



# Behind the glass

Midlife women, alcohol and support in North Yorkshire

**healthwatch**  
North Yorkshire

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Report published June 2026

# Summary

# Summary

## Why midlife women and alcohol

Women aged 40 to 60 often experience significant changes in their lives. These can include menopause, pressures at work, caring for family members, changes in relationships, and concerns about their health.

Alcohol becomes a way of relaxing, managing stress, or coping with difficult feelings. At the same time, local evidence shows that women in this age group in North Yorkshire are experiencing increasing alcohol-related harm, and more women are seeking help for alcohol-related difficulties.

We wanted to better understand women's experiences of alcohol during midlife and identify what support could make the biggest difference.

## What we did

Between August and October 2025, we gathered views from women through a range of activities, including an online and paper survey, interviews, group discussions and a therapeutic photography session.

We explored women's drinking habits, what influences their decisions to drink, cut down or stop drinking, and their experiences of finding support. We also used a recognised alcohol screening questionnaire alongside women's personal experiences to build a fuller picture of drinking patterns, levels of concern, and the types of support women would find helpful.

## Who we heard from

A total of 293 women aged 40 to 60 completed the survey. Some also took part in follow up interviews and group discussions. Most people were aged between 50 and 60 and had experience of menopause. Many were in paid employment and around one third had caring responsibilities. Women from rural, urban and coastal communities across North Yorkshire took part, providing a broad range of experiences and perspectives.

# Key findings

This report highlights how alcohol is used, experienced and understood by women aged 40 to 60 in North Yorkshire. It shows the complex relationship between alcohol, menopause, stress, health, social expectations and access to support.

## 1. Women's drinking patterns in midlife

**Drinking habits change during midlife, with drinking becoming more frequent as women age and progress through menopause.**

- Drinking tends to become more frequent with age, particularly among women aged 50 to 60
- Higher-risk drinking increases in later midlife, especially after the early fifties.
- Heavier, occasional drinking is more common in the early forties.
- Most alcohol use takes place at home, especially among women who drink more regularly or at higher levels.

## 2. Why women drink and what influences change

**Women's drinking is influenced by social, emotional, and personal factors, and often changes during midlife.**

- Alcohol is associated with socialising, relaxation, and identity, but is also used to cope with stress, trauma, and emotional pressures.
- Women report being influenced more by everyday circumstances and personal experiences than by alcohol marketing.
- Midlife often acts as a turning point, with many women reducing or stopping drinking because of health concerns, menopause symptoms, wellbeing, and changing priorities.

- Women who reduce or stop drinking commonly report better sleep, improved mood, increased energy, and greater confidence.

### **3. Awareness of risk and health impacts**

**Women are generally aware of alcohol-related health risks, with concern about harm increasing as drinking levels rise.**

- There is a strong awareness of major health risks, including cancer, liver disease, mental health problems, weight gain, and poor sleep.
- Women who drink at higher levels are more likely to feel less in control, become concerned about the impact on their health, and consider cutting down.
- Despite this awareness, there remains some uncertainty about what counts as 'low risk' drinking, particularly among lower-level drinkers.

### **4. Access to support and what helps women**

**While many women want support, low awareness and barriers often delay access, and support is often only used at a later stage.**

- Women prefer flexible, discreet, and accessible forms of support, including online tools, self-guided help, informal help, and community based drop-in spaces.
- Awareness of services is low, particularly in rural areas, and many women are unsure what support is available.
- Common barriers include stigma, fear of judgement, time pressures, travel difficulties, and feeling services are not intended for them.
- Formal services are valued when accessed, particularly when they are supportive, joined up, and include peer support.
- Women want earlier support that addresses underlying issues such as stress, anxiety, sleep problems, menopause, trauma, and other unmet needs before alcohol becomes a coping strategy.

## What we found

Women's drinking in midlife is shaped by daily routines, stress, menopause, and life pressures. While many cut down, others increase their drinking or use alcohol to cope when support is limited.

Many women are drinking at levels that could affect their health, but awareness of support is low, and stigma often prevents them seeking help. Women prefer flexible, discreet, and informal support.

Overall, there is a need for earlier, clearer, and more accessible support. This should focus not just on alcohol use itself, but on the underlying reasons why women drink, such as stress, anxiety, poor sleep, menopause symptoms, trauma, loneliness, and caring or work pressures. Addressing these issues may help reduce reliance on alcohol and support long-term wellbeing.



# Recommendations

These recommendations are intended for organisations involved in supporting women's health and wellbeing, including NHS, North Yorkshire Council, alcohol support organisations and community groups.

## 1. Changing women's drinking patterns in midlife

Support earlier identification and reflection on drinking as patterns change during midlife.

- Make alcohol conversations a routine part of care, using non-judgemental approaches (**Making every contact count**).
- Use brief screening tools like AUDIT-C to identify risk earlier.
- Promote online self-assessment tools that help women reflect on their drinking habits.

## 2. Why women drink and what influences change

Address the wider reasons behind drinking, including stress, menopause, and life pressures.

- Provide support that addresses the underlying reasons for drinking, not just alcohol use itself.
- Increase access to preventative support for sleep, anxiety, menopause, and stress, including pressures relating to unpaid caring responsibilities.
- Promote clear, relatable messaging that encourages women to reflect on their drinking.

### **3. Awareness of risk and health impacts**

Improve understanding of alcohol risks and support informed choices.

- Provide clear, consistent information on low risk drinking and health impacts.
- Raise awareness of links between alcohol and sleep, menopause, and mental health.
- Normalise cutting down or not drinking and highlight the benefits for wellbeing.

### **4. Access to support and what helps women**

Make support easier to find, more flexible, and better suited to women's needs.

- Improve awareness of available support through healthcare settings, community organisations and online information.
- Expand flexible support options (online, phone, and face-to-face) and promote self-help options such as social media groups and podcasts.
- Increase awareness of women-focused and women-only support, including support that recognises the impact of trauma.
- Strengthen community and peer support, including informal drop-in spaces.
- Improve coordination between alcohol support, mental health support, menopause support, primary care and hospitals.

# Priority actions

The findings highlight three priority areas that could make the greatest difference to women in midlife. These actions should be considered alongside the wider recommendations set out in this report.

## **1. Make alcohol conversations routine and early**

Ensure women are regularly offered simple, non-judgemental conversations about alcohol, helping them reflect on their drinking and access support before problems develop.

## **2. Provide flexible, visible and accessible support**

Improve awareness of available support and expand flexible options, including online, telephone and community-based support, making it easier for women to find and use support in ways that fit their lives.

## **3. Address the underlying reasons for drinking**

Increase early support for sleep, stress, menopause, mental health and life pressures, and ensure organisations work together to provide joined-up, women-centred care that addresses the reasons behind drinking, not just alcohol use itself.

# Introduction

# Introduction

## Why focus on midlife women and alcohol?

Women aged 40 to 60 often experience a mix of physical, emotional, and social changes that can affect their wellbeing.

Many go through menopause, which is a natural part of ageing that happens in three stages: perimenopause, menopause, and post menopause. Perimenopause is the transition phase when hormone levels change and symptoms may begin, menopause is when natural fertility ends, and post menopause is the stage that follows for the rest of life. This typically happens between the ages 45 and 55.<sup>1</sup>

During this time, women may experience symptoms such as poor sleep, mood changes, stress, and physical discomfort. Alongside work and family responsibilities, these challenges can increase pressure on wellbeing and may lead some women to use alcohol to cope.<sup>2 3</sup>

Alcohol use during this stage of life can be shaped by social and cultural influences. Many midlife women see alcohol as part of everyday life, linked to relaxation, socialising and self-care<sup>4</sup>. Alcohol is also often marketed as part of a lifestyle or identity for women.<sup>5</sup>

Women are also more physically vulnerable to the effects of alcohol. Drinking alcohol can worsen menopausal symptoms and increase the risk of health problems such as liver disease, certain cancers and heart disease. Women's bodies process alcohol differently from men's, meaning they may experience greater harm even at lower levels of drinking.<sup>6</sup>

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<sup>1</sup> [What are menopause and perimenopause? - NHS](#)

<sup>2</sup> [Menopause, ageing, and alcohol use disorders in women - PubMed](#)

<sup>3</sup> [Women's alcohol use in mid-life: Identifying associations between menopause symptoms, drinking behaviour, and mental health](#)

<sup>4</sup> [Alcohol and drinking within the lives of midlife women: A meta-study systematic review - ScienceDirect](#)

<sup>5</sup> [Digital alcohol marketing and gender: A narrative synthesis - Lyons - 2024 - Drug and Alcohol Review - Wiley Online Library](#)

<sup>6</sup> [Women and Alcohol | National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#)

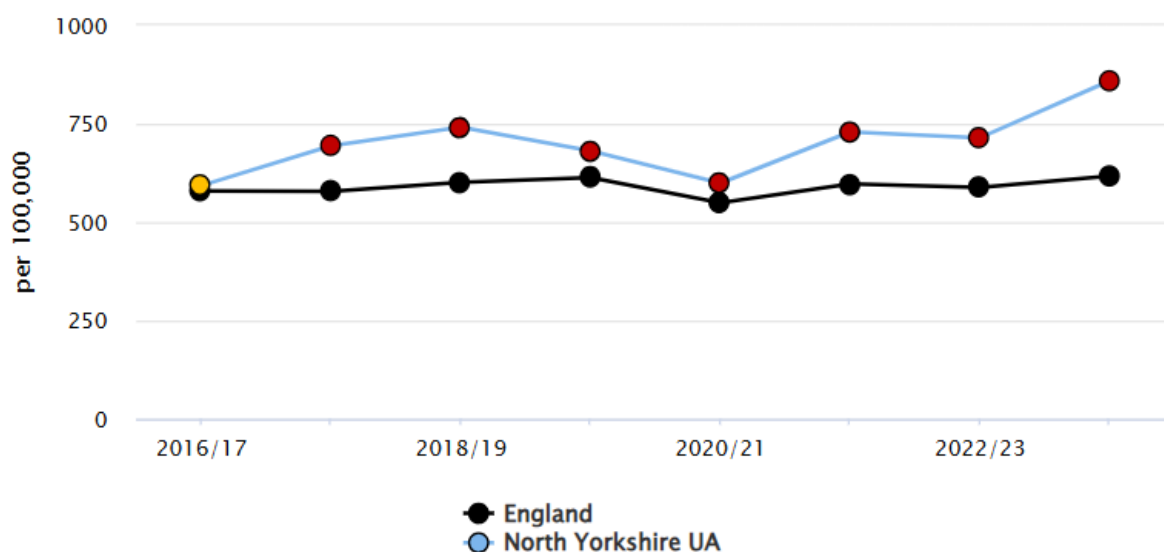
Women in midlife are more likely to increase both the frequency and amount of their drinking compared with earlier in life,<sup>7</sup> which can increase the risk of developing alcohol-related problems.

Guidance from the UK Chief Medical Officer recommends drinking no more than 14 units a week, having several alcohol-free days, and avoiding binge drinking.<sup>8</sup> However, women may not be fully aware of the alcohol-related health risks or how quickly alcohol use can escalate during stressful life stages.<sup>9</sup>

## Why North Yorkshire?

Local data shows that women aged 40 to 64 are at higher risk of alcohol-related harm, with hospital admission rates above the national average.<sup>10</sup>

### Alcohol-related hospital admissions (women aged 40 to 64) in North Yorkshire



<sup>7</sup> [How can we support mid-life women looking cut down on alcohol?](#)

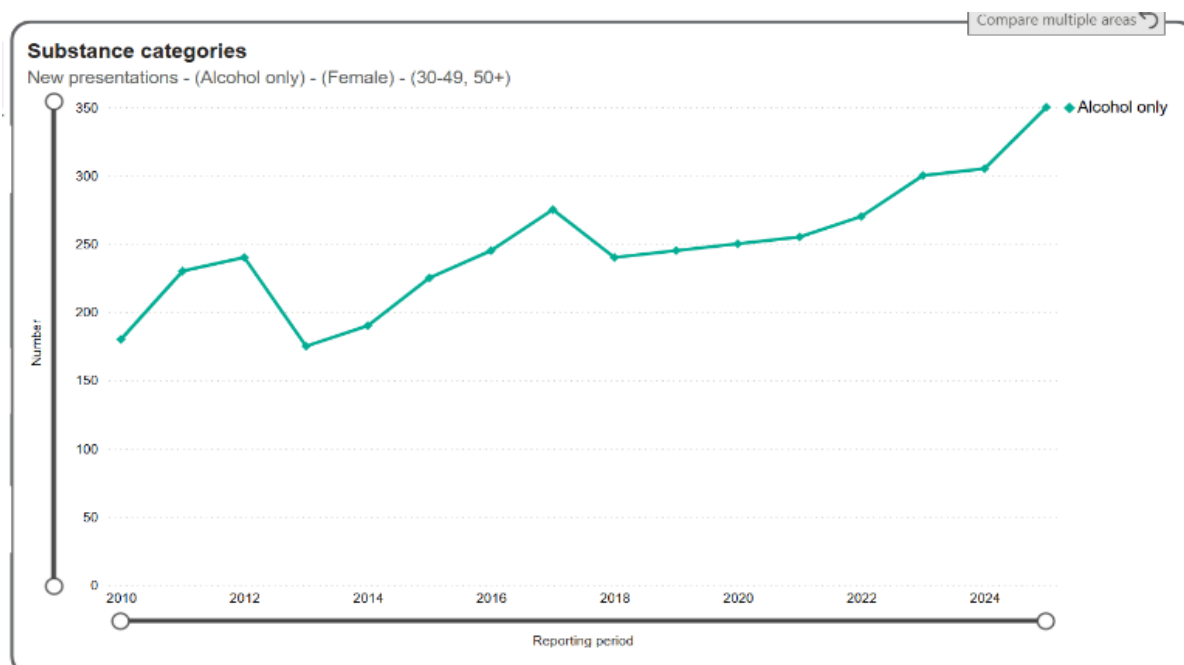
<sup>8</sup> [UK Chief Medical Officers' Low Risk Drinking Guidelines](#)

<sup>9</sup> [Shouldn't We Know This Already? UK Women's Views About Communicating the Link Between Alcohol Consum](#)

<sup>10</sup> [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

Also, increasing numbers of women within midlife are entering treatment because of alcohol-related difficulties, suggesting increasing levels of harmful drinking.<sup>11</sup>

### **New presentations (alcohol only) (women aged 30 to 49 and 50+) in North Yorkshire**



At the same time, organisations across North Yorkshire are shaping how alcohol and substance use support is delivered. North Yorkshire’s Substance Use Strategy<sup>12</sup> and wider partnership approaches across York and North Yorkshire<sup>13</sup> recognise that women’s alcohol and substance use is linked to wider issues such as mental health, trauma, violence, and inequality.

These approaches emphasise working across services, including health, community and criminal justice partners to provide more joined-up, person-centred support. They focus on reducing stigma and improving access to support and addressing the underlying causes of substance use, helping services to better meet women’s needs and reduce gaps in care.

<sup>11</sup> [NDTMS - ViewIt – Adult](#)

<sup>12</sup> [North Yorkshire Substance Use Strategy 2024 to 2028](#)

<sup>13</sup> [Office for Policing, Fire, Crime and Commissioning – York and North Yorkshire Combined Authority – Policing, Fire and Crime Team](#)

Alongside this, the Humber and North Yorkshire Health and Care Partnership Centre for Excellence is working to reduce harm from alcohol, recognising it as a major contributor of health inequalities and a leading cause of long-term illness and cancer.<sup>14</sup>

This project adds to this work by providing a better understanding of women's experiences, helping to build a clearer picture of what is happening and where more support may be needed.

## What this project aimed to achieve

1. Understand how and why drinking patterns change during midlife
2. Explore the social, emotional, and health factors that influence alcohol use
3. Understand awareness of alcohol-related risks and how women make decisions about drinking
4. Identify barriers to support and what women want from future care and support.

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<sup>14</sup> [About Us - Humber and North Yorkshire Health and Care Partnership](#)

# **What we did and who we spoke to**

# What we did and who we spoke to

## What we did

Between August and October 2025, we spoke to women across North Yorkshire to better understand their experiences of alcohol, wellbeing and support.

We used a combination of surveys, interviews and group discussions to hear about women's drinking habits, the factors that influence alcohol use during midlife, and their experiences of finding help and support.

To take part, women had to be aged between 40 and 60 and have consumed alcohol at some point during the previous two years.

## Survey

We developed a survey to explore both drinking habits and the wider issues that can influence alcohol use, including health, wellbeing, menopause, stress and life circumstances.

The survey was developed using recognised alcohol screening questions and existing evidence about alcohol use during midlife. It was also developed with support from North Yorkshire Horizons, North Yorkshire Council and Healthwatch North Yorkshire volunteers.

Recognising that alcohol can be a sensitive topic, participants were able to skip any questions they did not wish to answer. A copy of the survey can be found in Appendix B.

The survey was available online and in paper format.

We promoted it through Healthwatch North Yorkshire's newsletter, website and social media channels. It was also shared through local organisations and networks, including alcohol support organisations, probation services, women's groups, community organisations, local radio stations and local news outlets.

## Printed materials

A printed flyer was produced with a QR code, phone number and email address inviting women to take part in the survey.

These were distributed through women's groups, libraries, recovery events and community forums across North Yorkshire, giving women different ways to take part.



**“Let’s talk about alcohol”**

**Are you a woman aged 40 to 60 in North Yorkshire?**

**Do you drink alcohol or have you done in the last two years – even occasionally?**

Take part in a short, anonymous survey exploring how alcohol fits into your life – whether it’s for relaxing, socialising, coping, or something else entirely.

Scan the QR code or contact us:

**01423 788 128**  
**Hello@hwny.co.uk**

**healthwatch**  
North Yorkshire

SCAN ME



## Interviews and group discussions

Women completing the survey were invited to take part in a follow up telephone interview or online discussion group if they wanted to share their experiences in more detail.

These conversations helped us gain a deeper understanding of the issues raised through the survey and provided valuable context about women's experiences.

We also held a therapeutic photography-based group session at a women's centre. Women were invited to take part in the survey and explore their experiences of alcohol and midlife through photography and discussion.

The session was led by a trained facilitator who supported participants to reflect on their experiences in a safe and supportive environment.

Therapeutic photography provided a different way for women to explore and discuss experiences that can sometimes be difficult to express through conversation alone. It encouraged reflection, discussion and a deeper exploration of personal experiences.

## How we analysed the information

We reviewed all survey responses using SmartSurvey and Microsoft Excel to identify patterns and trends in women's drinking habits, experiences and views.

We used a recognised alcohol screening questionnaire called AUDIT-C. This is widely used across the NHS, local authorities (councils) and alcohol support organisations to help identify different levels of alcohol-related risk.

AUDIT-C asks three questions about:

- How often someone drinks alcohol
- How much they usually drink
- How often they drink larger amounts on a single occasion

The questionnaire produces a score between 0 and 12. In this report, risk refers to the possible impact drinking habits may have on a person's health and wellbeing.

AUDIT-C scores are grouped into four categories<sup>15</sup> which are:

- 0 to 4: Low risk
- 5 to 7: Increasing risk
- 8 to 10: Higher risk
- 11 to 12: Possible alcohol dependence

Women responding to the Healthwatch survey were not given their individual scores. It was used to help us understand overall patterns within the survey results and to explore how drinking habits related to women's experiences and views.

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<sup>15</sup> [Alcohol use screening tests - GOV.UK](#)

Alongside the survey findings, we reviewed comments, interview notes and discussion group feedback to identify common themes.

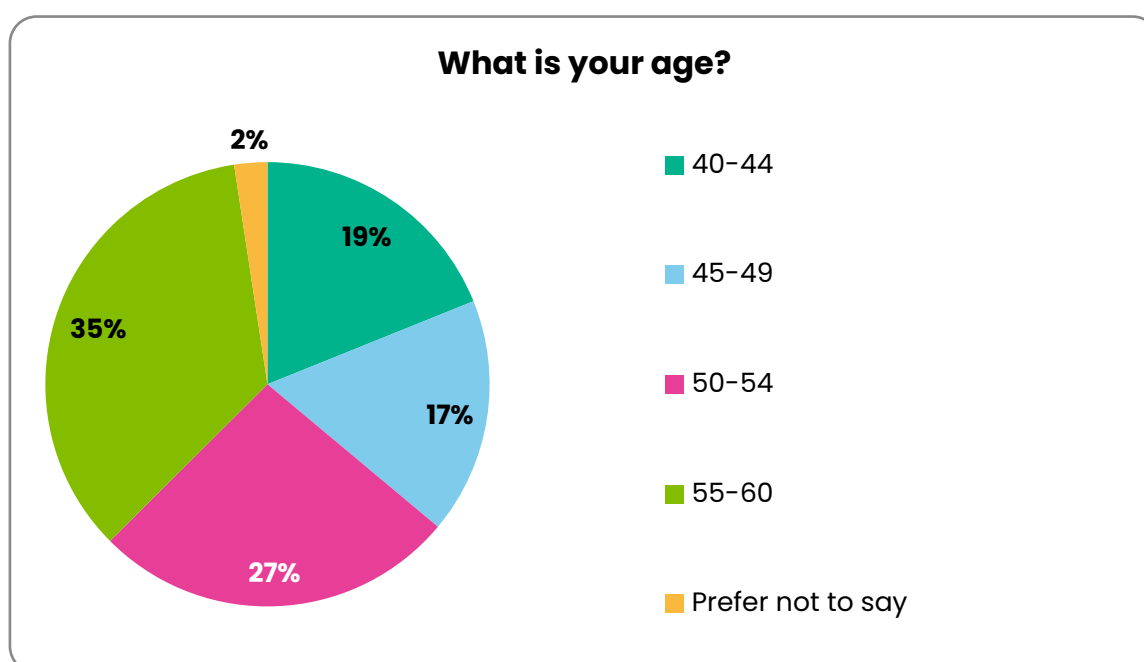
This helped us build a fuller picture of women's experiences, including why they drink, what influences changes in their drinking, the challenges they face when seeking support and what types of support they would find most helpful.

## Who we heard from

In total, 293 women completed the survey.

In addition:

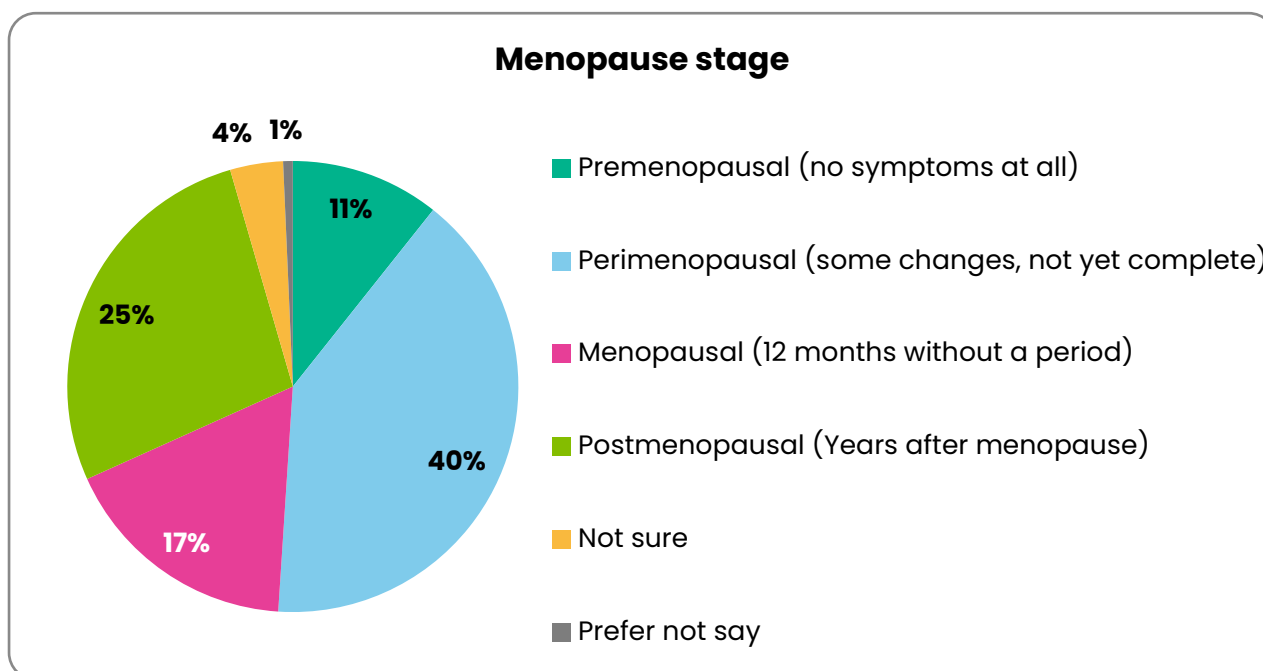
- Eight women took part in one-to-one interviews
- Two women joined an online discussion group
- Three women participated in the photography session



Most women who took part identified as White British. Around two thirds were aged between 50 and 60, with women aged 55 to 60 making up the largest age group.

This broadly reflects the population profile of North Yorkshire, where women aged 55 to 59 make up one of the largest groups of women in midlife.

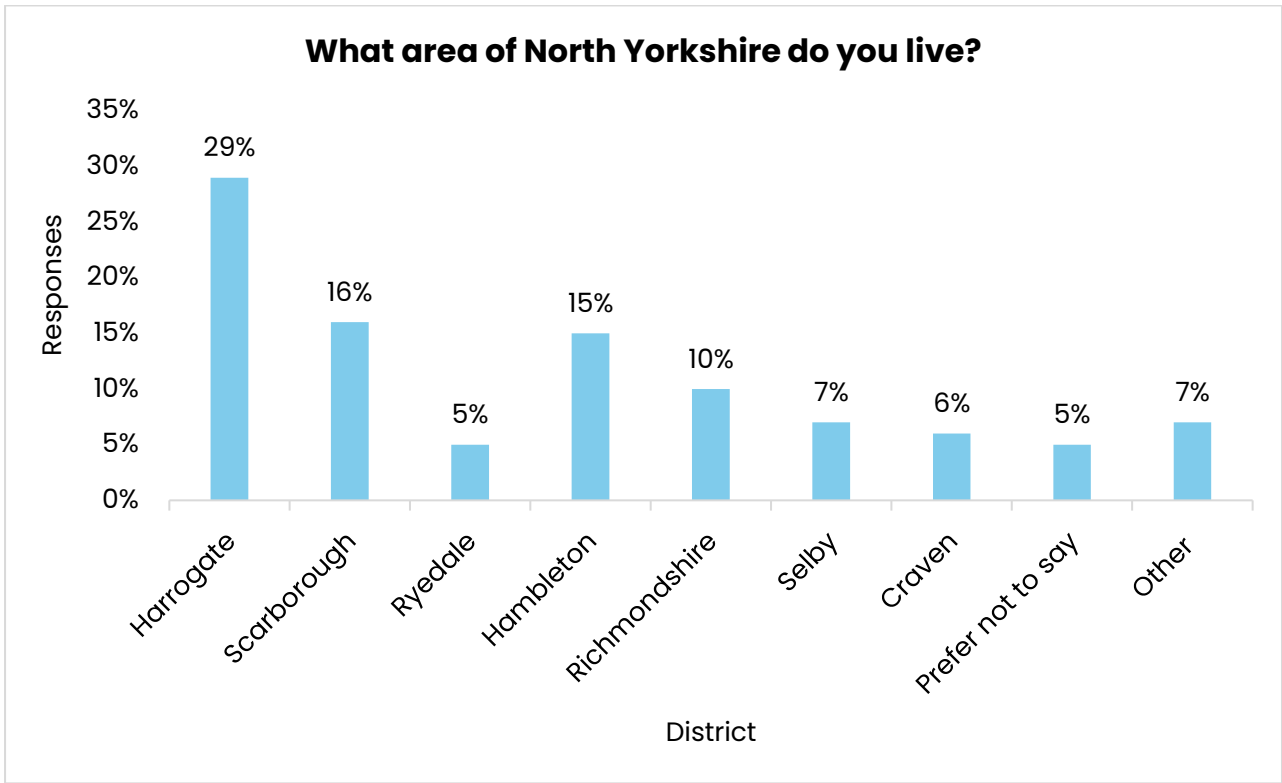
More than eight in ten women who took part were either experiencing menopause or had already been through it. This means the findings largely reflect the experiences of women currently living through, or recently having experienced, menopause.



Most women were in paid employment (79%), while around one-third had unpaid caring responsibilities, most commonly for children (23%), with 14% caring for elderly or disabled family members (see Graph 1 & 2 in Appendix A)

Financially, nearly two-thirds said they had enough money for essentials with some left over, although a small number reported just managing or struggling (see Graph 3 in Appendix A).

Responses were received from women across North Yorkshire, with the highest numbers from Harrogate, Scarborough, and Hambleton districts. Many of those who selected 'other' lived in York (see Graph below). Most women lived in rural or urban areas, with fewer in coastal locations (see Graph 4 in Appendix A).



# **Women's drinking patterns in midlife**

# Findings

## Women's drinking patterns in midlife

### Key findings

- 9 in 10 women reported currently drinking alcohol.
- Drinking frequency increased with age.
- Women aged 50 to 60 were more likely to drink regularly.
- Heavier drinking was more common among women aged 40 to 44 and those in perimenopause.
- Around 45% of women were drinking at levels associated with increased health risk.

### How many women drink alcohol?

Most women who took part in the survey said they currently drink alcohol.

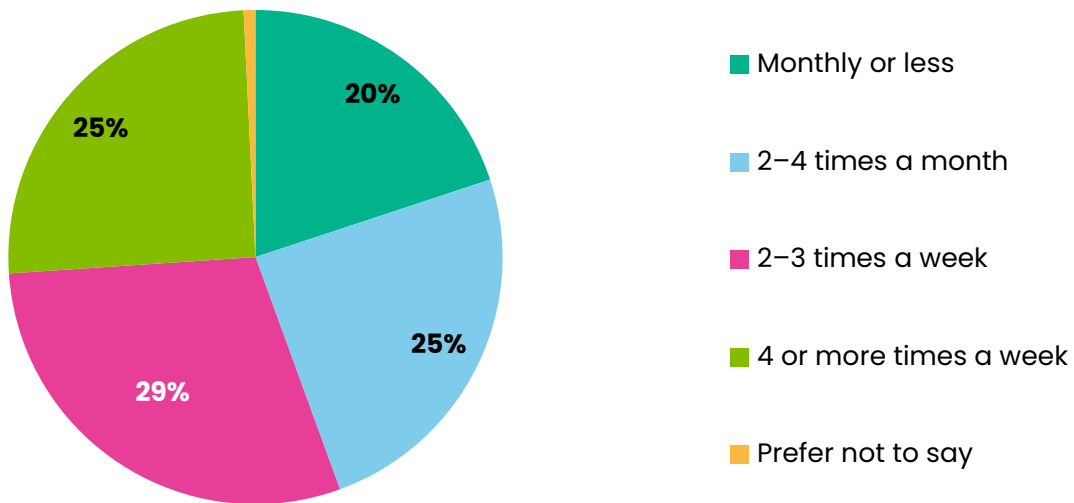
Of the 293 women who completed the survey, 261 reported drinking alcohol. This means around 9 in 10 women currently drink alcohol, while around 1 in 10 said they did not drink.

### How often women drink

Regular drinking was common among the women who took part.

More than half reported drinking alcohol at least twice a week. Almost 3 in 10 women drank 2 to 3 times a week, while a quarter reported drinking alcohol 4 or more times a week (see graph below).

**1% How often do you currently drink alcohol?**



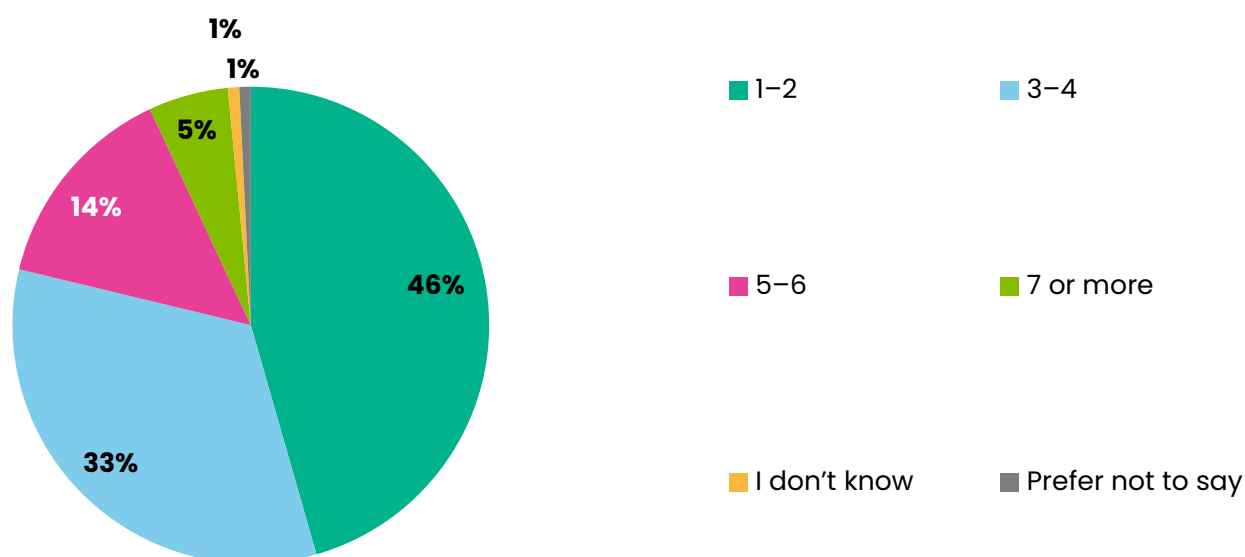
Drinking frequency increased with age, particularly among women aged 50 to 60. Women who were menopausal or post-menopausal were also more likely to drink alcohol regularly (see Table 2 in Appendix A).



## How much women drink

When asked how much alcohol they typically consumed on a drinking day, more than half of women reported having 3 to 4 drinks. Around 1 in 5 reported drinking 5 or more drinks on a typical drinking day (see graph below).

**On a typical drinking day, how many drinks (such as small glasses of wine, half pints of beer, or shots of spirits) do you have?**



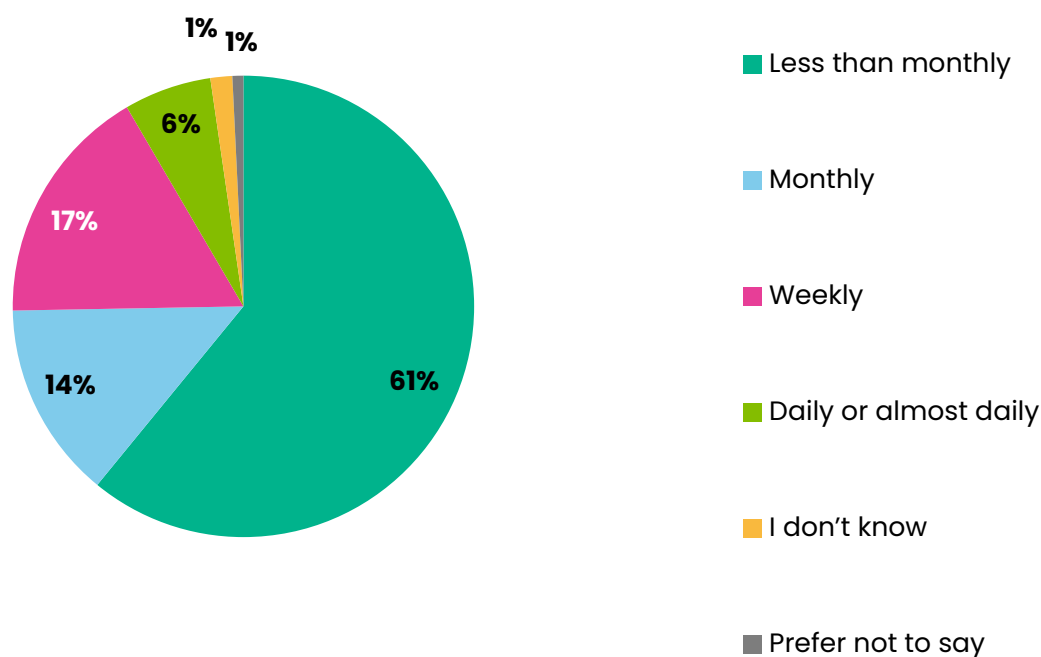
Heavier drinking was more common among women aged 40 to 44 and those in perimenopause (see Table 3 in Appendix A).

## Heavy (binge) drinking patterns

Most women (61%) reported that drinking 6 or more drinks on one occasion happened infrequently.

However, almost 1 in 4 women reported drinking at this level every week or daily, showing that heavy drinking remained relatively common for a sizeable group of women (see graph on the next page).

### How often do you consume 6 or more drinks on a single occasion (such as 6 small glasses of wine or 3 pints of beer)?



Frequent heavy drinking was most common among women aged 40 to 44, followed by women aged 55 to 60. It was also more common among women who were in perimenopause or post menopause (see Table 4 in Appendix A).

## Alcohol-related health risk

Using a standard screening tool (AUDIT-C), women's drinking patterns were grouped by potential health risk.

Just over half of women were classified at low risk. However, 45% were drinking at levels associated with increased health risk (see Table 5 in Appendix A).

Alcohol-related risk increased with age and menopause stage. Women aged 40 to 44 were least likely to fall into the higher risk categories, while women aged 50 to 60 and post-menopausal women were most likely to report higher risk drinking patterns (see Table 6 in Appendix A).

## Summary

Alcohol use changed across midlife. Regular drinking became more common with age, particularly among women aged 50 to 60 and those who were menopausal or post-menopausal. In contrast, heavier drinking on a single occasion was more common among younger women aged 40 to 44 and those in perimenopause. Drinking patterns linked to greater risk of harm to health, became more common from the early 50s onwards, with the highest levels seen in later midlife and after menopause.

## Unpaid carers

Around one third of women who took part in the survey had unpaid caring responsibilities.

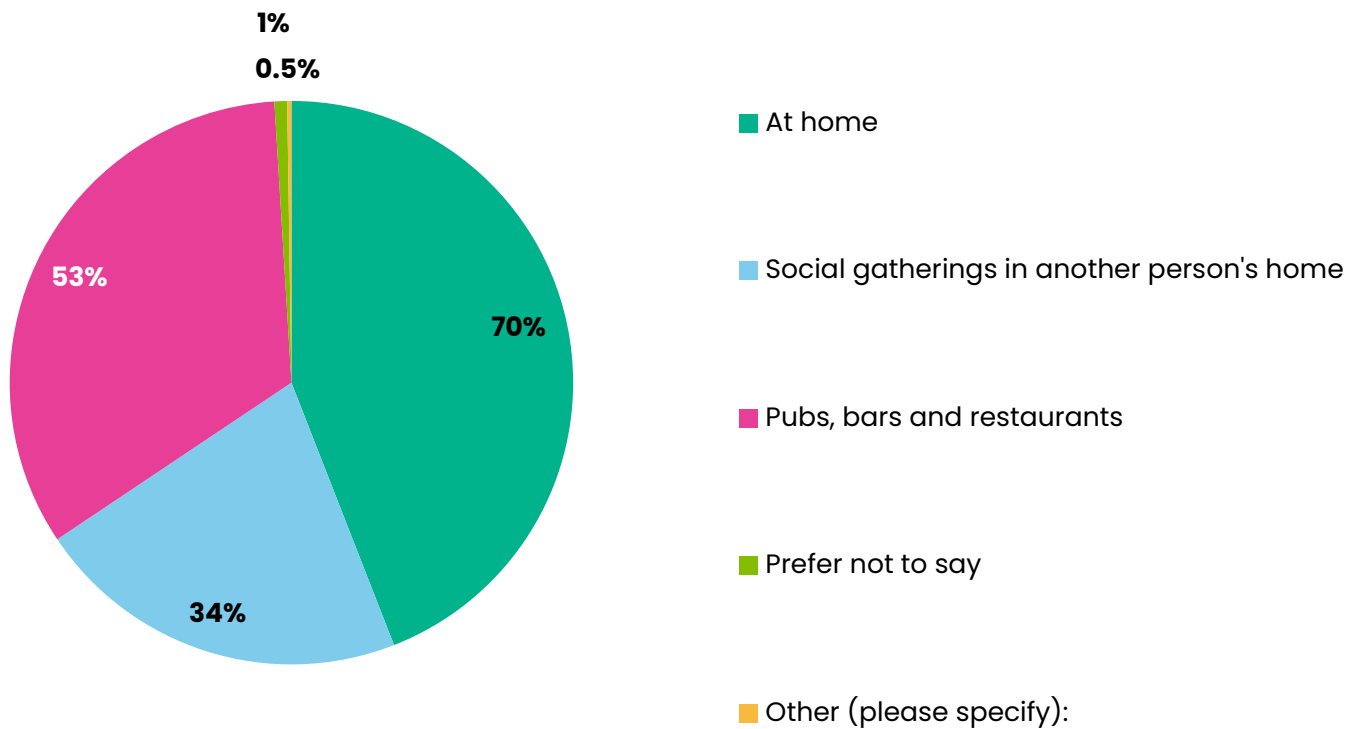
We found no clear evidence that unpaid carers drank more often or at higher levels than women without caring responsibilities. Although some carers appeared within the higher frequency and higher risk drinking groups, the numbers were too small to draw firm conclusions.

## Where women most often drink alcohol

Most women reported drinking alcohol at home.

Seven in ten women said they mainly drank at home, followed by pubs, bars and restaurants (53%) and social gatherings in another person's home (34%) (see graph on next page).

### Where do you most often drink alcohol? (Please select all that apply)



This pattern was consistent across age groups and menopause stages.

Drinking at home became even more common among women who drank alcohol more frequently. Only around one quarter of women who drank once a month or less mainly drank at home, compared with nearly two thirds of women who drank 4 or more times a week.

A similar pattern was seen when looking at alcohol-related risk. Just over half of women in the low risk category mainly drank at home, compared with most women in the higher risk categories.

Many women described how their drinking changed over time, shifting from social occasions to drinking alone at home.

Several women spoke about drinking more at home as life became more difficult, with one woman explaining: "**The worse things got, the more I drank at home, never out.**" For some, drinking moved from something shared with others to something done alone, often in the evening and increasingly out of sight.

Women described drinking at home as convenient, affordable, accessible and less likely to attract judgement. Some said it became part of a daily routine or a way of coping with stress, poor sleep, menopause symptoms, trauma or loneliness. As one woman explained, **"If I was stressed or couldn't sleep, I'd pour a drink and sit by the fire"**, while another said, **"I drank at home because it helped me switch off from everything"**. Home drinking was also linked to long-established routines such as **"wine o'clock."**

## Summary

Home is the main place where midlife women drink alcohol, and this becomes even more common among those who drink often or at higher risk levels.



# **Why women drink and what influences change**

# Why women drink alcohol and what influences change

## Key findings

- Most women said they drink for social reasons, enjoyment and relaxation.
- More than half said they drink to unwind, while around one in four use alcohol to cope with emotional challenges.
- Around one in seven women said they drink to help manage menopause symptoms, sleep problems or changes in mood.
- Most women felt their drinking choices were influenced more by personal preferences and everyday circumstances than by advertising or marketing.
- Almost half of women said they now drink less than they used to, while a quarter reported drinking more.
- Nearly two thirds had tried to cut down or stop drinking at some point.
- Women who reduced or stopped drinking often reported improvements in sleep, mood, energy levels and overall wellbeing.

## Why women drink alcohol

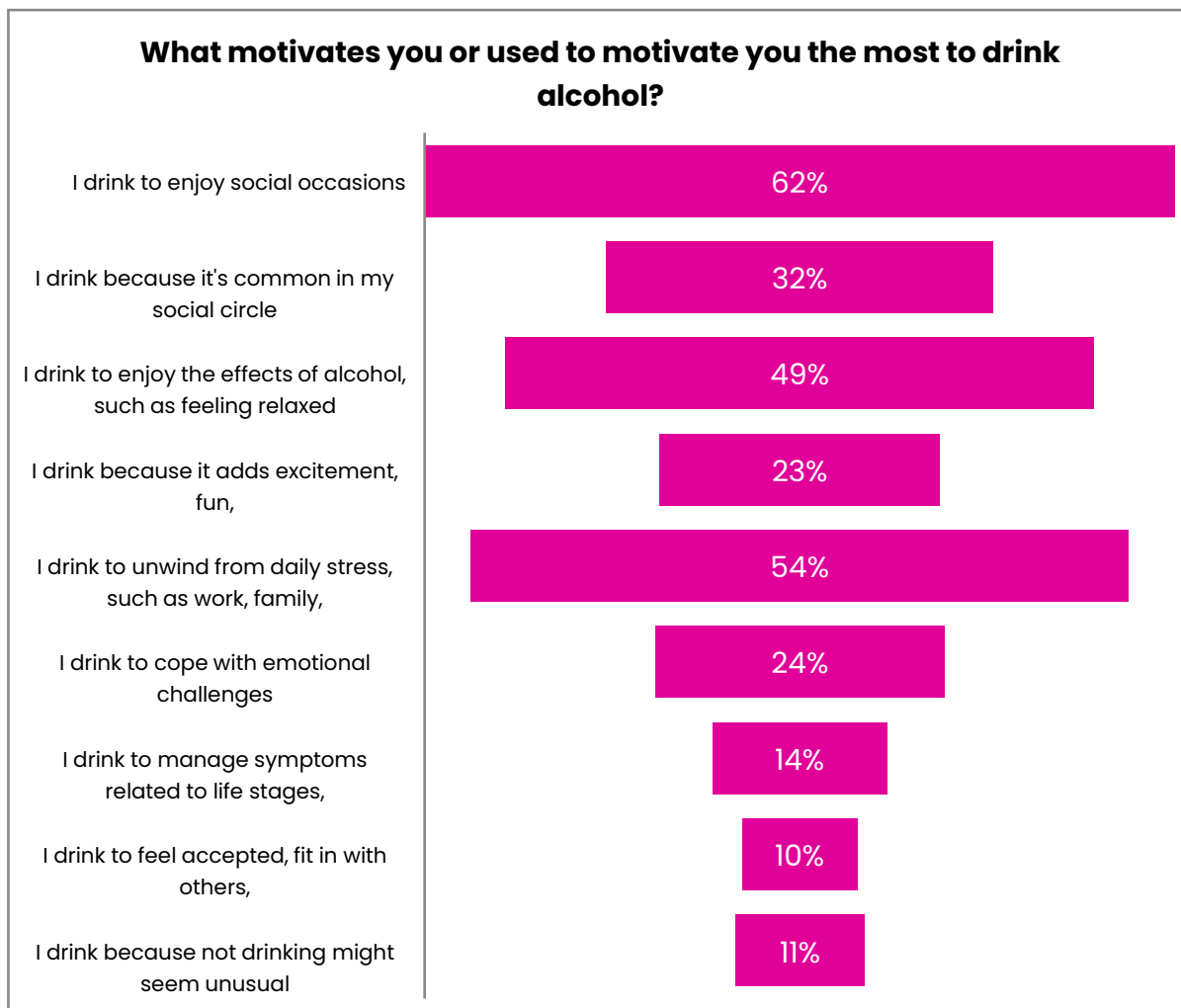
Survey findings suggest that women drink for a range of reasons, often influenced by a combination of social, emotional and personal factors.

Many women associated alcohol with social occasions, enjoyment and relaxation. Around two thirds said they drink to enjoy social occasions or feel more confident, while around one third described alcohol as a normal part of their social life. Nearly half enjoyed the relaxing effects of alcohol and around one in four said it provided a sense of excitement.

At the same time, drinking to cope was common. More than half said they drink to unwind, while around one in four use alcohol to cope with emotional challenges. Around one in seven women said they drink to help manage menopause symptoms, sleep problems or changes in mood.

A smaller group described drinking because of social pressure, with around one in ten saying they drink to fit in or avoid feeling judged (see graph below).

Experiences shared through interviews and focus groups reflected these findings.



## Social reasons

Many women described alcohol as a normal part of social life, friendships and relationships, often starting from a young age. One woman said, **"I started drinking in pubs when I was about 14"**, while another reflected, **"In every social situation, drinks had to be involved."**

## Enjoyment and reward

Alcohol was often associated with enjoyment, routine and small rewards. For some women, drinking formed part of relaxing at the end of the day or treating themselves. One woman said, **"I like having a glass of wine when I cook... it makes it an experience"**, while another described it as **"that kind of treat night thing."**

Several women also spoke about alcohol helping them feel more confident and comfortable in social situations. As one participant explained, **"When I'm drunk, I'm funny, likeable, exciting."**

## Coping and emotional reasons

Using alcohol to cope was a common theme throughout the research.

Women described drinking to manage stress, trauma, loneliness and feelings of being overwhelmed. Experiences included comments such as **"I just couldn't deal with the trauma of it all"**, **"It was the only way to switch my brain off"**, and **"If something stressed me out today... I might have a glass of wine."**

Some women also linked increased drinking to menopause, poor mental health and sleep difficulties. As one woman explained, **"Menopause exacerbates low mood, depression and anxiety"**, while another said, **"I can't sleep... alcohol helps me relax."**

## Social pressure

Pressure to drink was often described as subtle rather than direct. Women spoke about expectations within social groups and feeling that drinking was seen as the norm. Comments included, **"Why are you not drinking? That's odd"** and **"They'd be amused if I didn't have alcohol."**

Stress-related and menopause-related reasons for drinking were reported more often by women aged 50 to 60, particularly those experiencing perimenopause, although these reasons accounted for a smaller proportion of responses overall.

Women with unpaid caring responsibilities were represented across all drinking motivations, including stress and emotional reasons. However, there were no clear differences between carers and non-carers.

## Summary

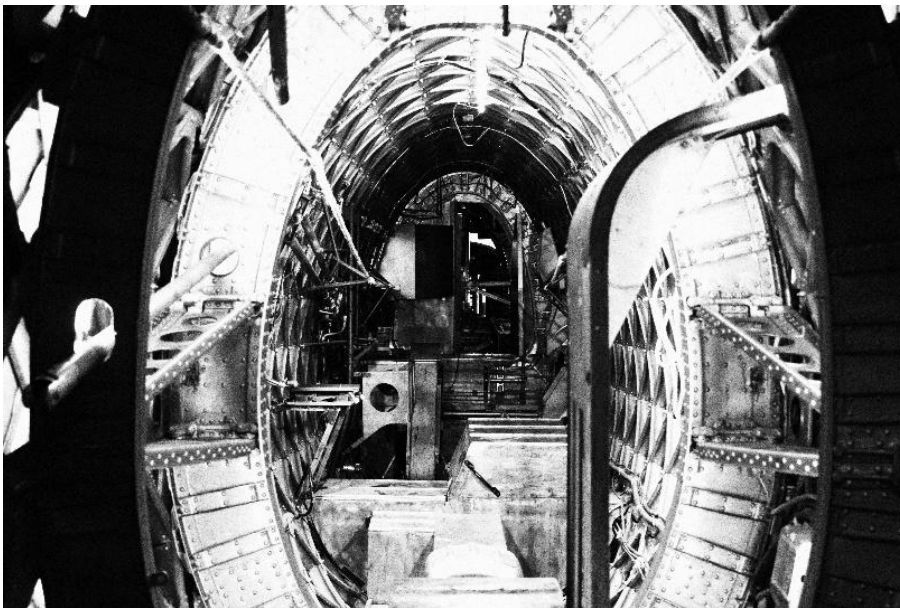
Women's drinking is influenced by a mix of social habits, enjoyment, emotional wellbeing, coping strategies and personal circumstances. While alcohol often begins as part of social life, for some women it becomes more closely linked to managing stress, difficult experiences or emotional challenges.



## Women expressing their experiences through therapeutic photography

As part of the project, women used therapeutic photography to reflect on their experiences of seeking support, recovery and moving forward.

The images and captions below capture insight into the emotional, social and challenges midlife women face



### **Cluttered and overloaded**

"My mind feels cluttered and overloaded in midlife. I'm spinning so many plates, struggling to relax, and living with the chaos of brain fog and menopause."

### **Spotlight and shame**

"I worry about being exposed and judged when asking for help."



## **Unseen and unrepresented**

"I often feel unseen as a woman, with professionals not understanding the impact menopause is having on my life."



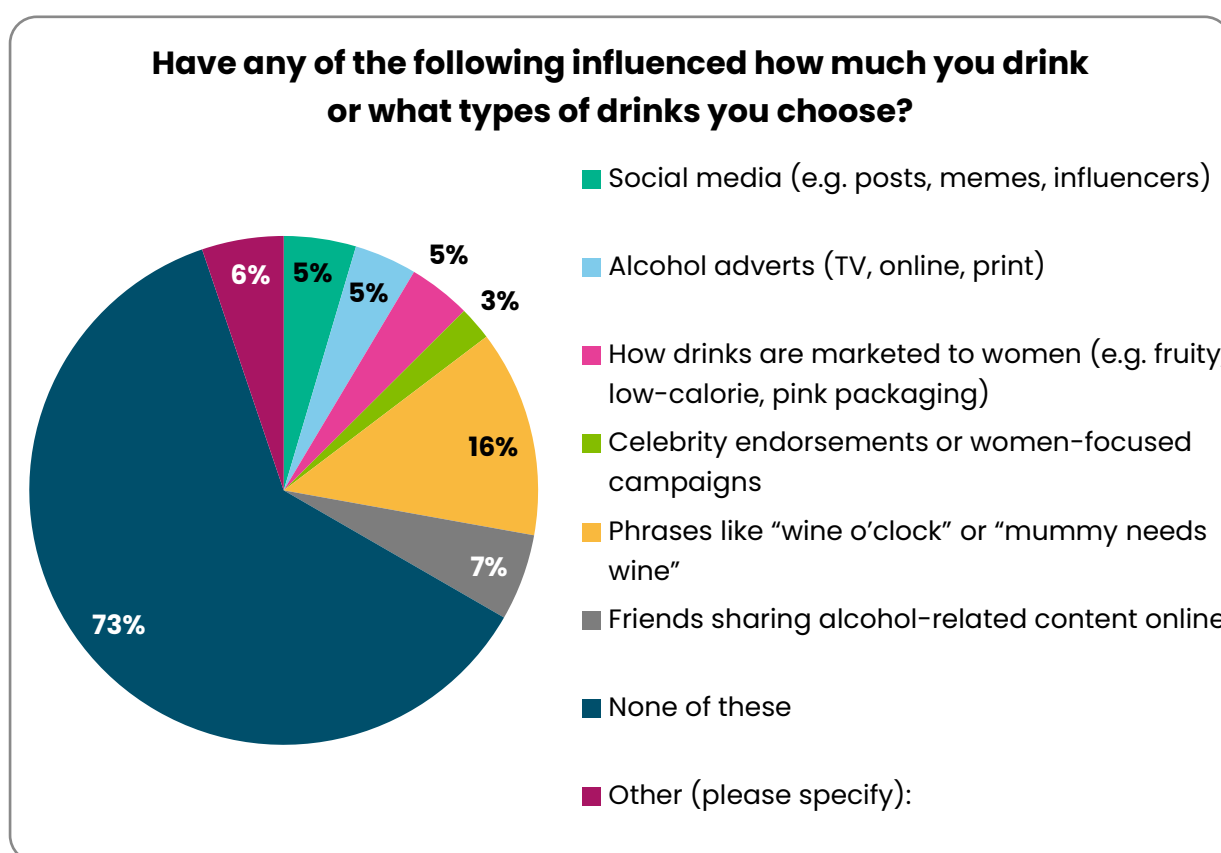
## **Survival and habit erosion**

"I was drinking to help me sleep so I could hold everything together and do it all again tomorrow."

## Influences on choice of drink

Most women felt advertising and marketing had little influence on their drinking choices. Nearly three quarters said none of the factors listed in the survey influenced what they chose to drink.

Among those who did report an influence, the most common factors were familiar phrases such as **"wine o'clock"** or **"mummy needs wine"**, followed by alcohol marketing aimed at women and alcohol advertising more generally (see graph below).



Instead, women said their choices were largely influenced by personal preference and everyday practical considerations such as taste, cost, convenience and how alcohol made them feel.

Many women rejected the idea that marketing directly shaped their drinking choices. Instead, they saw their decisions as independent and self-directed.

As one woman commented, **"I don't need celebrities or marketing campaigns to empower me, certainly not through a pink drink."**

Taste was one of the most mentioned influences. Women described choosing drinks based on flavour, strength and how alcohol affected them. As one participant explained, **"Taste, purely taste, drives what I choose"**, while another said, **"If I'm drinking for longer, I won't drink wine because it affects me quicker."**

Several women also described deliberately choosing certain drinks to help them relax, switch off, cope with stress or improve sleep. Comments included, **"Red wine helped me relax fastest"** and **"I needed something that would knock me out so I could sleep."**

Practical considerations also played an important role. Women frequently mentioned price, supermarket offers and convenience, particularly when drinking at home. One woman explained that **"Supermarket promotions influence what I buy"**, while another said, **"I like new convenient drinks for one person, like cocktails in a can."**

Some women also considered calorie content when choosing alcohol. As one participant noted, **"I drink gin because it's lower calorie."**

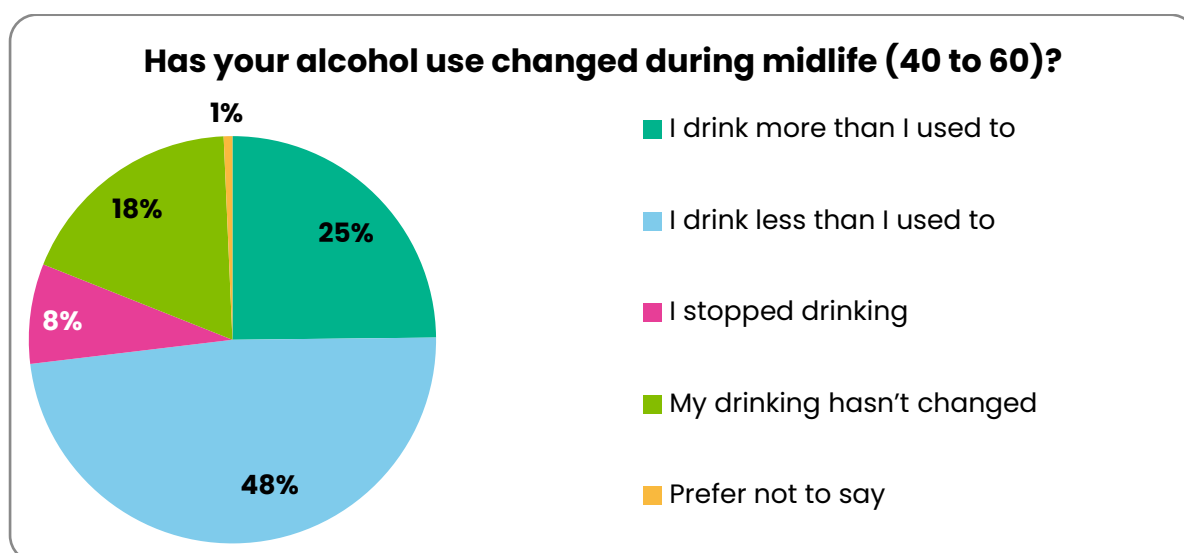
Relationships could also influence drinking habits. Some women described matching what or how much their partner drank, while others saw drinking together as part of a shared routine. As one woman explained, **"My husband likes to drink and I used to join him"**, while another said, **"We'd open a bottle together every weekend."**

## Summary

While women were aware of marketing and media messages, most did not see these as a main influence on their drinking. Instead, they felt their choices were shaped by personal, social and practical factors. Although this does not rule out the possibility that marketing may still have a more subtle or unconscious effect.

## Changes in drinking habits during midlife

Almost half of women said they now drink less alcohol than they used to, including around one in ten who had stopped drinking altogether. Around a quarter reported drinking more than they had previously, while a smaller group said their drinking habits had stayed the same (see graph below).

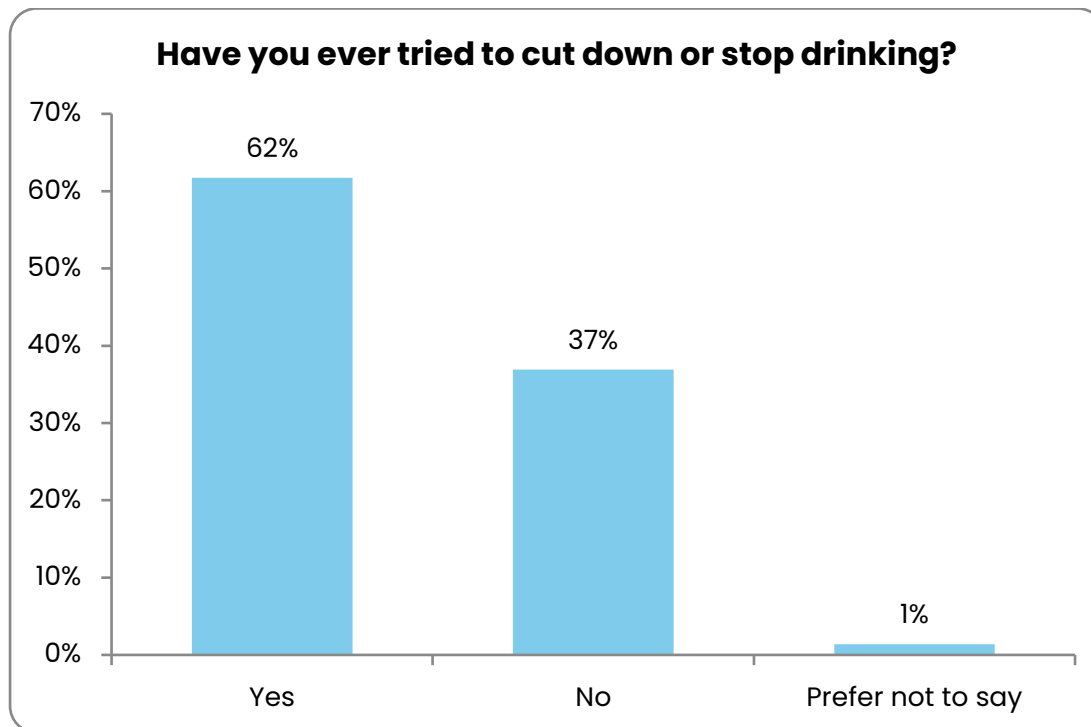


Women described midlife as a turning point in their relationship with alcohol. Some reported drinking more during this stage of life, often linked to menopause, stress or difficult life events. One woman explained, **"Menopause made everything worse... I was drinking more"**, while another reflected, **"Whenever I tried to pull myself back out of it, something else happened and it just spiralled."**

Others described reducing or stopping their drinking after reflecting on the impact alcohol was having on their health and wellbeing. As one woman explained, **"Menopause was the final push. I couldn't hack alcohol anymore"**, while another said, **"I realised it made my anxiety and flushes worse, so I stopped."**

## Trying to cut down or stop drinking

Nearly two thirds of women said they had tried to cut down or stop drinking at some point, showing that thinking about reducing alcohol consumption is very common (see graph below).



Many of these attempts were successful. Among women who now drink less, around two thirds had consciously tried to cut down. Among women who had stopped drinking altogether, almost all had made a deliberate attempt to stop.

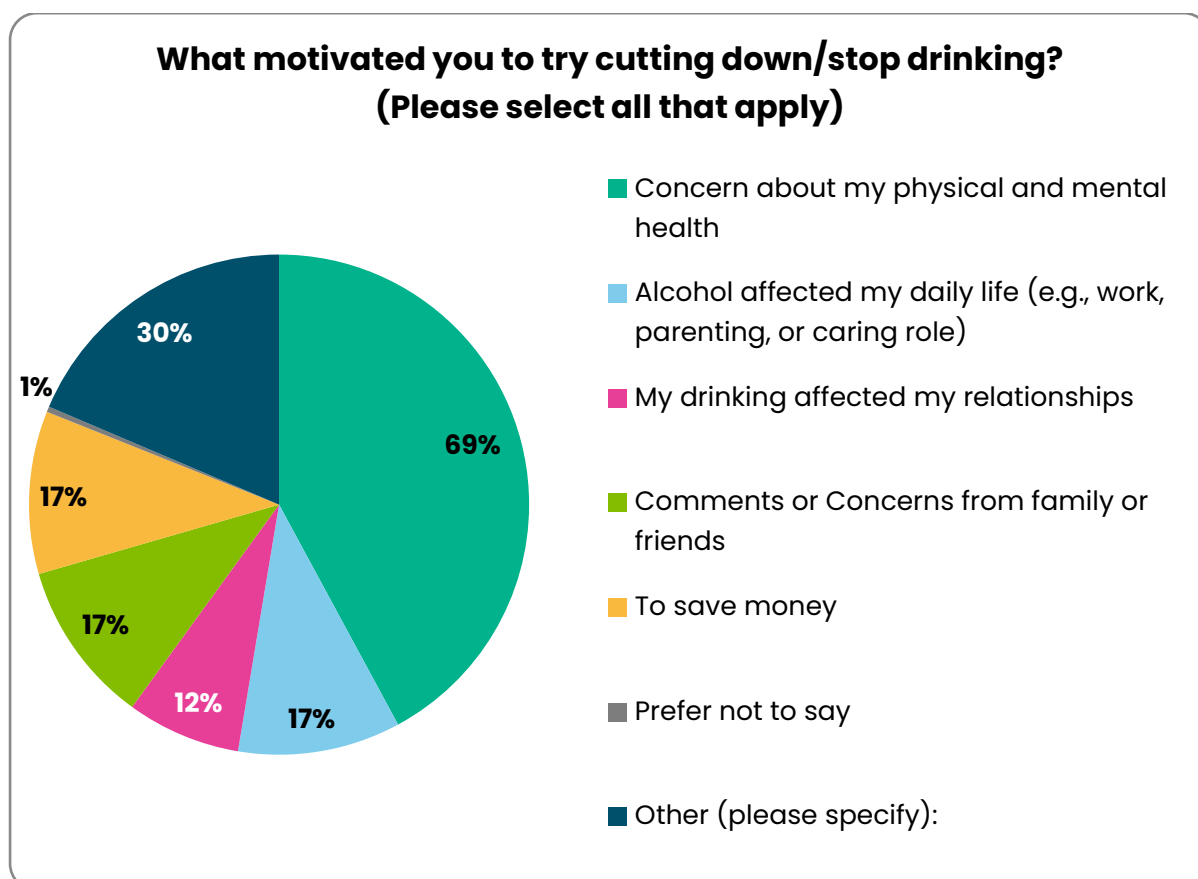
However, the findings also show that reducing alcohol consumption is not always straightforward. Around two thirds of women who now drink more said they had previously tried to cut down (see Table 7 in Appendix A).

## Motivations to cut down or reduce drinking

Health concerns were the most common reason women gave for changing their drinking habits.

More than two thirds said concerns about their physical or mental health had encouraged them to cut down or stop drinking altogether. Smaller numbers mentioned cost, concerns raised by family or friends, or the impact of alcohol on everyday life, including work, parenting and caring responsibilities. Menopause symptoms and a desire to live a healthier lifestyle were also commonly mentioned (see graph below).

Experiences shared through interviews reflected these findings.



## Physical health

Many women noticed that alcohol affected their bodies differently as they got older. Common concerns included poor sleep, headaches, nausea and becoming more sensitive to alcohol.

Several women also described existing health conditions being made worse by drinking, including fibromyalgia, arthritis, thyroid conditions and heart rhythm disorders. Others reduced their drinking following medical advice relating to blood pressure, diabetes, liver health or cancer risk.

As one woman explained, "**I developed paroxysmal atrial fibrillation... alcohol does trigger it**", while another said she had "**reduced intake following a cancer diagnosis.**"

## Mental health and emotional wellbeing

Many women linked alcohol to increased anxiety, low mood and emotional ups and downs.

Some recognised that although alcohol initially helped them cope, it often made them feel worse over time. Others described more serious emotional impacts, including feelings of emptiness and loss of self-worth.

As one woman explained, "**It made my mental health worse**", while another reflected, "**I felt empty, with no self-worth.**"

For a small number of women, alcohol was linked to crisis points and loss of control, prompting urgent efforts to stop drinking.

## Menopause as a turning point

For many women, menopause played an important role in changing their relationship with alcohol.

Several women described becoming more sensitive to alcohol during perimenopause, experiencing effects such as hot flushes, poor sleep and mood changes that encouraged them to reduce or stop drinking.

One woman reflected, "**I couldn't keep doing what I was doing... menopause, low mood, anxiety. That's what made me stop.**"

## Lifestyle and habits

Concerns about weight, fitness and daily routines were also common reasons for change.

Some women described alcohol as unnecessary calories or a barrier to healthier habits. Others became aware that drinking had become a routine part of daily life and wanted to break the habit by introducing alcohol free days or taking part in challenges such as Dry January.

As one woman explained, "**I saw someone else stop and thought, I want to do this too.**"

## Dependence, crisis and recovery

A smaller group described experiences of dependence or difficult life events, where reducing or stopping drinking became part of recovery and regaining control.

These experiences included relationship breakdown, domestic abuse, hospitalisation and periods of extreme distress.

One woman described a crisis point as "**the worst day of my life, but the start of my recovery.**"

## Family and financial influences

Family responsibilities also motivated some women to change their drinking habits. Women spoke about wanting to remain present, available and reliable for children and other family members.

For others, concern from relatives and friends encouraged reflection on their drinking.

Cost was also an important factor, particularly for social drinking. As one woman noted, **"It's £100 for a night out now."**

### Summary

Women's motivations for cutting down or stopping drinking were shaped by a mix of health concerns, emotional wellbeing, menopause-related changes, lifestyle priorities and life events. While practical and social factors played a role, most often women made changes when they felt alcohol was no longer supporting their health or wellbeing.



# The benefits of cutting down or stopping drinking

Many women described clear and positive changes after reducing or stopping their alcohol consumption.

## Physical health and sleep

Improved physical health was one of the most reported benefits. Women frequently described sleeping better, feeling healthier and experiencing fewer physical effects associated with drinking.

As one woman explained, **"I sleep better on the days I don't drink."**

## Mental wellbeing

Many women also reported improvements in their mood, emotional resilience and overall mental wellbeing.

One participant said, **"Being alcohol free... my mental health is as good as it can get."**

Several women described feeling calmer, more positive and better able to cope with everyday challenges.

## Mental clarity and focus

Women often spoke about having greater mental clarity, less brain fog and improved concentration after cutting down or stopping drinking.

Many described feeling more productive and waking up feeling more present and positive.

As one woman reflected, **"I wake up glad to be alive."**

## Energy and fitness

Improved energy levels and physical fitness were also common themes.

Women described feeling more consistent from day to day, making it easier to exercise regularly and manage stress in healthier ways.

As one participant explained, **"I can go for a run any day because I wake up feeling the same"**, while another noted, **"Exercise makes such a difference... you can't do cardio with a hangover."**

## Confidence and identity

Several women described reconnecting with parts of themselves they felt they had lost.

Reducing or stopping alcohol helped some return to hobbies, creativity and activities they enjoyed.

One woman described the experience as **"finding yourself again"**, while another said, **"Being creative again... helps me feel myself."**

## Feeling more in control

Women also spoke about gaining a greater sense of control, stability and optimism.

Without alcohol, many felt better able to manage life's challenges and more positive about the future.

As one woman reflected, **"I feel like I've got a future now... I've got a life now and I'm so happy"**, while another observed, **"Life's going to throw curve balls. Drinking won't help."**

## Summary

Women who reduced or stopped drinking often described significant improvements in their physical health, mental wellbeing and daily lives. Better sleep, improved mood, increased energy and greater mental clarity were among the most common benefits. Many also reported feeling more confident, more resilient and better able to manage life's challenges, suggesting that reducing alcohol can have a positive impact well beyond drinking itself.

# **Understanding alcohol- related health risks**

# Understanding alcohol-related health risks

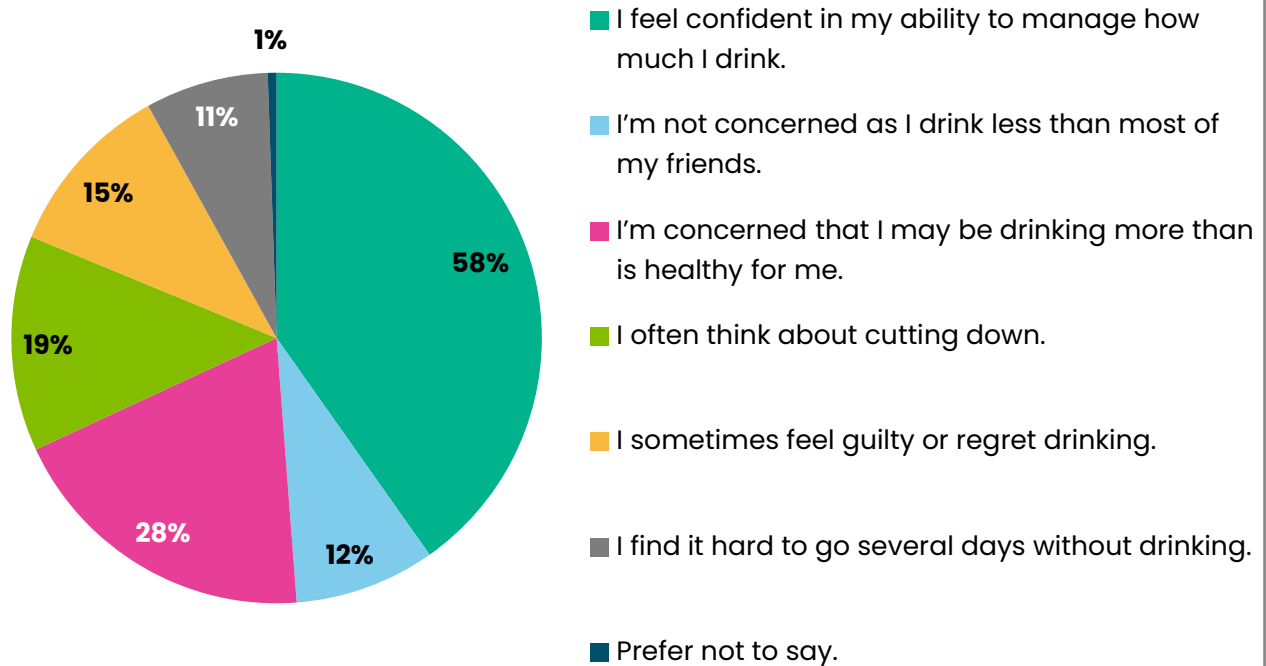
## Key findings

- Over half of women felt confident managing how much alcohol they drink.
- Nearly one third were concerned they may be drinking more than is healthy.
- Women were more likely to feel concerned about their drinking as alcohol-related risk increased.
- Most women recognised major health risks associated with alcohol, including liver disease, cancer, mental health problems and heart disease.
- Awareness of less visible or longer term harms was lower.
- Views on low level drinking were mixed, suggesting some uncertainty about what is considered low risk drinking.

## How women feel about their drinking

More than half of women said they felt confident managing how much alcohol they drink. However, nearly one third were concerned they may be drinking more than is healthy for them, and around one in ten said they found it difficult to go several days without drinking (see graph below).

**How do you feel about your current drinking levels? (Please select all statements that apply to you)**



Women's views varied depending on their level of alcohol-related risk.

Women in the low risk category were generally confident about their drinking. Around nine in ten felt in control of how much they drank, while very few reported concerns about their drinking or difficulties cutting down.

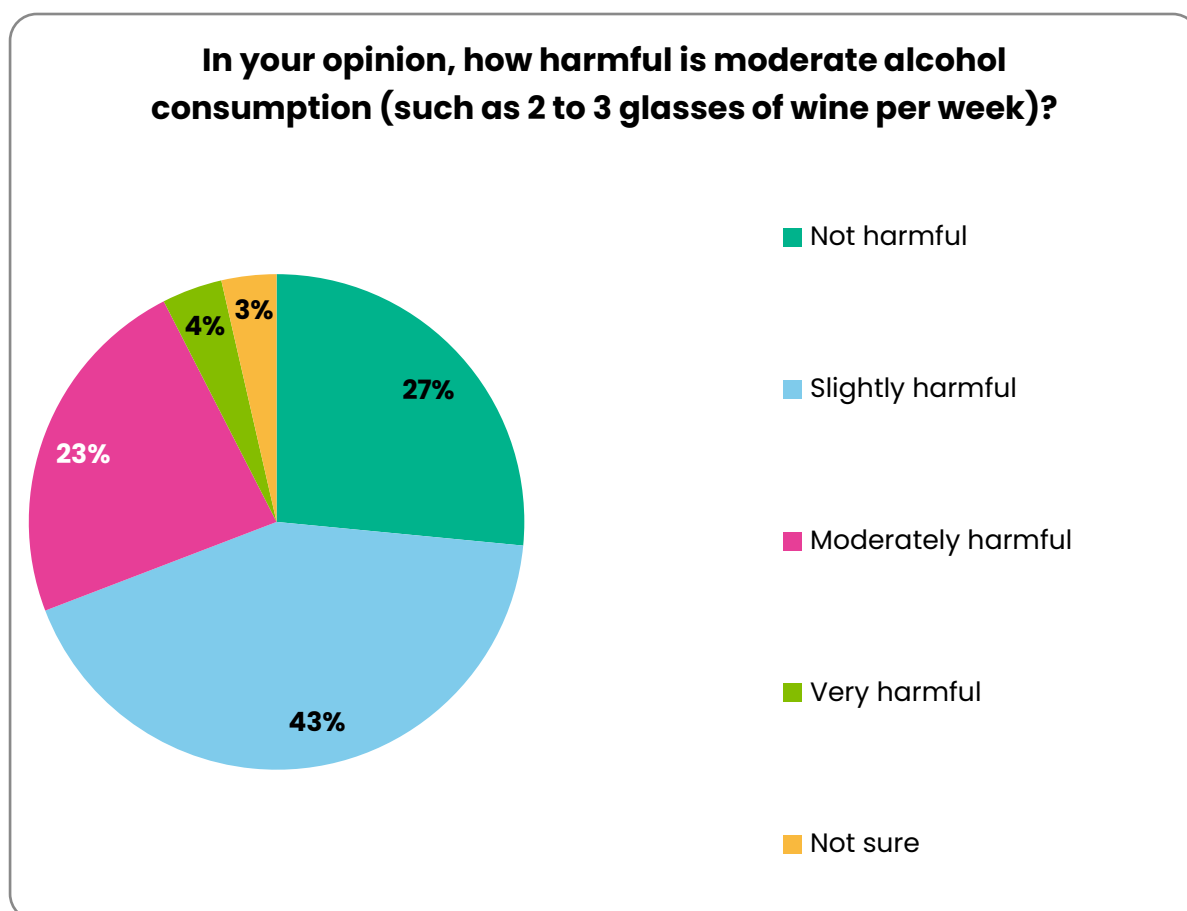
In contrast, confidence was lower among women in the increasing risk and higher risk groups. Around four in ten women in the increasing risk group and almost six in ten women in the higher risk group said they were concerned they might be drinking more than was healthy. Many also reported regularly thinking about cutting down.

Women showing signs of possible alcohol dependence reported the greatest level of concern. They were more likely to describe difficulties going without alcohol, feelings of guilt about their drinking and frequent thoughts about reducing how much they drank. Although the number of women in this group was small, their experiences reflected patterns seen in wider research.<sup>16</sup>

<sup>16</sup> [Feelings of Guilt and Remorse After Alcohol Consumption Among People Who Drink at Increasing and Higher-Risk Levels: A Population Study in England - PMC](#)

## Understanding the health risks of alcohol

Most women did not view moderate drinking, such as two to three glasses of wine per week, as highly harmful. Responses were split mainly between "**slightly harmful**" and "**not harmful**", while a smaller group viewed this level of drinking as moderately harmful. Only a small minority considered it very harmful (see graph below).



Views were broadly similar across all drinking groups, although women drinking at higher risk levels were slightly more likely to underestimate the potential harms of moderate alcohol consumption.

While drinking at this level falls within current UK low risk drinking guidelines, findings suggest many women are becoming more aware that even lower levels of alcohol consumption may still carry some health risks.

# What health risks do women associate with alcohol?

Women showed a strong awareness of many health risks linked to alcohol.

What harms women most commonly recognise from alcohol	
<b>Most recognised</b>	<ul style="list-style-type: none"> <li>• Liver disease</li> <li>• Cancer</li> <li>• Mental health</li> <li>• Heart and cardiovascular disease</li> </ul>
<b>Commonly recognised</b>	<ul style="list-style-type: none"> <li>• Weight gain/ metabolic issues</li> <li>• Sleep problems and fatigue</li> <li>• Addiction/dependence</li> <li>• Cognitive and brain effects</li> <li>• Risky behaviour and accidents</li> <li>• General physical health decline</li> </ul>
<b>Less recognised</b>	<ul style="list-style-type: none"> <li>• Digestive and gastrointestinal problems</li> <li>• Social, relationship and functional impacts</li> <li>• Kidney disease &amp; dehydration</li> <li>• Neurological &amp; nerve damage</li> <li>• Reduced lifespan / premature death</li> </ul>

These findings reflect the harms women mentioned most often rather than the medical severity of each issue. Overall, awareness was highest for the most widely recognised health risks, while longer term or less visible harms were less well understood.

## Summary

Most women felt confident managing their drinking, although concerns increased significantly among those drinking at higher risk levels. Women generally recognised the major health risks associated with alcohol, particularly liver disease, cancer, mental health problems and heart disease. However, awareness of some less visible harms was lower, and views on low level drinking were more mixed. Overall, the findings suggest women are aware that alcohol can affect health, but some uncertainty remains about what level of drinking is considered low risk.

# **Access to support and what helps women**

# Access to support and what helps women

## Key findings

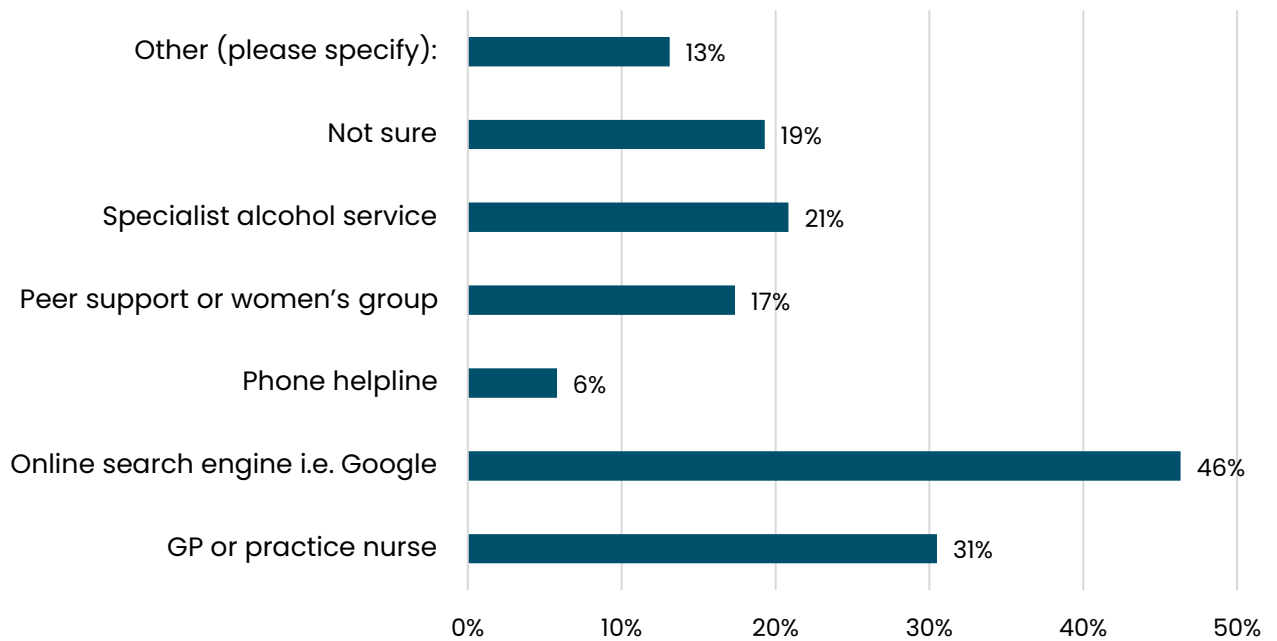
- Nearly half of women said they would first look online if they wanted help to cut down or stop drinking.
- Many women preferred informal, self-guided support that offered privacy, flexibility and personal control.
- Awareness of local alcohol support was generally low; with many women unsure what support was available or how to access it.
- Stigma, fear of judgement, practical barriers and concerns about confidentiality often prevented women from seeking help.
- Women wanted clearer information, more flexible support options, women only spaces and better access to support in rural areas.
- Women said support should focus on the reasons behind drinking, including stress, menopause, poor mental health and caring responsibilities

## Where women would seek support

When asked where they would go for help to cut down or stop drinking, nearly half of women said they would begin by searching online.

Around one third said they would contact a GP practice or GP practice nurse, while one in five would approach a specialist alcohol support organisation. Smaller numbers said they would use helplines, peer support groups or women's groups (see graph below).

### Where women would seek help to cut down or stop drinking



Responses in the "other" category suggested many women would prefer to manage things themselves, using tools such as apps, books, podcasts and online communities.

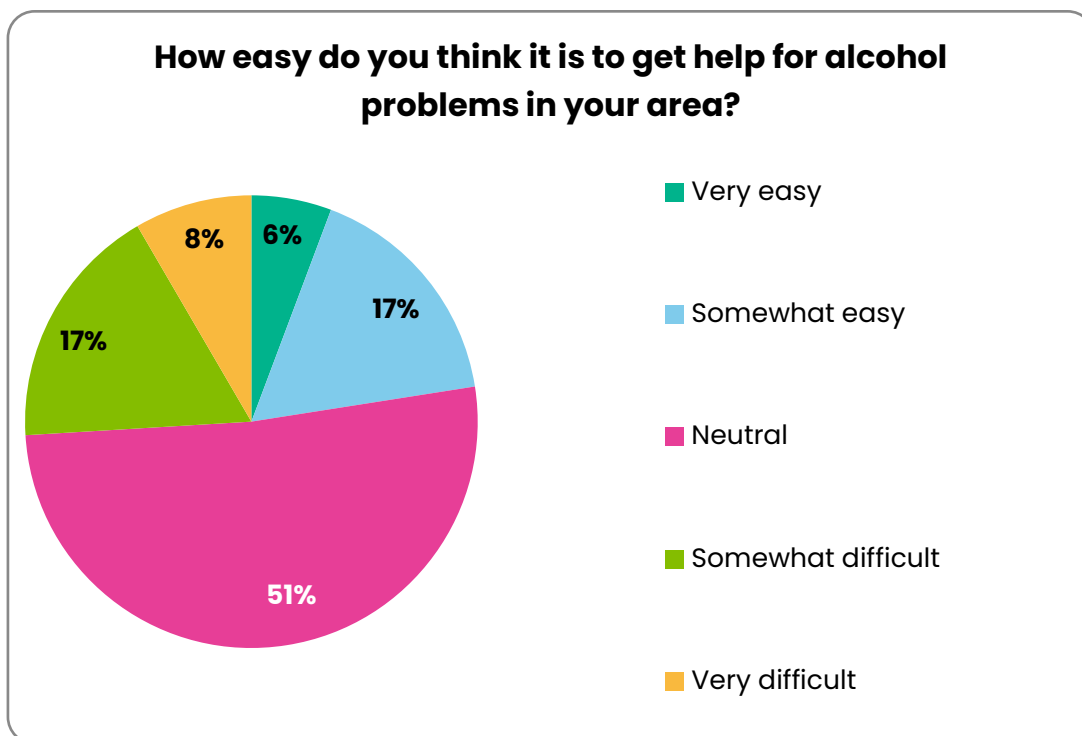
Feedback from interviews and focus groups reflected these findings. Women often described digital support as discreet, flexible and easy to access. Many valued being able to access information in their own time and retain control over how they sought support. As one woman explained, **"I prefer online... there's an escape route."**

Hearing the experiences of others was also seen as valuable, particularly through podcasts and online content. Several women highlighted the importance of lived experience alongside professional advice. One woman described the impact of a podcast, saying that the **"Sober Awkward podcast was an absolute saviour."**

## Awareness and accessibility of alcohol support

Many women were unsure how easy it is to access alcohol support locally.

Around half gave a neutral response when asked about accessibility, suggesting they were unclear about what support was available or how to access it. While nearly a quarter felt support was easy to access, just over a quarter felt it was difficult (see graph below).



This uncertainty was echoed throughout interviews and focus groups. Many women said they knew little about local support because they had never needed to look for it. As one woman explained, **"I've not needed help, so I've never looked."**

Others felt support was not visible enough, even when it existed. One participant commented, **"I must have walked past Horizons 150 times and never knew it was there"**, while another said, **"It's easier to find where to drink than where to get help."**

Several women felt alcohol support was rarely promoted or discussed in places where people might naturally look for information, such as GP practices, community venues or local organisations.

Women living in rural areas described additional challenges, including travel, transport and concerns about privacy. As one woman explained, **"It's a rural area. Support isn't close, and people don't talk about it."**

## Barriers to accessing support

Women identified a range of barriers that made it harder to seek help.

Stigma and fear of judgement were among the most common concerns. Some worried about being labelled a "problem drinker" or about other people finding out they were seeking support. As one woman explained, **"If you ask for support, people automatically think you're an alcoholic."**

These concerns were particularly strong among mothers and women living in smaller communities, where anonymity felt limited. One participant said, **"I won't go to my local Alcoholics Anonymous because someone might know me."**

Several women felt alcohol support was aimed at people with more severe problems rather than those who wanted help to cut down before reaching crisis point. As one woman explained, **"In my head, Horizons is for people with real problems, not people like me."**

Practical barriers also played a role. Women described difficulties balancing support with work, caring responsibilities and travel requirements. One participant explained, **"I would not be able to attend in person due to care responsibilities and would be unable to travel far."**

Some women worried about explaining time away from work, while others were concerned about how seeking support might affect their job. This was particularly evident among women working in healthcare and public facing roles. As one woman explained, **"I work in healthcare and would worry about being judged by colleagues and it being recorded in my clinical notes."**

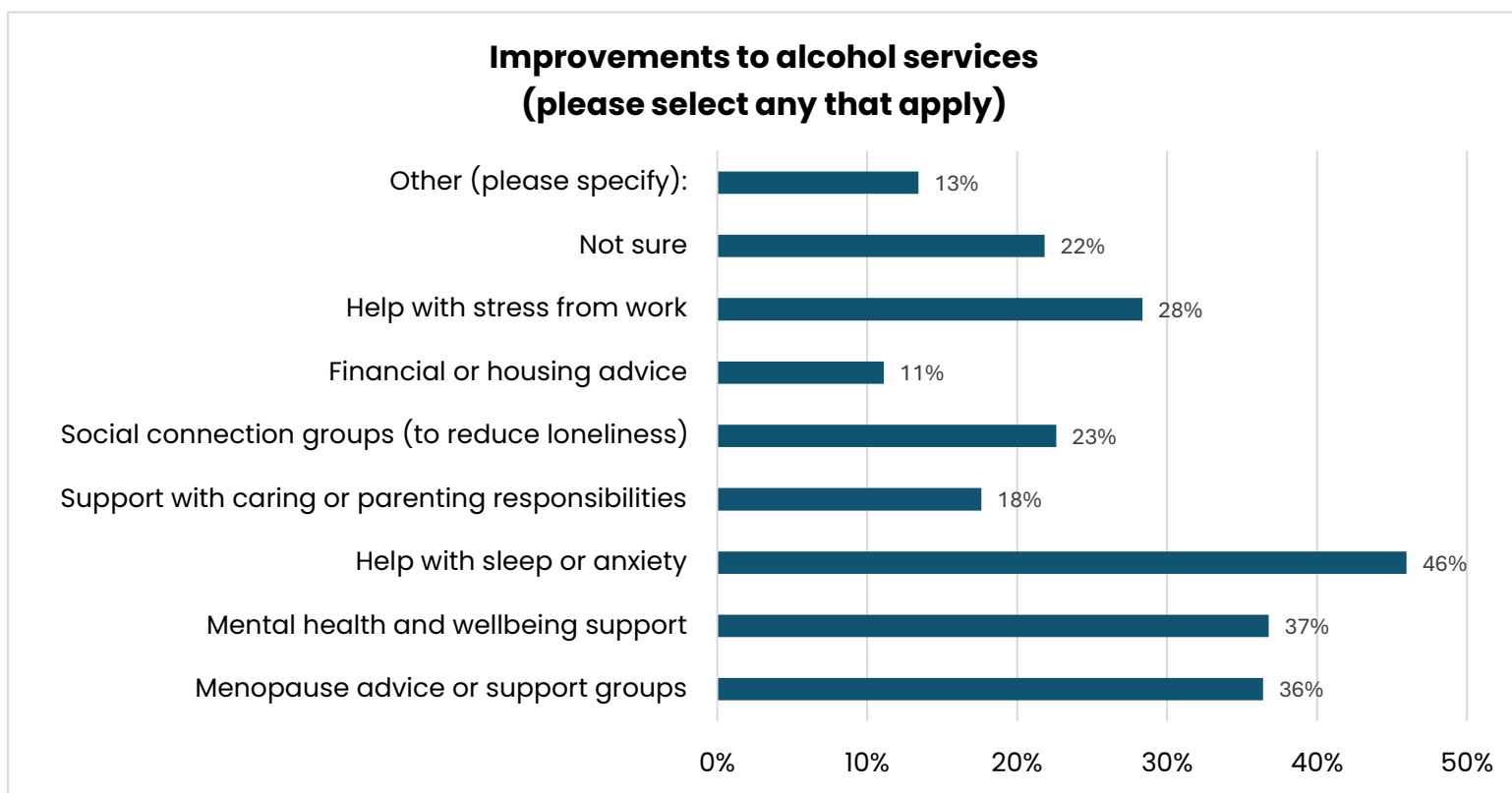
For some, previous negative experiences reduced trust in support organisations. Others felt uncomfortable attending locations that were clearly associated with drug and alcohol support or where they might be recognised.

Women also highlighted the impact of social expectations around drinking. Comments such as **"Friends just laugh when I say I'm drinking too much"** reflected concerns about having their experiences minimised by others.

For women using alcohol to cope with stress, trauma or difficult life experiences, seeking support could feel especially challenging. As one woman asked, **"If alcohol is a crutch... what do you replace it with?"**

## What would make it easier to get support

Survey findings suggest that better awareness of available support would make the biggest difference. More than half of women said they need clearer information about what help is available. Other priorities included support tailored specifically for women, more online and remote options, and improved access to support overall (see graph below).



Experiences shared through interviews reflected these findings. Many women said they need clearer information and earlier help, so they know where to turn before problems become more serious. As one woman explained, **"They're not in A&E and not at the pub... how do you reach women drinking at home?"**

Flexible ways of accessing support, including online, telephone and face to face options, were seen as important. Women felt these approaches would give them greater choice and control over how they seek help.

Women only spaces were also highlighted as essential. Many said mixed settings can feel intimidating, particularly for women who have experienced trauma or who lack confidence. As one participant explained, **"Women need safe, women only spaces... people who've been through trauma won't sit with men."** These environments were seen as safer and more comfortable, helping women feel able to speak openly.

Some women also felt that existing support does not always feel welcoming to midlife women. As one participant noted, **"As a middle-aged woman... you wouldn't go in."**

Online and remote support was particularly important for women living in rural areas, where travel and privacy can create additional barriers. As one woman explained, **"The nearest is miles away... buses don't connect... nobody around here is going to seek help."** Anonymous digital support was seen as an important way of improving access.

Women also highlighted the need for better education and more open conversations about alcohol, particularly for midlife women. Many felt this would encourage people to seek help earlier, rather than waiting until problems become severe. As one woman explained, **"It feels like services are for people with real problems... not people like me who just drink too much."**

There was also a strong sense that social attitudes can make it harder for people to recognise when they need support. As one participant observed, **"Society accepts alcohol unless you lose control, then you're judged."**

## Experiences of alcohol support

Only a small number of women who took part in this project had used formal alcohol support. Among those who had, experiences and outcomes varied. Some had stopped drinking or reduced their alcohol consumption, while others were continuing to drink.

### Types of support used

The most used organisation was North Yorkshire Horizons.

Some women had also received support through GP practices, Changing Lives, residential rehabilitation, Alcoholics Anonymous and SMART Recovery.

Community based recovery organisations, including York in Recovery and the Rainbow Centre in Scarborough, were also described as important sources of support.

### What women found helpful

Experiences of support were mixed but generally positive.

Women were most positive about support that felt non-judgemental, supportive and based on trust. Peer support was particularly valued because it helped women feel understood and less alone.

North Yorkshire Horizons was often described positively, with women highlighting its structured support, joined up approach and sense of community. Where organisations worked well together, women reported better experiences and outcomes. As one woman explained, **"Once I was in, Horizons worked with everyone. That's what made the difference."**

Creative activities and community-based support, including peer groups and art-based activities, were also seen as valuable. Women described these opportunities as helping them rebuild confidence, manage emotions and reduce feelings of isolation. As one participant explained, **"I've made so many new friends who just get it, because they've been through it."**

Women only community spaces were particularly valued, with some women saying they would not have attended mixed gender settings.

## Gaps and challenges

Even among women who accessed support, several challenges were identified. Long waiting times, particularly for detoxification and residential rehabilitation, were the most reported issue and seen as increasing risk.

Many women felt support often became available only once they had reached crisis point, such as after hospital admission or involvement with probation. Women described a lack of options for those seeking earlier help, with limited support available between managing alone and reaching crisis. As one participant explained, "**Appointments aren't quick enough.**"

Some women also described poor coordination between GP practices, mental health support and alcohol support organisations. Being passed between different organisations without a coordinated approach reduced trust and made it harder to stay involved with support.

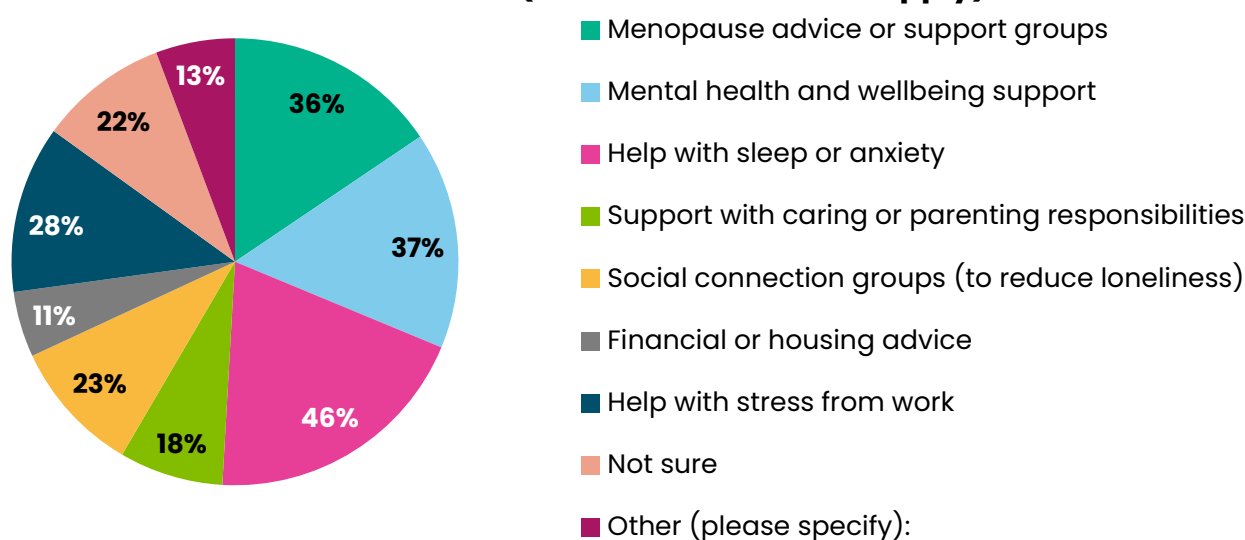
Experiences with GP practices varied. While some women valued clear advice, timely referrals and a non-judgemental approach, others felt discussions focused too heavily on alcohol itself rather than the reasons behind their drinking. Women also highlighted that support is often most effective when it is available at the point they feel ready to seek help.



## What support women say they need

Survey findings suggest that women want earlier support to help them manage life pressures before alcohol becomes a way of coping. Nearly half said they would like support with sleep problems or anxiety. More than a third selected mental health and wellbeing support or menopause advice and support groups. Other priorities included social connection, support with work-related stress, and help with caring or parenting responsibilities (see graph below).

**Other support to help manage life pressures and reduce the need to use alcohol? (Please select all that apply)**



Women consistently said that addressing the reasons behind drinking would help reduce reliance on alcohol. These reasons included stress, trauma and other unmet needs. As one woman explained, **"People use alcohol because of other issues. If those were supported, the alcohol wouldn't be needed as much."** Another reflected, **"We haven't understood why they started drinking in the first place."**

Many women described turning to alcohol after feeling dismissed when seeking help for emotional distress. One woman recalled being told by mental health support, **"We can't treat your mental health until you're sober,"** despite her drinking being linked to trauma. Another said, **"I tried to get help before, but they blamed the alcohol,"** following a suicide attempt.

These experiences often left women feeling stuck, with alcohol filling gaps in the support available to them.

Menopause support was highlighted as a significant gap. Some women described turning to alcohol when symptoms were not recognised or taken seriously. As one woman explained, **"The support women need is healthcare providers that hear and see us."** Others linked their drinking to long term stress and unmet needs, with one participant commenting, **"A glass of wine is cheaper than a massage."**

Women also described caring responsibilities, family pressures and caring for children with additional needs as factors that increased stress and, for some, alcohol consumption. One participant said, **"Help with my caring responsibilities. I get virtually no support."** Work-related stress was another common theme, with one woman describing her job as **"toxic"**, adding, **"I mainly drink because I hate my job."**

Many women also called for simple, local and informal support within communities. Opportunities to meet others, share experiences and build connections were seen as valuable, particularly before problems became more serious. As one woman suggested, **"We need drop-in centres where you can just come for a brew and a chat."**

## Summary

Women consistently highlighted the importance of addressing the causes of drinking rather than focusing solely on alcohol itself. Better support for sleep, anxiety, mental wellbeing, menopause, caring responsibilities and work-related stress was seen as the main ways of reducing reliance on alcohol. Women also wanted accessible, community-based support that felt welcoming, practical and available before problems became more serious.

# Women expressing their experiences of recovery and support

## Finding a way forward

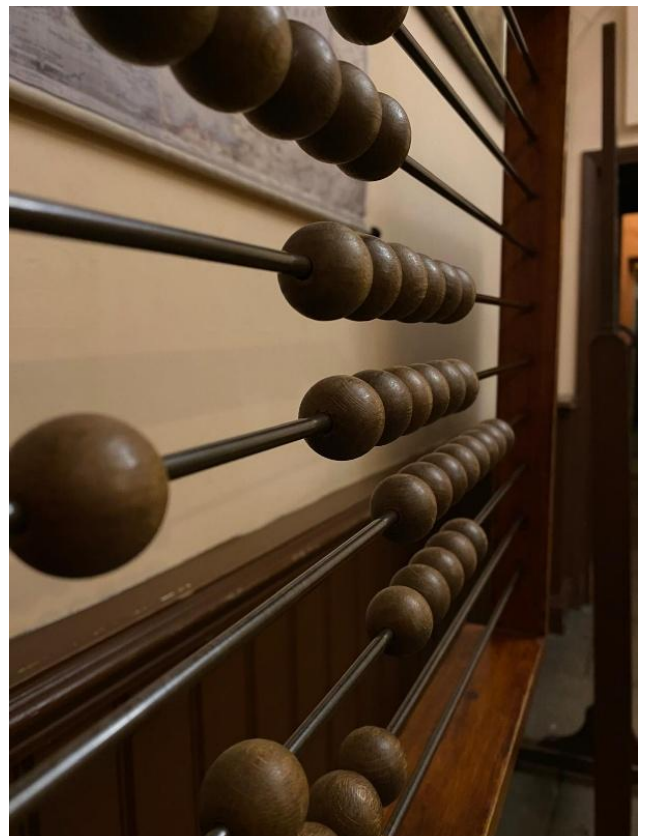
As part of the project, women used therapeutic photography to reflect on their experiences of seeking support, recovery and moving forward.

The images and captions below capture themes of resilience, hope, healing and finding strength through difficult times. They show that recovery is not always a single event, but often a gradual process of rebuilding confidence, reconnecting with others and finding new ways to cope.



### Standing strong

"I am standing strong despite the pain that runs through me."



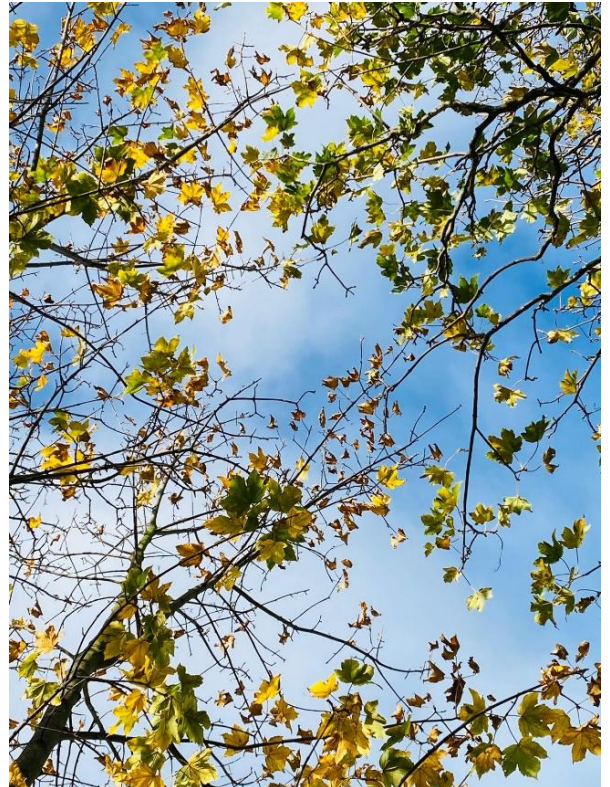
### One step at a time

"I am taking things one step at a time, healing and rebuilding."



### **Fragility and flourishing**

"Even in the most difficult circumstances, I am finding ways to grow and flourish."



### **The beauty in everyday**

"I am finding beauty in everyday moments of calm, comfort and hope."



# Conclusion

# Conclusion

Our findings show that midlife women's drinking is shaped by a combination of social routines, emotional pressures, menopause-related symptoms, and wider life stresses such as caring responsibilities, work strain and isolation. While many women reduce their drinking during midlife, others increase or rely on alcohol as a coping strategy and often in the absence of timely support for sleep, anxiety, trauma or menopause.

Importantly, although many women reported drinking at low levels, the AUDIT-C results indicate that a significant proportion of women are drinking at levels that put them at risk of harm, highlighting the need for earlier and more accessible opportunities for women to explore being alcohol-curious without stigma or judgement.

Awareness of alcohol support was low, seeking help was heavily shaped by stigma and fear of judgement, and many women felt services were "not for people like me," particularly those drinking at home or drinking at lower levels but struggling emotionally. Women strongly preferred informal, confidential and flexible support options, including online tools, lived-experience content, women-only spaces and accessible community-based approaches. Our findings also highlight that support is often only accessed at crisis point, and that coordination between alcohol, mental health, menopause and primary care services remains limited.

Taken together, the results suggest that earlier, more visible, more joined-up and women-centred support, alongside broader wellbeing and preventative interventions, would help reduce reliance on alcohol, provide space for alcohol-curious conversations, and make support services feel more relevant, accessible and safe.

This report provides a single snapshot in time and is not fully representative of all mid-life women across North Yorkshire, with some areas and population groups under-represented.

Alcohol consumption was self-reported, which may have led to some underestimation of drinking levels because of difficulties recalling consumption accurately or a reluctance to report drinking habits.

Menopause stage was also self-identified, based on women's own experiences rather than clinical assessment, which may have resulted in some misclassification. Only a small number of women who took part reported direct experience of specialist alcohol support, limiting what we could learn about experiences of accessing and using these forms of support.

We would like to thank everyone who participated in this project, who shared their experiences with us and the individuals, organisations, volunteers and trustees who supported this work. Your input has been invaluable in shaping this report and its recommendations.



# Supporting information

# Supporting information

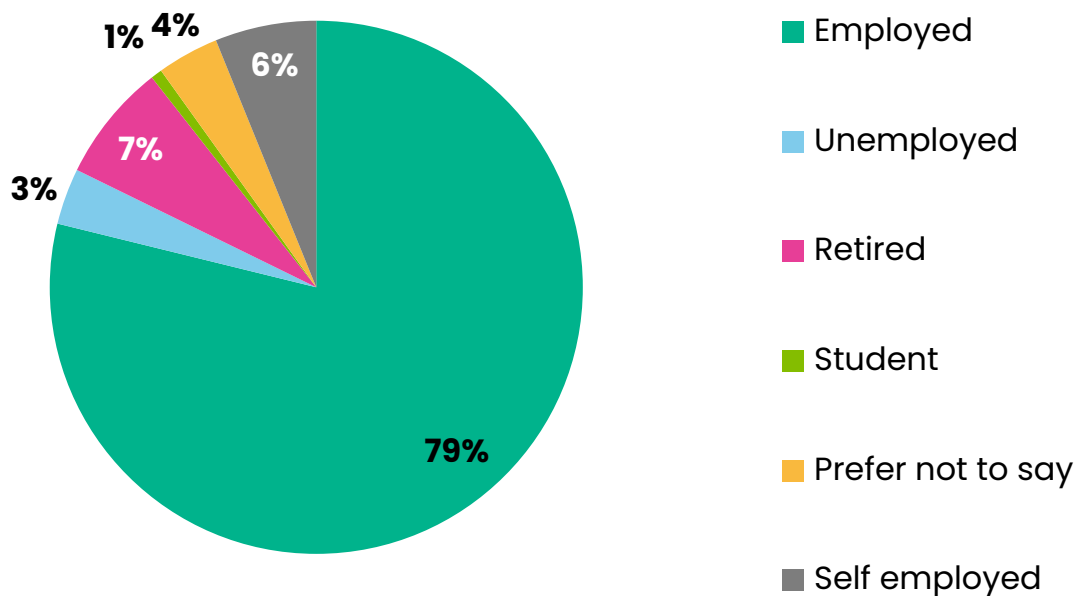
## Data tables and graphs (Appendix A)

**Table 1 – Women from interviews and focus groups**

<b>Characteristic</b>	<b>Breakdown</b>
Age	40 to 44 (2), 45 to 49 (2), 50 to 54 (5), 55 to 60 (4)
Ethnicity	White British (12), White Other (1)
District	Craven (1), Hambleton (3), Harrogate (4), Richmondshire (1), Scarborough (3), York (1)
Location	Rural (5), Urban (5), Coastal (3)
Life stage	Perimenopause (8), Menopause (3), Post-menopause (2)
Carer	Yes (4), No (9)
Drinks alcohol	Yes (8), No (5)
Drinking changes	Increased (3), Reduced (4), Same (1), Stopped (5)

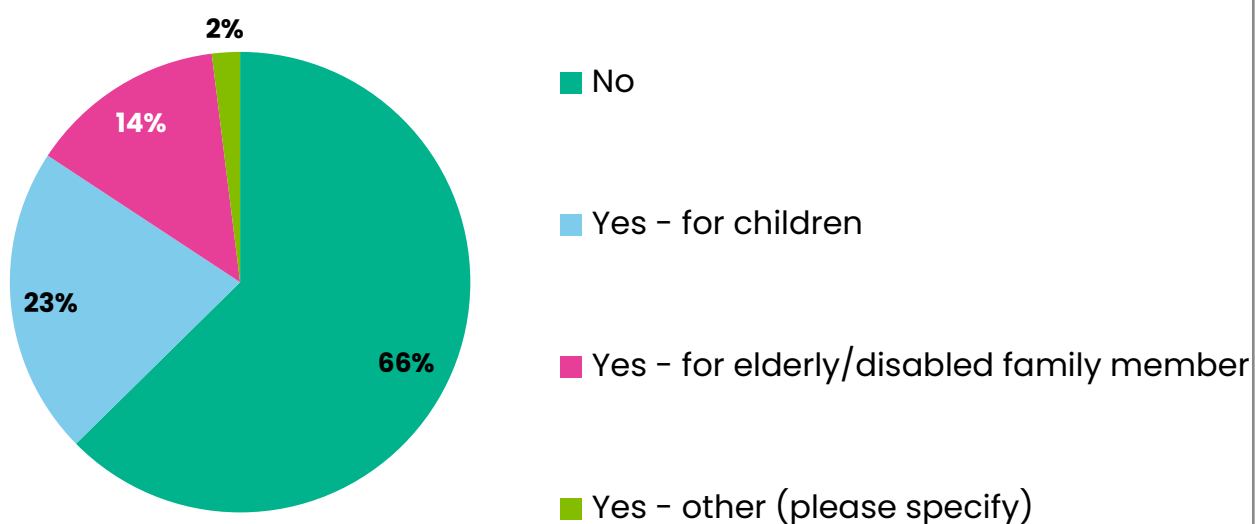
**Graph 1**

**Employment status**



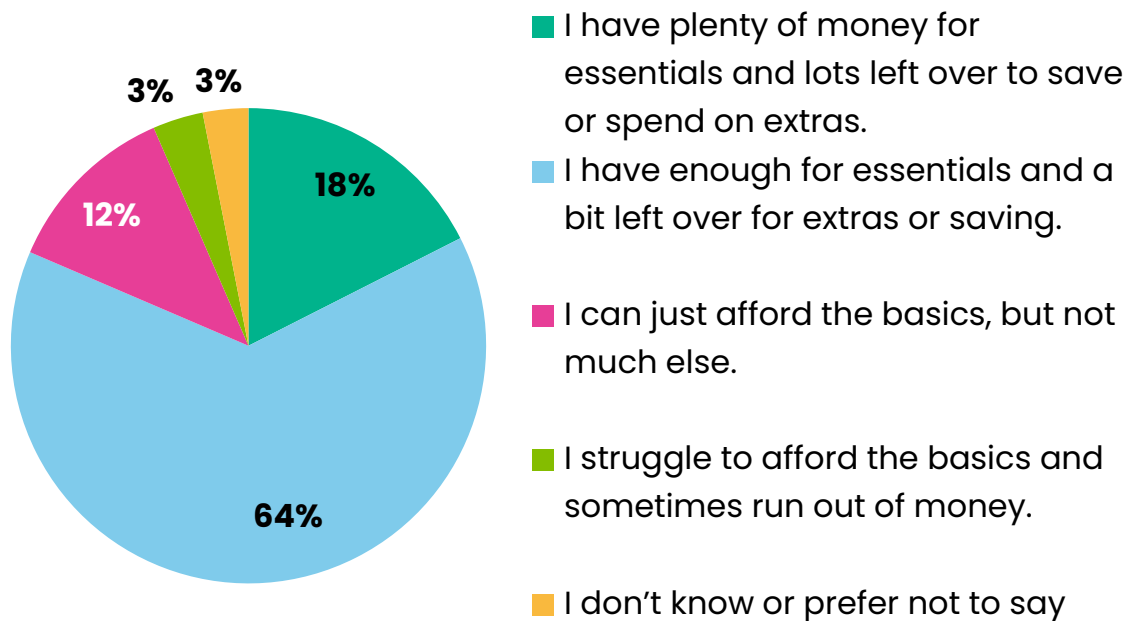
**Graph 2**

**Are you an unpaid carer for others?**



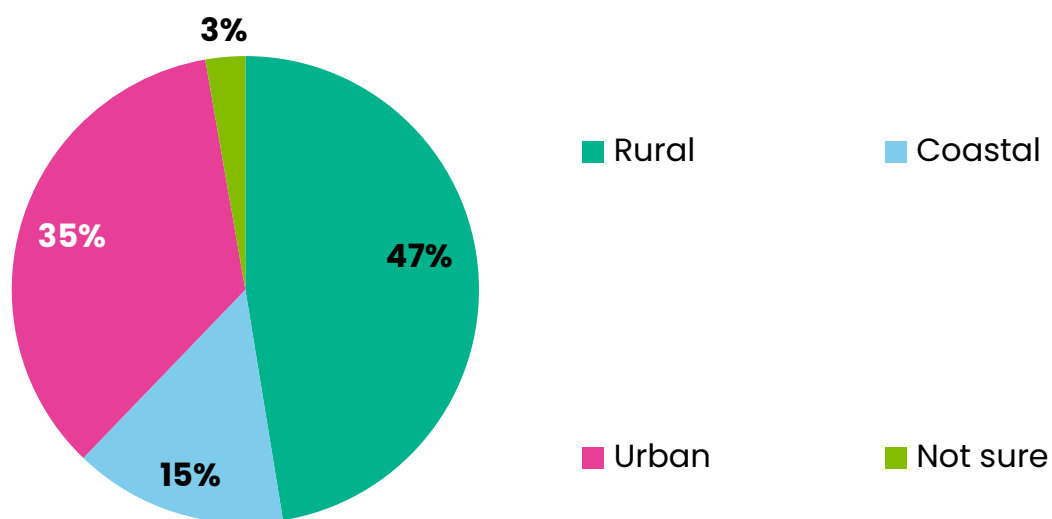
### Graph 3

#### Financial situation



### Graph 4

#### Would you consider yourself to live in a rural, coastal or urban location?



## Table 2

How often do you currently drink alcohol? (by age)

Age	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
40 to 44	27%	24%	24%	24%
45 to 49	17%	37%	25%	19%
50 to 54	19%	16%	40%	25%
55 to 60	18%	24%	28%	30%

## Table 3

How often do you currently drink alcohol? (by life stage)

Life Stage	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
Pre-menopausal	23%	31%	27%	19%
Perimenopausal	18%	31%	27%	24%
Menopausal	19%	17%	44%	19%
Post-menopausal	21%	19%	26%	33%

## Table 4

On a typical drinking day, how many drinks (such as small glasses of wine, half pints of beer, or shots of spirits) do you have? (by age)

Age	1 to 2	3 to 4	5 to 6	7 or more
40 to 44	42%	33%	18%	7%
45 to 49	48%	36%	12%	2%
50 to 54	47%	31%	13%	7%
55 to 60	42%	37%	15%	5%

**Table 5**

On a typical drinking day, how many drinks (such as small glasses of wine, half pints of beer, or shots of spirits) do you have? (by life stage)

<b>Life stage</b>	<b>1 to 2</b>	<b>3 to 4</b>	<b>5 to 6</b>	<b>7 or more</b>
Pre-menopausal	46%	35%	15%	4%
Perimenopausal	49%	29%	15%	7%
Menopausal	37%	48%	10%	2%
Post-menopausal	44%	35%	14%	4%

**Table 6**

How often do you consume 6 or more drinks on a single occasion (such as 6 small glasses of wine or 3 pints of beer)? (by age)

<b>Age</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
40 to 44	58%	13%	20%	9%
45 to 49	58%	19%	21%	0
50 to 54	62%	18%	16%	4%
55 to 60	62%	10%	15%	10%

**Table 7**

How often do you consume 6 or more drinks on a single occasion (such as 6 small glasses of wine or 3 pints of beer)? (by life stage)

<b>Life stage</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
Pre-menopausal	65%	19%	8%	8%
Perimenopausal	59%	17%	19%	4%
Menopausal	69%	13%	10%	6%
Post-menopausal	60%	8%	20%	8%

**Table 8**

AUDIT-C

<b>Low risk</b>	<b>Increasing risk</b>	<b>Higher risk</b>	<b>Possible dependence</b>	<b>Non- drinker</b>
<b>0 to 4</b>	<b>5 to 7</b>	<b>8 to 10</b>	<b>11 to 12</b>	<b>0</b>
42%	28%	15%	2%	10%

Participants who had stopped drinking were included in the table but excluded from AUDIT-C scoring. Those with missing or undisclosed responses to alcohol questions were excluded.

**Table 9**

AUDIT-C by age

	<b>Low risk</b>	<b>Increasing risk</b>	<b>Higher risk</b>	<b>Possible dependence</b>	<b>Non- drinker</b>
<b>Score</b>	<b>0 to 4</b>	<b>5 to 7</b>	<b>8 to 10</b>	<b>11 to 12</b>	<b>Non- drinker</b>
40 to 44	44%	14%	24%	0	18%
45 to 49	46%	34%	14%	0	4%
50 to 54	36%	38%	10%	3%	12%
55 to 60	41%	25%	17%	4%	9%

Women taking part who had stopped drinking were included in the table but excluded from AUDIT-C scoring. Those with missing or undisclosed responses to alcohol or age questions were excluded.

**Table 10**

AUDIT-C by life stage

	<b>Low risk</b>	<b>Increasing risk</b>	<b>Higher risk</b>	<b>Possible dependence</b>	<b>Non-drinker</b>
<b>Score</b>	<b>0 to 4</b>	<b>5 to 7</b>	<b>8 to 10</b>	<b>11 to 12</b>	<b>Non-drinker</b>
Pre-menopausal	48%	23%	13%	0	16%
Perimenopausal	42%	28%	16%	2%	11%
Menopausal	37%	45%	8%	2%	6%
Post-menopausal	44%	19%	20%	2%	9%

Women taking part who had stopped drinking were included in the table but excluded from AUDIT-C scoring. Those with missing or undisclosed responses to alcohol or menopause stage questions were excluded.

**Table 11**

Cross reference changes to alcohol use and cutting down

	<b>Have you ever tried to cut down or stop drinking? (If you have already stopped drinking, please tick yes)</b>		
<b>Has your alcohol use changed during midlife (40 to 60)?</b>	<b>Yes</b>	<b>No</b>	<b>Prefer not to say</b>
I drink more than I used to	67%	32%	1%
I drink less than I used to	64%	36%	
I stopped drinking	96%	4%	
My drinking hasn't changed	36%	62%	2%

# Survey questionnaire (Appendix B)

## Are you a woman aged 40 to 60? Have you had a drink in the past two years?

### What this survey is about

This survey asks about your views and experiences of alcohol. It also asks what support you know about or would find helpful. Your answers will help improve support and support available for women in midlife.

The survey takes around 10 minutes to complete.

All responses are anonymous. You do not need to provide your name.

You will be asked questions about alcohol use. You can skip any question you do not feel comfortable answering.

At the end of the survey, you can leave your contact details if you would like to take part in a follow up interview or group discussion. This is entirely optional.

If you would like to complete the survey by telephone, please contact Healthwatch North Yorkshire on 01423 788128.

For more information, please contact Helen on 01423 788 128 or email [hello@hwny.co.uk](mailto:hello@hwny.co.uk)

### Section 1: Consent

**1. Please confirm that you have read the information above and agree to take part in this survey.**

- I agree
- I do not agree (please do not continue with the survey)

## **Section 2: About you**

### **2. Which area of North Yorkshire do you live in?**

- Harrogate
- Scarborough
- Ryedale
- Hambleton
- Richmondshire
- Selby
- Craven
- Prefer not to say
- Other (please specify)

### **3. Would you consider yourself to live in a rural, coastal or urban location?**

- Rural
- Coastal
- Urban
- Not sure

### **4. What is your age?**

- 40 to 44
- 45 to 49
- 50 to 54
- 55 to 60
- Prefer not to say

### **5. What is your ethnic background?**

- White British
- White Irish
- White Gypsy, Traveller or Irish Traveller
- White Roma
- White other background
- Arab

- Asian (including Bangladeshi, Chinese, Indian, Pakistani or other Asian background)
- Black (including African, Caribbean or other Black background)
- Mixed background
- Prefer not to say
- Other (please specify)

**6. What is your employment status?**

- Employed
- Unemployed
- Retired
- Student
- Prefer not to say
- Other (please specify)

**7. Are you an unpaid carer for others?**

- No
- Yes, for children
- Yes, for an elderly or disabled family member
- Yes, other (please specify)

**8. How would you describe your current financial situation?**

- I have plenty of money for essentials and lots left over for extras.
- I have enough for essentials and a bit left over for extras or saving.
- I can just afford the basics, but not much else.
- I struggle to afford the basics and sometimes run out of money.
- I do not know or prefer not to say.

### **Section 3: Alcohol use**

Please note, this section will ask you questions about your alcohol use. You can select 'Prefer not to say' for any question you don't feel comfortable answering.

#### **9. Do you currently drink alcohol?**

- Yes
- No (Please skip to Section 5. Changes in midlife)
- Prefer not to say (Please skip to Section 5. Changes in midlife)

### **Section 4: Relationship with alcohol**

#### **10. How often do you currently drink alcohol?**

- Monthly or less
- Two to four times a month
- Two to three times a week
- Four or more times a week
- Prefer not to say

#### **11. On a typical drinking day, how many drinks do you have?**

- One to two
- Three to four
- Five to six
- Seven or more
- I do not know
- Prefer not to say

#### **12. How often do you consume six or more drinks on a single occasion?**

- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- I do not know
- Prefer not to say

**13. Where do you most often drink alcohol? (Select all that apply)**

- At home
- Social gatherings in another person's home
- Pubs, bars and restaurants
- Prefer not to say
- Other (please specify)

**14. How do you feel about your current drinking levels? (Select all that apply)**

- I feel confident in my ability to manage how much I drink.
- I am not concerned as I drink less than most of my friends.
- I am concerned that I may be drinking more than is healthy for me.
- I often think about cutting down.
- I sometimes feel guilty or regret drinking.
- I find it hard to go several days without drinking.
- Prefer not to say

## **Section 5. Changes in midlife**

**15. Has your alcohol use changed during midlife (40-60)?**

- I drink more than I used to
- I drink less than I used to
- I stopped drinking
- My drinking hasn't changed
- Prefer not to say

**16. Which of the following best describes your current life stage? We are asking this question to explore any link between life stage and alcohol consumption.**

- Premenopausal (no symptoms at all)
- Perimenopausal (some changes, not yet complete)
- Menopausal (12 months without a period)
- Postmenopausal (Years after menopause)
- Not sure

- Prefer not say

**17. Have you ever tried to cut down or stop drinking? (If you have already stopped drinking, please tick yes)**

- Yes
- No (Please skip to Section 7. Drinking culture)
- Prefer not to say (Please skip to Section 7. Drinking culture)

## **Section 6. Motivations for reducing alcohol use**

**18. What motivated you to try cutting down/stop drinking? (Please select all that apply)**

- Concern about my physical and mental health
- Alcohol affected my daily life (such as work, parenting, or caring role)
- My drinking affected my relationships
- Comments or Concerns from family or friends
- To save money
- Prefer not to say
- Other (please specify)

**19. Please provide more information about why you have ticked this option(s)**

## **Section 7. Drinking culture**

**20. What motivates you or used to motivate you the most to drink alcohol? (Please select any of the statements below that are applicable to you)**

- I drink to enjoy social occasions, feel more outgoing, and celebrate special events with others.
- I drink because it's common in my social circle and part of the culture or community I belong to.

- I drink to enjoy the effects of alcohol, such as feeling relaxed, confident, or carefree.
- I drink because it adds excitement, fun, or a pleasant buzz to my day and feels like a treat.
- I drink to unwind from daily stress, such as work, family, caregiving, or financial worries.
- I drink to cope with emotional challenges like low mood, loneliness, or personal problems (such as trauma or relationship issues).
- I drink to manage physical or emotional symptoms related to health or life stages, such as menopause, sleep issues, or mood swings.
- I drink to feel accepted, fit in with others, or avoid feeling left out.
- I drink because not drinking might seem unusual or lead to teasing or questions in social settings.

**21. Have any of the following influenced how much you drink or what types of drinks you choose? (Please select all that apply?)**

- Social media (such as posts, memes, influencers)
- Alcohol adverts (TV, online, print)
- How drinks are marketed to women (such as fruity, low-calorie, pink packaging)
- Celebrity endorsements or women-focused campaigns
- Phrases like "wine o'clock" or "mummy needs wine"
- Friends sharing alcohol-related content online
- None of these
- Other (please specify)

**22. In your opinion, how harmful is moderate alcohol consumption (such as 2 to 3 glasses of wine per week)?**

- Not harmful
- Slightly harmful
- Moderately harmful
- Very harmful
- Not sure

**23. What health risks do you associate with regular alcohol use? Please list any**

## **Section 8. Alcohol support and services**

**24. Have you ever used alcohol support services in North Yorkshire?**

- Yes
- No (Please skip to Section 10. Where would you get support?)
- Prefer not to say (Please skip to Section 10 where would you get support)

**25. Where did you seek support from?**

**26. How useful did you find this support?**

## **Section 9. Where would you get support?**

**27. If you wanted to cut down on drinking or get help (now or in the past), where would you go or who would you speak to? (Please select all that apply)**

- GP or practice nurse
- Online search engine like Google
- Phone helpline
- Peer support or women's group
- Specialist alcohol service
- Not sure
- Other (please specify)

## **Section 10. Alcohol support and services**

**28. How easy do you think it is to get help for alcohol problems in your area?**

- Very easy
- Somewhat easy
- Neutral
- Somewhat difficult
- Very difficult

**29. Please provide more details about why you chose this answer**

**30. What improvements would you like to see in the alcohol support services in your area? (Please select any that apply)**

- More targeted support for women
- Better accessibility of services
- More online and remote support options
- More awareness of what support is available
- Enhanced outreach and education in the community
- Not sure
- Other (please specify)

**31. What (if anything) might stop you from getting help or information about alcohol? (for example, worried what other people might think)**

**32. What types of other support would help you manage life pressures and reduce the need to use alcohol? (Please select all that apply)**

- Menopause advice or support groups
- Mental health and wellbeing support
- Help with sleep or anxiety
- Support with caring or parenting responsibilities
- Social connection groups (to reduce loneliness)
- Financial or housing advice
- Help with stress from work

- Not sure
- Other (please specify)

## Section 11. Follow-up

**33. Would you be happy to take part in a follow-up conversation (such as a short interview or group chat) to talk more about these topics? If yes, please leave your contact details below. Please note your details will be kept separate from survey answers and used only to contact you about potential follow-up.**

Thank you for taking the time to complete this survey!

## Support available

If this survey has raised any concerns or you'd like to speak to someone, support is available:

- [North Yorkshire Connected Spaces Facebook](#)
- North Yorkshire Horizons – local alcohol support  
[www.nyhorizons.org.uk](http://www.nyhorizons.org.uk)
- Drinkline – 0300 123 1110 (free, confidential)
- Drinkaware – [www.drinkaware.co.uk](http://www.drinkaware.co.uk)
- Drink drug hub - [www.drinkdrughub.co.uk](http://www.drinkdrughub.co.uk)
- Alcohol change UK – [www.alcoholchange.org.uk](http://www.alcoholchange.org.uk)
- [NHS Mental Health Support - Mental health services - NHS](#)
- Menopause Matters – [www.menopausematters.co.uk](http://www.menopausematters.co.uk)
- NHS Menopause Support – [www.nhs.uk/conditions/menopause](http://www.nhs.uk/conditions/menopause)



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