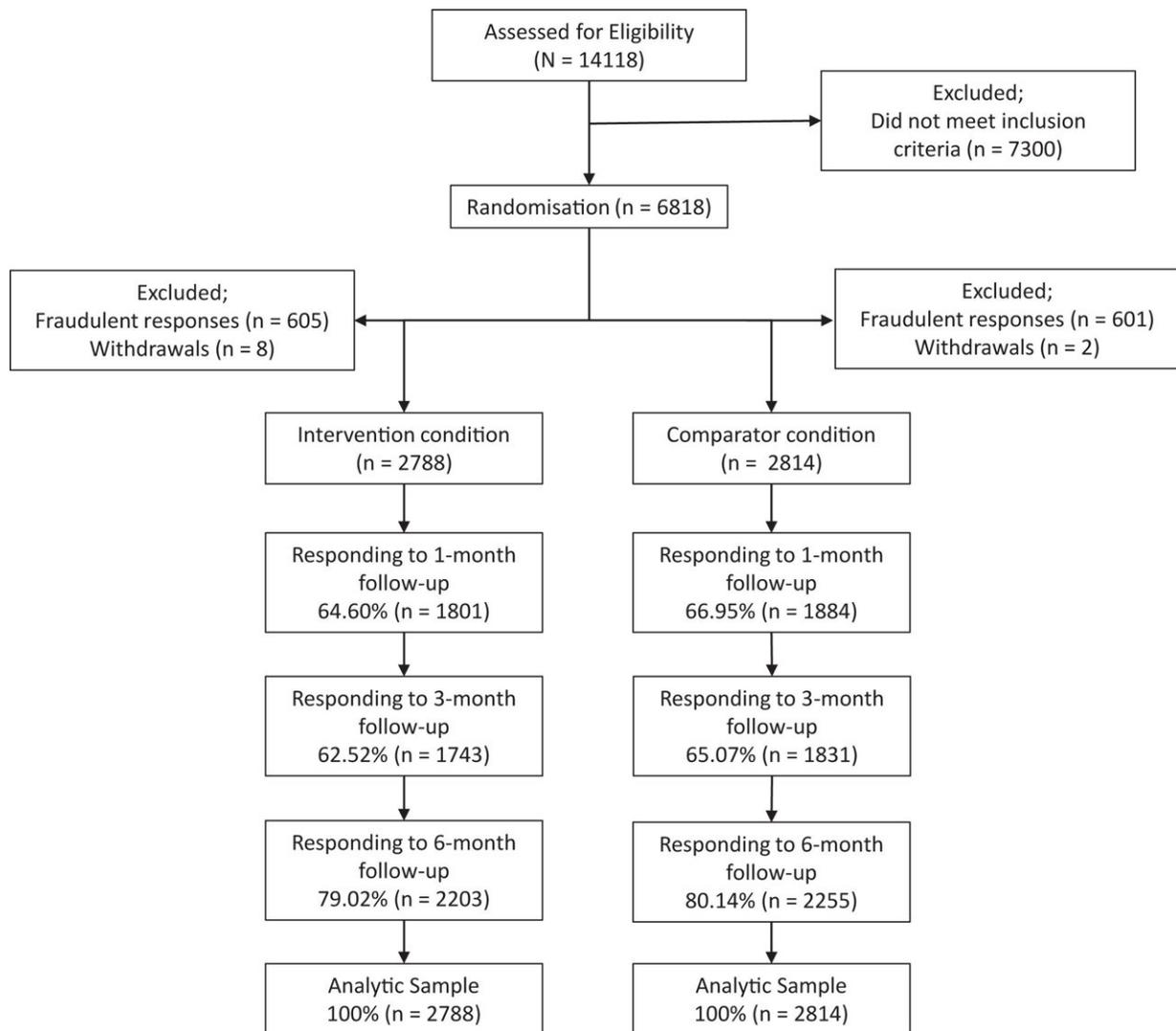


App can help people reduce their alcohol intake

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CONSORT diagram of participant flow. Credit: *eClinicalMedicine* (2024). DOI: 10.1016/j.eclinm.2024.102534

A free smartphone app, Drink Less, can help people who would benefit most from reducing their alcohol consumption to do so successfully, according to a large randomized controlled trial led by UCL researchers and involving University of Bristol academics.

The study, published in [eClinicalMedicine](#), found that people randomly recommended to use the Drink Less app reduced their drinking by 39 units a week at six months—two more units a week on average than a control group who were referred to standard NHS advice.

The 5,602 participants of the study were all increasing or higher-risk drinkers interested in reducing their alcohol consumption and were randomly assigned to either be sent a link to an NHS alcohol advice webpage or a link to download the Drink Less app.

Lead author Dr. Melissa Oldham, from UCL Institute of Epidemiology & Health Care, said, "These results show that the Drink Less app can be useful for people looking to reduce their alcohol consumption.

"Alcohol consumption can lead to many [health conditions](#) such as cancer and cardiovascular disease. About 20 percent of the [adult population](#) in the UK drink alcohol at levels that increase their risk of ill health, and the Drink Less app could help these people cut down."

"Reducing intake by an extra two units a week on average may seem small but is significant both in terms of preventing potential health harms as well as reducing costs to the NHS."

Senior author and Chief Investigator Dr. Claire Garnett, at UCL Institute of Epidemiology & Health Care and the University of Bristol School of Psychological Science, who led a team in developing the app while at UCL, added, "Many apps offer to support people to cut down their drinking, but this is the first randomized controlled trial of an alcohol

reduction app for the general population in the UK."

"If people are going to use an app, it would be better if they tried one that had good evidence behind it. An app that is not effective may make it less likely for that person to try to reduce their drinking in the future."

In a further analysis, the team estimated that if the Drink Less app were rolled out widely, it would save the NHS hundreds of millions of pounds over 20 years.

The Drink Less app allows people to set goals, record how much they drink, and log their mood and sleep quality after drinking. It shows progress towards goals and can offer feedback and support with action plans for situations where users would usually drink.

Another feature is that the app shows where in the UK population users are in terms of how much they drink each week—i.e., what percentage of the population drinks more or less than they do. This can be a shock as most people underestimate how much they drink compared with the general population, the researchers said. Anyone can download the app from the UK Apple App Store and see how they compare.

Participants were recruited via adverts on NHS webpages and on radio and social media, as well as via posters in GP surgeries. They were eligible if they were over 18, wanted to reduce their drinking, and were categorized as an increasing or higher risk drinker based on a questionnaire assessing how much they drank.

The app was even more helpful for [female participants](#), who reduced their drinking by an additional 2.5 units a week compared to women who were referred to the NHS advice webpage.

Dr. Oldham explained, "Digital interventions have the potential to reach

a large number of people at relatively low cost. However, not everyone has access to [digital devices](#), so these interventions should be part of a comprehensive government strategy to reduce alcohol consumption and alcohol harms."

Dr. Sadie Boniface, Head of Research at the Institute of Alcohol Studies, said, "NICE already recommends digital interventions as an add-on to existing services, so having an app which we know is effective is very welcome news. If the Drink Less app can be scaled up and rolled out more widely, it holds promise for population health."

"However, as is the case with a lot of digital health apps, decision-makers should be mindful that these don't suit everybody. Apps are one valuable tool in the box, but there is no silver bullet for alcohol harm. What we really need is a national strategy that includes apps alongside other interventions and policies which we know work, such as making alcohol less cheap, not as readily available, less heavily marketed, and improving access to alcohol treatment and support."

Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance, added, "At a time when deaths from alcohol are at peak levels, measures, like the Drink Less app, that are proven to reduce alcohol intake are a welcome development."

"There are many tools out there that support people to reduce their [alcohol consumption](#), but few have the evidence base to show that they really work. It is good to see that the app developed by UCL now has the data behind it to back it up and could be used alongside, not in place of, population measures that address the price, availability, and marketing of alcohol to reduce the harm caused by alcohol."

Professor Brian Ferguson, Director of the NIHR Public Health Research Programme, said, "These findings show that the Drink Less app has the

potential to help people monitor and reduce the amount of alcohol they consume. In addition, it highlights the importance of harnessing technology to help improve public health, although the app will need to be adapted to extend its population coverage."

The Drink Less app is currently available on the [Apple App Store](#) but not yet for Android devices.

The study is [published](#) in the journal *eClinicalMedicine*.

More information: Melissa Oldham et al, Effectiveness of a smartphone app (Drink Less) versus usual digital care for reducing alcohol consumption among increasing-and-higher-risk adult drinkers in the UK: a two-arm, parallel-group, double-blind, randomised controlled trial, *eClinicalMedicine* (2024). [DOI: 10.1016/j.eclinm.2024.102534](https://doi.org/10.1016/j.eclinm.2024.102534)

Provided by University of Bristol

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