INVOLVING LIVED EXPERIENCE IN RESEARCH: IMPROVING MODELS OF ALCOHOL POLICY

Thank you for watching our video on involving people with lived experience of alcohol dependence in our project (https://youtu.be/9naVTFgy4iA). This information sheet provides additional details about the alcohol policy model developed at the University of Sheffield, as well as more information about the project itself. For an overview of the project please see: https://www.kcl.ac.uk/research/improving-models-of-alcohol-policy-by-including-people-who-are-dependent-on-alcohol

WHAT IS THE SHEFFIELD MODEL?

The Sheffield Tobacco and Alcohol Policy Model (STAPM) is a tool that predicts how tobacco and alcohol policies may affect people's drinking behaviour and health. For alcohol, it uses large datasets on drinking habits and alcohol-related health issues to estimate the impact of different policies.

STAPM helps decision makers (like the government) understand what works. It has already shaped UK alcohol policy. Currently, it can identify high-risk drinking but not alcohol dependence. To improve this, researchers are working with people with lived experience and professionals in the field.

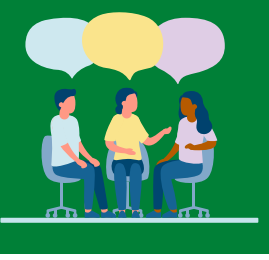
Learn more:
https://sarg-sheffield.ac.uk/research/modelling/stapm/

WHAT OTHER POINTS WERE RAISED?

In our video we showed one example of how the voice of people with lived experience of alcohol dependence contributed to our project. Some other key points that were highlighted during our discussions were:

- **Alcohol dependence is complex** and is influenced by many things like family history and how normalised/accessible alcohol is.
- **Dependence looks different for everyone**, from drinking to cope, physical and psychological dependence.
- **There are problems with access to treatment** and support services.
- **Recovery isn't just about healthcare.** Long-term support from mutual aid and other community support services is important too.

These ideas helped us understand alcohol dependence better and decide what the model should include.



WHO ELSE DID WE SPEAK TO?

Besides our lived experience discussions, we also had an in-person meeting with researchers, people in the government, healthcare workers, charities, and treatment providers. We talked about the best way to represent alcohol dependence in the model and what other important things we need to consider. These talks helped us create a clear plan to guide future work. Some members with lived experience were also involved in these additional discussions.

SUMMARY AND IMPACT:

This project wasn't about building the model yet (that can take years). Instead, we focused on planning how the model could be developed in the future. Our final report includes:

1. **A visual plan** showing what the ideal model might include.
2. **Example questions the model could answer** e.g. how does joining-up alcohol dependence and mental health treatment affect recovery?
3. **Recommendations for next steps**, including what research and data are still needed.

This is a big project and some parts will be easier to include in the model than others, depending on available data. By including input from people with lived experience, we're confident the plan will guide the work in the right direction.

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