Are you thinking about changing your drinking habits? The Global Drug Survey suggests that over a third of drinkers in the UK would like to reduce their drinking in the next year (Davies et al., 2017). Furthermore, Public Health England suggest that around one in five people in the UK are drinking above the low-risk guidelines of 14 units per week, and should probably be thinking about cutting down. Could an app or a website help?

No silver bullet

Digital interventions were not envisaged as a ‘silver bullet’ to replace traditional interventions delivered by health care professionals; rather, they are viewed as an adjunct to care, with their origins in bibliotherapy. There are fundamental features of face-to-face interventions that cannot easily be transferred to a website or app, particularly Carl Rogers’ core conditions of genuineness, unconditional positive regard, and empathy. However, some of the ‘active ingredients’ (also known as ‘behaviour change techniques’) that form the content of the intervention are well suited to digital format, such as screening for excessive alcohol consumption, personalised feedback, goal-setting and self-monitoring of one’s drinking behaviours. Efforts have been attempted to convey the therapeutic alliance online, for example, via an extensive behaviour change website called Down Your Drink (www.downyourdrink.org.uk), with interactive exercises and a tone that encourages reflection and individual choice (Linke et al., 2008). The latest research evidence suggests that digital interventions where a health care professional facilitates access are more effective at reducing alcohol consumption than stand-alone digital interventions (Riper et al., 2018).

Findings

There are also active advantages to delivering digital interventions online or via an app, in their entirety. The stigma and embarrassment associated with seeking help for an alcohol problem face-to-face is an important factor that delays or prevents help seeking. Drinking alcohol excessively is sometimes perceived as synonymous with dependent drinking, and the first obvious opinion may be Alcoholics Anonymous. Where do people go if they want to moderate rather than abstain from drinking? Those looking online can seek support at a much earlier stage. ‘E-help seekers’ who accessed the Down Your Drink website reported a variety of reasons why an online intervention was of help to them. For example, it helped them think about their drinking and provided reassurance that they were not alone, and they did not interfere with their everyday lives, and that was personal to them (Khadjesari et al., 2015) – all of which digital interventions can provide.

User engagement

Given that this support is delivered outside of a face-to-face setting, some form of ‘engagement’ with a digital intervention is necessary for it to help people change. However, engagement with digital interventions tends to be low with many users dropping out during the first week of the treatment period (Ijzerman, 2003).

“Where do people go if they want to moderate rather than abstain from drinking?”

Evidence suggests that brief face-to-face interventions, delivered by health care professionals, can be effective in reducing alcohol consumption in some groups (but less than 33 per cent of excessive drinkers receive these (Brown et al., 2016). Recently, there has been a shift in focus to digital interventions for alcohol reduction, because of their potential to reach larger numbers of people at low cost per additional user. There are many examples of these digital interventions for alcohol reduction freely available online.

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who might use digital interventions? Seeking support online might not be acceptable for everyone. A study of students drinkers identified that they preferred informal sources of support, such as talking to friends, over online tools (Buscemi et al., 2010). Other research suggests that the anonymity offered by online tools may be more appealing for some groups of harmful drinkers, who may be concerned about the stigma associated with help seeking for alcohol problems (Khadjesari et al., 2015). Although digital interventions may not be as easily accessible to some populations, such as the homeless, those in prison, or the elderly, digital interventions particularly targeting these populations are beginning to emerge. For example, the ‘Break Free’ project (Khadjesari & Chambers, 2018) involved a psychologically informed interactive online intervention for hazardous drinking. Alcohol (LCB, 2019). Around 1% of all alcoholproblem drinkers (i.e. heavier and dependent drinkers), those who were not educated to degree level, and those who were on medication for a mental health condition said they would prefer the support of a specialist to reduce their drinking. On the other hand, lower digital interventions were using a digital intervention drank 22.8g (almost three units) of alcohol a week less than those receiving a control. It’s tentative for support that the majority of digital interventions can play a role in helping people to reduce hazardous or harmful alcohol consumption.

Online communities Alongside the digital tools discussed so far, most of the online interventions for alcohol problems (Khadjesari et al., 2015; Davies et al., 2019). However, more work is needed to identify those who may benefit from digital interventions, and those who may be excluded. In addition, detailed research shows that there are other sociodemographic and regional factors that may influence user preferences for online tools. Health inequalities are a particular concern with regards to alcohol consumption, as the most deprived groups drink the least but suffer the most with regards to alcohol consumption, as the most deprived groups drink the least but suffer the most.

Full list available in online/app version.

Research from the Global Drug Survey in 2017 explored more than 80,000 people’s preferences for different sources of support and those who expressed a digital intervention for reducing excessive alcohol consumption (Bellis et al., 2016). If digital interventions can deliver tailored support to users as and when needed and reduce stigma associated with help seeking in person, they require active engagement on the part of the user (which may lead to early drop-outs) and may be particularly beneficial for heavy drinkers or users with mental health conditions.

To further our understanding of the potential benefits of digital interventions for alcohol reduction, it is important to develop or refine existing tools so that they engage their intended target audience and provide support that is appropriate and suitable for different groups of support. We must be cautious of transitioning to a norm of ‘technological utilitarianism’, which risks alienating certain groups, or trivialising issues that are burdensome for heavy drinkers or users with mental health conditions.

At present, the field of digital interventions continues to expand with many options now freely available through various types of technology. It is vitally important that digital interventions are evaluated robustly and pragmatically to continue to improve the evidence on the effectiveness of digital interventions to reduce alcohol consumption. If you are thinking of reducing your drinking, you may find that some kind of digital tool is useful, particularly in tracking your alcohol intake. However, you may need to rely on digital tools – speak to your GP if you feel you need further support.