



# **TAKING STOCK**

## **COUNTING THE ECONOMIC COSTS OF ALCOHOL HARM**

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and **Sebastian Rees**

October 2025

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This paper was first published in October 2025. © IPPR 2025

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## ACKNOWLEDGEMENTS

Alcohol Change UK provided financial support to IPPR that made this work possible. IPPR retained full editorial control.

The authors would like to thank Richard Piper, Laura Harvey, Sophie Drake, Joe Marley, and Ailar Hashemzadeh for helpful comments on an early draft of this report. We would also like to thank Abi Hynes, Rowena Mayhew, Richard Maclean, David Wastell and Liam Evans for their contributions to this work.



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O'Halloran J and Rees S (2025) *Taking stock: Counting the economic costs of alcohol harm*, IPPR.  
<http://www.ippr.org/articles/taking-stock-economic-costs-alcohol>

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# 1. INTRODUCTION

People have been brewing and distilling alcohol for centuries. What started as a way to produce low-strength beer – which was often safer to drink than water – has evolved into today’s industrial-scale alcohol production. But as alcohol production has changed, so too has the harm it causes.

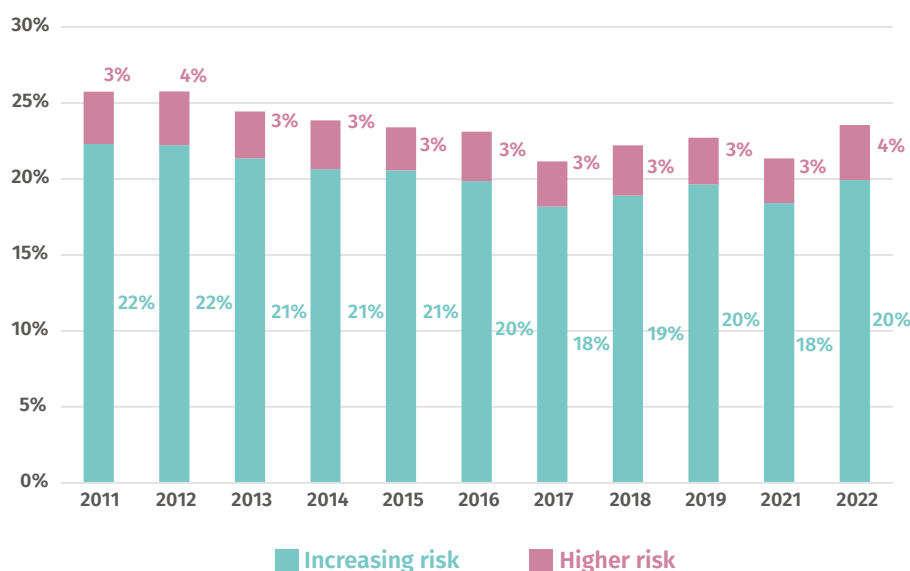
## HEALTH-RELATED ALCOHOL HARM IS ON THE RISE

The World Health Organization’s guidance on alcohol is clear: there is no safe level of alcohol consumption (Anderson et al 2023). Alcohol is known to cause at least seven types of cancer and to be a primary risk factor for more than 30 health conditions (ibid). The more alcohol someone drinks, the greater the risk. Despite this, alcohol consumption across the UK remains worryingly high.

The chief medical officers of the UK have published guidelines on low-risk drinking, linked to evidence on the health risks of alcohol (DH et al 2016). They recommend that adults should drink no more than 14 units a week, spread evenly over three or more days, with several alcohol-free days each week. The chief medical officers classify women who regularly consume between 14 and 35 units a week, and men who regularly consume between 14 and 50 units a week, as being at “increasing risk” of alcohol harm. Consumption above these levels is classified as “higher risk”. According to the most recent Health Survey for England (NHS England 2024a), nearly one-quarter of adults drink at levels that put them at “increasing” or “higher” risk of alcohol harm.

**FIGURE 1.1: PROGRESS MADE IN TACKLING LEVELS OF ALCOHOL CONSUMPTION HAS STALLED**

*Percentage of adults in England drinking at increasing and higher risk levels*



Source: Authors’ analysis of NHS England, ‘Health Survey for England, 2022 Part 1’ (NHS England 2024a)

As shown in figure 1.1, the proportion of adults drinking at increasing and higher risk levels fell between 2011 and 2017 – from 25 per cent to 21 per cent. But since then, progress has reversed. By 2022, the figure had reached 24 per cent.

The trend is heading in the wrong direction and the health risks are clear. Increased rates of alcohol consumption can already be detected in the rise in both alcohol-related and alcohol-specific mortality since 2019. For example, in 2023, 10,473 people died from alcohol-specific causes in the UK, the highest number on record (ONS 2025).

### **THE HEALTH BURDEN OF ALCOHOL HARM IS NOT SHARED EQUALLY**

As well as having a deleterious effect on the nation's health as a whole, harmful levels of alcohol consumption are also a key driver of health inequalities. The health burden of alcohol harm is not spread equally across the UK – people living in Scotland (40 per cent more likely), Northern Ireland (21 per cent more likely) and Wales (17 per cent more likely) are more likely to die of alcohol-specific causes than those living in England (OHID 2025).

Even within England, inequalities in alcohol harm are large and persistent. Those living in the North East are more than twice as likely to die of alcohol-specific causes and almost twice as likely to die of alcohol-related causes as those living in London (ibid). Furthermore, those living in the most deprived areas of England are more than twice as likely to die of alcohol-specific causes and almost twice as likely to die of alcohol-related causes as those living in the least deprived areas (ibid).

However, increased levels of harm do not necessarily reflect higher levels of alcohol consumption. Those in the most deprived quintile of the population are less likely to drink at increasing risk levels than those in the least deprived (NHS England 2024a). This phenomenon – where those in more deprived communities experience greater harm from alcohol, even when their consumption is the same as, or lower than, that of less deprived communities – is known as the 'alcohol harm paradox' (Alcohol Change UK 2025a).

Several factors may contribute to this effect. In more deprived areas, alcohol use often overlaps with other health risks, such as higher smoking rates, excess weight and greater psychological stress, which may lead to worse health outcomes (Bellis et al 2016). These areas may also have a higher proportion of non-drinkers, lowering the percentage of people drinking at increasing risk levels, while at the same time having a greater concentration of heavy consumption among those who do drink (Lewer et al 2016). Furthermore, the material hardship and psychosocial stresses associated with poverty can increase vulnerability to illness, meaning that even moderate alcohol consumption can cause more harm (Katikireddi et al 2017). Recognising the disproportionate impact of alcohol-related harm in deprived communities is crucial for developing effective strategies to address it.

### **TACKLING ALCOHOL HARM REQUIRES RENEWED POLICY FOCUS**

Despite the clear impacts that alcohol consumption has on the health of the nation, tackling alcohol harm has not received sufficient policy attention in recent years (Mottershaw et al 2025). The last comprehensive government alcohol strategy was published in 2012, and plans to develop a new one were abandoned in 2020, just as deaths from alcohol began to rise sharply (House of Commons Committee of Public Accounts 2023).

The government's recently published 10 Year Health Plan recognises the need to tackle alcohol harm and includes a range of measures to do so, including requiring alcoholic drinks to display consistent nutritional and health warnings,

and promoting the growth of the no- and low-alcohol market (DHSC 2025a). While these are welcome steps, policymakers must be more ambitious in their plans to tackle alcohol harm. Action will be required on multiple fronts. And to truly drive down harm, a cross-government, whole-society approach is necessary.

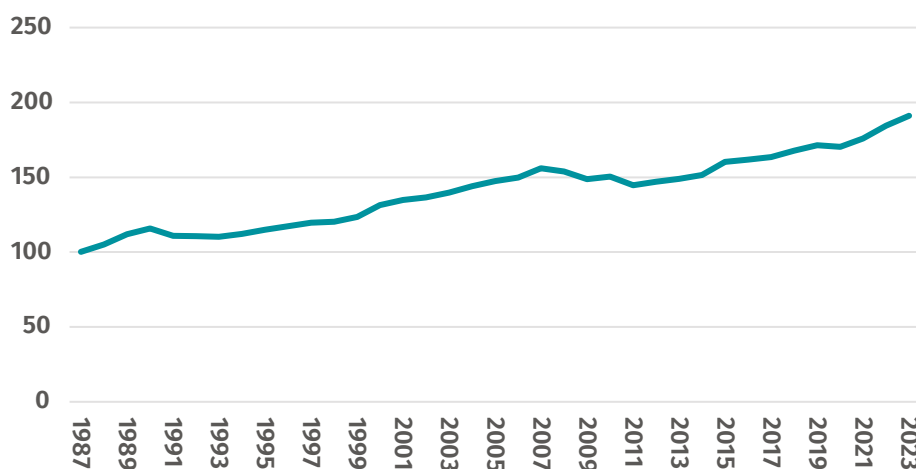
### INTERVENTIONS TARGETING THE PRICE OF ALCOHOL ARE LIKELY TO HAVE THE GREATEST IMPACT ON ALCOHOL HARM

The government has a range of tools at its disposal to tackle alcohol-related harm, from targeting labelling and advertising, to restricting when and where alcohol can be sold. Evidence suggests that interventions that affect the *price* of alcohol are likely to be the most successful in tackling harm (Boniface et al 2017; Guindon et al 2022).

There is a strong case for policy interventions that increase the price of *all* alcohol products. In recent decades, alcohol has become increasingly affordable. Figure 1.2 compares alcohol prices with households' disposable income per head of population (measured in the alcohol affordability index), and shows that alcohol was 91 per cent more affordable in 2023 than in 1987, and 28 per cent more affordable than in 2013.

**FIGURE 1.2: ALCOHOL HAS BECOME INCREASINGLY AFFORDABLE IN THE RECENT DECADES**

*Relative affordability of alcohol as measured by the alcohol affordability index*



Source: NHS England, 'Statistics on public health, England, 2023' (NHS England 2024b)

Updating alcohol duty rates annually by reintroducing the alcohol duty escalator is a straightforward way to increase the price of alcohol across the board, while ensuring that the alcohol industry pays its fair share towards the cost of harm it generates (Alcohol Change UK 2025b).

Action is especially needed on the price of the cheapest, strongest drinks, which cause the most harm. The government could standardise duty rates across all alcohol products with the same alcohol by volume (ABV). This would mean, for instance, that cider would be taxed at the same rate as other drinks with the same ABV, reducing incentives to produce and consume cheap, strong cider (Alcohol Change UK 2025b).

Additionally, a minimum unit price on all alcohol could be set. Minimum unit pricing is already in place in Scotland (65p per unit) and Wales (50p per unit). In

Scotland, this means a 10-unit bottle of wine cannot be sold for less than £6.50, and a standard pint of beer (2.5 units) cannot be sold for less than £1.63 (Alcohol Health Alliance 2020).

There is considerable evidence that minimum unit pricing in Scotland is already having a positive effect. It led to an overall fall in alcohol consumption of 3 per cent in the three years following implementation in 2018 (Giles et al 2024) and, in the 32 months following implementation, a reduction in the number of deaths wholly attributable to alcohol consumption by 13.4 per cent (Wyper et al 2023).

However, minimum unit pricing has not impacted the price or sales volume of alcohol in the 'on-trade' (places such as pubs, bars and restaurants that sell alcohol for immediate consumption), undermining a key argument the alcohol industry makes that reforms in this space will damage the hospitality sector (Giles et al 2024).

### **TACKLING ALCOHOL HARM IS A COMPLEX POLITICAL CHALLENGE**

Historically, tackling harmful alcohol consumption has proven challenging. We live in a society where alcohol often takes centre stage, particularly when it comes to how we socialise and celebrate. Alcohol harm is often treated as a failure of willpower, and a problem that only affects a minority of 'other' people, rather than a failure to tackle the environmental factors that encourage alcohol consumption and make it harder for people to change their drinking habits. The alcohol industry plays a significant role in emphasising alcohol's centrality to social life and downplaying its cross-cutting harms.

A political belief that tackling alcohol harm will be seen as an infringement on personal choice has scuppered policy action. Recent surveys of public opinion suggest that this concern may be misplaced. In 2023, Alcohol Health Alliance polling found that 55 per cent of the public thought that the government was not taking strong enough action on alcohol harm (Alcohol Health Alliance 2023), and a Public First poll on behalf of the IPPR earlier this year found that 89 per cent of people believed the alcohol industry was impacting the nation's health (Gandon and Sebbana 2025). Nonetheless, assumptions about public resistance to tackling alcohol harm still guide political decision-making.

### **THE ALCOHOL INDUSTRY PUSHES ECONOMIC ARGUMENTS TO RESIST REGULATION BUT DOES NOT TELL BOTH SIDES OF THE STORY**

Alongside concerns about the political feasibility of intervention, policymakers face sustained lobbying from the alcohol industry. Much of this lobbying centres on economic claims. The alcohol industry, it is argued, contributes tens of billions of pounds to the UK economy each year and supports hundreds of thousands of jobs. The argument therefore suggests that any action to curb consumption would threaten the UK's growth prospects.

There are reasons to suggest that arguments about the economic 'benefits' of the alcohol industry are overstated. The majority of jobs that the industry supports are in the pub, club and bar sector and tend to be part time and poorly paid. And the more productive subsectors of the alcohol industry – brewing and distillation – are highly mechanised and provide relatively few jobs (fewer than 30,000) (IAS 2025).

Modelling on the economic benefits of alcohol consumption also does not account for the likely behaviour changes brought about by reducing drinking – consumers would likely redirect their resources to more productive, less harmful industries. Paradoxically, redirected spending may help rather than harm the hospitality sector – money not spent on alcohol might be used on dining, leisure, travel and other goods and services, creating employment in those sectors.



But most importantly, the economic benefits of alcohol are rarely set against its costs. Some of these costs are well known, particularly in areas where the state foots the bill for alcohol harm. It is estimated, for instance, that alcohol harm costs the NHS as much as £4.9 billion a year and the criminal justice system as much as £14.6 billion a year (IAS 2024). However, other costs, particularly in relation to alcohol's effect on economic productivity, are less visible.

In this report we first use newly available data to dig deeper into the effects of alcohol harm on the UK workforce (see chapter 2). We argue that alcohol has clear negative impacts on workforce productivity as a whole. Addressing alcohol harm should therefore be a core part of the UK's industrial strategy.

We then look more closely at the effects of alcohol on workplaces (see chapter 3), and argue that minimising alcohol harm has important benefits for employers. Given the positive impacts that reducing alcohol harm has in the workplace and the unique position that employers have in shaping our day-to-day lives, we argue that employers have a significant role to play in this area. However, too often, they remain part of the problem rather than the solution when it comes to tackling harmful alcohol consumption. We therefore explore the current approach employers take to alcohol harm and set out steps that could be taken to build more alcohol-aware workplaces.

## 2. ALCOHOL'S IMPACT ON THE WORKFORCE

Alcohol consumption can have serious health consequences, but it also has significant impacts on the economy. With the government increasingly focussed on boosting growth and productivity, improving public health – and reducing alcohol harm – should be seen as a key part of a coherent, health-led industrial strategy (O'Halloran and Thomas 2024).

There are a number of ways in which alcohol consumption can affect the UK's economic performance, but its key impact is on workforce productivity.

In the first instance, alcohol consumption, particularly at increasing and higher risk levels, can lead to the onset of chronic health conditions such as cancer, cardiovascular disease and anxiety and depression, which can lead people to leave the labour market (Thomas et al 2023). The IPPR has long argued that tackling known risk factors, including alcohol consumption, to delay or prevent the onset of chronic health conditions that cut people's working lives short must be a core focus for government.

But alcohol consumption also has significant effects on the productivity of those in work. It can increase:

- **absenteeism, where people take time off due to illness**
- **presenteeism, where people are at work but their capacity is reduced.**

Previous analysis by the Institute of Alcohol Studies (IAS 2025) estimates that alcohol consumption costs the economy £5.06 billion a year – with 44 per cent of the cost being due to presenteeism.

This report builds on existing analysis and takes a closer look at the relationship between alcohol consumption and workforce productivity. Using data from Understanding Society – a large longitudinal panel survey of UK households – and findings from an IPPR-commissioned nationally representative survey, we examine alcohol's economic impact more deeply, including its varied impacts on different sectors of the economy and job roles.

### ALCOHOL CONSUMPTION INCREASES WORKFORCE PRESENTEEISM

Presenteeism is a major challenge for the UK economy. Previous IPPR research found that presenteeism cost UK businesses £25 billion more in 2023 than in 2019 (O'Halloran and Thomas 2024). Tackling health-related productivity loss is therefore essential if we are serious about addressing the UK's persistent productivity problem.

Previous analysis has found a link between increased alcohol consumption and presenteeism (Thørrisen et al 2019), but research has tended to rely on cross-sectional data. While this can provide a snapshot of a population at a particular point in time, it does not account for change over time. Building on previous IPPR analysis, we have developed a more comprehensive account of the impact of heavy

alcohol consumption on presenteeism in the UK workforce (see box 1 and the appendix for more details on our methodology).

### **BOX 1: METHODOLOGY FOR ASSESSING ALCOHOL-RELATED PRESENTEEISM**

To explore the link between alcohol and productivity, we looked at how often heavy drinking episodes are associated with presenteeism. We define presenteeism following Bryan et al (2022) – when someone’s physical or mental health affects their ability to work.

We used data from three waves of Understanding Society (2019–23), which contains detailed information on people’s alcohol use and employment outcomes. To identify heavy drinking episodes, we drew on the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C), a validated alcohol harm screening tool (Bush et al 1998). Our analysis only includes those aged 21–64 who constitute the vast majority of the workforce. Specifically, we used the question on the frequency of heavy drinking episodes, defined as consuming more than eight units of alcohol in a single session for men, or more than six units for women.

We grouped people by how often they had heavy drinking episodes: less than monthly, monthly, weekly or daily/almost daily. We split those who had not drunk heavily into three further groups:

- people who had consumed alcohol in the past year but not more than eight (men) or six (women) units in one session
- people who had not consumed alcohol in the past year but had done so before
- people who had never consumed alcohol.

We then considered how likely these groups were to exhibit presenteeism using logistic regression, controlling for age, sex, industry, occupation, income, education, firm size and ethnicity.

Our analysis period included the Covid-19 pandemic, which had major impacts on both alcohol consumption and employment. As a robustness check, we repeated the analysis using only the 2021–23 wave of Understanding Society, when Covid-19 had less influence, and reached the same conclusions.

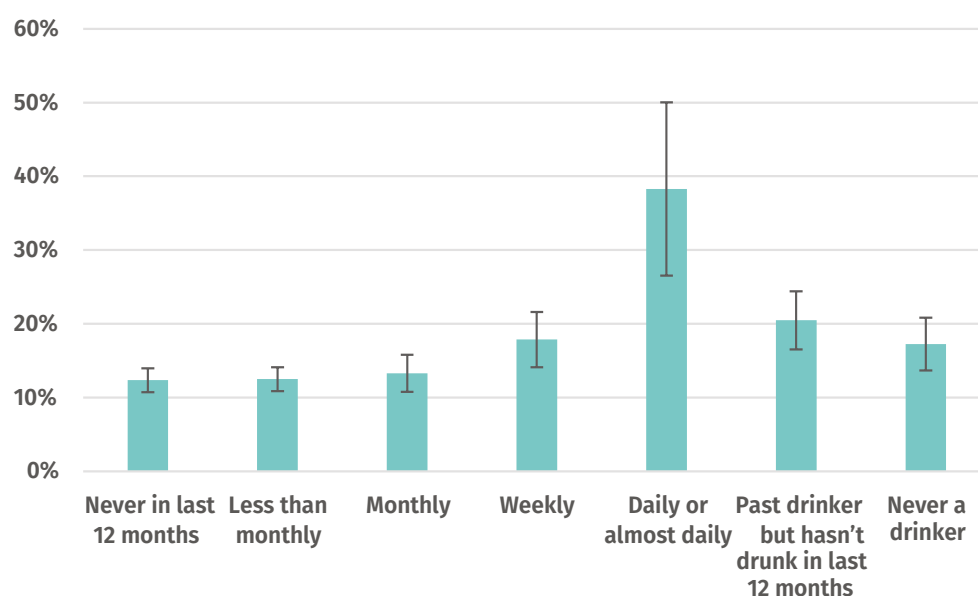
Our analysis found a strong correlation between presenteeism and the frequency of heavy drinking episodes (see figure 2.1). After controlling for a range of factors, we estimated that those who drink heavily on a weekly basis are 1.4 times more likely to exhibit presenteeism than those who drink but never heavily. This rises to 3.1 times for those who drink heavily daily or almost daily.<sup>1</sup>

<sup>1</sup> Our analysis also found that people who did not drink showed slightly higher levels of presenteeism than moderate drinkers. This does not suggest that alcohol consumption has health-protective effects. Although a positive correlation between low rates of alcohol consumption and health outcomes sometimes appears in analysis, advancements in quantitative methods have debunked the myth that this indicates benefits of alcohol consumption. A recent review of the literature notes that previous methods “substantially overestimated the benefits, and underestimated the harms, of low-level drinking” (Munafò and Davey Smith 2023).

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### FIGURE 2.1: THE FREQUENCY OF HEAVY DRINKING EPISODES IS CORRELATED WITH AN INCREASED RISK OF PRESENTEEISM

*Predicted probabilities from a logistical regression estimating the likelihood of exhibiting presenteeism by frequency of drinking episodes (%) while controlling for person characteristics*



Source: Authors' analysis of University of Essex, ISER, *Understanding Society: 14th revision* (University of Essex, ISER 2025)

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### HEAVY DRINKING EPISODES ARE CONCENTRATED IN PARTICULAR DEMOGRAPHIC GROUPS AND OCCUPATIONS

The analysis above found that heavy drinking likely has significant economic implications – but its burden is not evenly distributed across all sectors and occupations. Using the same data, we investigated which groups had the highest prevalence of heavy drinking episodes.

First, looking at age and sex, we found significant disparities. The gap between men and women engaging in heavy drinking episodes was narrowest for those aged between 21 and 34 and widest for those aged between 55 and 64 (see figure 2.2). We also found that from age 35, the proportion of men engaging in heavy drinking episodes on at least a weekly basis drastically increased – with 15 per cent of those aged between 35 and 44 having heavy drinking episodes compared with 10 per cent of those aged between 21 and 34.

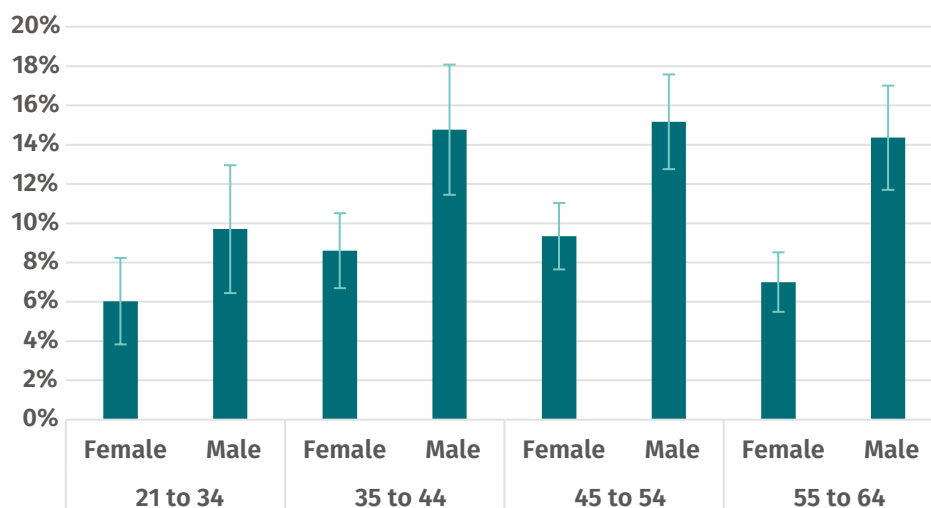
We were also able to investigate the types of occupations among people whose heavy drinking episodes were more frequent. We used the Office for National Statistics' Standard Occupational Classification, which classifies jobs according to their skill level and skill content (ONS 2010).

Our findings show that heavy drinking episodes were highest among managers and directors, with 15 per cent having at least a weekly heavy drinking episode (see figure 2.3). Interestingly, process and plant operatives were the second most likely group to engage in heavy drinking weekly, with 14 per cent doing so. This is a striking finding, suggesting that heavy drinking cuts across social class and that differences in income or education cannot solely explain it. Heavy drinking is, in

fact, widespread throughout society – highlighting the need for a whole-society approach to tackling it.

**FIGURE 2.2: MEN, ESPECIALLY THOSE WHO ARE OLDER, ARE MORE LIKELY TO HAVE HEAVY DRINKING EPISODES THAN WOMEN**

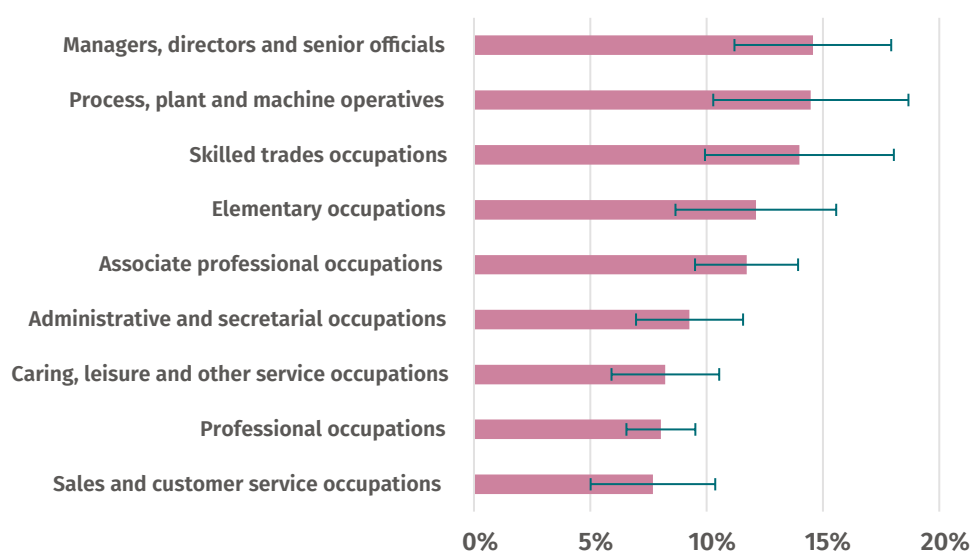
*Percentage of people having heavy drinking episodes on at least a weekly basis by age and sex*



Source: Authors' analysis of University of Essex, ISER, *Understanding Society: 14th revision* (University of Essex, ISER 2025)

**FIGURE 2.3: HEAVY DRINKING VARIES BY OCCUPATIONAL GROUP**

*Percentage of people engaging in heavy drinking at least weekly by occupation*



Source: Authors' analysis of University of Essex, ISER, *Understanding Society: 14th revision* (University of Essex, ISER 2025)

## **ALCOHOL-RELATED PRODUCTIVITY EFFECTS WERE CLEAR IN OUR SURVEY DATA**

We commissioned Public First to carry out a nationally representative survey of working adults in the UK (see the appendix for further details on our methodology). As well as common demographic characteristics (age, sex and region), the survey also captured data on, for example, job roles, levels of seniority and sectors. The survey findings suggest that alcohol-related productivity losses are common across the workforce.

Alcohol consumption with colleagues or at work events was linked to staff missing work. One-quarter (25 per cent) of those we surveyed had called in sick for work in the past six months after drinking with colleagues or at a work event. Almost one-third (32 per cent) had done so in the past year. Missing work after drinking with colleagues or at a work event was more common among younger people – 41 per cent of 18–24-year-olds and 47 per cent of 25–34-year-olds had done so in the past six months. Alcohol-related absence was also higher among those at director and executive level – almost half (49 per cent) of directors and executives had called in sick after drinking with colleagues or at a work event in the past six months.

Drinking with colleagues or at work events can also affect absenteeism through staff working fewer hours. Almost one-quarter (24 per cent) of survey respondents said that they had logged on late to work in the past six months, having drunk with colleagues or at a work event.

Alcohol-related presenteeism is also visible in our survey data – in the past six months, 22 per cent of respondents reported working while hungover, 29 per cent reported that their colleagues were tired or sluggish after a night drinking with colleagues or at a work event and 21 per cent reported that productivity and focus on work worsened.

## **THE GOVERNMENT SHOULD BE PARTICULARLY CONCERNED ABOUT ALCOHOL-RELATED PRODUCTIVITY LOSSES IN THE PUBLIC SECTOR**

The government should be concerned about alcohol-related productivity losses in all sectors. When absenteeism and presenteeism rise, businesses produce less, slowing economic growth and reducing taxable profits and incomes. But in the public sector, where the government directly funds services and taxpayers foot the bill for avoidable costs, productivity losses are especially troubling.

Although our survey did not distinguish between public and private sector workers, considering services that state-funded organisations largely provide – such as education, health care and social work – can give an indication of alcohol-related productivity losses in the public sector.

More than one in five people working in education (22 per cent) and almost a quarter of those working in the health and social work sectors (24 per cent) had called in sick after drinking with colleagues or at a work event in the past six months. And 22 per cent of those working in health and social work and 19 per cent of those working in education had logged on late the next day in the past six months.

Although calculating the total productivity losses due to alcohol is challenging, these figures suggest that alcohol harm has impacts on the provision and cost of public services. In sectors such as health and education, where staffing levels are already under pressure, even small increases in absenteeism or presenteeism can have an outsized impact – from cancelled medical appointments to disrupted lessons in schools. In the most serious cases, alcohol consumption can have a direct impact on workplace safety.

The cost of addressing these issues is twofold: the government must fund temporary cover or accept reduced service quality, while also bearing the broader social and economic consequences of weakened public services. This underlines that alcohol-related productivity issues are not only a matter for employers, but also a fiscal concern for the state itself.

### **THERE ARE STRONG MACROECONOMIC ARGUMENTS TO TACKLE ALCOHOL HARM**

In sum, alcohol poses a significant threat to the UK's economic performance, driven not only by its contribution to the onset of chronic illness and workforce withdrawal but also, as noted above, by its impact on workforce productivity.

Our analysis shows a strong correlation between alcohol consumption and reduced performance, with the effects cutting across age, gender and occupational groups. This harm is especially concerning in the public sector, where taxpayers foot the bill for avoidable costs. Addressing alcohol-related productivity losses is not solely a matter of public health, but also a strategic imperative for economic growth and productivity in both the public and private sectors.

### 3.

## ZOOMING IN: ALCOHOL AND THE WORKPLACE

Achieving lasting reductions in alcohol harm will require bold government intervention – starting with pricing policies. But price alone will not shift deep-rooted attitudes or behaviours. Meaningful, sustained change will require a broader cultural transformation in how we approach alcohol – across the places where we live, learn, work and socialise. In this effort, the workplace is a powerful setting for change.

Evidence shows that workplace interventions can lead to small but meaningful reductions in alcohol consumption, particularly among high-volume drinkers (Fellbaum et al 2023). And because workplaces reach large numbers of people regularly, they offer a unique setting to shift cultural norms around alcohol.

### **WORKPLACES ARE WELL PLACED TO TACKLE ALCOHOL HARM**

Outside of sleep and rest, people in employment spend more of their time at their workplace than anywhere else (ONS 2023). Many also structure their social lives around it. In our survey, 40 per cent of respondents said that their workplace hosted company-wide social events – such as team outings, holidays and parties – at least every few months, and 58 per cent said their workplace hosted casual social events such as pub trips at least every few months.

Our workplaces shape our routines, social interactions and identity and can have a profound effect on our health behaviours, including our alcohol consumption. At best, employers can play a key role in building a healthy culture around drinking, by:

- **tackling the drivers of issues with alcohol**
- **engaging with staff about alcohol awareness**
- **offering proactive support to those who may be struggling with their drinking.**

At worst, employers can contribute to alcohol harm by promoting an alcohol-centric culture that:

- **encourages heavy drinking**
- **makes non-drinkers feel excluded**
- **treats alcohol harm as a matter of personal choice rather than a health and wellbeing concern.**

### **STRESSFUL WORK ENVIRONMENTS CAN INCREASE THE RISK OF ALCOHOL HARM**

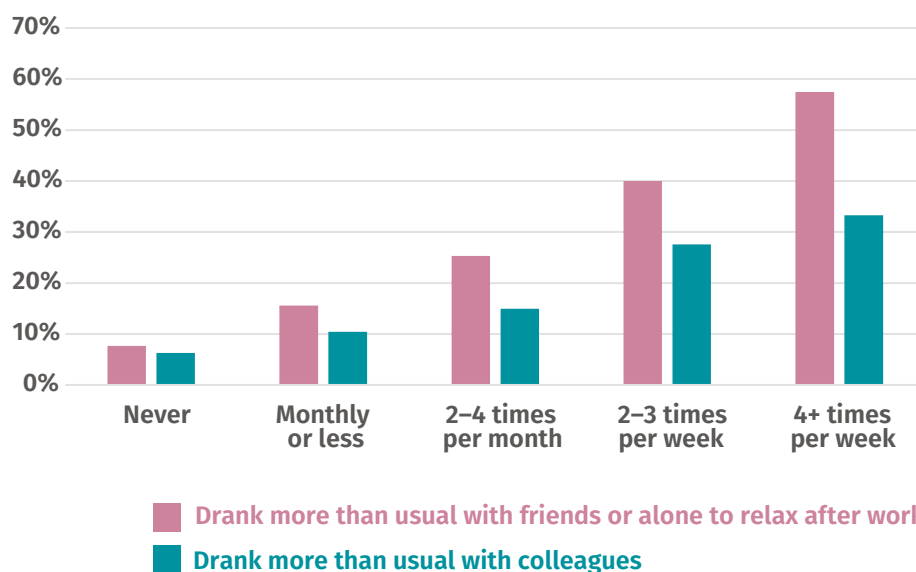
Work can be a stressor that encourages heavier drinking. Almost one-third (29 per cent) of those we surveyed said that when they were stressed at work, they had drunk more than usual with friends, and almost one in five (19 per cent) said that they had drunk more than usual with colleagues. Using drinking as a coping mechanism was more common among those who already drank regularly: 40 per cent of those who drank two to three times a week and 57 per cent of those who drank four or more times a week said that they had drunk more with friends or



alone to relax after work (see figure 3.1). When asked why they chose to drink at work-related social events, 39 per cent of respondents said to “relax or unwind after work”.

### FIGURE 3.1: PEOPLE WHO DRINK HEAVILY ARE MORE LIKELY TO DRINK MORE TO COPE WITH WORK STRESS

*Percentage of employees drinking more with colleagues, with friends or alone after work to deal with work stress, by alcohol consumption frequency*



Source: Public First survey for IPPR

These findings are concerning. The use of alcohol to manage work pressures over long periods is likely to worsen feelings of stress and anxiety, and lead to a cycle of self-medicating that can be difficult to break free from (Alcohol Change UK 2025c).

When considering how best to manage alcohol harm in the workplace, employers must consider the work environment holistically. While policies to educate staff on alcohol's impacts on health and wellbeing, and to provide access to confidential support for alcohol-related problems, are essential, without addressing the drivers of alcohol harm, employers will always be playing catch-up.

### EMPLOYEES OFTEN REPORT 'POSITIVE' EXPERIENCES THAT RESULT FROM DRINKING

In our survey, some employees reported that drinking in work-related settings provides benefits to them. While 26 per cent of those surveyed said they did not see any benefit to consuming alcohol during a work event and 24 per cent said they found heavy drinking at a work event unprofessional, 36 per cent said that alcohol created a more relaxed, informal environment during such an event, while 30 per cent said that alcohol had a positive impact on the quality of work they produced.

Respondents also often cited the social benefits that accrue from drinking – 39 per cent of people said they felt closer to colleagues after a night out drinking (compared to 27 per cent who disagreed). Young workers, those working in London and those in senior positions, in particular, saw this as a benefit of drinking: 45 per cent of 18–24-year-olds, 58 per cent of 25–34-year-olds, 57 per cent of those

working in London and 63 per cent of directors and executives felt closer to colleagues after a night out drinking.

In some instances, respondents believed they stood to gain materially from drinking with colleagues. Although only 24 per cent of respondents agreed that drinking with more senior colleagues improved their chance of career progression (compared to 38 per cent who disagreed), responses differed by sector and seniority – 47 per cent of those working in the information and communication technology (ICT) sector and 53 per cent of executives and directors agreed.

These findings on the perceived benefits of drinking should not be neglected – they provide important details on why people choose to drink in work-related settings and suggest areas for employers to focus on to improve the culture of their workplace. Valuable considerations when developing a workplace alcohol strategy include:

- providing alternative settings where employees can relax and unwind
- creating more opportunities for employees to socialise and develop bonds with colleagues in non-alcohol-centred environments
- modelling behaviour among senior staff when it comes to drinking.

## **ALCOHOL HARM HAS A DIRECT IMPACT ON THE FUNCTIONING OF WORKPLACES**

Any perceived advantages of drinking at work events and with colleagues must be weighed against the tangible harms that alcohol consumption can have on workplace functioning.

Alcohol's impact on workplaces extends beyond productivity losses. Our survey data shows significant effects of alcohol consumption on workplace culture, relationships and safety. One in five of our survey respondents said they had said something they regretted to a colleague (20 per cent) or had spoken about a colleague in a way they regretted (21 per cent) while drinking with colleagues or attending a work event. More than a quarter (27 per cent) had overheard something they should not have, and 28 per cent said that drinking at work events excluded non-drinkers or created cliques. This suggests that social activities that employers assume improve cohesion can, in fact, foster division.

In more serious cases, alcohol undermines physical and psychological safety. More than a third (35 per cent) of respondents believed workplace drinking increased the risk of harmful or risky behaviour, and more than one in five (22 per cent) linked it to a greater risk of sexual harassment, bullying or intimidation. Data from the 2024 Crime Survey for England and Wales shows a sharp rise in workplace violence involving alcohol – from around 29 per cent in previous waves to more than half of all incidents in 2024 (ONS 2025).

## **THERE ARE STILL SIGNIFICANT PRESSURES TO DRINK IN WORK CONTEXTS**

Minimising alcohol-related workplace harm will require action on multiple fronts, but one clear area for action is to minimise pressures to drink at workplace events.

Fortunately, our survey reveals that the shaming or exclusion of those who do not drink is not common in work contexts. When asked how they would perceive colleagues who did not drink at a work event, 45 per cent of people said they would respect their choice and 37 per cent said they would not think anything of it. Shaming those who did not drink was very uncommon – only 5 per cent of people said they would feel irritated at them for not joining in. When asking only non-drinkers whether they felt that their colleagues judged them because they did not drink, only 23 per cent agreed (compared to 49 per cent who disagreed).

However, pressures to drink in work-related settings were still relatively common. Overall, around a quarter (24 per cent) of respondents said that they sometimes felt pressured to drink when they did not want to.

Pressures to drink in workplace settings were often age and sector specific. Around 4 in 10 18–24-year-olds (39 per cent) and 25–34-year-olds (41 per cent), and those working in ICT roles (42 per cent) and professional, scientific and technical roles (39 per cent), said that the culture at their workplace put pressure on people to consume alcohol.

### **THE CENTRALITY OF ALCOHOL AT WORK EVENTS EXACERBATES PRESSURES TO DRINK**

The most overt way in which employers can shape the culture of drinking in the workplace is through organising social events for staff. Often, the settings where these events take place put alcohol centre stage.

Of our survey respondents, 32 per cent said that work events were “always/almost always” or “mostly” held at pubs, bars or similar venues, a number that rose to 36 per cent for those based in London, 37 per cent for those in Scotland and 41 per cent for those in Wales. In addition, 46 per cent of those working in ICT and 34 per cent of those working in education always/almost always or mostly had work events in pubs, bars or similar venues. While this is not necessarily a problem as these spaces can be enjoyed without alcohol, when combined with subsidies for alcoholic drinks and a workplace culture where people feel pressured to drink, venue choice can have a significant impact on alcohol harm.

We found that 28 per cent of respondents said that drinks were free or subsidised always/almost always or often at work events, a proportion that rose to 48 per cent for those based in London, 53 per cent for directors and executives and 51 per cent for those working in ICT. Choosing to host events at alcohol-centric venues and subsidising alcohol make drinking the default choice for many at work events.

It is also clear that employers are doing too little to build an inclusive culture for those who choose not to drink at work events. Of our survey respondents:

- 41 per cent said that their employer had not attempted to make work events more inclusive for non-drinkers
- 40 per cent said that their workplace had not held events not centred around alcohol
- more than one-third (37 per cent) said that their employer had not offered alcohol-free alternatives at work events – a proportion that rose to almost half for those working in the North East of England (49 per cent).

### **WORKPLACE HR AND MANAGEMENT POLICIES DO NOT ADEQUATELY ADDRESS ALCOHOL HARM**

Alongside changing their approach to workplace events, employers should also look to address alcohol harm through their approach to human resources (HR) and employee wellbeing.

Most employers have systems in place to monitor performance and support staff, such as line management responsibilities, peer support schemes and policies on workplace conduct. These existing structures can be leveraged to encourage healthier attitudes towards alcohol and provide support to those at risk of alcohol-related harm. However, most employers do not consistently do so.

In our survey, 58 per cent of respondents said that their employer had not provided them with guidance or training on alcohol consumption, 55 per cent said that their

employer had not trained managers in how to spot someone who may have an issue with alcohol and to support them, and 52 per cent said that their employer had not included alcohol-related issues in wellbeing or HR policies.

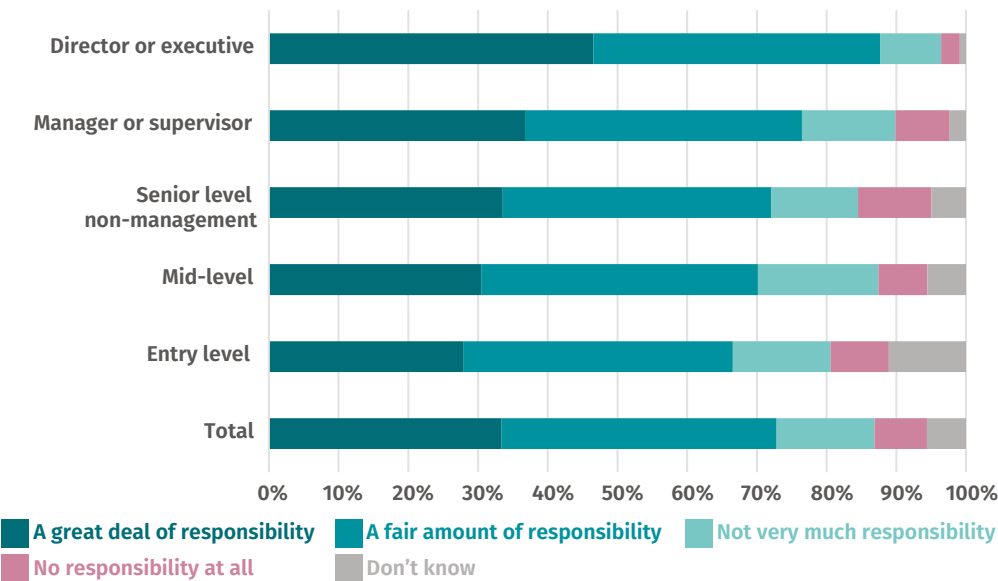
**EMPLOYEES EXPECT THEIR WORKPLACE TO DO MORE TO TACKLE ALCOHOL HARM**

One reason alcohol-related harm may be overlooked in HR policies or in the support offered to employees is the assumption that staff will feel uneasy or embarrassed if such issues are addressed openly in the workplace. This perception can lead employers to avoid taking proactive steps, even when these measures could benefit individuals and their organisation as a whole.

However, our survey data suggests that employees already expect their employer to play an active role in reducing alcohol harm. As shown in figure 3.2, this expectation is consistent across all levels of seniority. When asked how much responsibility employers have for minimising alcohol-related harm at work, nearly three-quarters of employees said employers have at least a fair amount of responsibility – 33 per cent said “a great deal” and 39 per cent said “a fair amount”. Among directors and executives, this rose to 88 per cent.

**FIGURE 3.2: EMPLOYEES OF ALL SENIORITY LEVELS THINK THAT EMPLOYERS HAVE RESPONSIBILITY IN REDUCING ALCOHOL HARM**

*Percentage of employees, by seniority, who believe employers have responsibility for minimising alcohol-related harm at work*



Source: Public First survey for IPPR

When we asked respondents what steps employers could take to reduce alcohol harm, the top three answers related to workplace social activities and events:

- offering alcohol-free alternatives at events
- ensuring adequate food is provided when alcohol is available
- hosting events that are not centred around drinking.

Making straightforward changes to workplace social events is a clear area for action to build a healthier approach to alcohol, and across a range of industries,

employers are taking steps to ensure that social activities are not centred on alcohol (for an example, see box 2).

### **BOX 2: WAGAMAMA'S APPROACH TO ALCOHOL-FREE SOCIAL EVENTS**

Alcohol consumption is often at the centre of workplace social events, not least in the hospitality sector.

Aware of the centrality of alcohol to workplace socialising and the harm it causes, restaurant chain, Wagamama, has taken a different approach. It has deliberately moved away from alcohol-centred staff socials, and is focussed instead on inclusive, creative and active events. Activities have included pottery workshops, yoga classes, running clubs, 'lunch and learn' sessions, wreath-making and boxing sessions. These events are explicitly positioned as non-alcoholic and scheduled at accessible times, ensuring broad participation.

The organisation's leadership report that employee engagement, morale and team cohesion have flourished as a result of these activities, without alcohol being the focal point (Bernard 2025).

### **EMPLOYERS CAN TAKE PRACTICAL STEPS TO REDUCE ALCOHOL HARM**

Making workplace events more inclusive and less centred on alcohol is an important first step towards building a more alcohol-aware culture. However, addressing alcohol harm requires a broader, integrated approach, which includes better approaches to workplace HR and management, and offering employees access to confidential, tailored support. As our survey data has indicated, holistic and coordinated workplace policies remain the exception rather than the norm in many organisations.

Fortunately, there are three straightforward, evidence-based strategies that employers can take to tackle alcohol-harm.



#### **1. DEVELOP A COMPREHENSIVE ALCOHOL POLICY.**

The starting point for any effective approach is a robust and comprehensive alcohol policy. This should set out expectations and provide clarity for both employees and managers. An effective policy should outline acceptable alcohol use during working hours and at work-related functions, and it should specify the confidential routes available for employees to seek support.

Clear managerial responsibilities are essential: policies should equip managers with training and guidance so that they can implement procedures fairly and empathetically. Crucially, policies must emphasise that disclosure of issues with alcohol will be treated primarily as a health and wellbeing issue, not a disciplinary matter. Evidence strongly suggests that employees are unlikely to engage with support services when they are positioned as tools for punishment (CIPD 2020). Regular communication about the alcohol policy, both at induction and throughout employment, is vital to ensure it becomes a living framework rather than a document that sits unused.



## 2. TAKE A PREVENTION AND EARLY INTERVENTION APPROACH FIRST.

Employers who have been most successful in tackling alcohol harm have adopted an approach based on preventing it in the first place and intervening early to tackle it when it does occur.

Prioritising prevention and early intervention requires developing a clear understanding of where alcohol sits in the culture of an organisation. Conducting a cultural audit enables an organisation to assess the role that alcohol plays in its events and day-to-day practices and to identify risks of alcohol harm; it also helps the organisation to identify areas of improvement to ensure its workplace is welcoming to all (Alcohol Change UK 2025d).

Education to raise awareness of alcohol harm is also a critical component of a prevention- and intervention-first approach in the workplace. Myths about alcohol remain widespread – many employees underestimate the health, wellbeing and productivity impacts of regular drinking, and many employers underestimate the ways in which work shapes attitudes to alcohol. Awareness programmes, workshops and participation in national campaigns such as Dry January or Alcohol Awareness Week can highlight risks while encouraging healthier approaches.

Training managers represents another important strand of prevention and early intervention. Equipped with the right skills, line managers are better able to recognise early warning signs, initiate supportive conversations and signpost employees to help. Evaluations of manager training programmes have found that they significantly increase managers' confidence in dealing with alcohol harm and reduce the likelihood of alcohol-related issues being ignored until they escalate (Health Innovation Network 2017). Integrating these initiatives into wider wellbeing strategies – such as those addressing stress management, physical fitness and mental health – reinforces the message that alcohol is not an isolated issue but one that intersects with many aspects of workplace health.



## 3. SUPPORT EMPLOYEES EXPERIENCING ALCOHOL-RELATED HARM.

Even with a robust alcohol policy and strong preventive measures in place, some employees will experience difficulties with alcohol. Providing timely and compassionate support is essential. This may involve directly providing employees with counselling support or providing paid time off so that they can access the treatment they need elsewhere.

A proactive approach to job-planning, particularly when an employee is returning to work after alcohol-harm-related leave, is essential. Employers should not treat facilitating access to treatment as the end of the recovery process – ongoing monitoring, occupational health input and access to peer support networks can help sustain progress and reduce the likelihood of relapse. These should be core to employers' support offer on alcohol harm. Box 3 provides examples of two employers that actively support those struggling with alcohol and substance use.

### BOX 3: EMPLOYERS TAKING A WELLBEING-LED APPROACH TO ALCOHOL SUPPORT

#### Transport for London (TfL)

Transport for London has developed a comprehensive alcohol support pathway, designed to protect both staff and public safety. Employees who disclose alcohol issues are protected from disciplinary action and instead enter a structured support process. This begins with a health assessment,

including liver function tests, followed by a three-week group counselling programme, during which participants remain on full pay. After completion, return-to-work plans may involve six months of regular alcohol testing or ongoing participation in support groups. This approach demonstrates how organisations can uphold safety standards while also prioritising rehabilitation and recovery (British Heart Foundation 2016).

#### **University of Manchester**

With more than 12,000 staff, the University of Manchester has embedded alcohol support within its broader wellbeing strategy. Its support policy frames alcohol as a health and wellbeing issue, encouraging early disclosure and providing access to occupational health support, paid treatment leave and structured return-to-work arrangements.

Managers have access to a dedicated 'Managers' Essentials' online toolkit, offering practical guidance, videos and answers to frequently asked questions, supplemented by HR support. Alcohol initiatives sit alongside wider wellbeing programmes such as fitness classes, lectures and counselling services – normalising conversations and reducing stigma (CIPD 2020).



## 4. CONCLUSION

After a decade of modest improvement, progress in tackling higher – and increasing-risk drinking has stalled. With alcohol-related deaths reaching a record high, tackling alcohol harm remains one of the UK's most pressing public health challenges. However, tackling alcohol harm is also an economic imperative – alcohol's negative impacts on the labour market, and on workplace productivity, are fundamental barriers to our collective prosperity.

Our analysis for this report reveals the stark economic reality of alcohol harm. Heavy drinking episodes are strongly correlated with presenteeism in the workplace, with those drinking heavily on a weekly basis being 1.4 times more likely to exhibit presenteeism at work than those who drink but never heavily. Those who drink heavily daily are more than three times as likely to exhibit presenteeism. Our survey data reinforces this. Nearly one-quarter of respondents had called in sick and more than one in five had reported working while hungover in the past six months after drinking at a workplace event or with colleagues. These are not isolated incidents – they represent systemic productivity losses that undermine the UK's economic competitiveness.

Government action remains essential to tackling alcohol harm. The evidence is clear that pricing interventions – through duty escalators, standardised rates across products and minimum unit pricing – offer the most effective path to reducing harm. However, regulatory intervention alone will not be sufficient to drive the cultural change necessary to tackle alcohol harm across society – workplaces represent a critical frontier in this effort.

The workplace offers unique advantages as a setting for intervention. Employers reach large numbers of people regularly and can shape social norms through their policies and practices. Yet too many organisations remain part of the problem rather than the solution. From alcohol-centric social events, to inadequate support systems, HR practices and management approaches, workplace cultures often normalise rather than challenge harmful drinking. Employers must recognise their pivotal role in tackling harm and implement comprehensive strategies that prioritise prevention, support those struggling with drinking and create inclusive environments for all employees, regardless of their relationship with alcohol.

The evidence presented in this report should compel both the government and employers to act. The costs of inaction – measured in lives lost, productivity sacrificed and inequalities entrenched – are simply too high to ignore. The UK's economic future depends on recognising that public health and economic prosperity are not competing priorities, but mutually reinforcing goals that demand urgent, coordinated action.



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# APPENDIX: METHODOLOGY

## SURVEY METHODOLOGY

Public First carried out a large-scale, nationally representative survey for IPPR of 2,083 working-age adults across the UK from 25 to 28 July 2025. The anonymous, online survey explored workers' views on:

- how alcohol impacts their productivity and workplace
- workplace approaches to alcohol consumption
- the role of employers.

Results were weighted by interlocking age and gender, region and social grade to nationally representative proportions.

(Public First is a member of the British Polling Council (BPC) and abides by its rules. For more information, please contact the Public First Polling Team: [polling@publicfirst.co.uk](mailto:polling@publicfirst.co.uk).)

## UNDERSTANDING SOCIETY METHODOLOGY

To examine the role of alcohol in productivity losses, we analysed how the prevalence of heavy drinking episodes influences key work-related outcomes. Specifically, we assessed the likelihood of exhibiting presenteeism.

We used the same definition of presenteeism as Bryan et al (2022), which defines people as exhibiting presenteeism if they say that their physical health limits both the amount and kind of work they can do, or their mental health affects their productivity and work precision or pain interferes with their job performance. Our indicator of presenteeism can thus be interpreted as an indicator of self-assessed productivity loss due to ill health.

For this analysis, we used data from three waves of Understanding Society (2025) for the period 2019–23 – covering those aged 21 to 64. Understanding Society is a large longitudinal panel survey that provides detailed data on individuals and households on a variety of topics over time, including their alcohol consumption and employment outcomes.

The survey asks respondents about their alcohol consumption using questions based on the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C), which is a screening tool that Bush et al (1998) first validated. We honed in on one question, which focusses on the number of occasions that an individual consumes more than eight units (for men) or six units (for women) in a single session.

From this, we constructed a variable measuring the frequency of heavy drinking episodes, categorised as: less than monthly, monthly, weekly or daily/almost daily. We divided individuals who had not exceeded the heavy drinking threshold into three groups:

- those who had consumed alcohol in the past year but never above the heavy drinking threshold
- those who had not consumed alcohol in the past year but had done so previously

- those who had never consumed alcohol.

We then associated this variable with presenteeism using a logistical regression, as specified below:

$$\Pr(Pres_{it} = 1 | H_{it}, X_{it}) = \Phi(H_{it}\beta_1 + X_{it}\gamma_1)$$

where *Pres* is a binary variable indicating whether an individual is exhibiting presenteeism due to their health, where controls include sex, age, ethnicity, occupation, industry, firm size, income and prevalence of heavy drinking episodes.

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