

Barriers to Recovery: Overcoming obstacles to alcohol recovery in the UK

Executive summary

Alcohol-related harm continues to escalate in the United Kingdom (UK), with 2023 marking the highest number of alcohol-specific deaths recorded in England, and only 22% of those in need accessing specialist alcohol support. Research shows that dependent drinkers face multiple, persistent barriers to entering recovery and social reintegration.

This report uses data from interviews with professionals working in addiction and alcohol harm reduction to describe and discuss the key obstacles currently faced by people entering and sustaining recovery across the UK and make recommendations for change.

Key barriers identified are:

- Environmental exposure to alcohol due to widespread **marketing**, 24/7 **availability**, and the **normalisation** of drinking.
- **Stigma and legal gaps**, notably the lack of protection under the Equality Act 2010, which fuels discrimination and marginalisation.
- **Underfunded services**, which limit access to quality treatment, reduce community support, and exacerbate gaps in mental health and addiction care.
- Structural **inequalities**, including inadequate housing and limited employment opportunities, which make sustained recovery more challenging.
- **The alcohol industry's influence** distorts public health messaging and undermines meaningful policy reform.
- **Political inertia**, with short-term policymaking stalling progress on long-term solutions.

Key recommendations:

Restrict the marketing and availability of alcohol in public spaces

Update the Equality Act 2010 to protect individuals with alcohol dependence

Increase investment in NHS and community services, housing, and reintegration initiatives

Introduce and expand minimum unit pricing (MUP) in line with inflation

Introduce an alcohol levy with ring-fenced funding for alcohol treatment and support services

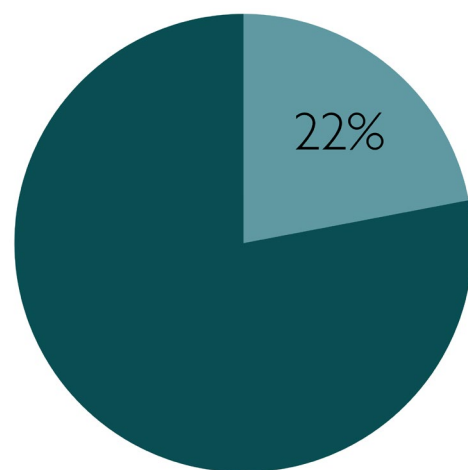
Develop a new, forward-thinking national alcohol strategy that reflects the complexity of alcohol-related harm and recovery needs

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Background

Alcohol continues to cause significant harm across the United Kingdom (UK). In 2023, the UK recorded its highest number of alcohol-specific deaths on record.¹ This rise in fatalities coincided with a significant increase in hospital admissions for alcohol-specific and alcohol-related conditions.² The estimated annual cost of alcohol-related harm in England alone is £27.44 billion³, highlighting the scale and persistence of alcohol's impact on the UK.

Despite these alarming trends, only 22% of people who need help in England are accessing specialist support for alcohol use disorder (136,000 out of 608,000)⁴, and the policy response to this worsening crisis has been described as 'woefully inadequate'⁵. Notably, the UK has not published an updated national alcohol strategy since 2012⁶, the same year the Health and Social Care Act 2012⁷ was introduced. This Act transferred the entire responsibility for funding addiction services to local authorities, further limiting their capacity to respond adequately to the growing need for support. Concurrently, the budget provided by the central government for public health spending was cut. As a result, between 2013/2014 and 2018/2019, funding for alcohol and drug services in England was reduced by 27% (£212.2 million).⁸ Thus, years of underfunding and insufficient policy attention have left individuals in, and seeking, alcohol recovery and their families facing numerous obstacles, which in turn have made it increasingly difficult for them to reintegrate into society fully.



Source: National Drug Treatment Monitoring System

The barriers encountered by individuals seeking recovery are complex, multifaceted, and vary in severity. This report will examine several key barriers, propose areas where change is necessary, and outline potential initiatives to help mitigate these obstacles and support individuals seeking recovery.

Methodology

The report is informed by both literature research and expert interviews. In total, nine interviews were conducted with professionals working in addiction and alcohol harm reduction. Quotations from interviews are anonymised, although experts who wished to be listed as contributors to this report are named below.

With thanks to: Tom Bennett, Scottish Recovery Consortium; Mark Crowe, Waythrough; Dr Will Haydock, Collective Voice; Dr Laura Harvey, Alcohol Change UK; Dr Peter Rice, Institute of Alcohol Studies and Former NHS Addiction Psychiatrist; and Robert Stebbings, Adfam.

Identified barriers

This section discusses the key barriers identified by expert interviews and a review of the literature.

Alcohol availability, advertising and promotion, and the normalisation of alcohol

Alcohol is everywhere, whether in the physical environment around us or via marketing.⁹ The ubiquity of alcohol's presence both within our own homes and in public poses a challenge to those seeking alcohol recovery and potentially increases the risk of relapse. Alcohol's availability, marketing, and the physical environment were all recurring themes brought up across the expert interviews, with recognition of the significance of the barriers that they create for those seeking recovery. The World Health Organization (WHO) has developed a policy framework based on evidence of the effectiveness of high-impact policies to reduce alcohol harm: the SAFER initiative calls for a reduction in the physical availability and affordability of alcohol¹⁰ and for states to implement restrictions on alcohol advertising, sponsorship, and promotion¹¹. Therefore, this subsection will examine how the availability, advertising, promotion, and physical environment create barriers for individuals seeking recovery in the UK.

Availability

Alcohol remains widely accessible in the UK, creating barriers for individuals seeking recovery and running counter to the WHO's recommendations, which call for restrictions on the physical availability of alcohol. In England and Wales, there are no "general prohibitions on drinking on the street,"¹² and alcohol can be purchased 24/7¹³. Concerns have also been raised about the ease of obtaining alcohol through online platforms offering home delivery.¹⁴

Experts report that this constant availability makes it difficult for people seeking recovery to avoid alcohol. Discussing the lack of time restrictions, expert 6 said, "In England and Wales, you can buy it at any time...which means you're constantly exposed to it." When alcohol is sold in supermarkets at all hours, individuals seeking recovery cannot easily avoid seeing it. In smaller supermarkets, there is often little separation between alcohol and everyday household items, which can be particularly challenging during routine shopping. As expert 1 noted:

“ If you go to buy toilet paper, everyone needs to buy toilet paper; there is no avoiding that. But if on one side are everyday essential household items and on the other side there is whisky and vodka, I think that it is at least a potential barrier to people continuing their recovery.

Advertising and promotion

Several experts identified the prevalence of alcohol marketing and promotion as a barrier to recovery. When discussing environmental challenges, expert 2 noted "the ubiquity of alcohol

advertising” and how “it’s very difficult to avoid”. Expert 4 expanded on this, stating, “alcohol marketing is designed to remind you constantly that you want to drink,” while expert 1 observed that:

“If you are out and about in any urban setting or sporting venue, it is impossible not to come across marketing”.

This pervasiveness underscores the difficulties faced by individuals seeking recovery, who are continually exposed to alcohol messaging in their daily lives. The Alcohol Health Alliance has similarly highlighted how alcohol advertising preys on children and vulnerable people.¹⁵ The report highlighted findings from a Youth Alcohol Policy Survey (YAPS) from 2019, where they found that 82% of 11-17-year-olds had been exposed to alcohol advertising in the last month when responding to the survey, emphasising the high levels of exposure young people are subjected to through marketing.¹⁶ Consequently, it illustrates how alcohol advertising and promotions prey on children and vulnerable people, as no one can avoid the advertising, and the advertising is clearly prevalent and consistent, for it to be remembered by the 11-17-year-olds. The constant exposure to alcohol advertising is further illustrated by Barker et al. (2023), who found that alcohol was advertised 86 times on TV during the hours of 6-10 pm over a five-day period at Christmas 2022.¹⁷ Such saturation reinforces the omnipresence of alcohol promotion, making it difficult to avoid and creating significant challenges for those seeking recovery who are seeking to reintegrate into society.

Normalisation of alcohol

Alcohol remains a major part of UK culture, posing significant challenges for individuals in alcohol recovery. Several of the experts pointed to its pervasive role in both social and professional contexts. As expert 4 observed, “So many social occasions, work occasions are all based around alcohol.” Expert 6 similarly noted a:

“social expectation of alcohol being the norm.”

This cultural expectation is echoed in the literature, which documents the widespread presence of alcohol at work events¹⁸, social gatherings¹⁹, and other communal settings, and the resulting impact on those seeking recovery²⁰.

Experts also highlighted the social pressures faced by people who choose not to drink. According to expert 6, individuals seeking recovery often report that friends “don’t want to hear that I need to quit, as they don’t want to think about it, and what it says about them”. Expert 7 added:

“If you don’t participate in the alcohol-using society... immediately you can become cut off from what is seen as normal social interactions... if you decide not to drink, you’re excluded.”

These accounts illustrate how the normalisation of alcohol consumption and prevailing cultural attitudes can isolate those seeking recovery, making reintegration more difficult.

A small positive shift was noted by some experts, who pointed to a growing number of alcohol-free spaces, such as those within universities. While this represents progress, they agreed that alcohol's entrenched cultural status in the UK continues to present substantial barriers to recovery.

Stigma and discrimination

Individuals in alcohol recovery often face significant stigma and discrimination, which can hinder their ability to fully participate in society.²¹ While anti-discrimination legislation exists, it does not currently extend protection to those experiencing or seeking recovery from alcohol dependence.

Equality Act 2010

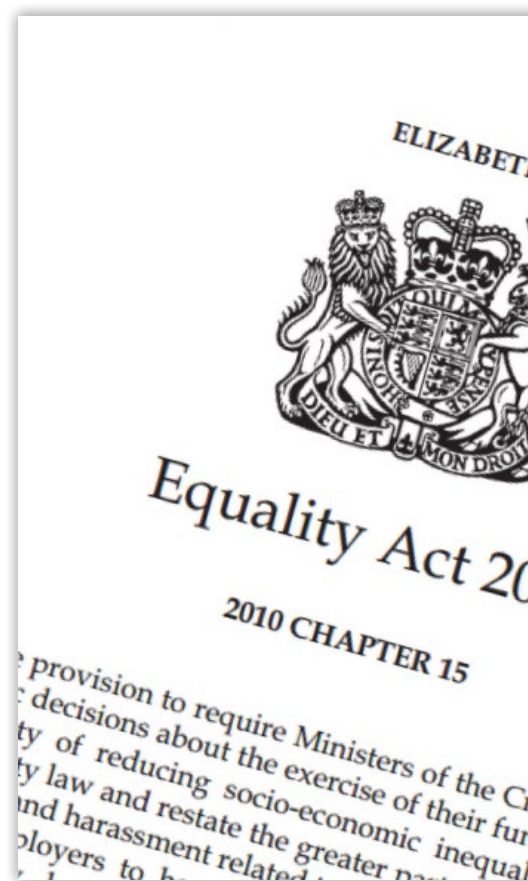
Several experts identified the Equality Act 2010 as a key barrier, noting that it does not recognise dependence as a protected characteristic. The omission limits an individual's ability to challenge discrimination in employment, housing, and other areas. As expert 4 explained:

“the specific exclusion is enshrining stigma into law, creating barriers as people can't access reasonable adjustments at work or know they won't be discriminated against when trying to access housing.”

Expert 3 echoed this, stating that alcohol dependence “does need to be recognised legislatively through the Equality Act, the fact the government has refused to put it in, that is obvious discrimination itself, and then there is clearly discrimination and bias in society.”

Experts and existing literature note that this lack of protection reinforces the view that alcohol dependence is self-inflicted, unlike other health conditions, such as mental health disorders, which are protected under the Equality Act.²²

While some questioned whether legal recognition alone would eliminate stigma, citing examples such as ongoing workplace discrimination against pregnant women despite protections, most agreed that the exclusion from the Act contributes to stigma and discrimination. In turn, the lack of protection under the Equality Act 2010 creates barriers for those seeking recovery when seeking employment, housing, or other social support, as there is no legislative avenue where individuals can seek recourse if discriminated against.



Funding, lack of community support, and access to treatment

A lack of sustained funding for alcohol services has had widespread consequences for individuals seeking recovery. These include diminished access to quality treatment, reduced availability of community support, and weakened care infrastructure. This section examines how a lack of funding has created and compounded barriers to recovery.

Funding

Since the introduction of the Health and Social Care Act 2012²³, funding for addiction services, particularly alcohol, has declined, creating barriers for those in alcohol recovery. The Act transferred funding responsibility to local authorities. This transfer of responsibility coincided with a reduction in the public health budget.²⁴ Faced with fewer resources, many local authorities were forced to make difficult budgetary choices, often resulting in cuts to alcohol and addiction services.²⁵ In many cases, this led to decreased funding for alcohol and addiction services.²⁶ The subsequent cuts affected the workforce, including both staff reductions and a decrease in training opportunities.²⁷ The Royal College of Psychiatrists highlighted how the number of higher training posts for addiction fell from 64 posts in 2011 to just 27 in 2019, which represented a 58% decrease in posts.²⁸ Similarly, Thom et al. (2023) highlight the challenges faced by alcohol and drug nurses in the UK, with budget cuts leading to a reduction of nurses who are trained and able to work within addiction services.²⁹ In turn, there were downstream effects on the number of people who could access services³⁰ and the quality of service that could be provided³¹.

Experts highlighted that underfunding has been especially damaging for individuals with both alcohol dependence and mental health conditions. This is because both addiction and mental health services³² are underfunded and at capacity, leading to individuals with co-occurring conditions often being rejected from both³³, creating a treatment gap. Expert 3 explained:

“if you have more than one thing going on, it can be difficult, services are often nervous to manage one situation, and when you add alcohol into that mix they often say you need to sort that out before we can help you and alcohol services might say the same thing about the other situation and the underfunding has not helped at all.

And expert 2 added: “It is difficult to go to an alcohol service with mental health issues or vice versa.”

The lack of coordinated, adequately funded care leaves many at the start of their recovery journey without the support they need, increasing the risk of relapse and hindering long-term reintegration.³⁴ Underfunding not only reduces the capacity of treatment services but also weakens the community-based support structures that are vital for sustaining recovery.

Community support

Family and community networks are often central to sustaining recovery.³⁵ However, expert 3

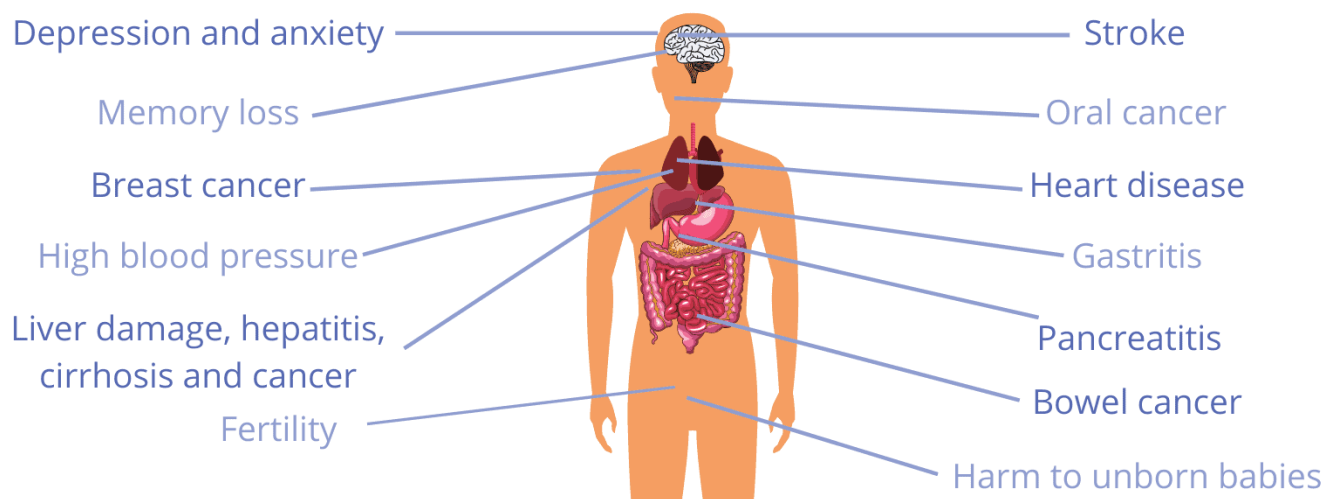
noted the erosion of such systems:

“ Over time, there have been a lot of cuts to public services...family services and supports are seen as a bit of an add-on, so when there are cuts, they get removed.

When such services disappear, people seeking recovery can face increased isolation, a greater risk of disengagement from treatment, and fewer opportunities to build positive social connections.³⁶ The erosion of community and family support structures, therefore, represents a significant barrier to recovery and to successful reintegration into society.

Increased risk of experiencing physical ill-health

Individuals with a history of alcohol dependency face significantly higher risks of long-term physical health problems. Alcohol consumption is linked to over 200 diseases and injury conditions, such as heart disease, liver damage, stroke, and breast and bowel cancer.³⁷



Infographic from the Institute of Alcohol Studies website³⁸

The risk of developing these health conditions correlates with the amount of alcohol consumed³⁹, making people with alcohol dependency at higher risk, demonstrating the long-term physical health challenges that individuals seeking recovery may face. Ongoing physical complications not only affect quality of life but also create additional barriers to reintegration and social inclusion, in both the short and long term. Ignacio et al. (2024), found in their meta-analysis that around 31% of individuals experienced post-stroke depression and around 39% of individuals experienced post-stroke anxiety⁴⁰, and with stroke being one of the physical health problems that alcohol consumption is linked to, this highlights how alcohol consumption has potentially numerous knock-on downstream effects on individuals' mental and physical health.

Lack of support for individuals' social determinants of health

Evidence shows that the absence of necessities, such as stable housing, employment, income, and access to food, creates significant barriers to both recovery and social reintegration.⁴¹ Experts and research alike highlight how these unmet needs undermine an individual's ability to sustain recovery and participate fully in society. For example, a history of long-term sickness can make securing employment more difficult⁴², while poor credit or previous evictions can lock access to housing⁴³. These structural barriers, often rooted in the consequences of alcohol dependence, hinder people seeking recovery from rebuilding their lives, leaving less time and energy to focus on the recovery process itself. As expert 8 observed:

“The fundamentals really matter, where people live...what opportunities they have, it shapes whether recovery is even possible, and if you get that wrong it can undo a lot of good work people have done to become sober and to sustain being sober.”

Similarly expert 9 emphasised “all those things around housing, relationships, employment, make for a fulfilling stable life, some will struggle to maintain recovery where there is deprivation, it's harder to get a house if you don't have money.”

Several experts also noted that the absence of these foundational supports often contributes to the initial development of alcohol dependence, as alcohol is frequently used as a coping mechanism for deprivation. Therefore, addressing these underlying social determinants is essential, as without doing so, individuals remain at greater risk of relapse, and the cycle of harm, exclusion, and disadvantage is perpetuated.

Lobbying and the alcohol industry

The lobbying power of the alcohol industry in the UK presents a significant barrier to implementing recovery-focused, evidence-based policies. Several experts identified the industry, one of the key commercial determinants of health, as a major influence on public health outcomes.⁴⁴ As expert 1 explained:

“The alcohol industry is a vastly powerful lobbying force, and they have huge resources at their disposal, and they are creative and ingenious in finding ways to bypass restrictions.”

The industry invests considerable time and money into shaping alcohol harm-reduction strategies in ways that protect its commercial interests. Tactics include forming industry groups and associations, creating social responsibility programmes, funding alcohol research, directly lobbying by submitting proposals, and creating economic incentives to persuade policymakers, among others.⁴⁵ One activity highlighted by an expert, when discussing the challenges that arise from the alcohol industry's desire to protect its commercial interests, was the industry's influence over educational materials. Expert 3 said that there needs to be a “challenge or end to the alcohol industry's influence over education materials in schools”. Illustrating how much influence

the alcohol industry has and how such activities can generate bias in favour of the industry, undermine the adoption of evidence-based interventions, and restrict the scope for meaningful policy change. In turn, this makes recovery a more complex and challenging process than it should be, as the lobbying efforts by the alcohol industry influence policy and create an unsupportive and challenging environment for individuals seeking recovery.

Politics

Experts identified the absence of political will and prioritisation in the UK to develop and implement a comprehensive alcohol strategy as having serious consequences for individuals seeking recovery. As expert 4 observed, “the whole system is set up in a way that doesn’t make it easy for people to recover...and in part that is because we don’t have a coherent national approach”.

The short-term nature of political cycles compounds the problem. Governments often seek quick results within limited timeframes⁴⁶, making it less likely they will invest in long-term, resource-intensive alcohol policies⁴⁷. As expert 9 explained:

“the government needs to be more proactive, but often it’s reactive, only acting in crisis, it’s the same with alcohol, there is no long-term plan, and we end up firefighting instead of actually reducing harm.

This short-termism restricts the allocation of resources needed to address barriers to recovery and provide accessible, high-quality support. While some measures, such as minimum unit pricing (MUP), can produce results relatively quickly, other interventions, particularly those focused on treatment, rehabilitation, and sustained community support, require longer and are often overlooked.

The absence of a coherent, long-term national strategy limits the development of prevention and early intervention strategies. In turn, this undermines the capacity of individuals seeking recovery to rebuild their lives and reintegrate into their communities.



Recommendations

Some policy areas are devolved to individual UK nations, whereas others are UK-wide. Therefore, within some of these recommendations there would be nuance regarding implementation.

1) Reduce the availability and marketing of alcohol and address environmental triggers

Restrict the sale of alcohol by introducing controls on:

Time of purchase (e.g., limit late-night and early-morning sales)

Methods of purchase, including the regulation of home delivery services.

Placement of alcohol within retail spaces. To reduce visibility and accessibility.

Enforce stricter limits on alcohol marketing across supermarkets, digital platforms, and television.

Introduce and enforce regulations on public drinking and the sale of alcohol in public spaces.

2) Amend the Equality Act 2010 to remove the exclusion of alcohol addiction from the disability protections of the Equality Act

This legal reform would protect individuals from discrimination in critical areas such as employment and housing, and support long-term recovery and social reintegration.

3) Increase sustainable funding for treatment and recovery support

Provide greater investment in the NHS and third-sector services to improve access to and quality of treatment.

Expand funding for community-led housing, peer-support, reintegration programmes, and support for their families and affected others.

4) Adopt a patient-centred, 'no wrong door' approach

Ensure coordinated care pathways that address both alcohol dependence and co-occurring mental health needs, removing barriers to access.

5) Expand and index minimum unit pricing (MUP)

Introduce MUP in England and ensure it keeps pace with inflation across the UK.

6) Implement a ring-fenced alcohol levy

Establish a levy on alcohol producers and retailers, with all proceeds earmarked for funding alcohol treatment and support services.

7) Develop a new national alcohol strategy

Develop an evidence-based alcohol strategy that addresses structural, social, and economic barriers to recovery, reflecting current public health challenges and priorities.



References

1. Office for National Statistics. (2025). Alcohol-specific deaths in the UK: registered in 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2023#:~:text=In%202023%3A,16.6%20deaths%20per%20100%2C000%20people>
2. Ibid
3. Institute of Alcohol Studies. (2024). MAY 2024 Alcohol Alert. https://www.ias.org.uk/alcohol_alert/may-2024/#:~:text=TOTAL%20COST%20=%20%C2%A327.44bn&text=Across%20the%20population%2C%20the%20average,regional%20alcohol%20office%20Balance%2C%20said
4. National Drug Treatment Monitoring System, Unmet treatment need England 2023-24. <https://www.ndtms.net/ViewIt/Adult>
5. Campbell, D. (2025). Alcohol-related deaths in UK hit a record high of 10,473, ONS data shows. The Guardian. <https://www.theguardian.com/society/2025/feb/05/alcohol-related-deaths-in-uk-hit-record-high-of-10473>
6. UK Parliament. (2023). The 2012 Alcohol Strategy for England. <https://commonslibrary.parliament.uk/research-briefings/cdp-2023-0003/#:~:text=The%20Government's%20most%20recent%20Alcohol,and%20excessive%20drinking%20at%20home>
7. The National Archives. (2012). Health and Social Care Act 2012. <https://www.legislation.gov.uk/ukpga/2012/7/contents>
8. Roscoe, S., Pryce, R., Buykx, P., Gavens, L., & Meier, P.S. (2022). Is disinvestment from alcohol and drug treatment services associated with treatment access, completions and related harm? An analysis of English expenditure and outcomes data. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.13307>
9. Alcohol Health Alliance. (2023). 'It's everywhere' – alcohol's public face and private harm. <https://ahauk.org/wp-content/uploads/2023/01/Its-everywhere-alcohols-public-face-and-private-harm.pdf>
10. World Health Organization. (n.d.) SAFER: Strengthen restrictions on alcohol availability. <https://www.who.int/initiatives/SAFER/alcohol-availability>
11. World Health Organization. (n.d.) SAFER: Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion. <https://www.who.int/initiatives/SAFER/alcohol-advertising>
12. UK Parliament. (2023). Alcohol: drinking in the street. <https://commonslibrary.parliament.uk/research-briefings/sn05117/>
13. Institute of Alcohol Studies. (2020). Licensing In Practice: The Availability of Alcohol in UK Society. <https://www.ias.org.uk/report/licensing-in-practice-the-availability-of-alcohol-in-uk-society/>
14. Wall, T. (2020). Home delivery firms blamed for enabling problem drinkers. The Guardian. <https://www.theguardian.com/society/2020/sep/13/home-delivery-firms-blamed-for-enabling-problem-drinkers>
15. Alcohol Health Alliance. (2021). No escape: How alcohol advertising preys on children and vulnerable people. <https://ahauk.org/wp-content/uploads/2021/11/MarketingReport-FINAL.pdf>
16. Ibid
17. Barker, A.B., Thorley, R., & Murray, R.L. (2023). Have yourself a “merry” little Christmas: Alcohol adverts and alcohol content within adverts in the run-up to Christmas. *Public Health in Practice*. doi: 10.1016/j.puhip.2023.100390
18. Institute of Alcohol Studies. (2020). Alcohol in the workplace. <https://www.ias.org.uk/report/alcohol-in-the-workplace/>. Warren, J. (2024). Alcohol is part and parcel of working culture. BBC. <https://www.bbc.com/news/articles/cr7jrmzlnvo>
19. Holmes, J., Sasso, A., Alava, M.H., Neves, R.B., Stevely, A.K., Warde, A., & Meier, P.S. (2024). How is alcohol consumption and heavy episodic drinking spread across different types of drinking occasion in Great Britain: An event-level latent class analysis. *International Journal of Drug Policy*. <https://doi.org/10.1016/j.drugpo.2024.104414>
20. Warren, J. (2024). Alcohol is part and parcel of working culture. BBC. <https://www.bbc.com/news/articles/cr7jrmzlnvo>. Katainen, A., Härkönen, J., & Mäkelä, P. (2021). Non-Drinkers' Experiences of Drinking Occasions:

A Population-Based Study of Social Consequences of Abstaining from Alcohol. Substance Use & Misuse. <https://doi.org/10.1080/10826084.2021.1990331>

21. Swainston, K, Robinson, C., Pinder, M., Wetherell, B., Joyes, E., Reay, A., Pankhurst, G., & Johnson, D. (2024). Understanding the complex health needs of people with problematic drug/alcohol use: a qualitative enquiry. Journal of Substance Use. <https://doi.org/10.1080/14659891.2024.2365168>. Finn, S.W., Mejdal, A. & Nielsen, A.S. (2023). Public stigma and treatment preferences for alcohol use disorders. BMC Health Service Research. <https://doi.org/10.1186/s12913-023-09037-y>
22. Flacks, S. (2012). Deviant Disabilities: The Exclusion of Drug and Alcohol Addiction from the Equality Act 2010. Social & Legal Studies. <https://doi.org/10.1177/0964663912437991>. UK Parliament. (n.d.). Written evidence from Alcohol Change UK. <https://committees.parliament.uk/writtenevidence/129058/pdf/#:~:text=Page%202,are%20defined%20in%20legislation%20shows>
23. The National Archives. (2012). Health and Social Care Act 2012. <https://www.legislation.gov.uk/ukpga/2012/71/contents>
24. Roscoe, S., Pryce, R., Buykx, P., Gavens, L., & Meier, P.S. (2022). Is disinvestment from alcohol and drug treatment services associated with treatment access, completions and related harm? An analysis of English expenditure and outcomes data. Drug and Alcohol Review. <https://doi.org/10.1111/dar.13307>. Thom, B., Annand, F., Clancy, C., Whittaker, A., & Janiszewska, I. (2024). The role of UK alcohol and drug (AOD) nurses in a changing workforce. Drugs: Education, Prevention and Policy. <https://doi.org/10.1080/09687637.2023.2266554>
25. Thom, B., Annand, F., Clancy, C., Whittaker, A., & Janiszewska, I. (2024). The role of UK alcohol and drug (AOD) nurses in a changing workforce. Drugs: Education, Prevention and Policy. <https://doi.org/10.1080/09687637.2023.2266554>. Kmietowicz, Z. (2021). Drug and alcohol services for young people cut by £26m in six years. BMJ. doi: <https://doi.org/10.1136/bmj.n817>
26. Ibid
27. Ibid
28. Royal College of Psychiatrists. (2020). Addiction psychiatry could be wiped out in a decade without urgent government funding. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/02/17/addiction-psychiatry-could-be-wiped-out-in-a-decade-without-urgent-government-funding>
29. Thom, B., Annand, F., Clancy, C., Whittaker, A., & Janiszewska, I. (2024). The role of UK alcohol and drug (AOD) nurses in a changing workforce. Drugs: Education, Prevention and Policy. <https://doi.org/10.1080/09687637.2023.2266554>
30. Roscoe, S., Pryce, R., Buykx, P., Gavens, L., & Meier, P.S. (2022). Is disinvestment from alcohol and drug treatment services associated with treatment access, completions and related harm? An analysis of English expenditure and outcomes data. Drug and Alcohol Review. <https://doi.org/10.1111/dar.13307>. Royal College of Psychiatrists. (2021). Thousands of young people are missing out on drug and alcohol treatments as budgets are cut by over a third. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/03/28/thousands-of-young-people-missing-out-on-drug-and-alcohol-treatment-as-budgets-cut-by-over-a-third>
31. Roscoe, S, Boyd, J., Buykx, P., Gavens, L., Pryce, R., & Meier, P. (2021). The impact of disinvestment on alcohol and drug treatment delivery and outcomes: a systematic review. BMC Public Health. doi: 10.1186/s12889-021-12219-0
32. Royal College of Psychiatrists. (2025). "Cuts to mental health share of NHS funding illogical" says RCPsych President. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2025/03/28/cuts-to-mental-health-share-of-nhs-funding-illogical--says-rcpsych-president#:~:text=Mental%20health%20services%20should%20be,simply%20cannot%20meet%20the%20demand>. Taylor, M. (2022). We cannot continue to neglect mental health funding. NHS Confederation. <https://www.nhsconfed.org/articles/we-cannot-continue-neglect-mental-health-funding>. Hartley, J. (2024). The next government must tackle our mental healthcare deficit. BMJ. doi: <https://doi.org/10.1136/bmj.q1443>
33. Royal College of Psychiatrists. (2025). People with substance use and mental health disorders suffering harm and premature death after being excluded from care, warns RCPsych. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2025/05/13/people-with-substance-use-and-mental-health-disorders-suffering-harm-and-premature-death-after-being-excluded-from-care--warns-rcpsych#:~:text=Patients%20are%20often%20excluded%20from,the%20country%20being%20looked%20at>. Institute for Alcohol Studies. (2018). Alcohol and Mental Health. <https://www.ias.org.uk/uploads/pdf/IAS%20reports/rp31042018.pdf>

34. Allen, K., Melendez-Torres, G.J., Ford, T., Bonell, C., & Berry, V. (2024). Experiences of current UK service provision for co-occurring parental domestic violence and abuse, mental ill-health, and substance misuse: A reflexive thematic analysis. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2024.107449>
35. McCrady, B.S., & Flanagan, J. (2021). The role of the Family in Alcohol Use Disorder Recovery for Adults. *Alcohol Research Current Reviews*. doi: 10.35946/arc.v4i.1.06. Mosel, S., & Generes, W.M. (2025). Family Therapy for Substance Use Disorders and Addiction Recovery. American Addiction Centers. <https://americanaddictioncenters.org/therapy-treatment/family-therapy>
36. Collective Voice. (2024). The impact of the cost of living crisis on drug and alcohol treatment and recovery. <https://www.collectivevoice.org.uk/wp-content/uploads/2024/02/Collective-Voice-Cost-of-living-briefing-FINAL.docx.pdf>
37. Institute of Alcohol Studies. (2020). The physical and mental effects of alcohol. <https://www.ias.org.uk/report/the-physical-and-mental-health-effects-of-alcohol/>
38. Ibid.
39. The U.S Surgeon General's Advisory. (2025). Alcohol and Cancer Risk. <https://www.hhs.gov/surgeongeneral/reports-and-publications/alcohol-cancer/index.html>
40. Ignacio, K.H.D., Muir, R.T., Diestro, J.D.B., Singh, N., Yu, M.H.L.L., Omari, O.E., Abdalrahman, R., Barker-Collo, S.L., Hackett, M.L., Dukelow, S.P., & Almekhlafi, M.A. (2024). Prevalence of depression and anxiety symptoms after stroke in young adults: A systematic review and meta-analysis. *Journal of Stroke and Cerebrovascular Diseases*. DOI: 10.1016/j.jstrokecerebrovasdis.2024.107732
41. Ross-Houle, K., & Porcellato, L. (2020). Recovery capital in the context of homelessness, high levels of alcohol consumption, and adverse significant life events. *Drugs: Education, Prevention and Policy*. <https://doi.org/10.1080/09687637.2021.2014402>. Collins, S.E. (2016). Associations Between Socioeconomic Factors and Alcohol Outcomes. *Alcohol Research Current Reviews*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4872618/#sec10>
42. Department for Work & Pensions. (2025). DWP Employer Survey 2024: Health and disability in the workplace. <https://assets.publishing.service.gov.uk/media/681dc5bcd9c9bb76078f7e4a/employer-survey-2024-health-disability-workplace.pdf>
43. Property Wire. (2017). Almost Half of British landlords would reject a new tenant with poor credit rating. <https://www.propertywire.com/news/uk/almost-half-british-landlords-reject-new-tenant-poor-credit-rating/>
44. McCambridge, J., Mialon, M., & Hawkins, B. (2018). Alcohol industry involvement in policymaking: a systematic review. *Addiction*. doi: 10.1111/add.14216. Maani, N., Schalkwyk, M.C., & Petticrew, M. (2023). Under the influence: System-level effects of alcohol industry-funded health information organizations. *Health Promotion International*. <https://doi.org/10.1093/heapro/daad167>. Hawkins, B., & McCambridge, J. (2019). Public-private partnerships and the politics of alcohol policy in England: the Coalition Government's Public Health 'Responsibility Deal'. *BMC Public Health*. <https://doi.org/10.1186/s12889-019-7787-9>
45. Institute of Alcohol Studies. (n.d.). The Alcohol Industry: How does the alcohol industry influence policy? <https://www.ias.org.uk/factsheet/industry/>
46. Hoddinott, S. (2023). Short-term policy making has trapped public services in a 'doom loop'. Institute for Government. <https://www.instituteforgovernment.org.uk/comment/public-services-doom-loop>. Institute for Government. (2024). A preventative approach to public services: How the government can shift its focus and improve lives. https://www.instituteforgovernment.org.uk/sites/default/files/2024-05/preventative-approach-public-services_0.pdf. Hunter, D.J., Littlejohns, P., & Weale, A. (2022). Reforming the public health system in England. *The Lancet Public Health*. DOI: 10.1016/S2468-2667(22)00199-2
47. Jankhotkaew, J., Casswell, S., Huckle, T., Chaiyasong, S., & Phonsuk, P. (2022). Barriers and Facilitators to the implementation of Effective Alcohol Control Policies: A scoping Review. *Environmental Research and Public Health*. doi: 10.3390/ijerph19116742