

ALCOHOL MISUSE IN THE UNITED KINGDOM

Descriptive Literature Review

AUTHOR Peter Nderesi

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Author PETER NDERESI	
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<p>Abstract (NOTE: write/insert all your text in the grey box below, also if you use copy + paste)</p> <p>The objective of the research was to identify the causes of alcohol misuse in the United Kingdom. The research aimed to find interventions for alcohol misuse that are user-tailored and create awareness of the causes and underlying factors associated with alcohol misuse in the United Kingdom.</p> <p>The study was a systematic literature review research that applied the integrative review method. The data for the research was obtained from CINAHL Ultimate and PubMed databases. Data driven thematic content data analysis was applied in the research.</p> <p>The data indicated that alcohol misuse in the United Kingdom is highly related to serving in the military, mental health conditions, alcohol advertisement in different advertising channels, social pressure from friends to drink and drinking alcohol as a coping mechanism to life changes. To mitigate alcohol misuse, interventions such as improved alcohol advertisement policies, social integration, support to alcohol service users and proper training of healthcare personnel would help reduce alcohol misuse in the country.</p> <p>The research findings provide vital insight into causes of alcohol misuse in the United Kingdom as well as interventions that can be utilized to prevent alcohol misuse in the country. These findings can be used by health professionals and affiliated agencies to develop interventions for alcohol misuse and promote awareness of the factors identified in the research as contributing to alcohol misuse. Furthermore, governments and policymakers may use the findings to develop proposed alcohol advertising legislation to prevent alcohol misuse.</p>	
Keywords Alcohol dependence, alcohol abuse, alcohol addiction, alcohol misuse, United Kingdom	

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1 INTRODUCTION

Alcohol plays a major role in many social events and is widely used to enhance bonding in social events. It is used in many religious, cultural and social practices to provide perceived pleasure to the users (WHO, 2019). However, excess consumption is linked to negative health impacts and other related risk factors. Alcohol misuse is characterized by heavy intake and loss of control over the urge to drink at the expense of health, family, and society (Carvalho et al., 2019).

For more than 4 years, I have worked in an acute ward and rehabilitation for patients with alcohol and substance abuse which led to interest in alcohol misuse. In Finland, the majority of alcohol drinkers consume alcohol hazardously (at least five units in a succession) (THL, n.d.). Approximately 270,000 people in the country have experienced health problems, economic hardship or relationship issues due to misuse of alcohol (Warpenius & Mäkelä, 2020). In 2018, about 24% of Finns experienced adverse side effects of alcohol intoxication (Mäkelä et al., 2018).

In the United Kingdom, alcohol misuse has a great impact on hospital service with chronic alcohol disorder having the highest weight on hospital utilisation (Maheswaran et al., 2018; Phillips et al., 2019; Vardy et al., 2016). Alcohol consumption and alcohol-related illnesses are a public health burden in the UK (Balakrishnan et al., 2009). According to a 2019 study research on the impact of alcohol misuse on emergency department attendance and hospital admissions in the United Kingdom, around 6,7% of the 1,2 million people had more than one alcohol misuse issue accounting for 11,7% of emergency department attendance, 9,2% of hospital admissions and 7,2% total bed days (Phillips et al., 2019.) This highlights the need for interventions and measures to tackle alcohol misuse.

Despite the impact of alcohol misuse, many people who are alcohol users with a high risk of alcohol adverse effects, consider themselves moderate users indicating a distorted understanding of the risks and issues related to their alcohol consumption (THL, n.d.). This lack of clear understanding and attentiveness to the adverse effects of alcohol misuse shows that there is a gap that needs to be filled in educating people about the implications and complications related with alcohol misuse.

In my day-to-day job in the hospital, some of the patients under alcohol misuse treatment are aware of the negative effect alcohol has on their health, family and financial status but are unable to stop. Many are willing to stop or reduce their alcohol intake but after discharge, they resume their normal routine and fall back to drinking alcohol habits. These relapses and underlying causes associated with alcohol misuse indicates the complexity of the problem and the need to come up with interventions that are client-based.

2 THEORETICAL BACKGROUND

Alcohol is a natural and enjoyable substance which can lead to intoxication, sedation and suppression of brain function (İlhan & Yapar, 2020). It plays a vital part in bonding and social engagement (Ritchie & Roser, 2018). In many societies worldwide, alcohol is widely used routinely in social environments therefore easy to overlook or ignore health and social damage related to alcohol drinking (İlhan & Yapar, 2020; WHO, 2022).

Alcohol consumption is linked to health risk factors, road accidents and crime (Ritchie & Roser, 2018) thus a major public health issue. Its misuses does not only impact the users, but also their families and society at large (İlhan & Yapar, 2020; Karriker-Jaffe et al., 2018). One person's alcohol misuse may affect others in the form of health (e.g., Injury, or spreading of infectious sexual diseases) or economic (e.g., Damage of property or misuse of family resources by spending on alcohol or maybe social (e.g., assault) (Karriker-Jaffe et al., 2018).

The Sustainable Development Goals (SDGs) aim at providing a more equitable and sustainable future for all people by 2030 (UN, 2019). Alcohol consumption is interconnected with several goals and targets of 2030 Agenda for Sustainable Development. To achieve the agenda, countries all over the world need to reduce alcohol-related harm and increase the chances of reaching the health targets (WHO, 2019).

2.1 Trends in alcohol misuse worldwide

Alcohol consumption pattern and amount is different in different parts of the world (Degenhardt et al., 2018). Generally, a standard drink is used to refer to 10 grams of pure alcohol consumed by a person (IHME, 2018). A single standard alcoholic drink is equal to 10 grams of ethanol which is also equal to 100 ml of wine which has an alcohol percentage of 13. Additionally, 375 ml of beer at 3,5% alcohol volume is equal to one standard drink (Bryazka et al., 2022; IHME, 2018). However, in United Kingdom, a standard alcohol drink is used to refer to 6 grams of pure alcohol. In Japan, Australia and the US, a standard drink refers to 20 grams, 10 grams and 14 grams of pure alcohol respectively (IHME, 2018). Worldwide, Spirit is the most form of alcohol consumed at 44,8%, followed by beer beverages and wine at 34,3% and 11,7 % respectively (WHO, 2019).

Heavy episodic drinking (HED), also called hazardous drinking or binge drinking, is known as drinking four or more standard drink for female and five or more for males on a single occasion (Meister et al., 2022). HED has reduced from 22,6% in 2000 to 18,2% in 2016 worldwide. The prevalence rate of heavy episodic drinking is highest among persons aged 15-24 years compared with other populations (WHO, 2019.)

Alcohol per capita consumption per year in litres of pure alcohol is an indicator of target 3.5 of the SDG that aims at strengthening, preventing and treating substance abuse which includes alcohol misuse (UN, 2015; WHO, 2019). Yearly, alcohol intake continued to rise worldwide from 5,5l per capita in 2005 to 6,4 l in 2016 (Mehta & Sheron, 2019). However, in 2018 globally, alcohol total intake reduced to 6,2 litres of pure alcohol per individual aged 15 years and above (Ritchie & Roser, 2018; WHO, 2022). The map below (figure 1). illustrates alcohol consumption per person aged 15

years and above in 2018 measured in litres of pure alcohol in different parts of the world (Ritchie & Roser, 2018). Currently, alcohol consumers drink about 32,8 grams of pure alcohol per day. This is slightly 20% higher in the African region and 20% lower in the South-East Asia region (WHO, 2019).

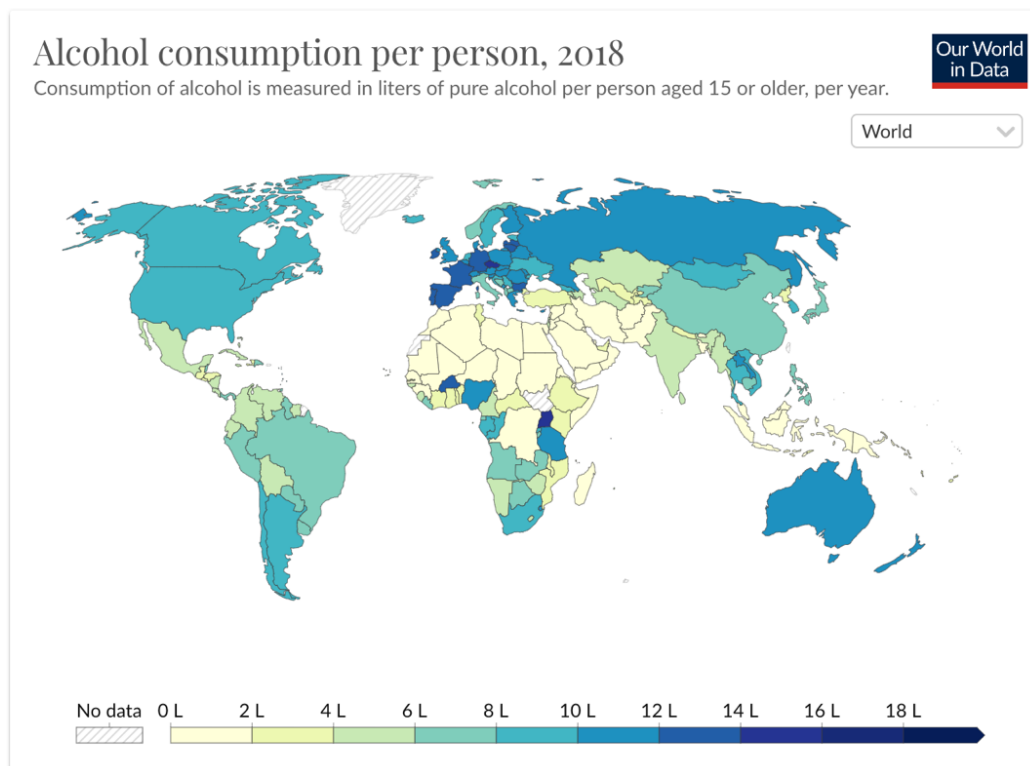


Figure 1. Alcohol consumption per person in 2018 (Ritchie & Roser 2018, CC BY)

Good economic affluence of countries is associated to higher alcohol intake and the occurrence of alcohol misuse (WHO, 2019). Commercial alcohol continues to fuel socioeconomic and health disparities especially in developing countries (Schmidt & Room, 2012). When poor households spend on alcohol, personal and family income takes a large toll compared to houses with a higher income. Poor households become susceptible to health-related problems and violence due to increases in alcohol intake and abuse (Rehm et al., 2006; Schmidt & Room, 2012). Alcohol-related burden of disease is highest in low-income and lower-middle-income countries compared to upper-middle and high-income countries (WHO, 2019).

Alcohol is least consumed in the north and middle east of Africa whereas, in Europe, alcohol intake is the highest at around 15 litres per person per year (Ritchie & Roser, 2018). According to projected consumption globally, alcohol intake is expected to increase to 7,0 l by 2025 with a remarkable increase of 2,2 l in India alone (Mehta & Sheron, 2019; WHO, 2019). Alcohol consumption for persons of 15 years and above is predicted to rise in Western Pacific, America and Southeast Asia by 2025 (WHO, 2019).

Since 2000, the number of people misusing alcohol in Europe region, Africa, the Eastern Mediterranean and the Americas has declined. However, alcohol intake has risen in the Western Pacific region from 51,5% in 2000 to 52,8% in 2018 while remaining stable in the Southeast Asia Region (WHO, 2019).

Young people face higher health risks from alcohol intake and misuse (Bryazka et al., 2022). In different countries, persons aged 15 years and above drink alcohol in different amounts. Total alcohol capital consumption worldwide for persons aged 15 years and above increased by 0,9 litres in 2005 to 6,4 litres in 2010 and 2016 (WHO, 2019). Globally, about 2,3 billion individuals were alcohol consumers in 2018 (Poznyak & Rekve, 2018). Alcohol consumption in Eastern Mediterranean, America, Africa, and region has remained the same but reduced from 12,3 litres in 2005 to 9,8 litres in 2016 in the European region. For the same period, alcohol intake has risen in WHO Western Pacific and South-East Asia regions (WHO, 2019.)

Globally, a quarter of persons of 15-19 years consume alcohol summing up to about 155 million adolescents. Adolescents' alcohol consumption is more prevalent in the European region at 43,8% trailed by America and the Western Pacific region at 38,2% and 37,9% respectively. School survey indicates that in Europe and America, alcohol consumption for students aged 15 years and above ranges from 50-70% (WHO, 2019.)

In Europe, about two-thirds of those aged 15 and above drank alcohol in 2017 (IHME, 2020). In 2020, about 1,34 million people used alcohol harmfully worldwide of which 76,7% were male and 59,1 % were aged 15-39 years (Degenhardt et al., 2018; IHME, 2020). However, in all countries, men drink more alcohol compared to women (Ritchie & Roser, 2018; WHO, 2019). All over the world, the occurrence of women's alcohol intake has reduced in many areas except in Southeast Asia and the Western Pacific region (WHO, 2019). Figure 2 shows the share of men versus the share of women that took alcohol in 2016 in different parts of the world. Alcohol consumption by women is almost less than half the rate of men in low to mid-range countries (Ritchie & Roser, 2018).

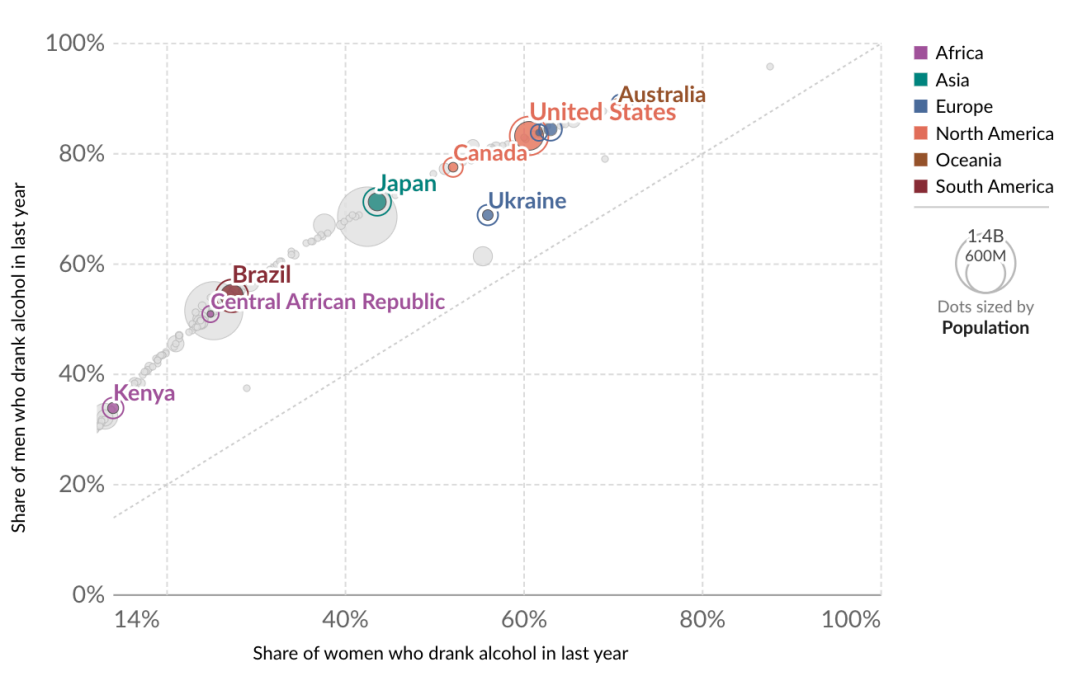


Figure 2. Men vs women who took alcohol in 2016 (Ritchie & Roser 2018, CC BY)

The prevalence of HED is high in men compared to women (WHO, 2022). In the USA in 2016, 60,7% of women consumed alcohol compared to 80 % of men. In Finland over the same period, 61,7% of women drank alcohol compared to 83,8% of men. While in the United Kingdom, 63% of women consumed alcohol in 2016 compared to 84,3 % of men over the same period (Ritchie & Roser, 2018.)

Worldwide, it is estimated that about 46 million women and 237 million men have alcohol use disorder where prevalence is highest in Europe followed by the Americas (WHO, 2019). In 2020, around 1,34 billion people drank alcohol of which 59,1% were aged 15 to 39 years where 1,03 billion were males and 0,312 were females. Globally, in 2020 males living in central Europe, Australasia and Western Europe misused alcohol more compared to the rest of the world (Bryazka et al., 2022). Figure 3 indicates a detailed gender comparison of alcohol intake in the United Kingdom in 2016. New guidelines and policies should be brought up focusing on males aged 15 to 39 years for they are at the highest risk of harmful alcohol consumption globally (Bryazka et al., 2022).

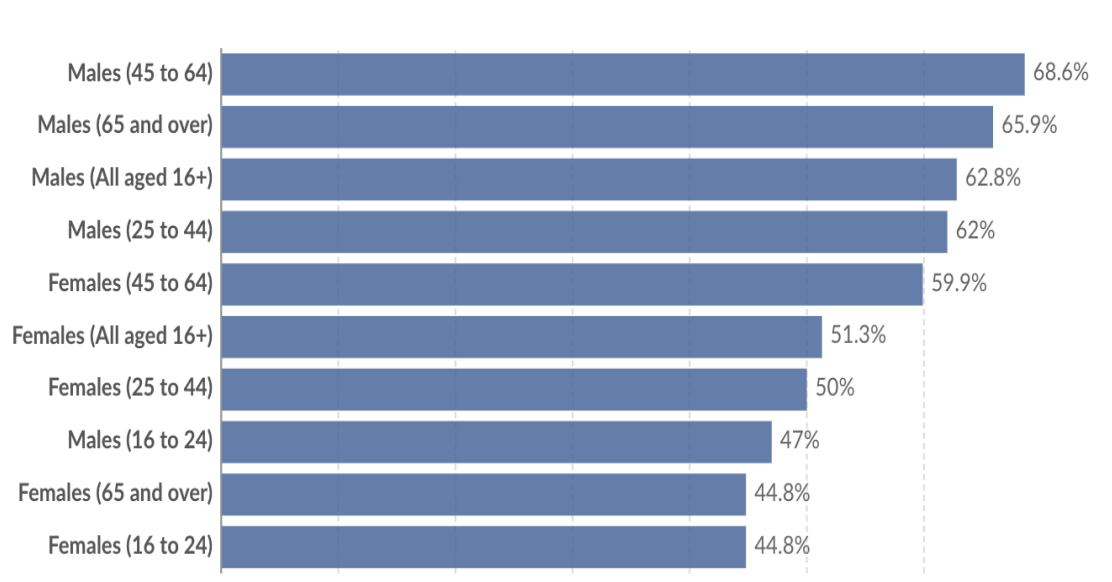


Figure 3. Share of men and women who drank alcohol in 2016 in the United Kingdom (Ritchie & Roser 2018, CC BY)

Alcohol abuse is related with high rate of injuries among young people thus leading to loss of life and an increase in disability in later age (Bryazka et al., 2022; IHME, 2018). Some of the health risk outcomes related to alcohol consumption are cancer, cardiovascular diseases and injuries (Bryazka et al., 2022). It is a major cause of premature death and disability for persons of 15 to 49 years contributing about 10% of their mortality (WHO, 2022). In 2016, it was 7th in cause of death disability (Mehta & Sheron, 2019). Its consumption leads to up to 3 million losses of life annually, leading to disabilities and poor health for millions of people worldwide (Ritchie & Roser, 2018; WHO, 2022).

Among adolescents of 15-19 years, about a quarter (26,5%) drink alcohol with the highest prevalence in WHO European countries followed by America (Poznyak & Rekve, 2018). In America, Europe, and the Western Pacific more than half of the population drink alcohol with Europe having the

highest alcohol consumption per capita. Figure 4 below shows alcohol consumption per person in 2018 for individuals aged 15 years and above in different countries around the world. Seychelles had the highest alcohol consumption of 20,5 l per person followed by Uganda at 15,09 l. In the same year, the United Kingdom and Finland had alcohol consumption of 11,19 l and 10,78 l respectively (Ritchie & Roser, 2018).

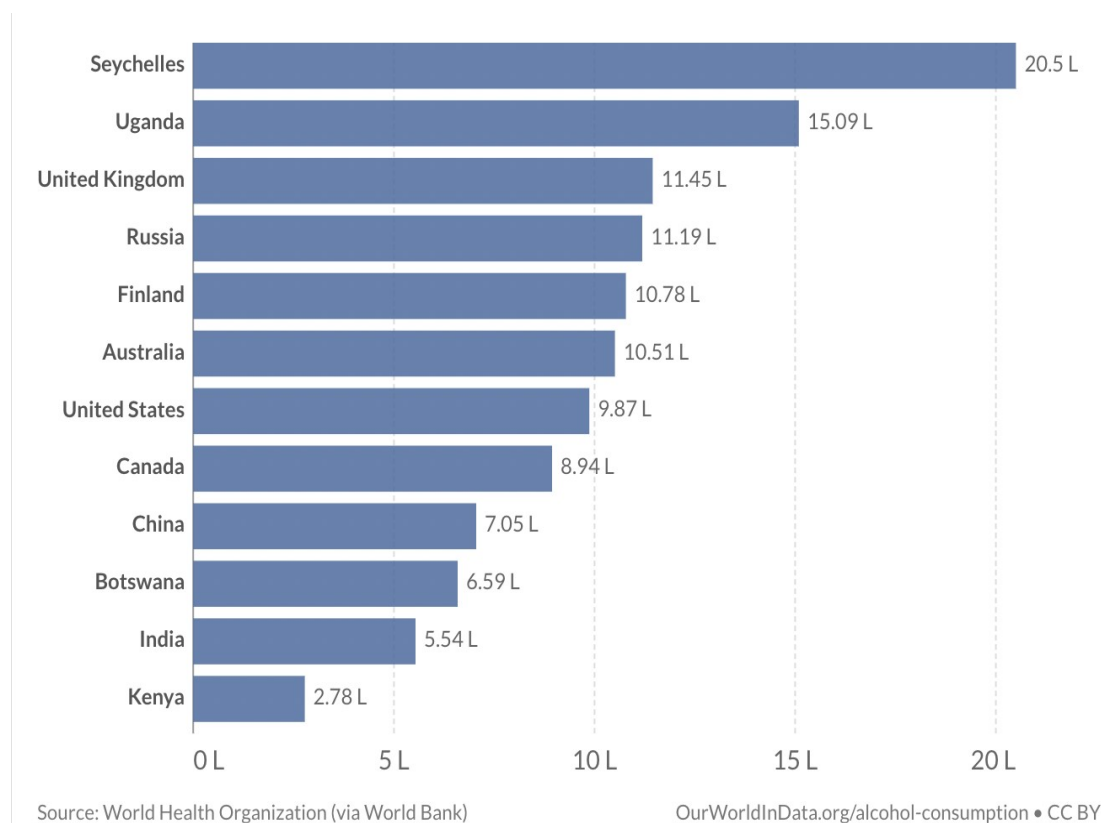


Figure 4. Alcohol Consumption per person aged 15 years and above in 2018 (Ritchie & Roser 2018, CC BY)

2.2 Health impact of alcohol misuse

Alcohol use and misuse is a risk factor for deaths and disability (Griswold et al., 2018). The risk associated with alcohol highly depends on age and the person's underlying health conditions (IHME, 2020). Recent research shows that people aged 15-39 experience no health benefits from drinking alcohol (Bryazka et al., 2022). However, alcohol helps decrease factors associated with stroke, cardiovascular illness, and diabetes for people aged 40 years and above and if they drink 1-2 standard drinks per day (Degenhardt et al., 2018; IHME, 2020).

Continuous excessive alcohol intake can lead to negative health-related issues in the short term as well as the long term (Nuffield Trust & The Health Foundation, 2022). Alcohol is the cause of more than 200 diseases and injuries. Individuals who consume alcohol are predisposed to diseases which include tuberculosis, injuries, breast cancer, liver cirrhosis, diabetes, cardiovascular diseases, and mental and behavioural disorders (Bryazka et al., 2022; WHO, 2023). Alcohol-related diseases accounts for about 5,1 % of all diseases and injuries worldwide (Aslam & Kwo, 2023). In the United Kingdom, more than three-quarters of alcohol-related deaths are caused by alcoholic liver disease. Figure 5 below shows the numbers of alcohol-related deaths registered in 2020 of different age

groups and their cause in the UK. Alcohol liver disease was the leading factor followed by alcohol-related mental health and behavioural disorders for all ages (ONS, 2021.) Globally, alcohol-related liver cirrhosis is estimated to be 23,6 million (Aslam & Kwo, 2023).

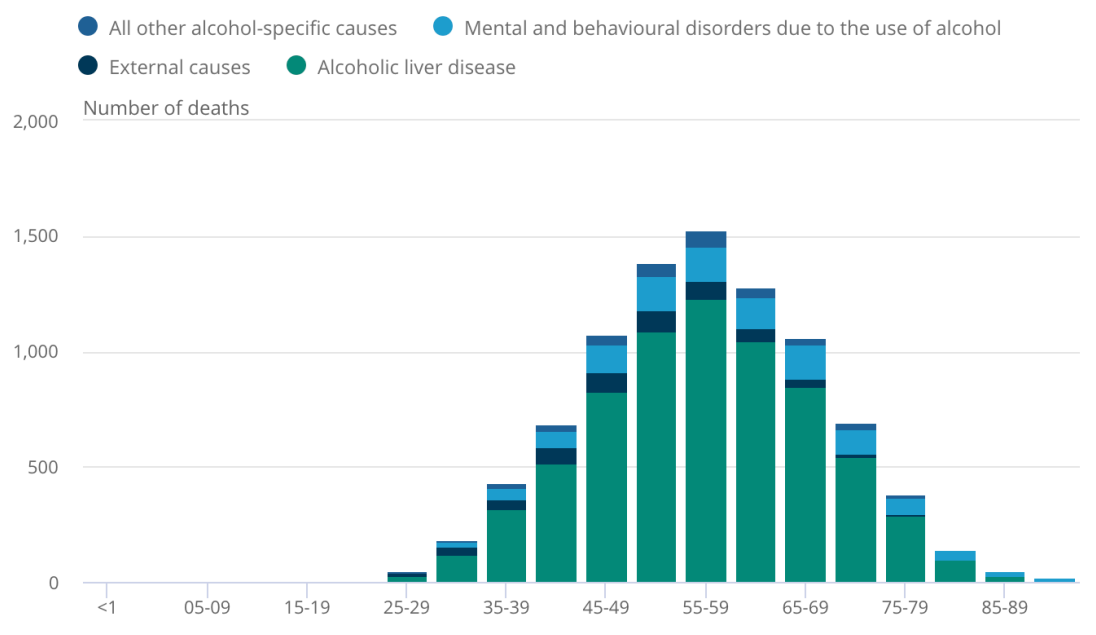


Figure 5. Causes of alcohol-related deaths in different ages in the United Kingdom (ONS 2021, CC BY)

Alcohol misuse is one of the leading factors in the burden of diseases worldwide. Misuse of alcohol contributes to 5,1% of the global burden of disease. It is responsible of 7,1% and 2,2 % for male and female global burden of disease respectively (WHO, 2022). In 2019 around 2,4 million deaths were associated with alcohol use disorders. About 49,3 % of cirrhosis cases were associated with alcohol misuse in the same year (IHME, 2020). India has the highest number of liver disease deaths with Asia alone accounting for one-fifth of all cirrhosis deaths worldwide (Mehta & Sheron, 2019). In 2016 cause of death for persons of 15-49 years were alcohol-related of which 12,2 % of males and 3,8% of females' deaths were attributed to alcohol consumption (Mehta & Sheron, 2019).

Alcohol abuse causes higher mortality than diseases such as diabetes, HIV/AIDS, and tuberculosis (Poznyak & Rekve, 2018). In 2016, harmful use of alcohol led to about 132,6 million disability-adjusted life years (DALYs) worldwide (WHO, 2019). DALY's are used to indicate the total burden of disease. One DALY is equal to a loss of one year of healthy life for both genders aged above 15 years (IHME, 2019). DALYS related to alcohol intake were high in Europe followed by the Americas (WHO, 2019). Figure 6 shows alcohol misuse and disorders' burden of disease globally in 2019.

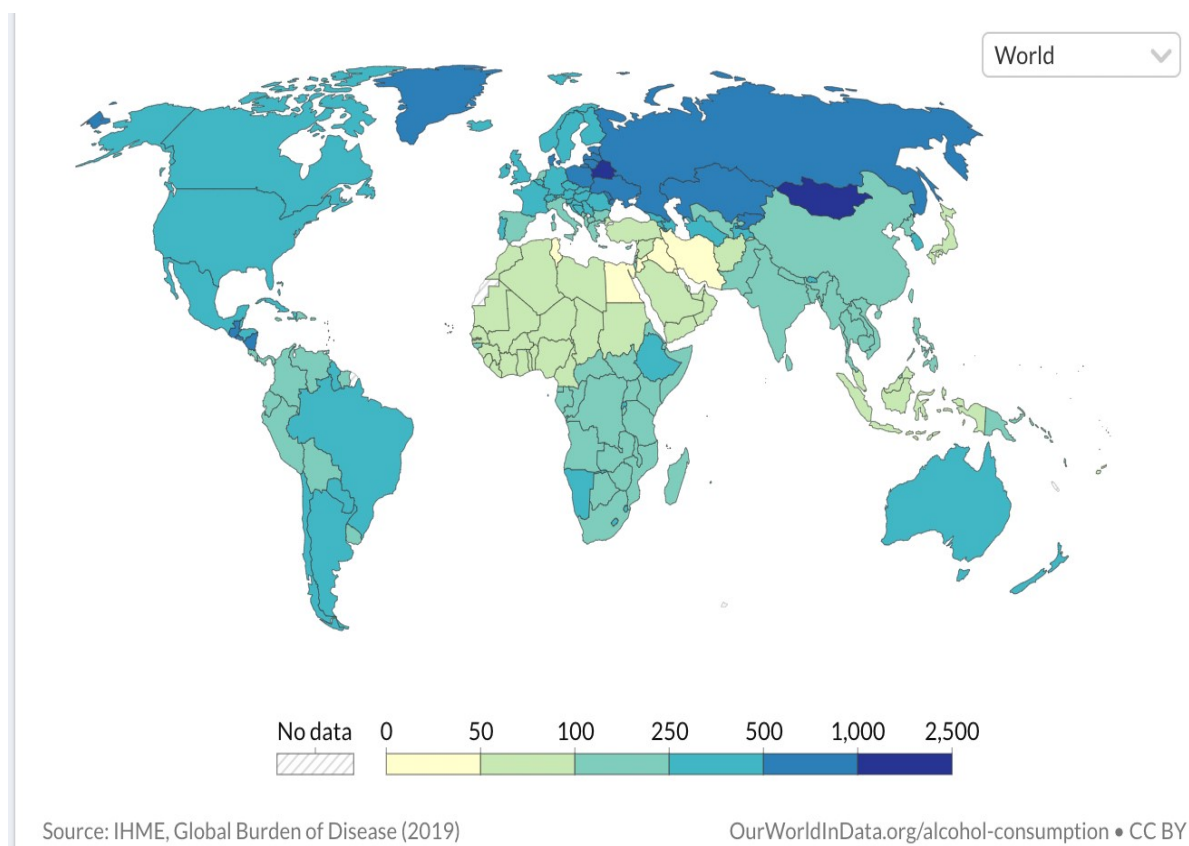


Figure 6. Alcohol Misuse and disorders burden of disease 2019 (IHME 2019, CC BY)

In 2016, alcohol abuse was ranked seventh as a leading factor in mortality and disability-adjusted life years (DALYs) (Mehta & Sheron, 2019). It accounted for 2,2% and 6,8% of deaths of females and males worldwide respectively. For people aged between 15-49 years old, alcohol-related death was the leading factor with 3,8 % female deaths and 12,2% male death. In the same age group, alcohol contributed to 2,3% of DALYs in females and 8,9% of DALYs in males (Griswold et al., 2018.) Injuries and digestive diseases were the leading causes to burden on alcohol-associated death and DALYs in both men and women in 2016 (Poznyak & Rekve, 2018).

In 2016, around 49% of alcohol related DALYs were related to noncommunicable and mental health diseases while 40% were caused by injuries. For the same year, injuries, alcohol use disorders and digestive diseases were the leading burden of alcohol-related associated to deaths and DALYS for men whereas cardiovascular diseases, injuries and digestive diseases were for women (WHO, 2019.) Between 2006 and 2019, mortality related to alcohol United Kingdom remained constant varying between a high of 11,3 in 2008 and a low of 10,0 deaths in 2012 per 100,000 population (Nuffield Trust & The Health Foundation, 2022). However, in 2020, there were 13,0 deaths per 100,000 population which was an 18,6% increase in alcohol-related deaths compared to 2019. The rate of alcohol-specific death for males in 2020 remained double compared to that of females for the same period (ONS, 2021(Nuffield Trust & The Health Foundation, 2022).

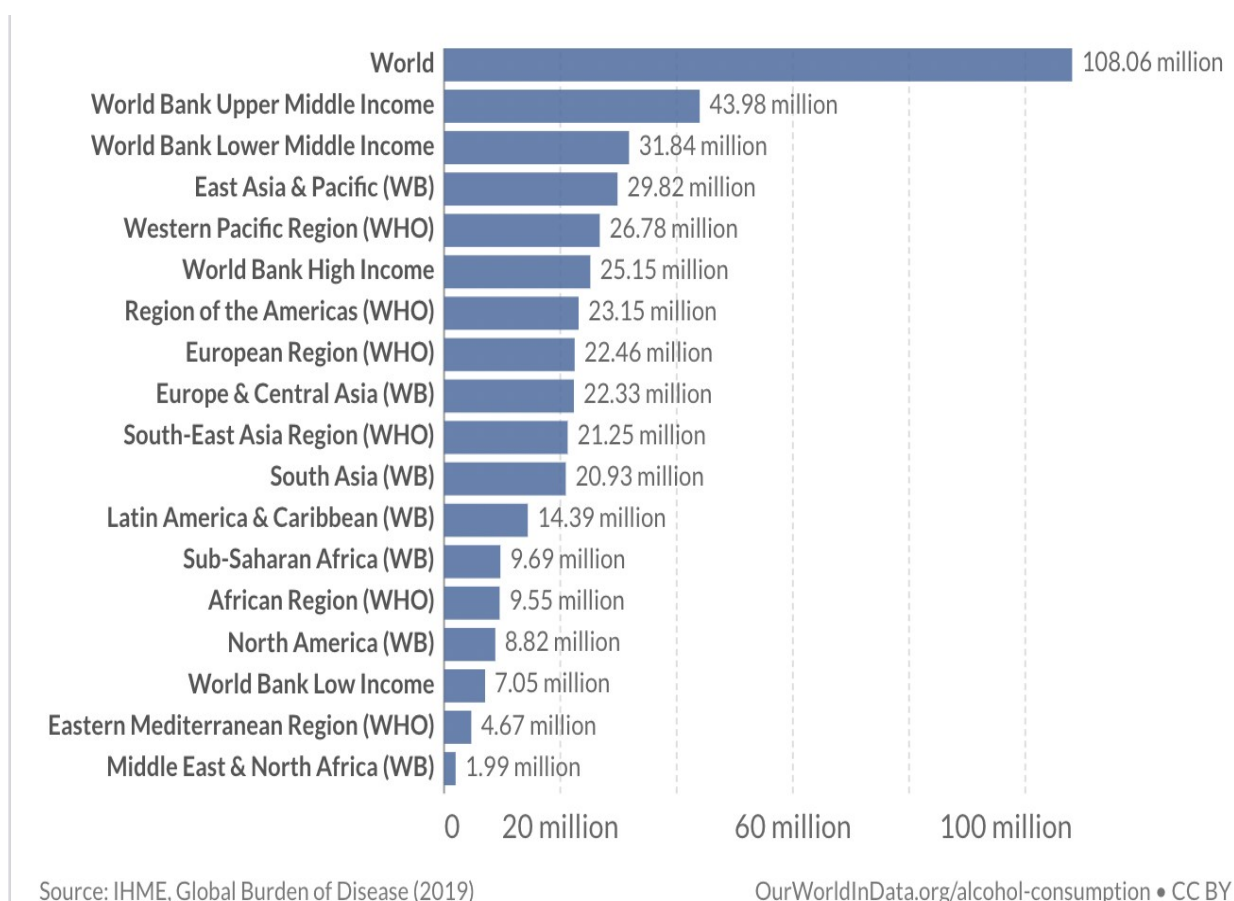


Figure 7. Number of people with alcohol disorders in different regions in 2019 (IHME 2019, CC BY)

Worldwide in 2019, a total of 108,06 million people had alcohol misuse disorders with more disorders experienced in World-Bank upper middle-income countries at 43,98 million compared to lower middle income which stood at 31,84 million (Figure 7 above). The figure further illustrates the region that had the lowest alcohol disorder was Middle East and North Africa at 1,99 million people. In the United Kingdom over the same period, 2,21 million people experienced alcohol use disorder of which 478,000 were female and 1,73 million were men as shown in figure 8 below (IHME, 2019.) The figure indicates alcohol disorder in the United Kingdom compared to different regions worldwide in 2019. For the countries included in the comparison, China had the highest number of alcohol disorders at 20,8 million followed by India at 15,89 million (IHME, 2019.)

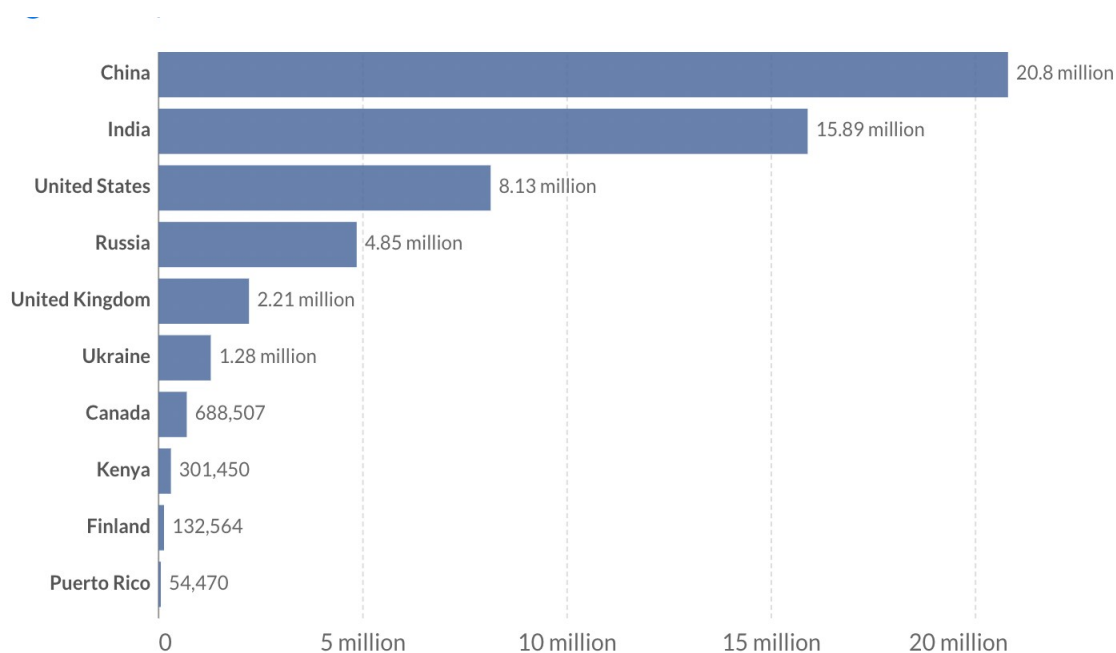


Figure 8. Number of people with alcohol disorders in the United Kingdom compared to different regions worldwide in 2019 (IHME 2019, CC BY).

Like many countries globally, generally, men in the United Kingdom drink more than women. In 2016, research conducted in the country showed that 62,8 % of men aged 16 years and above who took part in the research drank alcohol compared to the females of the same age whose rate stood at 51,3%. In the same research, about 8,7% more men aged 45 to 64 years drank alcohol compared to females of the same age (ONS, 2018).

As shown in Figure 9 below, alcohol disorder in the United Kingdom is more prevalent in individuals aged 30-34 years. In 2019, approximately 6,56 % of the population in that age group was believed to have alcohol misuse disorders closely followed by 25- 29 years old at 6,19 %. The mean of individuals with alcohol disorders for all ages was at 3,49% of the total population. Individuals older than 70 years and those less than 14 years had the lowest prevalence of alcohol misuse disorders at 1,23 % and 0,2% respectively (IHME, 2019.)

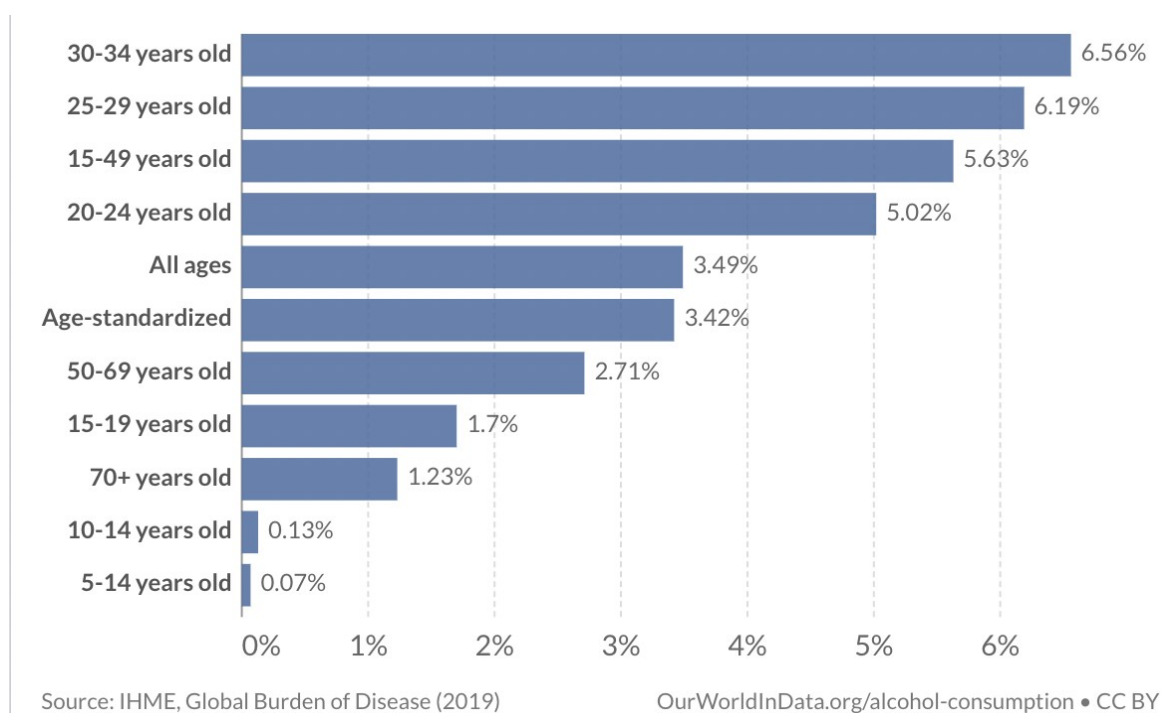


Figure 9. Alcohol misuse disorder Prevalence in different age groups in the UK (IHME 2019, CC BY)

Alcohol misuse and consumption leads to high medical, economic and societal burden (Aslam & Kwo, 2023; OECD, 2021). Excessive alcohol consumption increases the prevalence of diseases leading to a cost of about USD 61 per capita annually, in extra health care expenditure adjusted for purchasing power parity (PPP). This is equivalent to roughly 2,4% of the total healthcare spending in OECD nations (OECD, 2021.) In the United Kingdom, alcohol abuse is anticipated to cost the government about 3,5 billion per year and cost the society roughly 21 billion annually (Nuffield Trust & The Health Foundation, 2022). Diseases related to alcohol consumption decrease labour force employment and productivity for about 32,7 million full-time workers per year across OECD nations which is equal to 0,62% of the total workforce. Altered in economic value, those countries lose roughly USD PPP 595 billion per year (OECD, 2021.)

2.3 General causes of alcohol misuse and interventions

Globally, different people drink and misuse alcohol for different reasons. In many parts of the world, people misuse alcohol to raise their mood, socialize or due to stress (Sattarovna et al., 2021). Studies indicate that persons who experience social and economic disadvantages are at risk of adopting alcohol abuse as a mechanism to cope (L. Jones & Sumnall, 2016). Most people who misuse alcohol are aware that alcohol misuse can cause health-related issues. However, the awareness is not sufficiently understood to motivate them to stop or reduce their alcohol intake (Sattarovna et al., 2021).

A study conducted in Europe, Asia, and North America revealed that alcohol consumption is highly related to alcohol marketing. There was a clear association between exposure and subsequent binge or hazardous drinking especially for the youth. Young people who are exposed to alcohol advertisement are more likely to be involved in binge and hazardous alcohol drinking (Jernigan et al., 2017.)

A study conducted in America in 2015 identified that a lack of training and concern to address the issue of alcohol misuse led to a lack of effective intervention in alcohol misuse management (Berger & Bradley, 2015). Despite the economic and health effects associated with alcohol, few middle- and low-income nations have a clear laid out alcohol policies and few allocate funds to implement the policies (Mehta & Sheron, 2019). Measures and policies to prevent its misuse are not properly implemented leading to an increase in alcohol-related illnesses tremendously across the world (İhan & Yapar, 2020).

Alcohol misuse can be reduced if effective actions, interventions and policies are put in place to protect those vulnerable to alcohol misuse (WHO, 2010). It is essential to improve services that meets the needs of persons identified with alcohol misuse. Education of the healthcare professionals, training, collaboration and coordination of services helps in diagnosing and handling of alcohol misuse (Crome & Crome, 2018). Specific intermediations, e.g. alcohol counselling in primary care, can have small to medium impact on the persons who misuse alcohol. In addition, some of the interventions that can be considered include regulation of advertisements, soberness checkpoints and alcohol taxation (OECD, 2021.) which can affect people's, especially the young people, in making decisions related to drinking alcohol (Jernigan et al., 2017).

To cap alcohol consumption, many countries have made efforts to develop new policies and strengthen the existing ones. The choices for the type of policy interventions to implement rely on each country and are based on their assessment of various trade-offs (WHO, 2019). If well implemented, policies may significantly reduce alcohol misuse and return decrease the burden related to alcohol intake and improve population wellbeing (OECD, 2021). Countries can benefit from creating, applying, monitoring and assessing their alcohol policies to reduce alcohol misuse (WHO, 2010). Levying, open alcohol intake bans, advertisement limitations and minimum legal age are some of the effective actions taken by different states worldwide as a measure to reduce alcohol consumption (Stockings et al., 2016).

Lack of information on the impact of alcohol abuse on health is a major contributor to alcohol misuse (Sattarovna et al., 2021). Creating more awareness and education on the severity of excessive drinking, and the effectiveness of moderate and responsible drinking would help individuals avoid developing the problem of alcohol misuse (Kleinot & Rogers, 2015).

3 RESEARCH PURPOSE AND OBJECTIVES

The research aims to identify the causes of alcohol misuse in the United Kingdom with specific objectives to identify interventions for alcohol misuse that are user-tailored and create awareness of the causes and underlying factors associated with alcohol misuse in the United Kingdom.

The research questions are:

1. What are the causes of alcohol misuse in the United Kingdom?
2. What measures can be used to detect and prevent alcohol misuse in the United Kingdom?

4 RESEARCH METHOD AND LITERATURE RETRIEVAL

Research methods outline paths used in research to obtain its purpose and aims (Polkinghorne, 1989). This is a systematic literature review research applying the integrative review method. The integrative review aims at synthesizing and evaluating existing data on a topic to provide comprehensive insights and perspective (Cronin & George, 2023; Souza et al., 2010; Whittemore & Knafl, 2005). It involves identifying a research topic, searching already existing studies on the topic, evaluating them critically and identifying applicable insights and perspectives of the research topic (Souza et al., 2010; Toronto, 2020). The researcher uses their analysis to arrive at or deduct a holistic understanding of what various studies demonstrate about a specific topic (Cronin & George, 2023). It is comprehensive and diverse, it allows the inclusion of experimental and non-experimental research to completely comprehend a topic (Hopia et al., 2016; Souza et al., 2010; Toronto, 2020, p. 4; Whittemore & Knafl, 2005). Integrative review has straight pertinency to practice and policy (Whittemore & Knafl, 2005).

An integrative literature review consists of 5 stages i.e., topic identification, data collection, data evaluation, data analysis and presentation (Hopia et al., 2016; Toronto, 2020, p. 9; Whittemore & Knafl, 2005).

Topic identification requires the researcher to identify a problem/topic to be reviewed, a variable of interest (target population) and an appropriate sampling frame (Whittemore & Knafl, 2005). The topic should be specific and clearly stated as a research question or hypothesis (Ganong, 1987). Research questions and the purpose of the research should be clearly defined during the topic identification phase (Hopia et al., 2016; Toronto, 2020).

4.1 Data collection

Data collection, also known as the literature search phase, comprehensive and replicable search strategies are applied to collect data for the research (Hopia et al., 2016; Toronto, 2020, p. 6) The data search and collection process should be clearly stated including the search terms, the database used, searching strategies, inclusion and exclusion terms to govern the relevance of the materials used in the research (Hopia et al., 2016). Data collected is then evaluated in the next phase of the

research. In data evaluation, the quality of the method and relevance of the selected data is appraised (Toronto, 2020, p. 6). In the data analysis phase, the data is coded, ordered, categorized, and summarized into integrated conclusions that answer the research problem (Whittemore & Knafl, 2005). The analyzed data findings are then presented, and the limitation of the review is mentioned in the final stage of the presentation (Toronto, 2020, p. 7; Whittemore & Knafl, 2005).

For this research, data was obtained from CINAHL Ultimate and PubMed databases because they both provide data resources for nursing and health research. Thus, the most suitable for the research topic.

4.2 Inclusion and exclusion criteria

Search concepts should be well stated to identify effective search terms (Webb & Roe, 2008, p. 5). Clearly stated search strategies are crucial to improve the rigour of the research and prevent incomplete and prejudiced data (Whittemore & Knafl, 2005).

Following consultation with a research librarian and the use of research questions as a guide, inclusion criteria deemed appropriate for the research were data published between 2017 and the present, using English language and the United Kingdom as the location. Search terms shown in Table 1 were applied using Boolean search tools ("alcohol dependence" OR "alcohol abuse" OR "alcohol addiction" OR "alcohol misuse") AND ("Great Britain" OR "United Kingdom" OR "Britain"). Figure 10. shows the inclusion and exclusion criteria applied in the data collection process.

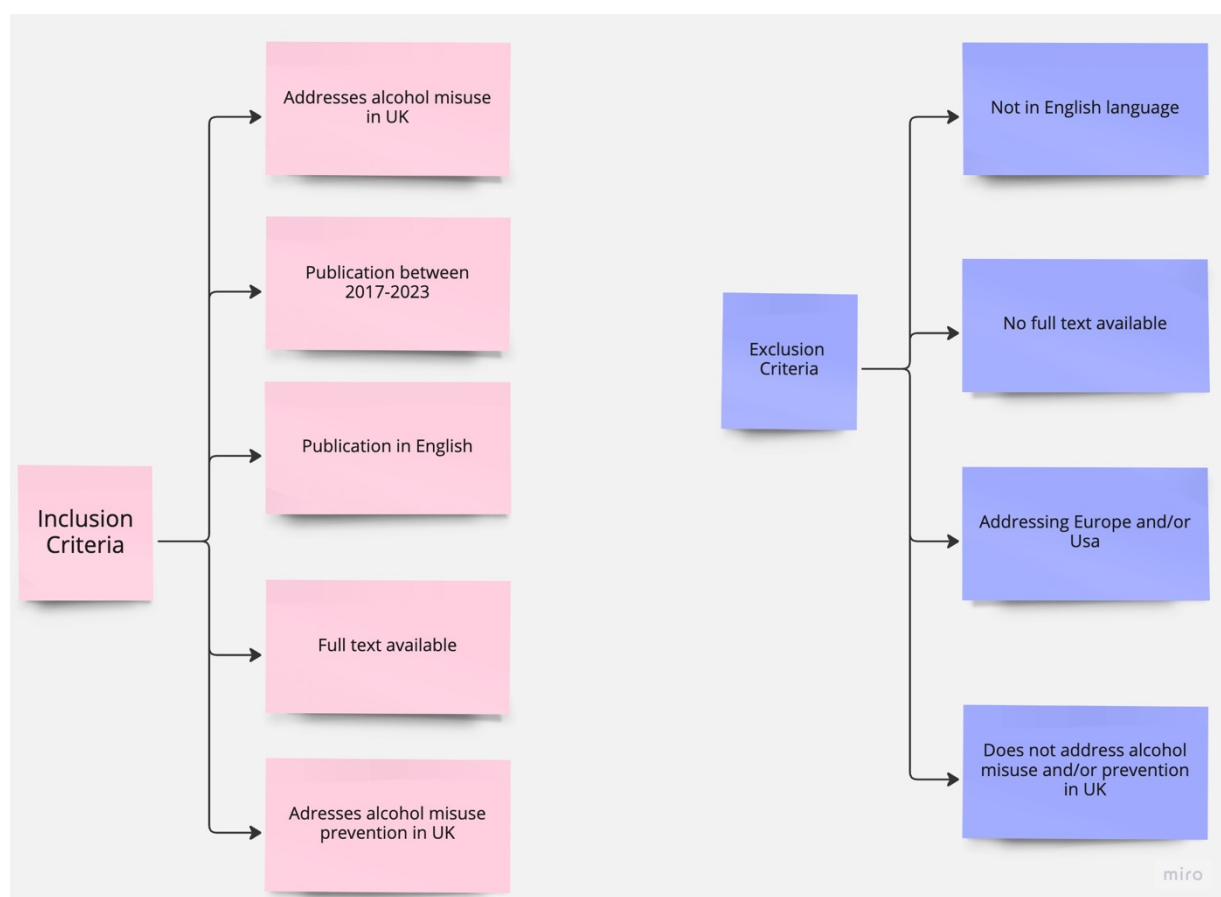


Figure 10. Inclusion and exclusion criteria applied in the data collection process.

4.3 Implementation of data retrieval

The initial search was done in CINAHL ultimately followed by PubMed. Appendix 1 shows the data collection process in CINAHL Ultimate and PubMed. Only data published in English language were considered for review. Articles published between 2017 and to present were included in the research to ensure that only the most recent available information is utilized in the research. Figure 11 depicts the flow of data search, inclusion, and exclusion process for each stage of data collection along with the relevant and irrelevant articles at each stage.

The initial search without limiters resulted in PubMed $n=410$ and CINAHL Ultimate $n=924$. In PubMed 295 and CINAHL Ultimate 845 articles were excluded to narrow down the search results by applying result limiters time, language, and full text. PubMed $n=115$ and CINAHL Ultimate $n=79$ articles were reviewed for inclusion.

In the first step, the title, and abstracts of the 194 articles obtained from both research resources were reviewed to identify those to be included for further analysis. For a study to be included in the research, it was essential for the articles to address the causes of alcohol misuse and/or address ways to detect/prevent alcohol misuse in the United Kingdom. After applying those selection criteria, a total of PubMed 94 and CINAHL Ultimate 63 articles were excluded resulting in PubMed $n=21$ and CINAHL $n=16$. Six articles were deemed to be similar in both databases thus being removed resulting in $n=31$ articles for data analysis. The resulting articles were then appraised using the JBI appraisal checklist tools for systematic reviews and research syntheses to ensure the maintenance of rigour and trustworthiness of the data. The final articles ($n=16$) were used in the next phase of data analysis.

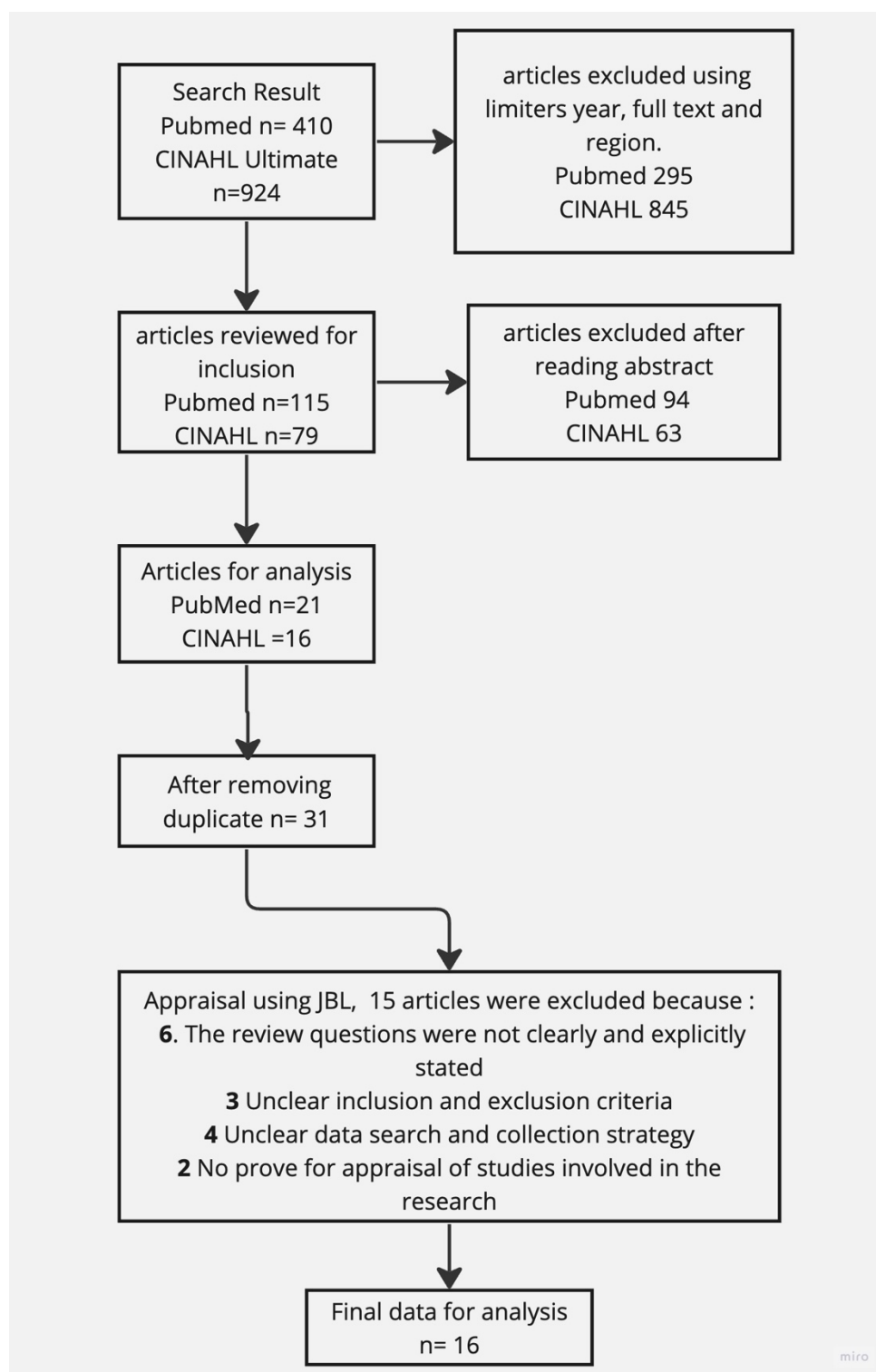


Figure 11. Prisma Flow diagram for data retrieval

4.4 Data analysis process

Thematic content data analysis was applied in the research using qualitative data analysis software MAXQDA 2022. Thematic content analysis is a technique used to analyze data by creating defined categories to better analyze and interpret the data (Harwood & Garry, 2003; Vaismoradi et al., 2016). It is a systematic coding of data used to identify, analyze, and report patterns (themes) within data (Anderson, 2007; Vaismoradi et al., 2013). The goal of the analysis is to increase the

quality of the results by associating the themes to the content that created the data (Downe-Wamboldt, 1992). Themes are the main results or trends obtained from a data set. It is obtained by comparing and merging codes to cluster together the entire data set (Vaismoradi et al., 2016). Table 1 below shows different phases that were followed when analyzing data using the thematic content analysis technique.

MAXQDA version 2022 is a qualitative data analysis software (QDAS) that can be used for content analysis (Oliveira et al., 2015). QDAS helps in organizing, exploring, and integrating the data. Having a platform that support data analysis activities create a systematic and organized way of working with qualitative data (Oswald, 2019). The software helped in organizing the data. Keeping electronic progress of the data analysis on the software helped in analyzing the data anywhere without concerns of losing progress and streamline analysis process, maintaining consistency of the process, and modelling data in a way that was not possible with manual methods thus allowing new insight and reflection. Data encoding process is demanding and can lead to errors in the application of codes to the data (Oliveira et al., 2015). The use of data analysis software helps in efficient data management, and improves methodology rigour, consistency, and analytical transparency (Kaefer et al., 2015; Oliveira et al., 2015).

Analysis Phase	Description
Data Familiarisation	Initial familiarisation with data to understand an overall message in the data and the main issues.
Creating Initial codes	The data was read and reread to identify recurrent patterns in research questions.
Searching for themes	The codes were grouped into broader possible themes and all data related to each potential theme.
Reviewing themes	The thematic map was created by cross-checking and ensuring that the themes answered the research questions.
Defining themes	The themes and codes were reviewed and revised and the results were summarised.

Table 1 Content analysis phasis and description of each phase.

To familiarize with the data, the author read through the selected articles to understand the overall message in each one of them and identify the main issues of the study. Following this, a table containing all research titles, authors and year published was created.

Using MAXQDA 2022, each research finding, results and discussion was read and open-coded based on the research questions. The open codes were then grouped into broader potential themes based on the research questions. Codes addressing causes of alcohol misuse in the United Kingdom were then grouped to one theme while codes that addressed measures used to detect and prevent alcohol misuse were grouped to another theme. Figure 12 shows examples of data collected, the initial code created from the data and the final theme. In the final step, a thematic map shown below in Figure 13 was created. The themes and codes were reviewed to ensure that no important data was left out.

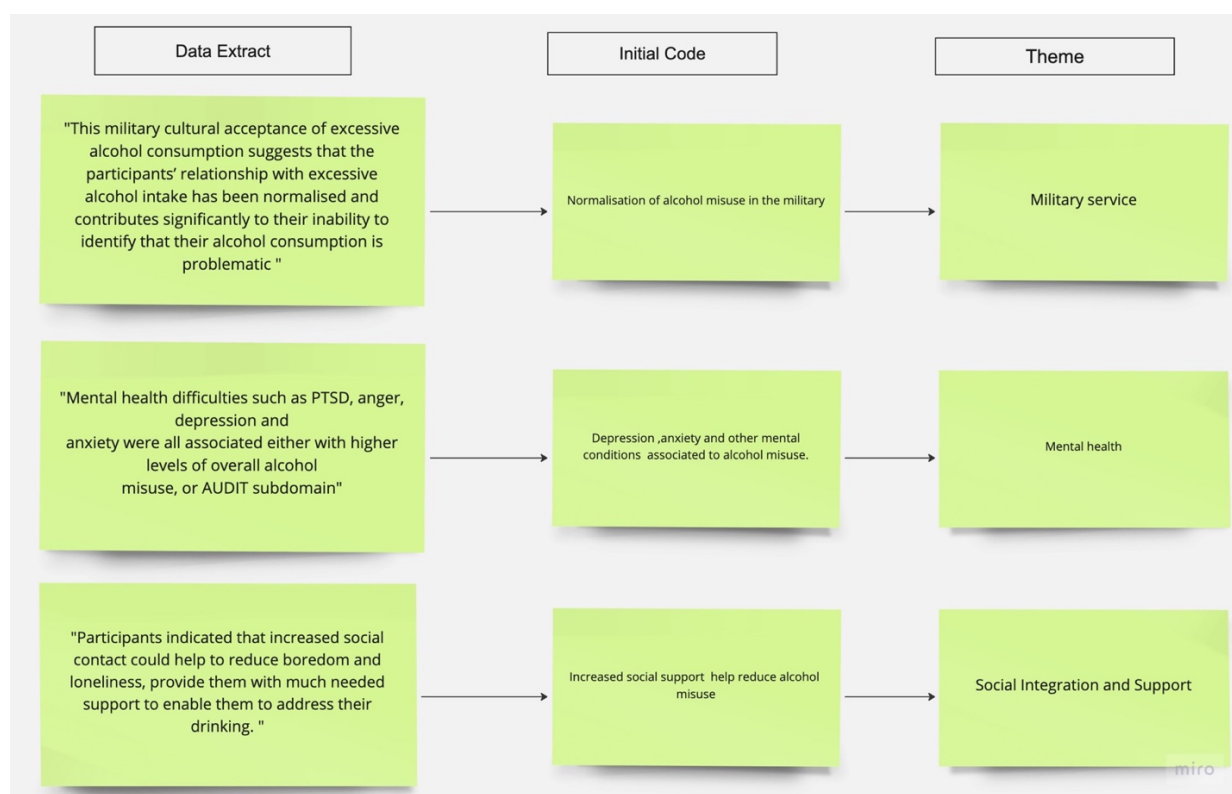


Figure 12. Example of the data coding process and Theme

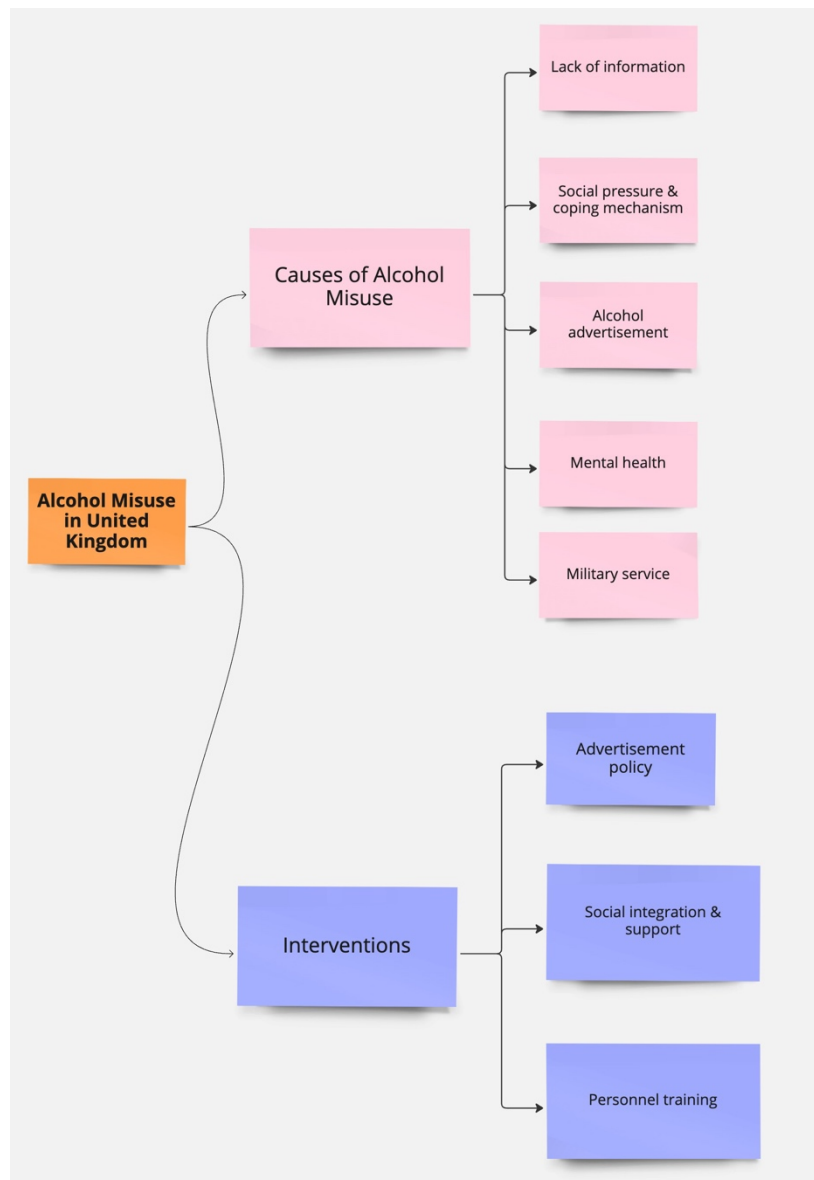


Figure 13. Thematic map of data analysis

5 THEME SUMMARY

After data analysis, 8 themes were obtained. The themes were grouped into two broad categories to answer the research questions. The themes related to causes of alcohol misuse in the United Kingdom were alcohol advertisement, military service, lack of awareness of the adverse effects of alcohol misuse, mental health-related health issues and social pressure and drinking to cope. Three themes related to interventions that can be implemented to cap alcohol misuse are social integration and support, personnel training, and new advertisement policies. Using direct quotation, the theme content were summarized as shown in the following sections below.

5.1 Alcohol advertisement

Data revealed that most people who misuse alcohol are influenced by alcohol advertisements carried out in different media. Alcohol advertisements attracts new drinkers and appeal current alcohol consumers to consume more. Adolescents are more prone to alcohol advertisements because alcohol is more salient among their peers. Additionally, alcohol misusers undergoing treatment are prone to relapses due to exposure to alcohol advertisements.

"We found that the alcohol adverts investigated in this study appealed to between a third and a half of UK adolescents below the legal purchase age. For all three adverts, positive reactions were more prevalent among 14–17-year-olds than 11–13-year-olds." (Boniface et al., 2022, p. 5).

"Among the 1520 never drinkers, positive reactions to each of the alcohol adverts were associated with susceptibility to drinking among never drinkers, with around 1.5 times increased odds in each case." (Boniface et al., 2022, p. 8)

"Alcohol marketing potentially influences consumption in a variety of ways, including attracting new consumers and increasing existing consumers' consumption." (Boniface et al., 2022, p. 6)

"...Heavy or problem drinkers respond differently in response to alcohol cues than light or social drinkers on measures of psychophysiology, attentional bias, cognitive processing, urges to drink and positive affect." (Babor et al., 2017, p. 94)

"...participants in an alcohol treatment program who exhibited increased cue-elicited alcohol craving had higher odds of relapse, and among alcoholics undergoing in-patient treatment 8–10% of the variance in alcohol consumption after discharge was explained by the desire to drink after cue–cue–cue-reactivity sessions." (Babor et al., 2017, p. 96)

"Children may be more susceptible to media imagery because they cannot compensate for biases in advertising portrayals and glamorized media imagery." (Babor et al., 2017, p. 14)

5.2 Service in the military

Serving the military emerged as another common factor that contributed to or led to alcohol misuse in the United Kingdom. In the military, alcohol consumption is viewed as a normal routine in the quest of building morale, a mechanism of dealing with stress or a means of building teamwork.

"Evidence indicates that alcohol misuse within the UK Armed Forces (UK AF) population is higher than in the UK general population, with estimates of increased risk drinking levels ranging from 39% to 67% of the total service population." (Dermont et al., 2020, p. 287)

"Both military samples reported higher levels of alcohol misuse than the general public." (Murphy & Turgoose, 2019, p. 16)

"Personnel who may be more likely to embrace the military culture or be readily influenced by it, such as young people, might misuse alcohol." (Irizar et al., 2020, p. 266)

"Still serving in the military was also a risk for drinking due to social pressure." (Irizar et al., 2020, p. 263)

"Military personnel may use alcohol to cope with stress or symptoms of a mental health problem." (Irizar et al., 2020, p. 265)

"This cultural acceptance of excessive alcohol consumption suggests that the participants' relationship with excessive alcohol intake has been normalized and contributes significantly to their inability to identify that their alcohol consumption is problematic." (Kiernan et al., 2018, p. 727)

"Alcohol was identified as a big part of the military culture that the participants experienced; it was often used as a bonding tool to build trust and camaraderie and featured heavily in the socialization of." (Kiernan et al., 2018, p. 728)

5.3 Lack of awareness of the adverse effects of alcohol misuse

Most people who misuse alcohol lack knowledge or awareness of the health effects alcohol consumption has on them. This theme emerged as a constant cause of alcohol misuse in the country.

"...empirical work indicates that this group tend to lack awareness of risks posed to occupational effectiveness and individual health." (Rushton & Lynch, 2019, p. 100)

"These stressors might be the outcome of problem drinking, lack of awareness of alcohol's adverse effects on one's life." (Spanakis et al., 2023, p. 200)

"It is argued that the participants' normalized relationship with alcohol prevented the individual from identifying that alcohol was causing them any difficulties. Subsequently, they would rarely, or never, report or discuss their drinking patterns with health or social care services." (Kiernan et al., 2018, p. 727)

"...the lack of insight that their addiction had on all other aspects of their life, therefore appeared paramount in delaying meaningful engagement with addictions services, resulting in the complex and complicated case presentations described." (Kiernan et al., 2018, p. 729)

"...military personnel may not recognize the risks of episodic heavy drinking or binge drinking considering that hazardous drinkers may not necessarily exceed weekly consumption guidelines." (Palmer et al., 2022, p. 67)

5.4 Mental health-related issues

According to the data, a lot of people in the United Kingdom misuse alcohol due to their mental health-related issues. Most mental health conditions such as post-traumatic stress disorder (PTSD), anxiety and depression are highly correlated with hazardous and alcohol-related misuse in the United Kingdom.

"...PTSD was associated with higher levels of alcohol misuse, as well as hazardous consumption and alcohol-related harm." (Murphy & Turgoose, 2019, p. 17)

"...anxiety, depression and PTSD reported higher drinking to cope motivations than those without a mental health problem." (Irizar et al., 2020, p. 262)

"Those with mental disorder symptoms were more likely to report higher drinking to cope." (Irizar et al., 2020, p. 263)

"Those who drink to cope with mental disorder symptoms are at heightened risk of alcohol misuse." (Irizar et al., 2020, p. 266)

"...alcohol misuse continues to be one of the most common mental health conditions...individuals who were misusing alcohol were less likely to seek professional support than those experiencing other mental disorder symptoms." (Dermont et al., 2020, p. 188)

"Severe drinkers in this study were characterized by pre-enlistment vulnerabilities and mental health problems." (Palmer et al., 2022, p. 67)

"Alcohol misuse was associated with the prevalence of common mental health disorders, PTSD and anger." (Murphy & Turgoose, 2019, p. 19)

5.5 Social pressure and drinking to cope

Social pressure and drinking to cope are another theme that emerged from the data. Some people misuse alcohol in the United Kingdom as a mechanism to deal with social pressure or as a way of coping with life situations such as loneliness and disturbing thoughts. The social peer pressure of living with friends leads to alcohol misuse with participants aiming to drink to fit in, be sociable or not to be left out.

"Personnel who reported frequent binge drinking reported higher drinking to cope and social pressure motivations." (Irizar et al., 2020, p. 262)

"Drinking to cope: To help you cope with distressing or disturbing thoughts: Because of loneliness; to escape from your troubles; to forget the past; to cheer up when you are in a bad mood." (Irizar et al., 2020, p. 262)

"Social pressure due Because your friends put pressure on you to drink; to fit in with a group; so you will not feel left out; to be sociable; to put you at ease with other people." (Irizar et al., 2020, p. 262)

"Those of a younger age reported higher drinking to cope and social pressure motivations." (Irizar et al., 2020, p. 263)

"Participants living with friends had the highest mean AUDIT score (13.57, SD 6.83) followed by those living with parents (9.13, SD 3.70)." (Foster & Canfield, 2017, p. 640)

"Those participants living with friends were more likely to report HD than those living alone." (Foster & Canfield, 2017, p. 640)

5.6 New advertisement policies

As an intervention to alcohol misuse, new alcohol advertising policies appeared as one of the themes from the data collected. There is a gap in current alcohol advertising policies that requires the introduction of stricter restrictions in different channels in the United Kingdom. Young people, adolescents, and people susceptible to alcohol misuse need to be protected from exposure and appeal to alcohol advertisements via bans of the adverts from different marketing channels.

"...introducing tighter restrictions or bans on certain types of media or different marketing channels. Other countries have alcohol advertising bans in place, such as Norway." (Boniface et al., 2022, p. 354)

"In the absence of bans on marketing, controls on what types of messages are permitted could also help to limit both exposure and appeal." (Boniface et al., 2022, p. 354)

"There are ample grounds for strengthening the protections used in many countries that limit exposure to potentially harmful marketing content, especially in light of evidence showing that industry self-regulation measures." (Babor et al., 2017, p. 98).

"If adequate protections cannot be implemented through this mechanism, then statutory regulation should be considered." (Babor et al., 2017, p. 99)

5.7 Personnel training

Most of the people who seek help for alcohol misuse raised a concern about the lack of proper training and support from the health workers offering alcohol misuse treatment. This lack of training emerged as a theme for personnel training of the front-line practitioners mandated to offer services and alcohol misuse treatment.

"...places the growth of practitioner skill and confidence at the heart of treatment provision; employs motivational methods to induce patient change." (Rushton & Lynch, 2019, p. 99)

"Clinicians require training and ongoing supervision to support intervention delivery." (Rushton & Lynch, 2019, p. 100)

"...highlighted the need for improved training and stakeholder engagement as well as a need to reduce the administrative and time burden on clinicians." (Dermont et al., 2020, p. 190)

"Front-line practitioners may lack training in the psychological language of motivational interviewing, the skills to deliver cognitive behavioural interventions or the system-wide support that enables them to deliver an additional intervention on top of a busy workload." (Dermont et al., 2020, p. 191)

"Few participants reported that they did not know what help and services were available to them, spoke of previous negative treatment experiences that had deterred them from going to addiction services." (Parkman et al., 2017, p. 1465)

"A belief that healthcare professionals who had no connection with the armed forces did not understand veterans, or have the ability to help, was prominent. This belief among participants appeared to have led to a reluctance to engage in services meaningfully." (Kiernan et al., 2018, p. 730)

5.8 Social integration and support

In addition to personal training and alcohol advertisement policies, social integration and support emerged from the data as an intervention against alcohol misuse in the United Kingdom. People seeking treatment and support for alcohol misuse reinforced the need for social support to inspire sobriety. Support such as employment, increased social contact or voluntary work would help in reducing boredom, and loneliness, boosting self-esteem and the support for those who seek help and treatment for alcohol misuse.

"...more social support would help their drinking. Of these, five (four men and one woman) expressed a desire for increased contact with friends (either drinkers or nondrinkers in recovery), and one man said he wanted to reconcile himself with estranged family members. Participants indicated that increased social contact could help to reduce boredom and loneliness and provide them with much-needed support. Moreover, peers in recovery could inspire sobriety." (Parkman et al., 2017, p. 1464)

"Participants indicated that increased social contact could help to reduce boredom and loneliness and provide them with much-needed support. Moreover, peers in recovery could inspire sobriety." (Parkman et al., 2017, p. 1464)

"Securing employment or voluntary work would enable them to address their drinking. Participants noted that having something meaningful to do with their time, preferably paid, would reduce their boredom, offer them greater stability, boost their self-esteem, help them to feel better about themselves, and enable them to pay off their debts and "provide for" their family." (Parkman et al., 2017, p. 1464)

"...greater support might be required to facilitate problem drinking recognition in those drinking at a problematic level but not experiencing current health or social harms from their drinking." (Spanakis et al., 2023, p. 200)

"...takes account of a person's whole life context including social networks, with an aim of providing flexible treatment options that can be delivered over time." (Rushton & Lynch, 2019, p. 99)

6 RESULTS

According to the findings of the research, the data indicated that some people misuse alcohol because of social pressure to drink or as a coping mechanism for life challenges. In addition to this, alcohol advertisements, serving in the military and having mental health diseases all contribute to alcohol misuse in the country. Interventions to mitigate alcohol misuse includes improved alcohol advertisement policies, social integration and support for service users and effective training of healthcare personnel.

6.1 Causes of alcohol misuse in the United Kingdom

6.1.1 Alcohol advertisement

Based on the research, alcohol advertisement in different media influences the misuse of alcohol by attracting new users while encouraging current users to consume more. Advertisement influences alcohol consumption in different ways which include attracting new consumers while influencing maintenance/increase in the amount consumed by already existing consumers (Babor et al., 2017; Boniface et al., 2022; Martino et al., 2017). It plays an important role in the initiation of drinking as well as maintaining the market share for the already existing drinkers (Boniface et al., 2022; Martino et al., 2017).

Advertisement leads to craving increasing the odds of relapse to individuals undergoing alcohol misuse treatment (Babor et al., 2017). Research conducted in 2022 found that persons who have never drunk alcohol in the past had a positive reaction to alcohol advertisements and thus willing to try or start drinking thus susceptible to drink, with around 1.5 times increase in odds of drinking (Boniface et al., 2022).

Young adults are susceptible to alcohol advertisements due to a lack of ability to recognize and compensate for biases used in advertisements that portray glamorized imagery with alcohol consumption (Babor et al., 2017). The same research conducted by Boniface et al (2022) looked on adolescents' reactions to alcohol advertisements showed that 53% of the adolescents who participated in the research were appealed and susceptible to drinking the alcohol advertised.

Among the adults who have never drunk alcohol, alcohol advertisement increased the odds of starting to drink by 1.5 times while current drinkers' odds of drinking a higher amount of alcohol increased by 1.4 times (Boniface et al., 2022). Young people, people with incomplete neurocognitive development and a history of alcohol misuse are vulnerable and have increased susceptibility to alcohol marketing (Babor et al., 2017). Living with friends, especially male aged between 18 to 20 years, lead to hazardous drinking among those people who drink at home due to social pressure (Foster & Canfield, 2017).

6.1.2 Mental health issues

Mental health-related issues are one of the main causes of alcohol misuse in the United Kingdom. Persons with mental health disorders report higher alcohol intake to cope with the mental health disorder (Irizar et al., 2020). Individuals with depression and anxiety drink and misuse alcohol compared to others without such mental health problems (Irizar et al., 2020; Murphy & Turgoose, 2019;

Roberts et al., 2019). Persons suffering from post-traumatic stress disorder (PTSD) are associated with higher consumption of alcohol consumption, hazardous alcohol intake and alcohol-related harm compared to other populations (Murphy & Turgoose, 2019). A combination of depressive symptoms and problematic drug use is associated with risky alcohol consumption (Suonpera et al., 2020).

Mental health problems drive drinking to cope with disorder symptoms (Irizar et al., 2020). For individuals in the military and ex-military, mental health conditions are one of the main reasons why individuals misuse and continue to misuse alcohol (Dermont et al., 2020). Individuals with anger problems and severe levels of neurological impairments are associated with higher alcohol misuse, alcohol-related harm and alcohol dependence (Murphy & Turgoose, 2019).

Recognition of drinking problem severity is more common among individuals experiencing more mental health problems and impairment (Spanakis et al., 2023). Individuals who misuse alcohol are less likely to seek professional help for their drinking issues than those who experience mental disorder symptoms (Palmer et al., 2022). In addition to genetics, children whose parents have mental health issues and drink excessively are more likely to engage in early-onset adolescent alcohol misuse (Babor et al., 2017).

6.1.3 Lack of awareness of the adverse impact of alcohol on health

Alcohol misuse alcohol in the United Kingdom is also due to a lack of awareness of adverse effects on their health due to hazardous drinking habits and misuse. Individuals who misuse alcohol lack the awareness of health risks related to alcohol misuse (Rushton & Lynch, 2019; Spanakis et al., 2023). Many individuals delay their engagement with alcohol service intervention providers because they lack awareness of the difficulties alcohol causes to their health (Kiernan et al., 2018). Lack of insight into alcohol addiction among alcohol misusers leads to delayed meaningful engagement with addiction services thus resulting in complex and complicated health case presentation in hospitals (Kiernan et al., 2018; Palmer et al., 2022). Unaware of alcohol's effect on individuals' health motivates individuals to hold to personal beliefs of perceived self-control over hazardous alcohol consumption leading to alcohol behavior change (Spanakis et al., 2023). Many individuals, especially militants and ex-militants, lack the knowledge of the totality impact of alcohol misuse in their lives and family lives (Kiernan et al., 2018).

6.1.4 Social pressure and drinking to cope

Many people experience social pressure to drink alcohol in their life span either overtly and aggressive, or subtly and friendly. In the United Kingdom, adults and adolescents drink and misuse alcohol due to friendly, overt, and aggressive social pressure from peers, family, and friends (Ward et al., 2019). Both adults and adolescents drink to fit in group, be at ease with people, be sociable and not to feel left out (Foster & Canfield, 2017; Irizar et al., 2020). Young adults who frequently binge drink at home, with a partner, family, or friends misuse alcohol due to social pressure motivations (Foster & Canfield, 2017; Irizar et al., 2020; Staff & Maggs, 2020). Youths with unstructured socializing are at odds with heavy drinking compared to their peers (Palmer et al., 2022; Staff & Maggs, 2020). Social pressure associated with being single is also linked with alcohol misuse, alcohol dependence and hazardous alcohol consumption (Murphy & Turgoose, 2019; Palmer et al., 2022) and

young people whose parents misuse alcohol or were exposed to alcohol while growing up frequently misuse alcohol (Babor et al., 2017; Kiernan et al., 2018)

Individuals engage in hazardous alcohol drinking patterns as a mechanism of coping with distressing thoughts, and loneliness, forgetting the past, and escaping from troubles or the past (Foster & Canfield, 2017; Irizar et al., 2020; Spanakis et al., 2023). Young people drink more to cope due to social pressure compared to older adults above 50 years (Babor et al., 2017; Irizar et al., 2020). Life changes such as divorce, relationship breakdown, financial difficulties, or loss of employment cause individuals to drink to cope with the stress associated with such occurrences (Spanakis et al., 2023).

6.1.5 Serving in the military

Serving in the military is a leading factor in alcohol misuse in the United Kingdom. Evidence shows that alcohol misuse and dependency in the armed forces is higher compared to the general population (Dermont et al., 2020; Murphy & Turgoose, 2019). In the military, alcohol is identified as a big part of the military culture thus leading to the normalization of excessive and regular consumption of alcohol. (Kiernan et al., 2018). Seeking help from alcohol services and accepting alcohol misuse problems is viewed as a sign of weakness because soldiers are trained to be resilient. In addition, after leaving the military, ex-militants continue to align with the alcohol culture they acquired during their service thus continue to abuse alcohol and remain reluctant to seek help for fear of being perceived as weak (Dermont et al., 2020; Kiernan et al., 2018).

In the military, alcohol is used to create bonds and trust thus leading to the normalization of excessive alcohol intake (Kiernan et al., 2018; Rushton & Lynch, 2019). Militants with lower ranks in the military are at high risk of alcohol misuse due to stress and coping with alleviated negative effects (Irizar et al., 2020; Palmer et al., 2022). Young people in the military who embrace the military culture of alcohol misuse easily end up being alcohol dependent (Irizar et al., 2020). Post-deployment violence, self-harm, problems at home, negative relationships and different military disciplinary actions lead to alleviated alcohol misuse by militaries (Dermont et al., 2020; Spanakis et al., 2023).

6.2 Interventions to prevent alcohol misuse in the United Kingdom

6.2.1 Alcohol advertisement policy

Alcohol advertisement has been evidenced to have great appeal to underage adolescents, young people, and already existing alcohol users (Babor et al., 2017; Boniface et al., 2022; Martino et al., 2017). Good marketing practices control the types of messages that are and are not allowed in advertising therefore limiting both exposure and appeal of alcohol to people who are susceptible to it (Babor et al., 2017).

As a measure to meditate the influence of alcohol marketing, there is a need to formulate stricter restrictions on marketing and advertisements on marketing channels especially to vulnerable groups of adult (Babor et al., 2017; Boniface et al., 2022). United Kingdom should consider a comprehensive way of limiting exposure to alcohol advertisements to adolescents and young adults such as in countries like Norway (EUCAM, n.d.). These measures include marketing only precise information about alcohol products and a clear display of the health implications of alcohol misuse for people to

be willing and vast informed on the health impacts resulting from alcohol misuse (Boniface et al., 2022). Additionally, the United Kingdom should implement WHO recommendations on comprehensive restrictions on alcohol marketing in different media platforms (Babor et al., 2017; Boniface et al., 2022).

6.2.2 Social integration and support

There is a link between alcohol misuse, mental health, and other social issues. This calls for multiple interventions to eliminate and address alcohol misuse in the context of psychological and social problems (Palmer et al., 2022). There is a need to integrate mental services into alcohol misuse treatment and intervention services (Irizar et al., 2020). Service providers should focus on providing both health and social services and prioritize clients' needs and goals even if they are not directly related to alcohol misuse (Parkman et al., 2017).

In addition, there is a need to raise awareness about the high probability of militants and veterans' susceptibility to alcohol misuse thus coming up with new strategies for identifying those in need of support (Murphy & Turgoose, 2019). The public needs to be made aware of the alcohol services available since most of the alcohol misusers are not aware of where to obtain help (Irizar et al., 2020; Murphy & Turgoose, 2019).

Due to the multi-faced aspects of alcohol misuse especially by veterans, service point interventions should be combined with services such as psychological therapies and smoking interventions (Murphy & Turgoose, 2019; Parkman et al., 2017). Mental health services should be implemented at alcohol misuse service points where support such as individual counselling, diagnosis and medication should be implemented to alleviate symptoms of depression and anxiety that are closely interlinked with alcohol misuse (Parkman et al., 2017). Paid or voluntary work will help the service users occupy them thus filling their time and providing financial resources (Parkman et al., 2017).

Veterans present with a range of social, mental health, physical and sociological needs that are closely linked to alcohol misuse (Kiernan et al., 2018; Murphy & Turgoose, 2019; Palmer et al., 2022). Many alcohol misusers require support such as housing, employment, companionship, and social support as part of alcohol misuse interventions (Kiernan et al., 2018; Parkman et al., 2017). For the militants and veterans who leave service, they struggle to adjust to civilian life due to the lack of support network and structures they had in the military (Kiernan et al., 2018). Before leaving military service, militants and veterans with alcohol misuse issues should be given appropriate support (Murphy & Turgoose, 2019). An increase in social interaction and peer support could reduce the boredom and loneliness that most alcohol misusers need to inspire sobriety. Securing employment or voluntary work would help many alcohol misusers tackle their drinking issues (Parkman et al., 2017). Integration of the services will motivate the service users to attend more generic healthcare service points, peer support groups, employment, and training services.

6.2.3 Personnel training

Front-line alcohol misuse healthcare workers lack adequate training in psychological language and skills to deliver interventions and support to service users (Dermont et al., 2020). Service users who access service from healthcare professionals without military background are reluctant to explain or

discuss their experience and needs (Kiernan et al., 2018). For instance, most militants and veterans believe that healthcare professionals do not understand them and cannot help them with their alcohol misuse issues. This highlights the need to train the health workers on how to meet the needs of militants and veteran service users. There is a need for veteran peer-led service where the health worker is linked or has prior experience in military services (Kiernan et al., 2018; Murphy & Turgoose, 2019). Involvement of ex-service personnel and peer-led service increases service users' accessibility and sustains engagement (Kiernan et al., 2018). Health care workers and service providers should be trained on how to be more empathic, and supportive, avoid labelling and use of non-confrontational body language and speech tone (Dermont et al., 2020). They require training and ongoing supervision to support the delivery of alcohol misuse interventions (Rushton & Lynch, 2019). This is because some of the alcohol misusers who seek help report negative treatment experiences that deterred them from seeking help at the service points thus ultimately leading to disengaging from the services offered (Kiernan et al., 2018; Parkman et al., 2017).

7 RESEARCH CRITICAL APPRAISAL

Critical appraisal means the systematic inspection of research to assess its dependability, value, and relevance in a specific setting (Mhaskar et al., 2009; Souza et al., 2010; Toronto, 2020). Reliability measures the extent to which the results of the research are consistent over time when the data is coded more than once by the same researcher (Downe Wamboldt, 1992).

7.1 Methodology appraisal and rigour

The research is a systematic literature review research that applies the integrative review method. The integrative review method best fits the research topic because it allows the evaluation of the data collected to provide comprehensive insights and perspective. In addition, due to its comprehensiveness and diversity, it allowed the inclusion of experimental and non-experimental studies in the research to completely comprehend the topic. It was the most appropriate for the research subject because, as demonstrated by the results, it has direct applicability to practice and policy.

Methodology appraisal and rigour indicate the quality of research. The quality is determined by the degree to which the research ensures minimization of biases, conduct and analysis of the research (Hawker et al., 2002). Validity is established when the results of the research are acquired by use of appropriate scientific methods (Cypress, 2017). In this study, potential selection bias was avoided using clear inclusion and exclusion criteria guided by the research questions. JBI appraisal tools further minimized potential selection bias by appraising the methodological quality of the primary studies included in the research and eliminated weak studies. As shown in Appendix 2, the report of the review indicates how each article was appraised, the criteria used to determine quality and the results of the appraisal.

The data collected was then analyzed and presented in a non-judgmental way avoiding the authors' opinions and views. The use of qualitative data analysis software MAXQDA version 2022, helped to organize and maintain consistency of the process, and mounded data in a way that was not possible with manual methods. MAXQDA version 2022 further enhanced data review by helping the researcher keep track of all data, thus providing efficient tools for creating categories and themes while allowing rapid retrieval of information. This helped in improving the credibility of the data used for processing and obtaining the results.

All contributors and existing data included during the research were properly cited and acknowledged. To increase the specificity and comprehensiveness of the data search, the librarian was consulted to help come up with effective search terms and guides on how to utilize the search citation management system.

Confirmability illustrates how the results and interpretations are derived (Toronto, 2020). This was met by ensuring that the coding process and stages were well-defined and developed. The codes were then checked and rechecked against the collected data to identify the themes. All steps and the process of data coding and analysis were recorded and represented to ensure their availability for any further evaluation and confirmation.

7.2 Data collection and inclusion criteria appraisal

In this research, the topic, research process and analysis are accurately and sufficiently described to ensure accuracy, rigor and enhance credibility. To maintain reliability, the process of data collection was documented and presented in a logical and traceable manner. The use of comprehensive databases and ancestry search provided a thorough review of the research that is related to research topic of alcohol misuse in the United Kingdom.

Search strategies applied were recorded as shown in Appendix 1. The inclusion and exclusion criteria process were then recorded using a Prisma flow chart to ensure the process was explicit and clear. A clear and specific definition of inclusion and exclusion criteria helped to minimize bias. Research questions, aim and objective were kept in view throughout the research process to keep it on track and avoid unintended digression. The title and abstracts of the 194 articles obtained from both research resources were reviewed to identify those to be included further for analysis. For a study to be included in the research, it was essential for the articles to address the causes of alcohol misuse and/or address ways to detect/prevent alcohol misuse in the United Kingdom. After applying those selection criteria, a total of PubMed 94 and CINAHL Ultimate 63 articles were excluded for the research.

Data collected was then appraised using the JBI appraisal tools before inclusion in the research as shown in Appendix 2 to ensure internal validity and prevent bias. Using JBI appraisal tools, 6 data were excluded because the review questions were not clearly and explicitly stated. Due to unclear inclusion/exclusion criteria and unclear data search and collection strategy, 7 studies were not included in the research. Finally, two data collected were not excluded for lack of appraisal studies involved in the research using JBI appraisal tools and criteria.

7.3 Research limitations

Potential limitations of this research relate to data reviewed and appraised by a single reviewer. However, the use of JBI tools improved the trustworthiness and relevance of the data used in the research by reducing information overload and eliminating weak and irrelevant studies. Additionally, the review included only data published in English thus excluding potentially relevant data published in other languages.

8 CONCLUSION AND REFLECTION

Alcohol consumption and misuse is a leading factor of the burden of disease worldwide and a major public health issue. It is a main cause of early deaths and disability for persons aged 15 to 49 years and contributes to 10% of deaths of individuals of this age group (WHO, 2022). Its consumption leads to up to 3 million losses of life annually, leading to disabilities and poor health for millions of people worldwide (Ritchie & Roser, 2018; WHO, 2022). In addition to the loss of labour, alcohol abuse and consumption lead to the exhaustion of government resources all over the world due to the high medical, economic, and societal burden associated with it. Like any other country, alcohol misuse is estimated to cost the government of the United Kingdom about 3,5 billion per year and cost the society roughly 21 billion annually (Nuffield Trust & The Health Foundation, 2022).

Alcohol consumption patterns vary in different parts of the world. Currently, alcohol consumers drink an average of 32,8 grams of pure alcohol per day worldwide (WHO, 2019). Young adults, especially males compared to females (Degenhardt et al., 2018; IHME, 2020; WHO, 2022), aged 15-49 years have a high prevalence rate of heavy episodic drinking compared to other populations (WHO, 2019). Due to its risks and impacts related to health, loss of life and economic burden, there is a need to research the causes of alcohol misuse and find methods/interventions to prevent it. The objective of this research was to identify the causes of alcohol misuse in the United Kingdom. The research aimed at finding interventions for alcohol misuse that are user-tailored and create awareness of causes/underlying factors related to alcohol misuse in the United Kingdom.

Based on the results obtained after the systematic integrative literature review, several factors were identified as the cause of alcohol misuse in the United Kingdom. The data indicated that factors which lead to misuse of alcohol in the United Kingdom are lack of awareness of the impact of alcohol misuse on health, social pressure from friends or family to drink and drinking as a coping mechanism to life challenges. In addition to that, alcohol advertisements in different advertisement media, serving in the military and having mental health diseases lead to alcohol misuse in the country.

To mitigate alcohol misuse interventions, the results from the data indicated the need for improved new alcohol advertisement policies to prevent young people, adolescents, and people susceptible to alcohol misuse exposure and appeal from alcohol via bans of the adverts from different marketing. There is also a need for social integration for persons seeking treatment for alcohol misuse to inspire sobriety. Finally, the data revealed that front-line practitioners mandated to offer services and alcohol misuse treatment need training to meet the needs of alcohol misusers' treatment and service seekers.

The findings of this research are echoed in the broader literature on the causes of alcohol misuse and interventions. Based on this research, alcohol advertisement is one of the leading factors of alcohol misuse in the United Kingdom by attracting new alcohol consumers and influencing current users, especially those susceptible to alcohol misuse, to consume more. Earlier research conducted on the impact of alcohol advertising media in 2008 found that exposure to media and commercial communication of alcohol is associated with increased drinking among baseline drinkers and the likelihood of adolescents starting to consume alcohol (Anderson et al., 2009). Alcohol advertisement

exposure influences some youth to drink more alcohol and later in their youth experience alcohol-related issues (Grenard et al., 2013). In addition, previous research conducted in the United Kingdom about alcohol marketing regulations shows that there is a gap in protecting people, especially young adults and adolescents from exposure that appeals to them and influences their perception towards alcohol (Boniface et al., 2022).

The research findings indicate the need for the introduction of stricter restrictions and bans of alcohol advertisement policies in the United Kingdom have been echoed in another research. The World Health Organization (WHO) comprehensively recommends control of alcohol advertisements in different forms of media as a way of compacting alcohol consumption and its association with non-communicable diseases (WHO, 2017). To increase awareness of the effect of alcohol on health, researchers have also come up with similar suggestions that regulatory measures should be taken to ensure messages permitted in alcohol advertisements are factual information (Boniface et al., 2022; Midanik, 2004). For example, France took similar measures in 1991 to limit appeal and exposure, by implementing a law that ensured alcohol advertisement only in adult media and mandated that only factual health information about alcohol be displayed in adverts (Gallopel-Morvan et al., 2017).

In the USA, similar findings of military service misuse of alcohol have been pointed out in several studies. A study conducted to find out the military culture and drinking behaviors among U.S. Navy found that serving in the Navy was positively related to alcohol misuse due to the long-standing tradition of normalizing heavy drinking in the Navy during deployment (Ames et al., 2007; Wilk et al., 2010). In Australia, a review of alcohol use and misuse within the military revealed that military personnel misused alcohol to aid unit cohesion, deal with mental health issues and while trying to lift their morale (E. Jones & Fear, 2011).

Different studies have also identified that mental health, social pressure and drinking to cope are directly correlated to alcohol misuse (Miller et al., 2017; Mohr et al., 2018). A systematic review and meta-analysis found that persons suffering from mental health issues such as depression and anxiety, are twice as likely to suffer from alcohol misuse and disorder compared to those without such issues (Puddephatt et al., 2022). In the USA in 2018, alcohol-related problems were related to psychological distress, social pressure and coping motives (Mohr et al., 2018). Additionally, among Chinese women in 2021, daily social pressure led to risky alcohol consumption (Gu & Ming, 2021).

Social factors play a major role in the treatment of alcohol misuse. In this research, the data revealed the need for social support and integration for alcohol service users' intervention to facilitate the decrease and treatment of alcohol misuse. Other researchers have also identified the need for social support and integration to enhance recovery from substance abuse and alcohol misuse. Studies done on the impact of social support on alcohol and substance abuse revealed that perceived social support is linked to greater recovery (Birtel et al., 2017; Dixit et al., 2015; Laudet et al., 2006; Rapier et al., 2019). Greater social support and integration is associated with greater readiness to change whereas familiar social support from friends and family is associated with greater change and reduction in alcohol and substance abuse (Lookatch et al., 2019). Different strategies can be used to offer social support and integration. Such strategies include community-based, clubhouses to foster interpersonal relationships, direct financial/housing support, and non-traditional arrangements

such as football and gardening events that can boost social support and integration enhancing alcohol misuse recovery (Bjørlykhaug et al., 2022.)

The data collected in this research indicate that alcohol service provider healthcare workers lack adequate training and skills required to deliver interventions and support service users. In addition, data indicate health professionals do not understand alcohol misuse service seekers and cannot help them with their alcohol misuse issues. This finding is similar to earlier research in different regions (Hanpatchaiyakul et al., 2016; Staton et al., 2018; van Boekel et al., 2013). In Thailand, one of the barriers to successful alcohol addiction treatment lack of healthcare providers' knowledge and skills in working with people experiencing alcohol misuse (Hanpatchaiyakul et al., 2016). A study conducted in Tanzania in 2018 also indicated that a lack of knowledge about drinking guidelines and treatment hindered treatment and intervention of alcohol misuse in the country. Additionally, health providers were deemed to have a lack of understanding of service seekers' needs thus a need for patient-provider training to improve successful alcohol misuse intervention (Staton et al., 2018).

Despite reported potential limitations, this study provided important insight into the cause of alcohol misuse in the United Kingdom and provided interventions that can be used to prevent alcohol misuse in the country. These findings can be used by health providers and associated bodies to come up with interventions for alcohol misuse and raise awareness highlighted in the research as causes of alcohol misuse. The impact and need for social support and integration for intervention of alcohol misuse could be used to inform social support treatment interventions.

8.1 Research recommendations

The data revealed that there is a link between mental health, social services, and misuse of alcohol in the United Kingdom. Further research needs to be done on the causality and how interventions can be implemented to eliminate and address the causality.

The research also identified serving in the military as a cause of alcohol misuse due to military traditions revolving around alcohol consumption. Overall, further research is needed to generate more data on ways to improve militants bonding, building morale and trust that does not involve alcohol misuse to changing military traditions revolving around excessive alcohol consumption to generate morale, bonding, and trust among militants.

8.2 Policy recommendations

From the research results, alcohol advertisement is rendered to be one of the main causes of alcohol misuse in the United Kingdom. Government and policymakers need to come up with policy actions, such as those suggested in this research, to address and reduce the impact of alcohol advertisements on alcohol misuse.

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APPENDIX 1: DATA COLLECTION PROCESS IN PUBMED AND CINAHL ULTIMATE

Search	Actions	Details	Query	Results	Time
#4	...	>	Search: ("Alcohol Abuse"[tw] OR "Alcohol misuse"[tw] OR "alcohol addiction"[tw] OR "alcohol dependence"[tw]) AND ("United Kingdom"[tw] OR "Great Britain"[tw] OR "Britain"[tw]) Filters: Full text, MEDLINE, from 2017 - 2023	115	07:21:15
#3	...	>	Search: ("Alcohol Abuse"[tw] OR "Alcohol misuse"[tw] OR "alcohol addiction"[tw] OR "alcohol dependence"[tw]) AND ("United Kingdom"[tw] OR "Great Britain"[tw] OR "Britain"[tw]) Filters: Full text, MEDLINE	364	07:20:56
#2	...	>	Search: ("Alcohol Abuse"[tw] OR "Alcohol misuse"[tw] OR "alcohol addiction"[tw] OR "alcohol dependence"[tw]) AND ("United Kingdom"[tw] OR "Great Britain"[tw] OR "Britain"[tw]) Filters: MEDLINE	398	07:20:51
#1	...	>	Search: ("Alcohol Abuse"[tw] OR "Alcohol misuse"[tw] OR "alcohol addiction"[tw] OR "alcohol dependence"[tw]) AND ("United Kingdom"[tw] OR "Great Britain"[tw] OR "Britain"[tw])	410	07:10:45

Showing 1 to 4 of 4 entries

[Print Search History](#) [Retrieve Searches](#) [Retrieve Alerts](#) [Save Searches / Alerts](#)

☐ Select / deselect all

Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S4	(("Alcohol Abuse" OR "Alcohol misuse" OR "alcohol addiction" OR "alcohol dependence")) AND (("United Kingdom" OR "Great Britain" OR "Britain"))	Limiters - Full Text; English Language; Published Date: 20170101-20231231 Search modes - Boolean/Phrase	View Results (79)
<input type="checkbox"/> S3	(("Alcohol Abuse" OR "Alcohol misuse" OR "alcohol addiction" OR "alcohol dependence")) AND (("United Kingdom" OR "Great Britain" OR "Britain"))	Limiters - Full Text; English Language Search modes - Boolean/Phrase	View Results (491)
<input type="checkbox"/> S2	(("Alcohol Abuse" OR "Alcohol misuse" OR "alcohol addiction" OR "alcohol dependence")) AND (("United Kingdom" OR "Great Britain" OR "Britain"))	Limiters - Full Text Search modes - Boolean/Phrase	View Results (491)
<input type="checkbox"/> S1	(("Alcohol Abuse" OR "Alcohol misuse" OR "alcohol addiction" OR "alcohol dependence")) AND (("United Kingdom" OR "Great Britain" OR "Britain"))	Search modes - Boolean/Phrase	View Results (924)

APPENDIX 2: JBI APPRAISAL CHECKLIST FOR SYSTEMATIC REVIEWS AND RESEARCH SYNTHESIS



JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 29.05.23

Author Roberts et al Year 2019 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system

DOI: <https://doi.org/10.1111/add.14642>

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 29.05.2023

Author Suonpera et al Year 2020 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Risky Alcohol Consumption and Associated Health Behaviour Among HIV-Positive and HIV-Negative Patients in a UK Sexual Health and HIV Clinic: A Cross-Sectional Questionnaire Study.
DOI: 10.1007/s10461-019-02714-2

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 29.05.2023

Author Spanakis et al Year 2023 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title : Problem drinking recognition among UK military personnel: prevalence and associations.

DOI: 10.1007/s00127-022-02306-x

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 29.05.2023

Author Montgomery et al Year 2023 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Prevalence and incidence of alcohol dependence: cross-sectional primary care analysis in

Liverpool, UK.

DOI: 10.1136/bmjopen-2022-071024

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 26.05.2023

Author Staff Jeremy & Maggs Jennifer Year 2020 Record Number

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Parents Allowing Drinking Is Associated With Adolescents' Heavy Alcohol Use.

DOI: <https://doi.org/10.1111/acer.14224>

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 26.05.2023

Author Parkman et al Year 2017 Record Number

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: How Do People Who Frequently Attend Emergency Departments for Alcohol-Related Reasons

Use, View, and Experience Specialist Addiction Services?

DOI: <https://doi.org/10.1080/10826084.2017.1285314>

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 26.05.2023

Author Murphis Dominic & Turgoose David Year 2019 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Exploring patterns of alcohol misuse in treatment-seeking UK veterans: A cross-sectional study

DOI: <https://doi.org/10.1016/j.addbeh.2018.11.044>

JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviewer Peter Nderesi Date 24.05.2023

Author Dermont et al Year 2020 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Evidence into action: implementing alcohol screening and brief interventions in the UK armed forces.

DOI: 10.1136/jramc-2019-001313

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 24.05.2023

Author Irizar et al Year 2020 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Drinking motivations in UK serving and ex-serving military personnel.

DOI: <https://doi.org/10.1093/occmed/kqaa003>

JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviewer Peter Nderesi Date 22.05.2023

Author Ruth Rushton & K. Lynch Year 2019 Record Number

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Development of alcohol treatment for UK military personnel.

DOI: <http://dx.doi.org/10.1136/jramc-2018-001050>

JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviewer Peter Nderesi Date 20.05.2023

Author Babor et al Year 2017 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title: Vulnerability to alcohol-related problems: a policy brief with implications for the regulation of alcohol marketing.

DOI: 10.1111/add.13626

JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviewer Peter Nderesi Date 20.05.2023

Author Boniface et al Year 2022 Record Number

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Title : Underage Adolescents' Reactions to Adverts for Beer and Spirit Brands and Associations with Higher Risk Drinking and Susceptibility to Drink: A Cross-Sectional Study in the UK.

DOI: 10.1093/ajcalc/agab018

JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviewer Peter Nderesi Date 20.05.2023

Author Palmer et al Year 2022 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Article Title: Trajectories of alcohol misuse among the UK Armed Forces over a 12-year period.

DOI: 10.1111/add.15592

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 17.05.2023

Author Foster John & Canfield Martha Year 2017 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Article Name: Predictors of hazardous drinking among home drinkers.

DOI: 10.1080/14659891.2017.1296040

JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer Peter Nderesi Date 16.05.2023

Author Ward et al Year 2019 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Article name: Clinical and demographic patient characteristics, alcohol treatment goal preference and goal attainment during computer-assisted therapy with Breaking Free Online.

DOI. 10.1080/14659891.2019.1651915

JBI Critical Appraisal Checklist for Systematic Reviews and Research

Syntheses

Reviewer Peter Nderesi Date 16.05.2023

Author Kiernan *et al* Year 2018 Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☒ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

Article Name: Are veterans different? Understanding veterans' help-seeking behaviour for alcohol problems.

Doi: 10.1111/hsc.12585

The article meets the inclusion criteria.