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OPINION PIECE

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Drinkers like us? The availability of relatable drinking reduction narratives for people with alcohol use disorders

J. Morris[a], S. Cox[b], A. C. Moss[a] and P. Reavey[c]

[a]Centre for Addictive Behaviours Research, School of Applied Sciences, London South Bank University, London, UK; [b]Department of Behavioural Science and Health, University College London, London, UK; [c]School of Applied Sciences, London South Bank University, London, UK

ABSTRACT

Narratives around alcohol are important in determining how people decide who or what qualifies as problematic alcohol use. Narratives draw on common representations that are subject to influences including historical and normative influences. We argue that there are two dominant narratives that relate to how alcohol use disorder (AUD) is identified and addressed. The first is the historically embedded narrative of alcoholism as disease, and the second is the more recent narrative of positive or new sobriety. We present an argument that these two dominant narratives alone do not capture the wide and heterogeneous experience of alcohol harms, and as such a more diverse range of relatable narratives are required to reach and resonate with the broader community of people with AUDs. In particular, we reflect on the fact that these dominant narratives are both abstinence focused and therefore exclude many drinkers who are not willing and may not need, to consider lifelong sobriety to reduce their risk or experience of harms. We ask that alcohol policy professionals, researchers and lived experience advocates consider these issues and support diversifying the range of lived experiences, to support goals including public health outcomes, stigma reduction and alternative routes to recovery.

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Introduction

In the United Kingdom, people with alcohol use disorders (AUD) are broadly defined as anyone who regularly drinks above lower risk levels, including those defined as either hazardous, harmful or dependent drinkers (NICE 2010). AUDs therefore represent a broad spectrum of drinking motivations, consumption patterns and harms within the population (Ally et al. 2016; Purshouse et al. 2017). However, the vast majority of people with AUDs do not align with common lay beliefs about *who* 'problem drinkers' are. Instead, lay perceptions of problem drinkers typically orientate around more severe characterizations of alcohol problems, particularly associated with ideas of 'alcoholism' or clear social transgressions (Wilson et al. 2013; Parke et al. 2018; Khadjesari et al. 2019; Melia et al. 2021; Morris 2022). As such, whilst around a quarter of UK adults drink at hazardous or harmful levels, these groups tend not to be considered as having an AUD in either lay narratives or by many health care professionals who are well placed to deliver under-utilized alcohol brief interventions (Brown et al. 2016; O'Donnell et al. 2020). Instead, those seen as problem drinkers tend to be a far smaller group of people with AUDs that meet dependence criteria and are likely to require recovery support or structured alcohol treatment (Dunne et al. 2018; Public Health England 2019; Witkiewitz et al. 2020). In turn, the majority of people experiencing or at risk of some form of harm from their alcohol use are not candidates for treatment or recovery, either in terms of policy or in terms of public perceptions (Dunne et al. 2018). This is not to say that the needs of this group would be best met by simply increasing the availability of structured treatment services or through engagement in recovery groups. Rather, the issue is that there is little awareness of the risks and harms they experience and limited exposure to narratives that may help facilitate problem recognition.

A significant disconnect therefore exists in terms of how AUD exists as a diverse and nuanced set of behaviors, consequences and identities (Lindgren et al. 2016; Boness et al. 2021), and those who are seen as 'problem drinkers' in lay terms. For instance, whilst AUD exists on a continuum of severity,[1] a range of accounts demonstrate how different groups falsely dichotomize AUDs, particularly by drawing on representations of the *problematized other* to contrast and therefore justify their own 'responsible' drinking (Emslie et al. 2012; Wallhed Finn et al. 2014; Thurnell-Read 2017; Madden et al. 2019; Morris, Moss, et al. 2022). Public health measures, notably recommended drinking guidelines, appear to have little effect on instigating behavior change amongst people with AUDs (Lovatt et al. 2015; Holmes et al. 2019).

CONTACT James Morris morrij24@lsbu.ac.uk Centre for Addictive Behaviours Research, School of Applied Sciences, London South Bank University, London, UK

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This can be partly attributed to the culturally normalized position of alcohol use – including heavy drinking – so long as it does not align with lay representations of alcohol problems such as the 'alcoholic other' (Melia et al. 2021; Morris 2022). Further, certain alcohol industry bodies may contribute to problematic representations of alcohol problems, for instance, framing them as issues of alcoholism (McCambridge et al. 2021) or personal responsibility (Maani Hessari and Petticrew 2018) whilst overlooking policy level determinants or physical health risks such as cancers (Hessari et al. 2019). As such, the current landscape of representations, beliefs and language that produce and shape AUD narratives is both complex and dynamic (Entman 1993; Carter 2013), with multiple individual and organizational actors influencing ideas about who or what AUD is, and how it can be addressed.

In the present article, we develop an argument that an absence of relatable narratives to represent the diverse range of AUD experiences reflects an important yet missed opportunity in public health terms. We argue that there are many types of drinking experience that are potentially or actually harmful, but which are not captured by existing AUD orientated narratives. That is, the majority of people's lived and embodied experience of AUD are incongruent with societal representations of AUD, including treatment and recovery agendas. This in turn enables people to maintain hazardous and harmful drinking patterns without being exposed to stories or representations that reflect the risks or harms of drinking in ways that might resonate with their own experiences. Instead, we propose that several dominant narratives represent a limited set of ideas and identities about who qualifies as 'problem drinkers', and in turn, a limited set of ideas about how they ought to be resolved. As such, by seeking to forge a more heterogeneous discourse surrounding AUD experiences, we propose that we can increase problem recognition and behavior change amongst those whose drinking experiences are not currently well represented.

In highlighting the current dominant narratives, we show that these have been a positive force in terms of shaping the way we think and talk about *some* specific groups and types of alcohol harm. These narratives, for the individuals they do represent, can be very beneficial, albeit part of their value is also their enacted inclusion/exclusion criteria (Buckingham et al. 2013). The intention here is not to undermine the value of existing AUD narratives, but rather highlight the extent to which many people with AUDs are inadvertently omitted from the available lived experience and recovery narratives, undermining public health and natural recovery (i.e., self-change) opportunities across other important drinking populations (Klingemann 2011; Witkiewitz and Tucker 2020). This issue is particularly critical due to the COVID-19 pandemic, which has further increased the scope and extent of experiences of people with AUDs (Clay and Parker 2020; Garnett et al. 2021) and placed increased emphasis on the need to consider home based alcohol consumption (Foster et al. 2021; Hardie et al. 2022). Whilst our arguments draw mainly on literature relating to the United Kingdom, we propose they are also worthy of consideration in the context of global drinking cultures, especially in high-income countries and in those where alcoholism models of AUD dominate discourse, treatment or recovery agendas.

Whose harm is it, anyway?

> I think [the recommended drinking guidelines] are a little bit unrealistic and unreasonable … they don't really know anything about us … I don't think I ever listened to them. They just try to generalise without understanding what exactly is going on.
>
> (Adrian, 22 from Gallage et al. 2020, p. 12)

We propose that two main narratives currently dominate lay perceptions and discourses of problematic alcohol use both of which demonstrate an abstinence focus, and by their nature, depend on the inclusion and exclusion of specific drinking identities. Importantly, they do not fully represent the lived experiences of the larger group of people for whom alcohol may be causing problems. Furthermore, the dominant focus on abstinence outcomes does not resonate with many other drinkers for whom moderation or reductions in consumption might be more a suitable way of reducing personal risk and harm (Witkiewitz et al. 2021; Tucker and Witkiewitz 2022). Our assessment of these two dominant narratives is not derived from a systematic review of the evidence, but draws on our reading of a range of literature that explores AUD narratives through lay epidemiology (e.g. Emslie et al. 2012; Lovatt et al. 2015; Parke et al. 2018), sociological (e.g. Thurnell-Read 2017; Nicholls 2021) and other qualitative or discourse AUD perspectives (e.g. Humphreys 2000; Nicholls 2020; Melia et al. 2021).

In the absence of salient and meaningful narratives to represent the diverse experiences of AUDs, the promotion of low risk drinking guidelines has been the main public health intervention, yet has failed to resonate (Lovatt et al. 2015; Morris et al. 2021). For example, various AUD groups state they 'know their own limits', and draw on their own representations of who problem drinkers are (Orford et al. 2008; Lyons et al. 2014; Gallage et al. 2020). Similarly, the implementation of brief intervention programs has also largely failed as a public health strategy (O'Donnell et al. 2020), in part due to a failure to shift perceptions of problematic alcohol use away from more severe alcoholism conceptualizations (Aira et al. 2003; Wilson et al. 2013).

We now move on to consider the two dominant lay narratives of AUD experiences, including their origins and the groups for whom they may be most meaningful. We then attempt to draw attention to what we believe some additional narratives might capture, further discussing the barriers to their gaining traction in debates around alcohol harm and harm reduction. We conclude with recommendations for a range of stakeholders with opportunities to influence AUD discourse and outcomes.

Lived experience as recovery from 'alcoholism'

> I drink in moderation. Like my daughter, she's alcoholic … I've seen her drink two bottles of vodka. She's terrible. I couldn't do that.

(Participant with harmful drinking AUDIT-C score of 10, from Gough et al. 2020, p.5)

The dominant narrative of lived experience in contemporary discourses is that of the *recovering alcoholic* (Young 2011b). Foundations for this were set in the first half of the 20th century, with examples of influential advocates such as Marty Mann, one of the first people to use her own lived experience of alcohol problems to aid a wider societal understanding of the harms of alcohol. Mann spoke openly about her past struggles, often on radio, and came to be regarded as an important figure in the advocacy of humane treatment for alcohol problems, or 'alcoholism' as it was widely known (White 2004). The value of her experience was a powerful force for recognition of alcohol problems and the story of affected women, who remain disproportionately affected by the stigma surrounding alcohol problems (Lisansky Gomberg 1993; Tyler et al. 2019).

The concept of *alcoholism* itself is rooted in a long history (White et al. 2002), increasingly popular since the development of Alcoholics Anonymous (AA) and the *dispositional disease model of alcoholism* (Rodin 1981) through the 20th century. Whilst individual beliefs about alcoholism are undoubtedly diverse and often ambivalent or contradictory (Rodin 1981; Meurk et al. 2016), certain tropes are widely endorsed amongst the public, driving the stigma toward those perceived as problem drinkers (Schomerus et al. 2011; Morris 2022). For example, in a representative survey in Great Britain, most believed people with 'alcoholism' were a danger to others (64%), unpredictable (70%), and only had themselves to blame (54%; Crisp et al. 2005). Media representations still commonly label people with alcohol problems as 'alcoholics', a term which reifies common stereotypes of denial, with 'addicts' construed as being of deficient or weak character (Nieweglowski et al. 2018), whilst stigmatizing terminology remains prevalent in alcohol research publications (Hartwell et al. 2022).

The pervasiveness of AUD stigma has therefore been identified as significant reason for low levels of help-seeking amongst dependent drinkers (May et al. 2019; Kilian et al. 2021), globally estimated at just one in six (Mekonen et al. 2021). Further, it has been proposed that *problem* drinking is particularly stigmatized because many drinkers actually seek to reinforce negative alcoholic stereotypes in order to *other* problem drinkers, in turn protecting their own 'responsible' drinking behaviors (Schomerus et al. 2011; Wallhed Finn et al. 2014; Parke et al. 2018; Morris et al. 2021). Othering therefore demonstrates separation and difference as key stages of the stigma process (Link and Phelan 2001) via which people with addiction are marked as different and less human, and in turn subjected to prejudice and discrimination (Taylor 2016; Fomiatti et al. 2017).

In turn, managing stigma and shame is often a crucial component to recovery, and so owning, resolving or managing a stigmatized identity is an important part of the process (Hill and Leeming 2014; Romo et al. 2016; Jetten et al. 2017). Meanwhile, calls to reduce public stigma include the use of person-first language and sharing lived experience (McGinty and Barry 2020). Indeed, evidence shows that stigma *can* be reduced when people with lived experience share their stories (Corrigan et al. 2012; Gronholm et al. 2017), theorized as in part reducing perceived difference, and thus appearing to decrease prejudice via increased empathy and reduced anxiety (Pettigrew and Tropp 2008). However, common representations of alcohol problems, particularly via the *recovering alcoholic as lived experience*, invariably draw heavily on a set of representations of powerlessness and loss of control (over alcohol), and the requisite of *hitting rock bottom* to alcohol addiction recovery (Humphreys 2000; Young 2011b). The relaying of lived experience via recovering alcoholic narratives may therefore increase empathy and potentially alleviate blame for the assumed disease of addiction by highlighting it as a *human* condition. However, such disease orientated representations may also increase perceptions of social difference and desire for separation by reinforcing the existence of an alcoholic outgroup (Kalampalikis and Haas 2008; Buchman and Reiner 2009). In turn, people who adopt, or consider adopting, an alcoholic identity evaluate its consequences for the self, including stigma and a commitment to lifelong abstinence (Young 2011a; Hill and Leeming, 2014). As such, many problem drinkers reject or fail to benefit from engaging with recovery narratives or associated practices (Morris et al. 2022; Tucker and Witkiewitz 2022). Thus, whilst the visible lived experience of recovery from alcoholism is an important narrative, it is not without its limitations, particularly in considering its suitability to lower severity AUD groups, nonabstinent and natural recovery (Witkiewitz et al. 2021).

Lived experience as 'positive sobriety'

> Open your mind and believe me when I say that yes, you will become a different person, but Future You will be a million times more interesting, more confident, more sociable and less miserable once you've kicked the booze.
>
> (Lucy Rocca[2])

We now turn to a second dominant narrative around the resolution or rejection of problematic alcohol use, which has recently been described as *new* or *positive sobriety*. Sobriety emerged as a positive and indeed transformative goal within the nineteenth century temperance movement (Nicholls, 2009). For many teetotal temperance advocates, this was explicitly framed as an act of individual resistance to normative drinking practices. Recent sobriety movements share some similarities with these temperance predecessors; however, the overtly religious moralizing of Victorian advocates has been replaced with a greater celebration of consumer choice and a positive embrace of identity construction through leisure, pleasure and wellness. With this new sobriety movement, some companies and organizations have sought to harness or capitalize on the proliferation of those *alcohol free and proud* in different ways. Alongside an exponentially growing low and no alcohol (*NoLo*) drinks market, other organizations have positioned themselves as key actors within this movement. Alcohol Change UK's flagship Dry January campaign encourages non-dependent drinkers to sign up for an alcohol-free start to the year to help prompt the realization of benefits of temporary

abstinence (which some participants choose to maintain). Another large player has been Club Soda, which identifies as a 'mindful drinking movement' and offers free and paid resources for members. Club Soda have run a series of events including Mindful Drinking Festivals designed as alcohol-free spaces, and host regular discussion panels, including speakers with significant social media influence, focused on new sobriety narratives.

This newer form of alcohol-free identity may at least partially reflect the aforementioned limitations of the alcoholism as recovery narrative (Nicholls 2021). Indeed, many drinkers mistakenly perceive AA as the only available support available for individuals with a problematic relationship with alcohol (Khadjesari et al. 2019). This in turn appears to have instigated the use of online spaces offering alternative abstinence-oriented identities (Sanger et al. 2019; Nicholls 2021). Whilst some echo recovery models via an emphasis on peer support (e.g. Soberistas), a defining aspect appears to be the focus on a positive alcohol-free lifestyle identity which represents an *authentic* and *positive* self (Yeomans 2019; Nicholls 2021). This is reflected in common narratives in which a new or reclaimed sense of self is found when unburdened from the problems that alcohol has been causing. The rise of positive sobriety appears to be associated with the significant but much debated decline in youth and younger adult drinking (Oldham et al. 2018). Some have posited that the rejection of drinking reflects a way for younger generations to set apart their identities as 'sober rebels'; a counter-culture diametrically opposed to the generation before them (Kraus et al. 2020). Of course, declines in youth drinking should be seen as a positive public health shift, and a welcome broadening of available narratives for those wishing to reject or recover from AUDs. However, it is still important to consider who takes parts in these movements and whose voices are heard.

Broadening the availability of drinking reduction narratives

> … my brother and I both enjoy drink, both enjoy a social drink. My brother, even though he's a bit older than me, still has his lads' nights out where he has a damn good skinful, comes home after putting the world to rights and feels great, that can't be bad.
>
> (Participant from Wilson et al. 2013, p. 4)

As presented above, current recovery or new sobriety narratives are highly valuable in challenging problematic drinking norms and providing non-drinking identities but are largely only available as abstinence orientated paradigms. Without questioning the value of, or freedom to choose abstinence, it is important to note its limitation in appealing to much of the large population of hazardous or harmful drinkers (around a quarter of the adult population in England) (Drummond et al. 2016). The majority of these 'drinkers like us'[3] are unlikely to wish to stop drinking altogether. Indeed, the belief that abstinence is a necessity for resolving alcohol problems has been identified as a major barrier to recovery (Witkiewitz et al. 2021). Rather, most people with AUDs, and especially those drinking harmfully, place significant value on a range of social and personal benefits to their alcohol use, whilst downplaying their risk of present or future problems (Orford et al. 2002; Morris et al. 2020). Further, evidence suggests that many people with preexisting AUDs increased their alcohol consumption during the COVID-19 pandemic, with some groups appearing to using alcohol as a stress or anxiety coping mechanism (Garnett et al. 2021; Irizar et al. 2021). As such, we argue that in addition to the existing narratives highlighted previously, a more diverse range of nuanced and alternative stories are needed to help a broader and considerable population of drinkers to more objectively evaluate their own alcohol use and aid natural recovery (Morris et al. 2021; Tucker and Witkiewitz 2022), particularly since the pandemic which has been associated with less engagement with formal alcohol interventions (Jackson et al. 2020).

One example of a valuable alternative narrative has been through Adrian Chiles' public exploration of his alcohol use, notably through the BBC documentary 'Drinkers like me' (Chiles 2019) which was widely applauded for its 'sobering, fascinating and disarmingly honest look at social drinking' (The Telegraph 2018). Chiles introduces the program stating, 'My name's Adrian Chiles, and I'm not an alcoholic… at least, I don't think I am.' In many ways, the show's success may be attributed to the way in which it tactfully disentangles the false binary of 'alcoholics' and everyone else. Chiles informs the viewer that the program is not about people 'who drink sherry in the morning or wake up in shop doorways… this is about nice, regular drinking, and the damage quietly being done to ourselves and society, by drinkers like me.' Throughout the documentary, Chiles meets people who relay a range of lived experiences. Some have given up alcohol, some control their drinking, and some are still heavy drinkers. Of the latter, some appear open and somewhat reflective, whilst some are understandably defensive given the stigmatized position of problem drinking (Morris and Melia 2019; Kilian et al. 2021). In turn, the program shows how nuanced each person's drinking, and possible motivations or barriers to change, really are.

Following the program's initial 2018 broadcast, in addition to widespread media and social media coverage, a number of treatment services reported significant increases in self-referrals, described as the 'Adrian Chiles effect' (Morris 2020). Downloads of an alcohol reduction app also increased significantly, notably with a shift in user characteristics including toward those with lower AUD severity (Garnett et al. 2021). As such, these diverse new narratives prompted people who would not have otherwise considered their alcohol use to be in need of any scrutiny, to enact a process of behavioral change. As one person talking about their lived experience of alcohol use becoming 'a bit of an issue' during the COVID-19 pandemic said: 'we need to talk a lot more about [alcohol issues in society]. And I'm really grateful for … someone like Adrian Chiles coming on. He's high profile, and talking about his issues with alcohol, I related with it, because I'm a big football fan as well.' (Morris 2021), also explaining how he had minimized the

negative effects of alcohol on his health and functioning by moderating his drinking.

Conclusion

As set out above, a large and diverse group of people experience some degree of harm or risk from their alcohol use, but their opportunities for problem recognition - and natural recovery in particular - are hindered by limitations in the availability of relatable narratives that may reflect or appeal to their own drinking experiences or beliefs. As such, most people with AUDs reject problem drinking identities, in part due to the motivation to protect themselves from the stigmatized alcoholic 'other' (Morris et al. 2021). This should not be regarded as a form of denial (Pickard 2021), although it is noteworthy that refusals to see one's problems with alcohol through the lens of either of the aforementioned dominant narratives can often be interpreted as evidence of such. Rather, dominant alcoholism or positive sobriety narratives simply do not resonate with many drinkers who do not see sobriety or recovery as a necessary response to their alcohol use. This disconnect points to evidence of the beneficial effects of promoting continuum beliefs as a mechanism for enhancing AUD problem recognition (Morris et al. 2020), or calls for a social practice approach to understanding the range of drinking typologies (Ally et al. 2016). Thus, a broader and more flexible concept of alcohol problems and recovery is required to support problem recognition, natural recovery, help-seeking, and, to make in-roads on the persistently high stigma of alcohol problems (Burnette et al. 2019; Lindgren et al. 2020; Morris et al. 2020; Rundle et al. 2021; Tucker and Witkiewitz 2022).

Language and the stories we hear matter. We therefore call for proactive efforts to support the relaying of a more diverse range of lived experiences that empower a wider but under-represented group of drinkers; those for whom abstinence-focused goals may be perceived as threatening, impractical or simply unnecessary. For these drinkers, implications of alcoholism may be perceived as a clear threat, and many harmful drinkers are highly motivated and effective at constructing their drinking as non-problematic and functional (Orford et al. 2008; Parke et al. 2018; Khadjesari et al. 2019). However, positive sobriety narratives may also still be unappealing for most people with AUDs. Whilst the strengths of the new sobriety movement are focused around the immediate wellbeing benefits and identification of a new authentic self, many drinker's identities are heavily tied up within their drinking behaviors (Lindgren et al. 2016; Morris et al. 2021). Attempting to convince people with narratives which are unappealing and disconnected from their own drinking motives and experiences may simply serve to create boundaries between research and policy makers and distinct groups of drinkers; counterproductive to the very purpose of lived experience.

In practical terms, we think there is an important message emerging for those involved in the alcohol field: we need to actively embrace and promote the ordinariness of some lived experiences of reducing alcohol harms and accept the role that alcohol plays in some people's lives. Inspirational stories of those who have overcome the most severe and debilitating alcohol problems can be valuable as they resonate with existing addiction heuristics and can promote hope and optimism about recovery. But within the broader group of people with AUDs, there will be stories of people who cut down from 40 to 30 units a week, perhaps simply by restricting their alcohol consumption on certain days of the week. These are valid and important experiences which could be promoted to help reduce alcohol intake. As Tucker and Witkiewitz (2022) conclude in the introduction of *Dynamic Pathways to Recovery from Alcohol Use Disorder*:

> …problem reduction (including recovery) is the most common outcome among persons with problem alcohol use, and non-abstinent recovery is possible, even among those with more severe AUD. Changing the narrative to highlight the high likelihood of recovery and the importance of improvements in valued areas of living may help motivate more individuals to attempt problem resolution using a pathway that appeals to and works for them.
>
> (Tucker and Witkiewitz 2022, p.16)

In the closing scene of the Adrian Chiles documentary, Chiles reflects on his experience of meeting 'drinkers like us' and hearing their stories: 'I don't do optimism, but I think I can change my life to drink less, and in so doing, maybe get more out of drinking, and more out of the times that I'm not drinking'. As such, Chiles offers a lived experience that highlights an alternative model for thinking about and changing alcohol use. The Adrian Chiles effect, and the potential for other less-spoken narratives to do the same, is something that policy makers, researchers and lived experience advocates should embrace.

Recommendations

There are a number of actions that stakeholders can take to support the diversification of AUD narratives, and in turn, increase problem recognition, natural recovery and help-seeking across a broader group of people with AUDs. Further research should be undertaken to identify gaps and opportunities for alcohol reduction narratives in lay and professional discourse, and how these can be used to support or integrate into new or existing AUD interventions. Further research is also needed to understand the ongoing impact of COVID-19, particularly in terms of factors driving harmful alcohol use and home drinking, and how these may be influenced by AUD framings and discourse.

Journal editors, funders and addiction organizations should cease alcoholism framings or terminology and promote person-first language in journal titles, manuscripts and other communications to avoid inadvertently perpetrating stigma and narrow or outdated AUD concepts. Such organizations should also seek to support research and projects which cover less addressed areas such as drinking reduction goals and quality of life improvements. Similarly, alcohol advocacy groups should proactively foster a range of diverse drinking narratives through any campaigns work and by funding or supporting specific programs which will improve

understanding and recognition of the diversity of AUDs and their multiple pathways to resolution. This should include proactively working with journalists and other roles to offer training and writing guides that highlight continuum or similarly aligned models of AUD over stigmatizing terminology or concepts.

Policy makers should seek to further embed alcohol brief interventions across health care settings whilst seeking to enhance understanding amongst healthcare professionals of the acceptability of drinking reduction outcomes for the majority of people with AUDs. Service providers and commissioners should ensure that they offer and promote services that specifically appeal to harmful drinkers who do not typically engage in alcohol treatment, including by emphasizing non-abstinent recovery support and challenging misperceptions about what treatment is and who it's for. Those engaging with people lived experience of AUD should seek and include lived experiences which represent lower severity AUDs and non-abstinent routes to recovery to challenge stereotypes about recovery and the perceived necessity of abstinence for all persons with AUD. Whilst primarily situated within a UK context, these recommendations should be considered as also potentially applicable to other drinking cultures, particularly high-income countries or those with prevalent abstinence or disease model orientated AUD discourses.

Notes

1. Here we describe AUD as a continuum of severity in the broad sense, for example as per DSM-5, although we acknowledge that AUDs are more complex than a single unidimensional construct (Boness et al. 2019; Watts et al. 2021).
2. 'How to be sober and happy' https://www.mindbodygreen.com/0-6500/How-to-Be-Sober-and-Happy.html
3. Here we use the term 'drinkers like us' to highlight the diverse profile of people who consume alcohol, including the authors, who use alcohol, engage in periods of abstinence and moderate their drinking in a variety of different ways and contexts.

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ORCID

J. Morris http://orcid.org/0000-0002-7048-8844

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