Statistics on Alcohol: England, 2011

The NHS Information Centre
is England's central, authoritative source
of health and social care information.

www.ic.nhs.uk

Author: The NHS Information Centre, Lifestyles Statistics.

Responsible Statistician: Paul Eastwood, Lifestyle Statistics Section Head

Version: 1

Date of Publication: 26 May 2011

Contents

Executive Summary

Introduction

This statistical report acts as a reference point for health issues relating to alcohol use and misuse, providing information obtained from a number of sources in a user-friendly format. It covers topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15), drinking-related ill health and mortality, affordability of alcohol and alcohol-related costs. The report contains previously published information and also includes additional new analyses.

The new analyses are mainly obtained from the NHS Information Centre's Hospital Episodes Statistics (HES) system, and Prescribing data. The report also include up to date information on the latest alcohol related government policies and targets and contains links to further sources of useful information.

The data in this report relates to England unless otherwise specified. Where figures for England are not available, figures for England and Wales, Great Britain or the United Kingdom are provided.

Most of the data contained in the report have been published previously including information from the NHS Information Centre, Department of Health, the Office for National Statistics, Her Majesty's Revenue and Customs and the Department for Environment, Food and Rural Affairs. Some of the data presented here for the first time at England level have been previously published at Great Britain (GB) level.

The report also includes information on prescription drugs used for the treatment of alcohol dependencies showing the volume and costs of prescription items dispensed in primary care settings and in NHS hospitals.

Information on alcohol-related hospital admissions has also been included in this year's report. Similar information was published in the 2009 report, but was omitted from the 2010 report as it was unavailable at the time of publication.

Definitions

Government recommendations at the time of publication are that adult men should not regularly drink more than 3-4 units of alcohol a day and adult women should not regularly drink more than 2-3 units a day. A number of sources collect information on the number of units drunk in an average week and the amount drunk on the heaviest drinking day in the last week. Neither of these indicators precisely measure consumption against the recommendations, therefore in this compendium, we will refer to the information as it is collected, rather than compare the data with recommendations.

Hazardous drinking is defined as a pattern of drinking which brings about the risk of physical or psychological harm. Harmful drinking, a subset of hazardous drinking, is defined as a pattern of drinking which is likely to cause physical or psychological harm.

Substance dependence is defined by the International Classification of Diseases and related health problems (ICD-10) as a cluster of behavioural, cognitive and physiological phenomena that can develop after repeated substance use.

Main findings:

Drinking behaviour among adults and children

In England, in 2009:

- 69% of men and 55% of women (aged 16 and over) reported drinking an alcoholic drink on at least one day in the week prior to interview. 10% of men and 6% of women reported drinking on every day in the previous week.
- 37% of men drank over 4 units on at least one day in the week prior to interview and 29% of women drank more than 3 units on at least one day in the week prior to interview. 20% of men reported drinking over 8 units and 13% of women reported drinking over 6 units on at least one day in the week prior to interview.
- The average weekly alcohol consumption was 16.4 units for men and 8.0 units for women.
- 26% of men reported drinking more than 21 units in an average week. For women, 18% reported drinking more than 14 units in an average week.
- 18% of secondary school pupils aged 11 to 15 reported drinking alcohol in the week prior to interview compared with 26% in 2001.
- Around half of pupils had ever had an alcoholic drink (51%), compared with 61% in 2003.
- Pupils who drank in the last week consumed an average of 11.6 units
- The overall volume of alcoholic drinks purchased for consumption outside the home has decreased by 39% from 733 millilitres (ml) of alcohol per person per week in 2001/02 to 446 ml per person per week in 2009. This reduction is mainly due to a 45% decrease in the volume of beer purchases from 623 ml to 342 ml per person per week over the same period.

Knowledge and attitudes to alcohol

- In 2009 90% of Great Britain (GB) respondents reported that they had heard of measuring alcohol in units.
- There has been an increase from 54% in 1997 to 75% in 2009 in the percentage of people in GB who had heard of daily drinking limits. Throughout the period, differences between men and women have been slight.

Drinking related costs, ill health and mortality

In England:

- In 2007, 33% of men and 16% of women (24% of adults) were classified as hazardous drinkers. This includes 6% of men and 2% of women estimated to be harmful drinkers, the most serious form of hazardous drinking, which means that damage to health is likely. Among adults aged 16 to 74, 9% of men and 4% of women showed some signs of alcohol dependence. The prevalence of alcohol dependence was slightly lower for men than it was in 2000 when 11.5% of men showed some signs of dependence. There was no significant change for women between 2000 and 2007.
- In 2009/10, there were 1,057,000 alcohol related admissions to hospital. This is an increase of 12% on the 2008/09 figure (945,500) and more than twice as many as in 2002/03 (510,800).
- The age and sex standardised number of alcohol related admissions per 100,000 population varied among Strategic Health Authorities (SHAs). The rate varied from 2,406 and 2,295 admissions per 100,000 population in North East SHA and North West SHA respectively, to 1,223 admissions per 100,000 population in South Central SHA.
- In 2009/10, 63% of alcohol related admissions were for men. Among both men and women there were more admissions in the older age groups than in the younger age groups.
- In 2010, there were 160,181 prescription items for drugs for the treatment of alcohol dependency prescribed in primary care settings or NHS hospitals and dispensed in the community. This is an increase of 6% on the 2009 figure (150,445) and an increase of 56% on the 2003 figure (102,741).
- The Net Ingredient Cost (NIC) of these prescription items was £2.41 million in 2010. This is an increase of 1.4% on the 2009 figure (£2.38 million) and an increase of 40% on the 2003 figure (£1.72 million).
- In 2010, 290 prescription items per 100,000 population were dispensed for alcohol dependency. Among SHAs this varied from 515 and 410 items per 100,000 population in North West SHA and North East SHA respectively, to 130 items per 100,000 population in London SHA.
- In 2009, there were 6,584 deaths directly related to alcohol. This is a 3% decrease on the 2008 figure (6,769) but an increase of 20% on the 2001 figure (5,477). Of these alcohol related deaths, the majority (4,154) died from alcoholic liver disease.
- It is estimated that the cost of alcohol related harm to the NHS in England is £2.7 billion in 2006/07 prices.

1 Introduction

This statistical bulletin presents a range of information on the drinking habits of adults and children, their knowledge and attitudes to drinking and health related effects of alcohol misuse, drawn together from a variety of sources. Some of the information has previously been published whilst new analyses are also included.

Most of the sources referred to in this publication are National Statistics. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. It is a statutory requirement that National Statistics should observe the Code of Practice for Official Statistics. The UK Statistics Authority assesses all National Statistics for compliance with the Code of Practice.

Some of the statistics referred to in this publication are not National Statistics and are included here to provide a fuller picture; some of these are Official Statistics, whilst others are neither National Statistics nor Official Statistics. Those which are Official Statistics should still conform to the Code of Practice for Official Statistics, although this is not a statutory requirement. Those that are neither National Statistics nor Official Statistics may not conform to the Code of Practice for Official Statistics.

A brief explanation and a short review of the quality of each of the sets of statistics used in this publication have been included in Appendix A of this publication.

The data within this report relate to England where possible. Where figures for England are not available, figures for England and Wales, Great Britain or the United Kingdom are provided.

An important adjustment has been introduced to the alcohol affordability methodology so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income per capita. The adjusted RHDI index was then carried forward to produce an adjusted affordability of alcohol index. Both the unadjusted RHDI index and the unadjusted affordability of alcohol index (as used in 'Statistics on Alcohol: England 2010' and prior publications) are presented in this report, alongside the revised indices for comparability purposes.

Chapter 2 reports on alcohol consumption among adults and children, looking at how much and how often people drink, drinking patterns among different groups, the type of alcohol consumed and the affordability of alcohol.

Chapter 3 reports on adults' knowledge of alcohol and children's attitudes towards drinking, including their knowledge of measuring alcohol in units and awareness of the health risks of drinking.

Chapter 4 looks at the health risks associated with alcohol misuse including the number of deaths that are linked to alcohol. Information on prescription drugs used for the treatment of alcohol dependency is also included and the cost of alcohol misuse to the NHS is considered.

Throughout the bulletin, references are given to sources for further information. The bulletin also contains five appendices; Appendix A describes the key sources used. Appendix B describes Government and NHS plans and

guidelines on sensible drinking. Appendix C details the requirements and suggestions made by the United Kingdom Statistics Authority (UKSA) during their assessment of this publication. Appendix D provides the editorial notes regarding the conventions used in presenting information. Appendix E provides a list of sources of further information and useful contacts

United Kingdom Statistics Authority assessment of this publication

This statistical release is a National Statistics publication. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. It is a statutory requirement that National Statistics should observe the Code of Practice for Official Statistics. The UK Statistics Authority (UKSA) assesses all National Statistics for compliance with the Code of Practice.

During 2010 the *Statistics on Alcohol: England* publications underwent assessment by the United Kingdom Statistics Authority. In accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics these statistics were recommended continued designation as National Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

The designation of National Statistics status was subject to a number of requirements. The UKSA report also contained a number of suggestions for improvement. Further details on these requirements and suggestions, including detail on how these are being addressed are contained in Appendix C.

Public consultation on this publication

In order to improve the relevance and usefulness of this publication, the NHS Information is currently consulting on this publication, as part of a suite of Lifestyles Compendia publications (Alcohol, Drug Misuse, Smoking, and Obesity). This is a public consultation and comments are welcome from all users.

Further details on the consultation and how to respond are available on the link below:

http://www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

The closing date for comments is 24 June 2011.

Drinking recommendations and consumption indicators

Government recommendations, at the time of publication, are that adult men should not regularly drink more than 3-4 units of alcohol a day and adult women should not regularly drink more than 2-3 units a day.

A number of sources collect information on the number of units drunk in an average week and the amount drunk on the heaviest drinking day in the last week. Neither of these indicators precisely measure consumption against the recommendations, therefore in this compendium, we will refer to the information as it is collected, rather than compare the data with recommendations.

Below we clarify the terminology to be used.

Alcohol units: The definition of one unit of alcohol is 8mg (or 10ml) of pure alcohol. The number of units in an alcoholic drink depends on how strong it is and the size of the measure. For example, a half pint of normal strength beer, lager or cider is 1 unit of alcohol. In 2006, the unit of measurement methodology was updated to take into account increased strengths of alcoholic drinks and larger glass sizes over recent years. In 2008, the units of measurement of wine were updated to account for differences in wine glass size. Please see Appendix A for further details.

Amount consumed on the heaviest drinking day in the last week

Two of the indicators used in the report look at the amount of alcohol consumed on the heaviest drinking day in the last week.

Drinking more than 4/3 units on the heaviest drinking day: Although looking at how many men drank over 4 units on a day and how many women drank over 3 units on a day does not measure the government recommendations, it is useful to look at the proportion of men and women who drank over these amounts on their heaviest drinking day. In this report we refer to this as drinking over 4/3 units on the heaviest drinking day in the last week.

Drinking more than 8/6 units on the heaviest drinking day: It is useful to look at the proportion of men who drank more than 8 units and the proportion of women who drank more than 6 units on their heaviest drinking day in the last week. Drinking this amount in one day has sometimes been referred to as ‘heavy’ drinking or ‘binge’ drinking. In this report we will refer to this as drinking more than 8/6 units on the heaviest drinking day in the last week.

Amount of alcohol consumed in an average week

Two of the indicators in this report look at the amount of alcohol consumed in an average week.

Drinking an average of 21/14 units a week: This report considers the proportion of men who drink more than 21 units in an average week and the proportion of women who drink more than 14 units in an average week. Drinking this amount will be referred to as dinking more than 21/14 units in an average week.

Drinking an average of 50/35 units a week: This report considers the proportion of men who drink more than 50 units in an average week and the proportion of women who drink more than 35 units in an average week. Drinking this amount has been referred to as ‘chronic’ drinking. In this report it will be referred to as drinking more than 50/35 units in an average week.

Prevalence of drinking

The term prevalence is used throughout this report. The prevalence of a condition or behaviour is the proportion of people in a population who have the condition or exhibit the behaviour at a point in time. It is often presented as a percentage.

2 Drinking behaviour among adults and children

2.1 Introduction

The information presented in this chapter relates to the drinking patterns of adults (aged 16 and over) and the drinking habits of children (aged 11 to 15). A number of sources are used to describe drinking patterns, drinking among different groups in society, geographical patterns in the prevalence of drinking among adults and children, expenditure on and availability and affordability of alcohol.

The main source of data for drinking prevalence among adults is the General Lifestyle Survey (GLF), formerly known as the General Household Survey (GHS) and published by the Office for National Statistics (ONS). This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GLF report *Smoking and drinking among adults, 2009*[1] is based on the survey which ran from January to December 2009. A wide range of topics are covered in the GLF to provide a comprehensive picture of how we live and the social change we experience. Each year there are questions on alcohol consumption and drinking habits in the week prior to interview and in some years there are questions on average alcohol consumption in a typical week during the last 12 months.

In addition to the GLF, data on adults' drinking behaviour and knowledge is collected as part of the ONS Omnibus Survey. The Omnibus Survey provides information on the types of alcohol consumed and weekly consumption for adults. The Omnibus Survey is currently discontinued so information from the last publication, *Drinking: Adults' behaviour and knowledge in 2009*[2] is used in this chapter.

Data on purchased quantities of alcohol are taken from the Living Costs and Food Survey (LCFS) [3] (formally known as the Expenditure and Food Survey (EFS)). The LCFS is commissioned by ONS and the Department for Environment, Food and Rural Affairs (DEFRA), and is a continuous household survey that provides data on weekly expenditure on and purchase quantities of alcoholic drinks consumed both within and outside the home. In 2008, the LCFS became part of the Integrated Household Survey (IHS), with DEFRA having responsibility for the Family Food Module of the LCFS.

Data on alcohol price and retail price indices are taken from the ONS publication *Focus on Consumer Price Indices*[4], while households' disposable income data are taken from the ONS publication *Household sector: Secondary Distribution of Income Account*[5].

Information on children is mainly taken from the *Smoking drinking and drug use among young people in England* (SDD) published by the NHS Information Centre. *Smoking, drinking and drug use among young people in England in 2009*[6] (SDD09), is the main source of data for drinking prevalence among children in this report. This report contains results from an annual survey of secondary school pupils in years 7 to 11 (mostly aged 11 to 15). Overall, 7,674 pupils from 247 schools in England completed questionnaires in the autumn term of 2009.

From 2000 the questionnaire has focused on alternate years on either, smoking and drinking, or on drug use. The emphasis of the 2008 survey was on smoking and drinking so information from the *Smoking, drinking and drug use among young people in England in 2008*[7] report has also been included in this chapter as these questions were not included in 2009.

Information on drinking prevalence among young people, by Government Office Region (GOR) is taken from *Smoking, drinking and drug use among young people in England findings by region 2006-2008*[8] published by the NHS Information Centre. Data from the SDD surveys from 2006 to 2008 were combined to produce for the first time drinking prevalence estimates at GOR level.

2.1.1 Updated methodology for converting volumes drunk to units

Estimates of alcohol consumption in surveys are given in standard units derived from assumptions about the alcohol content of different types of drink, combined with information from the respondent about the volume drunk. From 2006 the GLF (then GHS), and from 2007 the Omnibus survey, introduced an improved method of converting volumes of alcohol drunk into alcohol units. This was due to new types of alcoholic drinks being introduced, the increase in the alcohol content of some drinks and the fact that alcoholic drinks are now sold in more variable quantities than before.

In the GLF 2008, a further revision in methodology was introduced for calculating the units of alcohol for wine. Respondents were asked whether they had consumed small (125ml), standard (175ml) or large (250ml) glasses of wine. It is assumed that a small glass contains 1.5 units of alcohol; a standard glass contains 2 units and a large glass 3 units. This is different from 2006 and 2007 when it was assumed that all respondents drank from an average size (170ml) glass containing 2 units. In the GLF, the updated method made little difference overall, but has slightly reduced the proportion of women exceeding 3 units on their heaviest drinking day in the week before interview. Further details of the updates in methodology are supplied in Appendix A.

2.1.2 Drinking guidelines

Drinking guidelines and indicators used to measure consumption are described in Appendix B and used throughout this chapter.

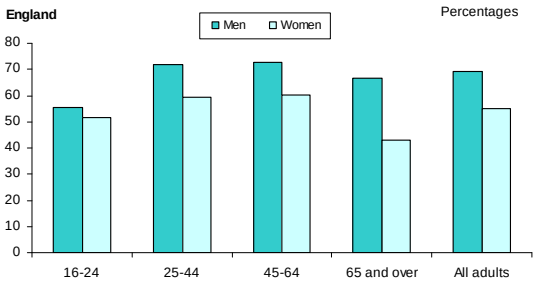
2.2 Alcohol consumption

2.2.1 Drinking in the last week

Respondents to the GLF were asked questions about their drinking in the week prior to interview. In England, in 2009, 69% of men and 55% of women (aged 16 and over) reported drinking an alcoholic drink on at least one day in the week prior to interview. Men were more likely to drink on more days of the week than women, with just under a fifth (19%) reporting drinking on five or more days compared with 11% of women. Similarly, men were more likely than women to have drunk alcohol every day during the previous week (10% compared with 6%).

Figure 2.1 shows how the proportion of adults who reported drinking in the last week varied by age. Those in the youngest and oldest age groups (16 to 24 and 65 and over) were less likely than those in the other age groups (25 to 44 and 45 to 64) to report drinking during the previous week. Less than half (43%) of women aged 65 and over reported drinking alcohol during the previous week, compared with 67% of men in this age group.

Figure 2.1 Proportion of adults who drank in the last week, by age and gender, 2009



Source: General Lifestyles Survey 2009, Office for National Statistics (ONS)

Those aged 65 and over were also more likely than any other age group to have drunk on every day of the previous week; for example, 19% of men and 10% of women aged 65 and over had drunk every day during the previous week, compared to 2% of men and 1% of women aged 16 to 24. (Table 2.1)

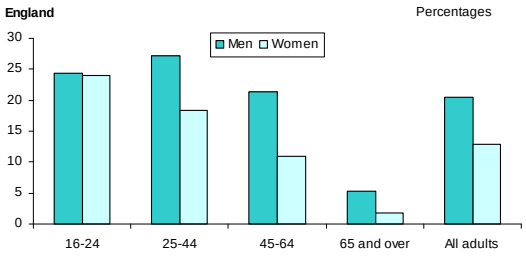
The proportion of adults who reported drinking in the week prior to interview has decreased since 1998 (for men the proportions were 75% in 1998 compared to 69% in 2009, for women these were 59% in 1998 and 55% in 2009). Similarly, the proportion of adults drinking on 5 or more days in the previous week has also decreased since 1998; in 1998 24% of men drank on 5 or more days in the previous weeks, compared to 19% in 2009, the equivalent figures for women were 13% and 11% respectively. (Table 2.2)

2.2.2 Heaviest drinking day in the last week

In 2009, the proportion of adults who reported drinking more than 4/3 units (men who drank more than 4 units and women who drank more than 3 units) on at least one day during the week prior to interview was higher for men (37%) than it was for women (29%). Those aged 65 and over were less likely than respondents in the other age groups to exceed 4/3 units on at least one day in the last week (20% of men and 12% of women).

Men were also more likely than women to report drinking more than 8/6 units a day (men who drank more than 8 units and women who drank more than 6 units) on at least one day in the week prior to interview (20% and 13% respectively). The proportion of adults reporting drinking over 8/6 units on at least one day in the previous week was greatest among the 25-44 age group among men (27%) and the 16-24 age group among women (24%). This is compared with 5% of men and 2% of women aged 65 and over. There has been a pronounced change in men aged 16 to 24 drinking over 8 units on at least one day in the previous week, decreasing from 32% in 2008 to 24% in 2009. This fall should be treated with caution due to the small sample size for this age group. (Table 2.2, Figure 2.2)

Figure 2.2 Adults whose maximum daily amount of alcohol in the last week was more than 8 units (men) or 6 units (women), by age and gender, 2009



Source: General Lifetyle Survey 2009, Office for National Statistics (ONS)

Respondents who said they drunk alcohol in the week prior to interview in the GLF 2009 were asked on what day of the week they had drunk the most. Saturday was reported to be the heaviest drinking day among adults (28%), followed by Sunday (25%) and then Friday (13%). (Table 2.3)

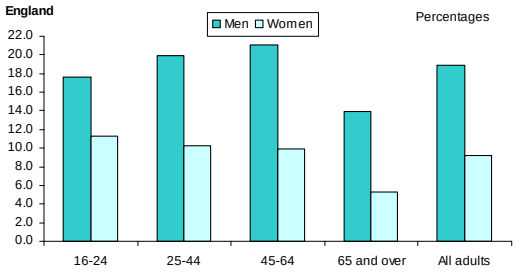
2.2.3 Average weekly consumption

In 2009, respondents to the GLF were asked questions about the different types of alcoholic drinks they had consumed and the usual amount and frequency of consumption for each type of drink over the last 12 months. From this information the respondents' average weekly alcohol consumption was derived.

Table 2.4 shows that the average weekly consumption of alcohol over the 12 months prior to interview was recorded at

16.4 units for men and 8.0 units for women. When looking at the variation between age groups, the average weekly consumption of alcohol over the 12 months prior to interview among men ranged from 12.8 units for those aged 65 and over to 18.6 units for those aged 45 to 64. For women, the number of units consumed in an average week decreased with age; from an average of 10.3 units for those aged 16 to 24 to an average of 4.7 units a week for those aged 65 and over. (Figure 2.3)

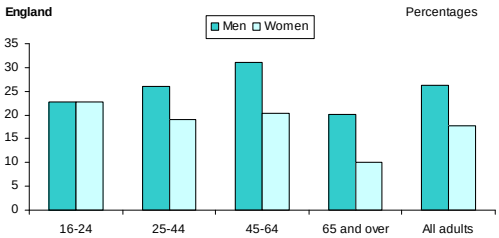
Figure 2.3 Average weekly units of alcohol consumed by adults, by age and gender, 2009



Source: General Lifestyle Survey 2009, Office for National Statistics (ONS)

In 2009, 26% of men reported drinking over 21 units in an average week and 18% of women reported that their average weekly consumption was over 14 units. The proportion of people reporting drinking more than 21/14 units (men who drank more than 21 units and women who drank more than 14 units) in a week was lower in the oldest age group for both men and women (20% of men and 10% of women aged 65 and over). (Table 2.4, Figure 2.4)

Figure 2.4 Adults whose average weekly alcohol consumption was more than 21 units (men) or more than 14 units (women), by age and gender, 2009



Source: General Lifestyle Survey 2009, Office for National Statistics (ONS)

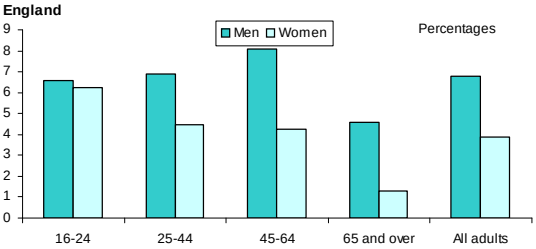
For men who usually drink in excess of over 21 units per week, around three quarters (77%) reported consuming more than 4 units on at least one day in the last week and half (49%) reported drinking more than 8 units on at least one in the week prior to interview, showing that men who drank more than 21 units a week tended to have higher daily consumption.

For women a similar pattern exists. Those whose average consumption exceeded 14 units a week were more likely to exceed 3 units on at least one day in the previous week with three quarters (77%) reporting drinking over 3 units and 43% drinking more than 6 units on at least one day in the previous week. (Table 2.6)

The 2009 GLF also reports on men who drank over 50 units in an average week and women who drank over 35 units in an average week. In England, in 2009, 7% of men reported drinking over 50 units a week on average and 4% of women reported drinking over 35 units in an average week.

Men aged 65 and over were less likely to drink over 50 units than any other age group. There was little variation between any other age groups. Women in the 65 and over age group were also the least likely to drink over 35 units in a week (1%) whereas women aged 16 to 24 were the most likely (6%). There was little variation between the other age groups. (Table 2.4, Figure 2.5)

Figure 2.5 Adults whose average weekly alcohol consumption was more than 50 units (men) or more than 35 units (women), by age and gender, 2009



Source: General Lifestyle Survey 2009, Office for National Statistics (ONS)

2.3 Purchases, availability and affordability of alcohol

Purchases of alcoholic drinks bought for consumption within the home in the UK, as reported by the LCFS (named EFS prior to 2008), have increased overall since 1992, peaking in 2003/04 with figures fluctuating since. Purchases of cider and perry showed the largest increase between 1992 and 2009 compared to other types of drink at 74%. It should be noted that alcopops didn't really exist pre 1997.

The overall volume of alcoholic drinks purchased for consumption outside the home has decreased by 39% from 733 millilitres (ml) per person per week in 2001/02 to 446 ml per person per week in 2009. This reduction is mainly due to a 45% decrease in the volume of beer purchases from 623 ml to 342 ml per person per week over the same period (Table 2.7)

Information on the volume of alcohol released for home consumption is collected by Her Majesty's Revenue and Customs and relates to the United Kingdom as a whole. The data on alcohol released for home consumption excludes personal imports (both legal and illegal). Although this data is not presented in this report it is available at; https://www.uktradeinfo.com/index.cfm?task=factalcohol

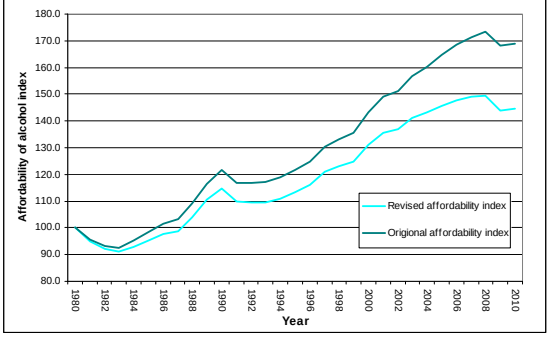
The NHS Information Centre has routinely published a series of indices derived from Office for National Statistics (ONS) data in its Statistics on Alcohol: England reports. They include the Alcohol Price Index (API), Retail Price Index (RPI), relative alcohol price index (defined as API / RPI), Real Households' disposal income (RHDI) and the affordability of alcohol index (defined as RHDI / relative price index). Since the publication of Statistics on Alcohol: England 2010, the NHS IC has worked with key customers to investigate the scope for making methodological improvements to the way the affordability of alcohol index is derived. The Institute of Alcohol studies produced a research paper[9] proposing a number of adjustments to the affordability index produced by the NHS IC.

As a result of this, the NHS IC has implemented one of the proposed adjustments for the first time in Statistics on Alcohol: England, 2011. As a result, the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income **per capita**.

Previously, the RHDI index tracked changes in the total disposable income of all households and was not a per capita basis. This had the implication that changes in the RHDI index over time were, in part, due to changes in the size of the population and not exclusively due to changes in real disposable income per capita. The RHDI index feeds into the affordability of alcohol index, and so this was also affected.

The adjustment was carried out using ONS mid-year population estimates of the adult population aged 18 and over, and was applied to all years in the index (1980 onwards). The adjusted RHDI index was then carried forward to produce an adjusted affordability of alcohol index. Both the unadjusted RHDI index and the unadjusted affordability of alcohol index (as used in Statistics on Alcohol: England 2010 and prior publications) are presented alongside the revised indices for comparability purposes (Table 2.8 and Figure 2.6). For further information on the methodology see Appendix A.

Figure 2.6 Alcohol affordability index: 1980 (=100%) to 2010.



In the UK, prices of alcoholic drinks, as measured by the alcohol price index, have increased more than the retail price index since 1980 (an arbitrarily chosen base year). Between 1980 and 2010 the price of alcohol increased by 23% more than the retail prices generally. However, real households' disposable income (adjusted) increased by 78% over the same period. Using the most recently available data, alcohol in 2010 was 44% more affordable than it was in 1980, highlighting the overall trend of increasing affordability over the period. (Table 2.8 and Figure 2.6)

Work in this area is ongoing and further revisions may be included in future publications. Wider views on the methodology are welcomed via the Lifestyles Statistics Compendia Publications Consultation; www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

The closing date for responses to this consultation is Friday 24 June 2011.

2.4 Types of alcohol consumed

The 2009 Omnibus Survey[2] reports on the average weekly alcohol consumption in Great Britain, by recording how many pints, glasses, measures or bottles/cans of different types of alcoholic drink the respondent would usually consume on any one day in the past 12 months and how often each type of drink is usually consumed. From this information average weekly alcohol consumption is broken down into the number of units consumed by alcohol type.

There were marked differences in the drink preferences of men and women. Compared with men, women were proportionately less likely to drink beers and more likely to drink wine, fortified wine, spirits and alcopops. In terms of amounts drunk, even though women drink much less than men overall, they drank more units of wine (5.4 units for women and 4.0 units for men). Women's beer consumption was much lower than men's (an average of 1.9 units compared with 9.3 units).

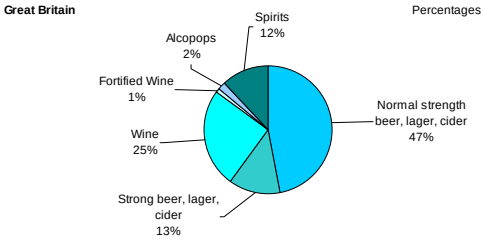
Beers were the most popular drink among men of all ages, but decline with increasing age as a proportion of total alcohol consumed, from 68% of the alcohol consumed by those aged under 25 to 43% of that consumed by those age 65 and over. Most of this variation is contributed by strong beer, larger and cider, which accounted for 23% of the units consumed by young men aged 16 to 24 but only 8% of alcohol drunk by men aged 65 and over.

The amount of spirits as a proportion of men's total consumption was highest among those aged 16 to 24 (19%) and 65 and over (18%). The amount of wine as a proportion of total consumption was highest among men aged 45 and over (32% of 45 to 64 year olds and 35% of those aged 65 and over).

The pattern of women's drinking in relation to age was slightly different to that of men. Among women aged 16 to 24, spirits were the most popular type of drink, followed by wine. Among older women, wine was by far the most popular drink in women aged 45 to 64; wine accounted for 70% of average weekly alcohol consumption. The amount of fortified wine as a proportion of women's total consumption was highest (9%) among those aged 65 and over.

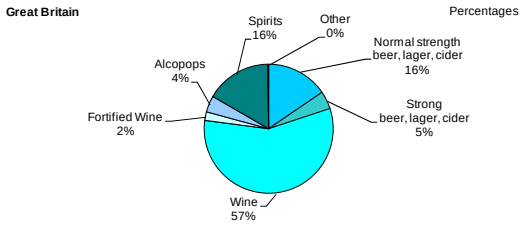
The consumption of alcopops showed the opposite association with age, accounting for a greater proportion of young people's alcohol consumption compared with that of older people: alcopops accounted for 16% of the alcohol consumption of women aged 16 to 24 compared with less than half a per cent for those aged 65 and over. (Table 2.9, Figures 2.7 and 2.8)

Figure 2.7 Proportion of average weekly units accounted for by each type of drink among men, 2009



Source: Drinking: Adults' behaviour and knowledge in 2009, Office for National Statistics (ONS)

Figure 2.8 Proportion of average weekly units accounted for by each type of drink among women, 2009



Source: Drinking: Adults' behaviour and knowledge in 2009, Office for National Statistics (ONS)

2.5 Alcohol consumption and socio-economic variables

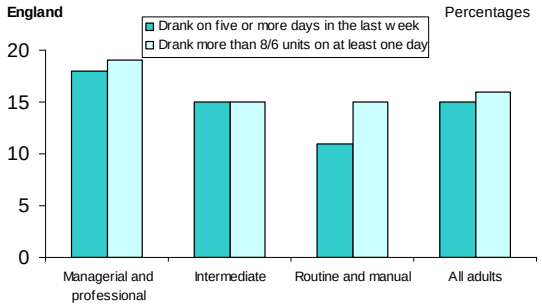
2.5.1 Socio-economic classification

The GLF collects and reports on a variety of socio-economic variables and drinking behaviours are reported against a number of these.

Households in England where the household reference person was classified as managerial or professional had the highest proportions for both men and women who had an alcoholic drink in the last seven days (78% and 66% respectively), while men and women in routine and manual households had the lowest (60% and 45% respectively). There was a similar pattern in the proportions drinking on five or more days in the previous week. For example, 18% of adults in managerial and professional households had an alcoholic drink on five or more days in the past week compared to 11% of adults in routine and manual households.

Overall the proportion of adults exceeding 4/3 units on at least one day in the last week was greater in managerial and professional households (38%) than in routine and manual households (28%) and the proportion exceeding 8/6 units was also greater in managerial and professional households (19%) than in routine and manual households (15%). (Table 2.10, Figure 2.9)

Figure 2.9 Adults drinking in the last week by socio-economic classification, 2009



Source: General Lifestyle Survey 2009, Office for National Statistics (ONS)

2.5.2 Economic activity status

Table 2.11 shows information on drinking among adults of working age (men aged 16 to 64 and women aged 16 to 59). Among men, those in employment were most likely to have drunk alcohol during the previous week – 75% had done so compared to 59% who were unemployed and 54% who were economically inactive. Working men were more likely than economically inactive men to have drunk more than 4 units on any one day in the last week - 44%, compared with 32% respectively. Working men were also more likely to have drunk more than 8 units on one day – 26% compared with 17% for economically inactive men. Lower levels of drinking among economically inactive men are probably due in part to the large proportion of men in this group who are aged 60 to 64.

Among women, 65% of those who were working, 41% of those who were unemployed, and 45% of those who were economically inactive had drunk alcohol in the previous week. Working women were more likely than the economically inactive

to have drunk more than 3 units on one day – 39% compared with 25%. Working women were also more likely than economically inactive women to have drunk more than 6 units on one day – 19% compared with 12%. (Table 2.11)

2.5.3 Household income

Table 2.12 presents information on drinking among adults by gross weekly household income. As the level of income increases the proportion of men and women who drank alcohol in the previous week and drank more than 4/3 units on any one day also increases.

In households with a gross weekly income over £1,000, 79% of men and 71% of women reported drinking in the previous week, and 46% of men and 44% of women reported drinking over 4/3 units on at least one day. In households with an income of £200 or less, only 56% of men 39% of women reported drinking in the previous week and only 30% of men and 17% of women reported drinking more than 4/3 units on their heaviest drinking day.

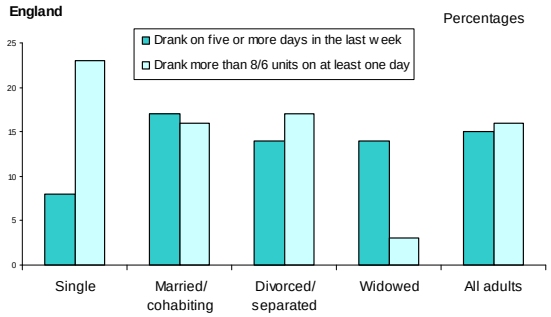
The proportion of adults who drank more than 8/6 units on at least one day in the previous week in households with a gross weekly income over £1,000 was over twice that in households with a gross weekly income of £200 or less (23% and 10% respectively).

2.6 Alcohol consumption and demographic characteristics

2.6.1 Drinking and marital status

Examining drinking by marital status shows that married people (including those cohabiting) were more likely to have drunk in the week prior to interview (66%) compared to those who are single, divorced/separated or widowed (56%, 60% and 45% respectively). Married/cohabiting men and women were also the most likely to report drinking on five or more days in the previous week (17%) whilst single adults were the least likely (8%). (Table 2.13, Figure 2.10)

Figure 2.10 Adults drinking alcohol in the last week by marital status, 2009



Source: General Lifestyle Survey 2009, Office for National Statistics (ONS)

In contrast, a greater proportion of single people than married people reported drinking more than 4/3 units; 36% of single adults compared with 34% of married adults; widowed adults were the least likely to report drinking more than 4/3 units on their heaviest drinking day (12%). (Table 2.13)

2.6.2 Drinking and ethnicity

Information on ethnicity is not included within the GLF 2009 report. However, the *Statistics on Alcohol: England 2007*[10] publication included some information which combined data from the GHS 2001 to 2005 for Great Britain in order to facilitate analysis by ethnic group. This analysis found that respondents from Pakistani or Bangladeshi origin in Britain were less likely to have drunk in the week prior to interview (5% and 4% respectively) compared to those recording their ethnicity as White British or White Other (68% and 67% respectively).

Model-based estimates produced by the NHS Information Centre showing prevalence of drinking among ethnic groups at a sub national level between 2003 and 2005 are available from the Neighbourhood Statistics website[11].

2.6.3 Drinking and pregnancy

Information on drinking during pregnancy is collected as part of the Infant Feeding Survey (IFS), the latest survey being *Infant Feeding Survey 2005*[12]. The main focus of the survey is the prevalence of breast feeding, however the new mothers interviewed are also asked about their drinking behaviours before, during and after pregnancy.

Key findings from the IFS show that in the United Kingdom (UK), of the women who drank before pregnancy, 34% gave up while they were pregnant and 61% said they drank less during their pregnancy while 4% reported no change to their drinking patterns.

The percentage of all mothers in the UK who drank during pregnancy, decreased from 61% in 2000 to 54% in 2005. Based on those mothers who drank before pregnancy, there has been an increase in the percentage of mothers who gave up drinking while they were pregnant, from 30% in 2000 to 34% in 2005.

Further details are provided within Chapter 10 of the IFS 2005 report. The *Infant Feeding Survey 2010: Early Results* is due to be published in June 2011 by the NHS Information Centre.

2.7 Geographic patterns of alcohol consumption

2.7.1 National comparisons of alcohol consumption

Findings from the GLF show that in 2009, men in England were more likely to have drunk alcohol on at least 5 days in the week prior to interview than men living in Scotland (19% compared with 12%).

A higher proportion of women living in England drank on 5 or more days in the week prior to interview (11%) than in either Scotland (8%) or Wales (7%).

Adults drinking more than 4/3 units on their heaviest day was higher in Wales (35%) than Scotland (30%). There was no significant differences between the countries in the proportions of men and women drinking more than 8/6 units on at least one day. (Tables 2.14 and 2.15)

2.7.2 Alcohol consumption by region

Looking at the English Government Office Regions (GORs), adults were most likely to exceed 4/3 units on their heaviest drinking day in Yorkshire and the Humber (45% of men and 37% of women) and in the North East (45% of men and 36% of women). The lowest proportions were in London, where 31% of men had drunk more than 4 units and 22% of women had drunk more than 3 units.

The same broad pattern of regional variation in daily drinking has been evident since these questions were first introduced in 1998. (Table 2.15)

2.7.3 Alcohol consumption and sub-regional comparisons

While survey estimates can provide information on regional variation, it is not possible to look at a smaller geographical level due to small sample sizes. To address this information gap, the National Centre for Social Research was commissioned by the NHS Information Centre, to test and produce model-based estimates for a range of healthy lifestyle behaviours. Estimates based on 2003-05 data at Local Authority (LA), Medium Super Output Area and at a Primary Care Organisational level are available on the NHS Information Centre website[11], and includes estimates of drinking more than 8/6 units. Results for the whole range of healthy lifestyle behaviours considered are published on the ONS Neighbourhood Statistics website[13]. Other models are available that predict the prevalence of

drinking more than 8/6 units at a smaller geographical level.

Almost one in four LAs were estimated to have significantly higher proportions of adults drinking more than 8/6 units on at least one day in the previous week than England as a whole. These were highly concentrated in the North with 98% of these LAs located in three GORs; North East, North West and Yorkshire and the Humber. LAs who were estimated to have a significantly lower rate than the national estimate, (approximately 3 in 10 in England) were only found within four GORs; East of England, London, South East and South West.

2.8 Drinking among children

The *Smoking, drinking and drug use among young people in England in 2009*[6] (SDD09) report contains information on smoking in children aged 11 to 15 in secondary schools in England. The key findings are:

- In 2009, just over half of 11 to 15 year olds had ever had an alcoholic drink (51%). This continues the downward trend in recent years, from 61% in 2003.
- Eighteen per cent of pupils reported drinking alcohol in the last week compared with 26% in 2001. Drinking alcohol in the last week was more common among older pupils (38% of 15 year olds compared to 3% of 11 year olds), and was at similar levels for boys and girls.
- The proportion of pupils who reported that they drank alcohol at least once a week has decreased since 2001 (12% in 2009 compared with 20% in 2001).
- Pupils who drank in the last week had a mean intake of 11.6 units, and a median intake of 7.0 units.
- The most popular type of drink was beer, larger or cider, which accounted for over half of pupils' mean weekly intake (6.2 units). This was the case for both boys and girls, but girls drank more wine, spirits and alcopops than boys.
- White pupils were more likely to have drunk alcohol in the last week than pupils from Mixed or Asian ethnic backgrounds. Independent of pupils' own ethnicity those who attended a school where a high proportion of pupils had English as an additional language were also less likely to have drunk alcohol in the last week.
- Drinking alcohol in the last week was found to be associated with other risk-taking behaviours: smoking, drug use and truancy.

The SDD survey began in 1982 and since 1998 each survey has included a core section of questions on smoking drinking and drug use. From 2000 the questionnaire has focused on either, smoking and drinking, or on drug use in alternate years. The emphasis of the 2008 survey was on smoking and drinking so has further details on alcohol consumption in young people. The key facts from 2008 which have not been updated in 2009 are as follows:

- Forty-two per cent of pupils had obtained alcohol in the last four weeks, most commonly by being given it by friends (24%) or parents (22%), or asking someone else to buy it (18%).
- Around half of current drinkers – pupils who said they drank at all – didn't usually buy alcohol (48%). Those who did were most likely to buy it from friends or relatives (24% of current drinkers, a substantial increase from 9% in 1998). Buying from some retail outlets has become less common in recent years. In 1996, 27% of current drinkers said they usually bought alcohol from an off-licence and 10% from a pub, compared with 15% and 6% respectively in 2008.
- Among pupils who drink alcohol, the proportion that drink in pubs or bars has fallen from 13% in 1996 to 7% in

2008. There has been an increase over the same period in the proportion who usually drink at home or someone else's home (from 52% to 64%), at parties with friends (from 23% to 33%) or out of doors (from 21% in 1999 to 27% in 2008).

- Pupils were most likely to drink with groups of friends of both sexes (52% of current drinkers) or with their parents (41%). The proportion of pupils who usually drank with their parents decreased with age, and the proportion who drank with friends increased with age.
- About half of pupils (53%) who had drunk alcohol in the past four weeks reported feeling drunk. Girls who drank alcohol were more likely to become drunk than boys (58% of girls, 49% of boys who had drunk alcohol in the past four weeks). The likelihood of becoming drunk increased with age.

2.8.1 Regional comparisons of drinking among children

The SDD survey is not designed to be representative of schools within all regions and so reliable estimates by region cannot currently be derived from on any one year's data.

The *Smoking, drinking and drug use among young people in England, Findings by region, 2006 to 2008*[8] report presents information on drinking among children aged 11 to 15 by Government Office Region (GOR).

The results are based on data from the 2006 to 2008 survey years, combined and weighted to be regionally representative. The key findings on drinking alcohol by GOR are:

- Young people in London are much less likely to have ever drunk alcohol than those living elsewhere. In London, 39% had ever drunk alcohol; otherwise this proportion varies between regions from 51% in the East Midlands to 63% in the North East.
- Young people in London are also much less likely to have drunk alcohol in the last week than those living in other regions. In London 12% of 11 to 15 year olds have drunk alcohol in the last week; elsewhere the proportion varies from 19% in the East Midlands and the South East to 26% in the North East.
- The mean consumption of alcohol (units of alcohol) of those who drank in the last week also varies by region. The amount consumed is lowest in London (11.3 units) and highest in the North East (17.7 units).

References

1. General Lifestyle Survey, Smoking and Drinking among adults, 2009. Office for National Statistics. Available at: www.statistics.gov.uk/ghs/

2. Drinking: Adults' behaviour and knowledge in 2009. Office for National Statistics. Available at: www.statistics.gov.uk/statbase/Product.asp?vlnk=6990

3. Expenditure and Family Food Datasets of the Living Costs and Food Survey (LCFS) 2009. DEFRA/ Office for National Statistics. Available at:

http://www.defra.gov.uk/statistics/foodfarm/food/familyfood/datasets/

4. Focus on Consumer Price Indices. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_economy/focus-on-cpi-feb-2011.pdf

5. Household sector: Secondary Distribution of Income Account. Office for National Statistics. Available at:

http://www.statistics.gov.uk/STATBASE/tsdataset.asp?vlnk=220&More=Y

6. Smoking, drinking and drug use among young people in England 2009. The NHS Information Centre. Available at: www.ic.nhs.uk/pubs/sdd09fullreport

7. Smoking, drinking and drug use among young people in England 2008. The NHS Information Centre. Available at: www.ic.nhs.uk/pubs/sdd08fullreport

8. Smoking, drinking and drug use among young people in England, findings by region 2006 to 2008. The NHS Information Centre. Available at: www.ic.nhs.uk/pubs/sdd0608region

9. A New Measure of Alcohol Affordability for the UK. R Seabrook, Institute of Alcohol Studies. Available at:

http://alcalc.oxfordjournals.org/content/45/6/581.full.pdf

10. Statistics on Alcohol: England 2007. The NHS Information Centre. Available at: http://www.ic.nhs.uk/pubs/alcohol07

11. Neighbourhood Statistics: Local Authority Model-Based Estimates of Healthy Lifestyles Behaviours, 2003-05. The NHS Information Centre. Available at:

http://www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/neighbourhood-statistics/neighbourhood-statistics:-model-based-estimates-of-healthy-lifestyles-behaviours-at-la-level-2003-05

12. The Infant Feeding Survey 2005. The NHS Information Centre. Available at: www.ic.nhs.uk/pubs/ifs2005

13. Healthy Lifestyle Behaviours: Model Based Estimates, 2003-2005. Neighbourhood Statistics. Office for National Statistics. Available at:

http://www.neighbourhood.statistics.gov.uk/dissemination/datasetList.do?JSAllowed=true&Function=&%24ph=60&CurrentPageId=60&step=1&CurrentTreeIndex=-1&searchString=&datasetFamilyId=969&Next.x=18&Next.y=13

List of Tables

Table 2.1 Number of drinking days in the week prior to interview, by gender and age[1] 2009[2,3]

England Percentages

	All ages	16-24	25-44	45-64	65 or over
Drinking days last week: All persons					
0	38	47	35	34	46
1	19	24	22	16	16
2	13	15	16	14	8
3	9	7	10	10	6
4	6	3	6	7	4
5	4	2	4	4	4
6	3	2	2	4	2
7	8	1	4	10	14
Drank on 5 or more days	**15**	**5**	**11**	**19**	**20**
Drank in the week prior to interview	**62**	**53**	**65**	**66**	**54**
Drinking days last week: Men					
0	31	44	28	27	33
1	18	23	21	15	16
2	15	14	18	15	10
3	10	8	12	12	8
4	7	3	7	8	5
5	5	4	5	5	5
6	4	2	3	5	4
7	10	2	6	13	19
Drank on 5 or more days	**19**	**8**	**14**	**23**	**28**
Drank in the week prior to interview	**69**	**56**	**72**	**73**	**67**
Drinking days last week: Women					
0	45	49	41	40	57
1	19	24	23	17	16
2	12	16	14	14	5
3	8	7	9	9	4
4	5	2	6	7	3
5	3	0	3	4	2
6	2	1	2	3	2
7	6	1	3	7	10
Drank on 5 or more days	**11**	**2**	**8**	**14**	**14**
Drank in the week prior to interview	**55**	**51**	**59**	**60**	**43**
Weighted bases (000s)					
All persons	*35,935*	*4,035*	*12,289*	*11,877*	*7,735*
Men	*16,808*	*1,951*	*5,769*	*5,655*	*3,433*
Women	*19,127*	*2,083*	*6,520*	*6,222*	*4,302*
Unweighted bases[4]					
All persons	*11,420*	*990*	*3,310*	*4,020*	*3,100*
Men	*5,230*	*480*	*1,440*	*1,870*	*1,450*
Women	*6,190*	*510*	*1,870*	*2,160*	*1,650*

1. Aged 16 and over.

2. Results for 2009 include longitudinal data (see Appendix A).

3. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

4. In last year's publication there was an error affecting a number of cells in the 'Drinking days last week: All persons' section of Table 2.1. Revised figures are shown in Table 2.16.

Source:

General Lifestyle Survey 2009. The Office For National Statistics (ONS).

Table 2.2 Drinking in the week prior to interview among adults[1], by age and gender, 1998 to 2009

England					Percentages
	All ages[1]	16-24	25-44	45-64	65 and over
Men					
Drank last week					
1998	75	71	79	78	65
2000	75	70	78	77	68
2001	74	71	78	76	68
2002	73	68	76	76	66
2003	75	70	77	77	69
2004	74	67	76	78	70
2005[2]	73	64	75	77	67
2006[3]	72	60	74	77	68
2007[3]	73	65	75	77	68
2008[3]	71	63	72	75	67
2009[3]	69	56	72	73	67
Drank on 5 or more days					
1998	24	14	22	30	26
2000	22	12	20	26	29
2001	22	14	20	26	27
2002	23	12	19	27	29
2003	23	15	20	27	29
2004	24	8	21	30	30
2005[2]	22	10	19	28	27
2006[3]	21	9	18	26	28
2007[3]	23	10	19	27	30
2008[3]	20	7	14	25	28
2009[3]	19	8	14	23	28
Drank more than 4 units on at least one day					
1998	39	52	47	37	16
2000	38	49	44	37	16
2001	38	49	46	35	18
2002	37	48	45	37	15
2003	40	49	47	40	19
2004	39	48	48	37	19
2005[2]	34	42	42	34	16
2006 (original method)[3,4]	33	38	42	33	14
2006 (improved method)[3,4]	40	41	48	42	21
2007[3,4]	41	44	48	45	22
2008[3,4]	37	43	42	41	21
2008 (updated method)[3,5]	38	43	42	41	21
2009[3,5]	37	35	44	42	20
Drank more than 8 units on at least one day					
1998	22	39	29	17	4
2000	21	36	26	16	5
2001	21	35	28	15	5
2002	21	35	27	17	4
2003	23	35	30	19	5
2004	23	33	31	18	6
2005[2]	18	30	25	15	4
2006 (original method)[3,4]	18	27	25	15	4
2006 (improved method)[3,4]	23	29	31	21	6
2007[3,4]	25	32	31	25	8
2008[3,4]	21	32	27	20	7
2008 (updated method)[3,5]	22	32	28	21	7
2009[3,5]	20	24	27	21	5
Weighted bases (000s)					
1998	*16,527*	*2,047*	*6,529*	*5,017*	*2,934*
2000	*17,604*	*2,263*	*6,955*	*5,378*	*3,007*
2001	*17,205*	*2,139*	*6,773*	*5,261*	*3,031*
2002	*16,783*	*2,103*	*6,185*	*5,346*	*3,149*
2003	*16,680*	*2,120*	*6,059*	*5,336*	*3,166*
2004	*16,818*	*2,210*	*6,090*	*5,385*	*3,133*
2005	*16,798*	*2,181*	*5,998*	*5,433*	*3,185*
2006	*17,182*	*2,242*	*6,191*	*5,503*	*3,246*
2007	*17,077*	*2,190*	*6,087*	*5,532*	*3,269*
2008	*16,828*	*2,091*	*5,815*	*5,572*	*3,351*
2009	*16,818*	*1,952*	*5,777*	*5,657*	*3,433*
Unweighted bases[6]					
1998	*5,620*	*600*	*2,070*	*1,810*	*1,140*
2000	*5,710*	*670*	*2,020*	*1,900*	*1,120*
2001	*6,130*	*670*	*2,260*	*1,970*	*1,230*
2002	*5,910*	*660*	*2,060*	*1,980*	*1,210*
2003	*7,040*	*810*	*2,490*	*2,240*	*1,490*
2004	*5,870*	*680*	*2,060*	*1,940*	*1,200*
2005	*8,650*	*950*	*2,970*	*2,890*	*1,830*
2006	*6,600*	*670*	*2,160*	*2,270*	*1,500*
2007	*6,170*	*640*	*1,890*	*2,150*	*1,480*
2008	*5,740*	*550*	*1,680*	*2,070*	*1,440*
2009	*5,240*	*480*	*1,440*	*1,870*	*1,450*

1. Aged 16 or over.

2. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year .

3. Results for 2006 onwards include longitudinal data (see Appendix A).

4. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. Two sets of data are included in the table for 2006; one is calculated using the original method and one with the improved method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the improved method is our best estimate of current alcohol consumption.

5. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed as an update to the improvements to unit estimatation made in 2006.

6.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:

General Lifestyle Survey 2009. The Office For National Statistics (ONS).

Table 2.2 continued…

England	All ages[1]	16-24	25-44	45-64	Percentages 65 and over
Women					
Drank last week					
1998	59	62	65	62	46
2000	60	62	67	62	44
2001	60	59	67	61	46
2002	60	59	65	63	47
2003	60	61	65	64	46
2004	59	60	62	63	46
2005[2]	58	56	63	62	45
2006[3]	57	55	61	61	45
2007[3]	57	54	62	61	46
2008[3]	56	55	59	61	44
2009[3]	55	51	59	60	43
Drank on 5 or more days					
1998	13	9	12	15	14
2000	13	7	12	16	15
2001	14	8	12	18	16
2002	14	7	12	18	16
2003	14	4	11	18	18
2004	13	5	10	19	17
2005[2]	13	5	11	18	15
2006[3]	12	3	10	15	16
2007[3]	13	4	12	16	16
2008[3]	12	3	9	16	15
2009[3]	11	2	8	14	14
Drank more than 3 units on at least one day					
1998	21	42	27	16	4
2000	22	39	30	18	4
2001	22	39	30	18	5
2002	22	40	30	19	5
2003	22	38	30	19	4
2004	22	39	29	20	5
2005[2]	20	36	26	18	4
2006 (original method)[3,4]	20	35	26	17	4
2006 (improved method)[3,4]	33	39	39	35	15
2007[3,4]	34	40	43	35	15
2008[3,4]	32	38	38	35	13
2009[3,4]					
2008 (updated method)[3,5]	29	37	37	32	10
2009[3,5]	29	37	36	32	12
Drank more than 6 units on at least one day					
1998	8	23	11	4	1
2000	9	26	12	5	1
2001	9	26	13	5	1
2002	9	26	13	5	1
2003	9	25	13	5	1
2004	9	24	12	6	1
2005[2]	8	21	11	4	1
2006 (original method)[3,4]	8	21	12	4	1
2006 (improved method)[3,4]	15	26	21	12	2
2007[3,4]	16	25	22	13	3
2008[3,4]	14	25	20	13	2
2008 (updated method)[3,5]	15	25	20	13	2
2009[3,5]	13	24	18	11	2
Weighted bases (000s)					
1998	*18,512*	*2,182*	*6,855*	*5,376*	*4,099*
2000	*18,955*	*2,248*	*7,020*	*5,655*	*4,032*
2001	*18,845*	*2,181*	*7,070*	*5,577*	*4,018*
2002	*19,154*	*2,323*	*6,955*	*5,732*	*4,144*
2003	*18,627*	*2,174*	*6,688*	*5,697*	*4,068*
2004	*19,097*	*2,432*	*6,815*	*5,897*	*3,952*
2005	*19,070*	*2,364*	*6,788*	*5,884*	*4,035*
2006	*19,468*	*2,454*	*6,901*	*5,957*	*4,157*
2007	*19,401*	*2,247*	*6,863*	*6,097*	*4,193*
2008	*19,301*	*2,270*	*6,686*	*6,091*	*4,255*
2009	*19,119*	*2,079*	*6,517*	*6,219*	*4,304*
Unweighted bases[6]					
1998	*6,660*	*680*	*2,480*	*2,010*	*1,500*
2000	*6,460*	*700*	*2,370*	*2,030*	*1,360*
2001	*7,160*	*780*	*2,660*	*2,170*	*1,540*
2002	*6,890*	*780*	*2,430*	*2,220*	*1,460*
2003	*7,960*	*840*	*2,870*	*2,480*	*1,770*
2004	*6,820*	*800*	*2,450*	*2,210*	*1,360*
2005	*9,930*	*1,100*	*3,500*	*3,190*	*2,140*
2006	*7,700*	*810*	*2,620*	*2,530*	*1,740*
2007	*7,160*	*670*	*2,380*	*2,410*	*1,690*
2008	*6,780*	*590*	*2,170*	*2,360*	*1,660*
2009	*6,190*	*510*	*1,870*	*2,150*	*1,650*

1. Aged 16 or over.

2. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year .

3. Results for 2006 onwards include longitudinal data (see Appendix A).

4. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. Two sets of data are included in the table for 2006; one is calculated using the original method and one with the improved method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the improved method is our best estimate of current alcohol consumption.

5. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed as an update to the improvements made in 2006.

6.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:

General Lifestyle Survey 2009. The Office For National Statistics (ONS).

Table 2.3 Adults'[1] heaviest drinking day in the week prior to interview, by age [2], 2009[3]

England Percentages

	All ages	16-24	25-44	45-64	65 or over
Sunday	25	12	23	27	32
Monday	10	9	8	11	15
Tuesday	9	4	8	9	12
Wednesday	8	7	7	8	10
Thursday	7	8	5	7	9
Friday	13	19	17	12	6
Saturday	28	41	33	26	15
Weighted bases (000s)	*22,169*	*2,158*	*8,007*	*7,864*	*4,140*
Unweighted bases [4]	*7,130*	*510*	*2,160*	*2,730*	*1,720*

1. Aged 16 and over.
2. Data relate only to those who had an alcoholic drink in the week prior to interview.
3. Results for 2009 include longitudinal data (see Appendix A).
4.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:
General Lifestyle Survey 2009. The Office For National Statistics (ONS).

Table 2.4 Alcohol consumption (units per week) among adults[1], by gender and age, 2009[2,3]

England — Percentages / mean weekly units

	All ages[1]	16-24	25-44	45-64	65 and over
Men					
Non-drinker	12	17	11	11	15
Under 1 unit	7	7	5	8	12
1 - 10 units	34	36	36	30	34
11 - 21 units	20	16	22	21	19
22 - 35 units	13	10	13	16	12
36 - 50 units	6	6	6	7	3
51 units and over	7	7	7	8	5
More than 21 units	**26**	**23**	**26**	**31**	**20**
Mean weekly units	16.4	15.0	16.7	18.6	12.8
Women					
Non-drinker	19	20	15	16	27
Under 1 unit	16	9	13	15	24
1 - 7 units	33	36	36	32	28
8 - 14 units	15	13	17	16	10
15 - 25 units	10	10	11	11	6
26 - 35 units	4	6	4	5	3
36 units and over	4	6	4	4	1
More than 14 units	**18**	**23**	**19**	**20**	**10**
Mean weekly units	8.0	10.3	8.8	8.8	4.7
Weighted bases (000s)[3]					
Men	*16,722*	*1,896*	*5,762*	*5,637*	*3,427*
Women	*19,098*	*2,071*	*6,515*	*6,208*	*4,304*
Unweighted bases					
Men	*5,210*	*460*	*1,440*	*1,860*	*1,450*
Women	*6,190*	*510*	*1,870*	*2,150*	*1,650*

1. Aged 16 and over.

2. Results for 2009 include longitudinal data (see Appendix A).

3. The method used for calculating the number of units drunk was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

Source:

General Lifestyle Survey 2009. The Office for National Statistics (ONS).

Table 2.5 Alcohol consumption (units per week) among adults[1], by gender, 1992 to 2009[2]

England Percentages / mean weekly units

	Unweighted				Weighted									
	1992	1994	1996	1998[3]	1998[3]	2000	2001	2002	2005	2006[4,5] original method	2006[4,5] improved method	2008[4,6] improved method	2008[4,6] updated method	2009[4,6] updated method
Men														
Non-drinker	7	7	7	7	7	9	9	9	11	11	11	11	11	12
Under 1 unit	10	9	8	8	7	8	11	8	8	8	7	7	8	7
1 - 10 units	36	35	35	37	36	34	31	33	36	36	30	33	33	34
11 - 21 units	21	22	23	22	22	22	22	22	21	22	21	21	20	20
22 - 35 units	13	14	15	14	14	14	14	14	12	12	15	13	13	13
36 - 50 units	7	6	7	6	7	7	6	6	6	6	7	7	7	6
51 units and over	6	6	6	6	7	7	7	7	6	5	9	7	7	7
More than 21 units	**26**	**27**	**27**	**27**	**28**	**28**	**27**	**27**	**24**	**23**	**31**	**28**	**28**	**26**
Mean weekly units	15.7	15.4	16.1	16.4	17.2	17.1	16.9	17.0	15.8	14.9	18.9	16.9	16.8	16.4
Women														
Non-drinker	12	14	13	14	14	14	15	15	18	17	17	19	19	19
Under 1 unit	22	21	20	19	19	17	22	16	17	18	15	14	14	16
1 - 7 units	39	37	37	37	37	36	32	37	37	39	33	33	33	33
8 - 14 units	15	15	16	16	16	16	15	15	14	14	15	15	14	15
15 - 25 units	8	9	9	10	10	11	9	10	8	8	10	10	10	10
26 - 35 units	2	2	3	3	3	3	3	3	3	2	5	5	5	4
36 units and over	2	2	2	2	2	3	3	3	2	2	6	4	5	4
More than 14 units	**12**	**13**	**14**	**15**	**15**	**17**	**15**	**17**	**13**	**13**	**20**	**19**	**19**	**18**
Mean weekly units	5.5	5.6	6.3	6.4	6.5	7.1	7.5	7.6	6.5	6.3	9.2	8.6	8.6	8.0
Weighted bases (000s)[4]														
Men	..	..	..	..	*16,541*	*17,594*	*17,192*	*16,781*	*16,704*	*17,189*	*17,189*	*16,751*	*16,751*	*16,722*
Women	..	..	..	..	*18,518*	*18,912*	*18,847*	*19,160*	*19,131*	*19,468*	*19,468*	*19,260*	*19,260*	*19,098*
Unweighted bases														
Men	*7,265*	*6,603*	*6,145*	*5,621*	*5,621*	*5,704*	*6,124*	*5,906*	*7,158*	*6,607*	*6,607*	*5,710*	*5,710*	*5,210*
Women	*8,364*	*7,832*	*7,227*	*6,661*	*6,661*	*6,442*	*7,157*	*6,889*	*8,261*	*7,699*	*7,699*	*6,770*	*6,770*	*6,190*

1. Aged 16 and over.

2. Data not available for 2003 and 2004.

3. In 2000 the decision was made to weight the data to compensate for under-representation of people in some groups. This table shows weighted and unweighted data for 1998 to give an indication of the effect of weighting. Caution should be exercised when comparing weighted data with unweighted data.

4. Results for 2006 onwards include longitudinal data (see Appendix A).

5. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. Two sets of data are included in the table for 2006; one is calculated using the original method and one with the improved method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the improved method is our best estimate of current alcohol consumption.

6. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed as an update to the improvements to unit estimation made in 2006.

Source:
General Lifestyle Survey 2009. The Office for National Statistics (ONS).

Table 2.6 Maximum daily amount drank last week among adults[1], by average weekly consumption, 2009[2,3]

England Percentages

		Average weekly consumption (Men)			
	Total[4]	Less than 1 unit	1-10 units	11-21 units	22 or more units
Men					
Drank nothing last week	31	83	30	8	3
Up to 4 units	32	16	50	42	20
More than 4, up to 8 units	17	0	13	26	28
More than 8, up to 12 units	11	0	4	17	22
More than 12 units	10	0	3	8	27
More than 4 units	**37**	**1**	**20**	**51**	**77**
More than 8 units	**20**	**0**	**7**	**25**	**49**

		Average weekly consumption (Women)			
	Total[4]	Less than 1 unit	1-7 units	8-14 units	15 or more units
Women					
Drank nothing last week	45	81	35	9	3
Up to 3 units	26	16	42	41	19
More than 3, up to 6 units	16	2	16	32	34
More than 6, up to 9 units	6	0	4	10	16
More than 9 units	7	1	3	9	27
More than 3 units	**29**	**3**	**23**	**51**	**77**
More than 6 units	**13**	**1**	**7**	**19**	**43**
Weighted bases (000s)[3]					
Men	*16,818*	*1,249*	*5,602*	*3,425*	*4,375*
Women	*19,119*	*2,985*	*6,334*	*2,795*	*3,383*
Unweighted bases					
Men	*5,240*	*400*	*1,750*	*1,080*	*1,370*
Women	*6,190*	*980*	*2,060*	*900*	*1,080*

1. Aged 16 and over.

2. Results for 2009 include longitudinal data (see Appendix A).

3. The method used for calculating the number of units drunk was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass question to more accurately estimate the number of units consumed by those drinking wine.

4. Total includes those who said they did not drink in the last 12 months and those who did not answer questions on their average weekly drinking.

Source:

General Lifestyle Survey 2009. The Office for National Statistics (ONS).

Table 2.7 Household consumption of alcoholic drinks, 1992 to 2009[1]

United Kingdom ml per person per week

	All alcoholic drinks	Beer[2]	Cider and perry	Wine[3]	Spirits[4]	Alcopops[5]	Other[5,6]
Consumption within the home							
1992	527	298	47	152	30	.	.
1993	536	297	44	164	32	.	.
1994	552	311	52	162	28	.	.
1995	627	338	77	180	32	.	.
1996	656	351	82	188	34	.	.
1997	653	365	58	196	32	2	.
1998	645	340	61	212	30	1	.
1999	640	329	60	213	35	4	.
2000	725	388	58	232	37	10	.
2001/02	735	386	55	236	39	18	.
2002/03	726	380	50	239	39	18	.
2003/04	792	416	64	251	41	19	.
2004/05	763	395	55	261	38	14	.
2005/06	779	403	49	274	39	13	.
2006[7]	760	393	59	255	41	12	.
2007	772	384	75	263	42	8	.
2008	706	349	69	242	38	8	.
2009	744	371	82	245	40	7	.
Consumption outside the home[8]							
2001/02	733	623	21	20	21	34	15
2002/03	704	592	20	20	21	36	15
2003/04	664	557	20	21	22	25	21
2004/05	616	515	18	22	20	20	22
2005/06	597	499	16	22	20	15	25
2006[7]	561	459	24	23	18	11	25
2007	503	400	28	19	17	8	31
2008	443	358	21	18	14	6	25
2009	446	342	28	26	16	6	27

1. Data from 1992 to 2000 was collected from the National Food Survey and has been adjusted to allow comparisons to data collected from 2001/02 to 2007 from the Expenditure and Food Survey (EFS). In 2008 the EFS was renamed the Living Costs and Food Survey (LCFS) when it became part of the Integrated Household Survey. The data presented here comes from the Family Food Module of LCFS.

2. 'Beer' includes beers, lagers and continental beers.

3. 'Wine' includes table wine, champagne and fortified wines.

4. 'Spirits' includes spirits and mixer, liqueurs and cocktails.

5. A '.' indicates data are unavailable. Alcopops did not really exists pre 1997.

6. 'Other' includes rounds of alcohol drinks bought and alcohol not otherwise specified.

7. From 2006 the survey moved onto a calendar year basis (from the previous financial year basis). As a consequence, the January 2006 to March 2006 data are common between the 2005/06 financial year results and the 2006 calendar year results.

8. Data on volumes consumed outside of the home from 1992 to 2000 are not available.

Source:
Family Food Module of Living Costs and Food Survey (LCFS) 2009 (Defra/ONS).

Table 2.8 Indices of alcohol price, retail prices, alcohol price index relative to retail prices index (all items), real households' disposable income, and affordability[1] of alcohol, 1980 to 2010

United Kingdom Indices (1980 = 100)

Year	Alcohol price index	Retail prices index (all items)	Alcohol price index relative to Retail price index (all items)	Real households' disposable income (original)[2]	Real households' disposable income (revised)[2]	Affordability of alcohol index (original)[2]	Affordability of alcohol index (revised)[2]
1980	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1981	116.9	111.9	104.5	99.8	99.2	95.5	94.9
1982	130.2	121.5	107.2	99.9	98.8	93.2	92.2
1983	140.0	127.1	110.1	102.0	100.2	92.6	91.0
1984	148.1	133.4	111.0	105.9	103.2	95.4	93.0
1985	157.4	141.5	111.2	109.6	106.0	98.5	95.4
1986	164.5	146.3	112.4	114.3	109.9	101.7	97.8
1987	171.2	152.4	112.3	116.1	111.1	103.4	98.9
1988	179.9	159.9	112.5	122.7	116.8	109.1	103.8
1989	190.1	172.3	110.3	128.6	121.8	116.6	110.4
1990	208.4	188.6	110.5	134.4	126.8	121.7	114.7
1991	234.3	199.7	117.3	137.0	128.7	116.8	109.7
1992	249.4	207.2	120.3	140.7	131.9	117.0	109.6
1993	260.4	210.5	123.7	145.0	135.7	117.2	109.7
1994	266.7	215.6	123.7	147.0	137.4	118.8	111.0
1995	276.8	223.1	124.1	150.8	140.7	121.6	113.4
1996	284.8	228.4	124.7	155.5	144.8	124.7	116.2
1997	292.7	235.6	124.2	162.0	150.5	130.4	121.1
1998	302.7	243.7	124.2	165.4	153.0	133.1	123.2
1999	310.6	247.4	125.5	170.1	156.6	135.5	124.8
2000	315.4	254.8	123.8	177.3	162.3	143.2	131.1
2001	322.0	259.3	124.2	185.1	168.5	149.1	135.6
2002	329.3	263.6	124.9	188.9	171.0	151.2	136.8
2003	336.3	271.2	124.0	194.6	175.0	156.9	141.1
2004	342.8	279.3	122.7	196.6	175.6	160.2	143.0
2005	349.6	287.2	121.7	200.6	177.4	164.8	145.8
2006	358.0	296.4	120.8	203.6	178.6	168.6	147.8
2007	368.6	309.1	119.2	204.5	177.8	171.5	149.1
2008	383.3	321.3	119.3	206.8	178.4	173.4	149.5
2009	397.3	319.7	124.3	209.2	178.9	168.3	144.0
2010 [3]	411.2	334.5	122.9	207.6	177.5	168.8	144.4

1. See Appendix A for affordability calculations.

2. An important adjustment has been introduced for the first time in 'Statistics on Alcohol: England, 2011' so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income per capita. The adjusted RHDI index was then carried forward to produce an adjusted affordability of alcohol index. Both the unadjusted RHDI index and the unadjusted affordability of alcohol index (as used in 'Statistics on Alcohol: England 2010' and prior publications) are presented alongside the revised indices for comparability purposes.

3. The RHDI index was adjusted using mid-year ONS population estimates of the adult population aged 18 and over for each year. The adjustment to the 2010 RHDI index was carried out using mid 2009 estimates which are the most up to date currently available. A slightly revised 2010 RHDI and affordability of alcohol index based on mid-2010 estimates will be available in next year's report, although the difference is expected to be negligible.

Sources:

Alcohol Price and Retail Prices (all items) Indices: derived from Focus on Consumer Price Indices: (Codes CBAA, CBAB, CHBD, CHAW). The Office for National Statistics.

Real Households Disposable Income: Economic Trends: (Code NRJR). The Office for National Statistics.

Final Mid-Year Population Estimates (2001 census based). The Office for National Statistics.

Table 2.9 Average weekly consumption of different types of drink, by gender and age[1], 2009

Great Britain Numbers / Percentages

	Men					Women				
	All ages	16-24	25-44	45-64	65 and over	All ages	16-24	25-44	45-64	65 and over
Total units[2]	**15.6**	**17.5**	**15.0**	**16.8**	**12.5**	**9.5**	**11.0**	**10.2**	**10.5**	**5.8**
Strong beer, lager, cider	2.0	4.1	1.6	2.0	1.0	0.4	1.2	0.4	0.3	0.2
Normal strength beer, lager, cider	7.3	7.9	8.2	7.7	4.4	1.5	1.3	1.9	1.7	0.5
Spirits	1.8	3.3	1.3	1.4	2.3	1.6	4.0	1.6	0.8	0.9
Fortified Wine	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.1	0.1	0.5
Wine	4.0	0.7	3.8	5.5	4.0	5.4	2.5	5.9	7.4	3.7
Alcopops	0.3	1.4	0.1	0.2	0.2	0.4	1.7	0.3	0.1	0.0
Percentages										
Strong beer, lager, cider	13	23	10	12	8	4	11	4	3	3
Normal strength beer, lager, cider	47	45	54	46	35	15	12	18	17	9
Spirits	12	19	9	8	18	16	37	16	8	15
Fortified Wine	1	0	0	1	1	2	2	1	1	9
Wine	25	4	25	32	35	57	22	58	70	63
Alcopops	2	8	1	2	2	4	16	3	1	0
Weighted Bases (000s)[3]	*23,414*	*3,633*	*8,182*	*7,419*	*4,181*	*24,641*	*3,484*	*8,290*	*7,681*	*5,186*
Unweighted Bases[4]	*960*	*80*	*300*	*340*	*240*	*1,150*	*80*	*380*	*390*	*300*

1. Aged 16 and over.

2. Includes 'other' drinks such as cocktails.

3. Weighted to population totals.

4. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of shaded figures must be accompanied by this disclaimer.

Source:

Drinking: Adults' behaviour and knowledge in 2009. The Office for National Statistics (ONS).

Table 2.10 Adults'[1] drinking in the last week, by socio-economic classification[2] and gender, 2009[3,4]

England Percentages

	All adults	Men	Women	All adults	Men	Women
			Drank last week			**Drank more than 4/3 units on at least one day**
All adults[5]	**62**	**69**	**55**	**33**	**37**	**29**
Managerial and professional	**72**	**78**	**66**	**38**	**41**	**36**
Large employers and higher managerial	81	87	75	47	49	46
Higher professional	74	79	70	39	40	38
Lower managerial and professional	69	76	63	36	40	32
Intermediate	**61**	**68**	**56**	**31**	**36**	**27**
Intermediate	60	71	54	28	35	24
Small employers/own account	62	66	58	35	38	32
Routine and manual	**52**	**60**	**45**	**28**	**34**	**24**
Lower supervisory and technical	55	62	49	31	34	28
Semi-routine	51	58	46	27	34	23
Routine	49	61	39	28	35	21
			Drank on five or more days in the last week			**Drank more than 8/6 units on at least one day**
All adults[5]	**15**	**19**	**11**	**16**	**20**	**13**
Managerial and professional	**18**	**23**	**14**	**19**	**23**	**15**
Large employers and higher managerial	22	30	15	22	24	20
Higher professional	21	25	16	20	23	17
Lower managerial and professional	16	21	13	18	23	14
Intermediate	**15**	**20**	**11**	**15**	**20**	**11**
Intermediate	13	19	10	14	21	10
Small employers/own account	17	21	13	15	19	11
Routine and manual	**11**	**14**	**7**	**15**	**19**	**11**
Lower supervisory and technical	13	17	8	15	17	13
Semi-routine	9	12	6	15	21	11
Routine	10	13	8	14	19	9
Weighted bases (000's)						
Managerial and professional	*14,999*	*7,296*	*7,703*	*14,999*	*7,299*	*7,699*
Intermediate	*6,213*	*2,758*	*3,456*	*6,217*	*2,763*	*3,455*
Routine and manual	*12,418*	*5,716*	*6,702*	*12,419*	*5,718*	*6,700*
All adults[5]	*35,935*	*16,808*	*19,127*	*35,937*	*16,818*	*19,119*
Unweighted bases[6]						
Managerial and professional	*4,770*	*2,270*	*2,500*	*4,770*	*2,270*	*2,500*
Intermediate	*1,980*	*860*	*1,120*	*1,980*	*860*	*1,120*
Routine and manual	*3,970*	*1,800*	*2,170*	*3,970*	*1,800*	*2,170*
All adults[5]	*11,420*	*5,230*	*6,190*	*11,430*	*5,240*	*6,190*

1. Aged 16 and over.

2. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG). Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'. Based on the current or last job of the household reference person.

3. Results for 2009 include longitudinal data (see Appendix A).

strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

5. All adults includes those for whom socio-economic classification was not available.

6.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:

General Household Survey, 2009. The Office for National Statistics (ONS).

Table 2.11 Adults'[1] drinking in the last week, by economic activity status and gender, 2009[2,3]

England Percentages

	All adults	Men	Women	All adults	Men	Women
		Drank last week		**Drank more than 4/3 Units on at least one day**		
All adults of working age[4]	**64**	**70**	**59**	**38**	**42**	**35**
Total working[5]	**70**	**75**	**65**	**42**	**44**	**39**
Full time	73	76	66	44	46	41
Part time	63	65	62	36	36	36
Unemployed	52	59	41	33	37	27
Economically inactive[6]	49	54	45	28	32	25
	Drank on five or more days in the last week			**Drank more than 8/6 Units on at least one day**		
All adults of working age[4]	**13**	**17**	**9**	**21**	**24**	**17**
Total working[5]	**14**	**18**	**10**	**22**	**26**	**19**
Full time	15	18	10	25	27	20
Part time	11	16	10	17	19	17
Unemployed	10	12	6	21	23	17
Economically inactive[6]	10	16	6	14	17	12
Weighted bases (000s)						
All adults of working age[4]	*26,672*	*13,375*	*13,297*	*26,635*	*13,358*	*13,278*
Total working[5]	*19,522*	*9,998*	*9,524*	*19,524*	*10,002*	*9,522*
Full time	*13,787*	*8,657*	*5,130*	*13,792*	*8,660*	*5,132*
Part time	*5,580*	*1,240*	*4,340*	*5,576*	*1,240*	*4,336*
Unemployed	*1,945*	*1,192*	*752*	*1,942*	*1,195*	*748*
Economically inactive[6]	*5,165*	*2,157*	*3,008*	*5,169*	*2,161*	*3,008*
Unweighted bases[7]						
All adults of working age[4]	*7,700*	*3,780*	*3,920*	*7,690*	*3,780*	*3,920*
Total working[5]	*5,640*	*2,830*	*2,810*	*5,640*	*2,830*	*2,810*
Full time	*3,930*	*2,440*	*1,490*	*3,930*	*2,440*	*1,490*
Part time	*1,660*	*360*	*1,310*	*1,660*	*360*	*1,310*
Unemployed	*520*	*310*	*200*	*520*	*310*	*200*
Economically inactive[6]	*1,540*	*630*	*900*	*1,540*	*630*	*900*

1. Adults of working age. See footnote 4.

2. Results for 2009 include longitudinal data (see Appendix A).

3. The method used for calculating the number of units drunk was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

4. Working age is defined as 16 to 64 for men and 16 to 59 for women.

5. People who do unpaid family work, have inadequately described working hours or are on a government scheme are not included as separate categories but are included in the figures for 'total working'.

6. Economically inactive people are people who are neither working nor unemployed by the International Labour Organisation (ILO) measure. For example, this would include those who were looking after a home or retired.

7.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:

General Household Survey, 2009. The Office for National Statistics (ONS).

Table 2.12 Adults[1] drinking in the last week, by usual gross weekly household income and gender, 2009[2,3]

England Percentages

	All adults	Men	Women	All adults	Men	Women
			Drank last week			**Drank more than 4/3 units on at least one day**
All adults[4]	**62**	**69**	**55**	**33**	**37**	**29**
Up to £200.00	46	56	39	22	30	17
£200.01 - £400.00	53	62	46	25	29	22
£400.01 - £600.00	60	69	53	31	36	26
£600.01 - £800.00	64	70	58	35	39	31
£800.01 - £1000.00	71	76	66	39	43	36
£1000.01 or more	75	79	71	45	46	44
	Drank on five or more days in the last week			**Drank more than 8/6 units on at least one day**		
All adults[4]	**15**	**19**	**11**	**16**	**20**	**13**
Up to £200.00	11	17	7	10	14	7
£200.01 - £400.00	13	19	9	11	13	9
£400.01 - £600.00	14	18	10	16	21	11
£600.01 - £800.00	15	19	12	19	21	16
£800.01 - £1000.00	13	18	9	21	26	16
£1000.01 or more	18	21	15	23	26	20
Weighted bases (000s)						
All adults[4]	*35,935*	*16,808*	*19,127*	*35,937*	*16,818*	*19,119*
Up to £200.00	*5,645*	*2,262*	*3,383*	*5,643*	*2,267*	*3,376*
£200.01 - £400.00	*6,300*	*2,764*	*3,536*	*6,296*	*2,764*	*3,533*
£400.01 - £600.00	*5,055*	*2,358*	*2,697*	*5,058*	*2,358*	*2,699*
£600.01 - £800.00	*4,746*	*2,406*	*2,339*	*4,750*	*2,411*	*2,339*
£800.01 - £1000.00	*3,710*	*1,850*	*1,859*	*3,710*	*1,850*	*1,859*
£1000.01 or more	*7,978*	*4,019*	*3,959*	*7,975*	*4,019*	*3,956*
Unweighted bases[5]						
All adults[4]	*11,420*	*5,230*	*6,190*	*11,430*	*5,240*	*6,190*
Up to £200.00	*1,830*	*700*	*1,140*	*1,830*	*700*	*1,130*
£200.01 - £400.00	*2,240*	*980*	*1,260*	*2,240*	*980*	*1,260*
£400.01 - £600.00	*1,710*	*790*	*920*	*1,710*	*790*	*920*
£600.01 - £800.00	*1,450*	*710*	*740*	*1,460*	*720*	*740*
£800.01 - £1000.00	*1,100*	*540*	*560*	*1,100*	*540*	*560*
£1000.01 or more	*2,300*	*1,150*	*1,150*	*2,290*	*1,150*	*1,140*

1. Aged 16 and over.

2. Results for 2009 include longitudinal data (see Appendix A).

3. The method used for calculating the number of units drunk was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

4. All adults includes those for whom household income was not available.

5.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:

General Household Survey, 2009. The Office for National Statistics (ONS).

Table 2.13 Drinking in the last week, by marital status[1] and gender, 2009[2,3]

England Percentages

	All adults	Men	Women	All adults	Men	Women
		Drank last week		**Drank more than 4/3 units on at least one day**		
All adults	**62**	**69**	**55**	**33**	**37**	**29**
Single	56	59	53	36	37	34
Married/cohabiting	66	73	60	34	38	31
Divorced/separated	60	77	50	35	47	28
Widowed	45	63	38	12	17	10
	Drank on five or more days last week			**Drank more than 8/6 units on at least one day**		
All adults	**15**	**19**	**11**	**16**	**20**	**13**
Single	8	11	5	23	24	21
Married/cohabiting	17	21	13	16	20	12
Divorced/separated	14	23	9	17	24	13
Widowed	14	28	9	3	6	1
Weighted bases (000s)						
All adults	*35,935*	*16,808*	*19,127*	*35,937*	*16,818*	*19,119*
Single	*7,610*	*4,070*	*3,540*	*7,614*	*4,078*	*3,537*
Married/cohabiting	*22,544*	*10,924*	*11,620*	*22,541*	*10,926*	*11,615*
Divorced/separated	*3,039*	*1,106*	*1,933*	*3,035*	*1,106*	*1,929*
Widowed	*2,742*	*709*	*2,034*	*2,747*	*709*	*2,038*
Unweighted bases[4]						
All adults	*11,420*	*5,230*	*6,190*	*11,430*	*5,240*	*6,190*
Single	*2,000*	*1,000*	*990*	*2,000*	*1,000*	*990*
Married/cohabiting	*7,540*	*3,660*	*3,880*	*7,540*	*3,660*	*3,880*
Divorced/separated	*970*	*320*	*640*	*960*	*320*	*640*
Widowed	*920*	*250*	*680*	*920*	*250*	*680*

1. Martial status categories are classed as 'Single', 'Married/Cohabiting' (which includes same sex couples and civil partners), 'Divorced/separated' (which includes former separated/ dissolved civil partners) and 'Widowed' (which includes surviving partners of a former civil partnership).

2. Results for 2009 include longitudinal data (see Appendix A).

3. The method used for calculating the number of units drunk was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

4.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:

General Household Survey, 2009. The Office for National Statistics (ONS).

Table 2.14 Drinking in the last week among adults[1] by gender, country and Government Office Region, 2009[2]

Great Britain Percentages

	Drank last week	Drank on 5 or more days last week	*Weighted bases (000s)*	*Unweighted bases[3]*
All adults				
England	62	15	*35,935*	*11,420*
North East	65	14	*1,627*	*580*
North West	63	12	*5,262*	*1,580*
Yorkshire and the Humber	65	14	*3,665*	*1,300*
East Midlands	63	15	*3,315*	*1,170*
West Midlands	58	16	*3,822*	*1,170*
East of England	64	16	*4,136*	*1,400*
London	51	12	*4,817*	*1,160*
South East	65	16	*5,993*	*1,830*
South West	64	16	*3,298*	*1,240*
Wales	58	12	*2,199*	*800*
Scotland	53	10	*3,739*	*1,230*
Great Britain	61	14	*41,874*	*13,450*
Men				
England	69	19	*16,808*	*5,230*
North East	75	19	*702*	*250*
North West	71	16	*2,582*	*750*
Yorkshire and the Humber	70	17	*1,738*	*600*
East Midlands	70	21	*1,591*	*550*
West Midlands	66	21	*1,757*	*530*
East of England	71	20	*1,975*	*660*
London	57	17	*2,189*	*520*
South East	73	21	*2,803*	*840*
South West	75	22	*1,472*	*540*
Wales	66	17	*1,035*	*370*
Scotland	58	12	*1,759*	*560*
Great Britain	68	18	*19,603*	*6,160*
Women				
England	55	11	*19,127*	*6,190*
North East	57	10	*925*	*330*
North West	56	9	*2,679*	*840*
Yorkshire and the Humber	60	11	*1,927*	*700*
East Midlands	56	10	*1,724*	*620*
West Midlands	52	12	*2,066*	*630*
East of England	57	13	*2,161*	*740*
London	46	8	*2,628*	*650*
South East	59	12	*3,190*	*990*
South West	54	11	*1,826*	*700*
Wales	52	7	*1,164*	*430*
Scotland	48	8	*1,980*	*670*
Great Britain	54	10	*22,271*	*7,290*

1. Aged 16 and over.

2. Results for 2009 include longitudinal data (see Appendix A).

3. Figures for unweighted bases have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:
General Lifestyle Survey 2009. The Office For National Statistics (ONS).

Table 2.15 Maximum drunk on any one day in the last week[1], by gender, country and Government Office Region, 2009[2,3]

Great Britain Percentages

	Drank more than 4/3 units on at least one day	Drank more than 8/6 units on at least one day	*Weighted bases (000s)*	*Unweighted bases[4]*
All adults				
England	33	16	*35,937*	*11,430*
North East	40	21	*1,627*	*580*
North West	39	21	*5,263*	*1,580*
Yorkshire and the Humber	41	22	*3,663*	*1,300*
East Midlands	34	16	*3,315*	*1,170*
West Midlands	27	11	*3,822*	*1,170*
East of England	31	15	*4,147*	*1,400*
London	26	13	*4,811*	*1,160*
South East	34	17	*5,993*	*1,830*
South West	28	13	*3,296*	*1,240*
Wales	35	17	*2,193*	*800*
Scotland	30	17	*3,739*	*1,230*
Great Britain	33	16	*41,869*	*13,450*
Men				
England	37	20	*16,818*	*5,240*
North East	45	27	*702*	*250*
North West	43	25	*2,585*	*750*
Yorkshire and the Humber	45	27	*1,738*	*600*
East Midlands	37	19	*1,591*	*550*
West Midlands	32	16	*1,757*	*530*
East of England	34	20	*1,980*	*660*
London	31	16	*2,191*	*520*
South East	39	20	*2,803*	*840*
South West	34	17	*1,472*	*540*
Wales	38	20	*1,029*	*370*
Scotland	34	20	*1,759*	*560*
Great Britain	37	20	*19,606*	*6,160*
Women				
England	29	13	*19,119*	*6,190*
North East	36	17	*925*	*330*
North West	34	17	*2,678*	*840*
Yorkshire and the Humber	37	18	*1,925*	*700*
East Midlands	31	13	*1,724*	*620*
West Midlands	23	8	*2,066*	*630*
East of England	28	10	*2,167*	*740*
London	22	11	*2,620*	*640*
South East	31	13	*3,190*	*990*
South West	24	9	*1,824*	*700*
Wales	32	15	*1,164*	*430*
Scotland	26	14	*1,980*	*670*
Great Britain	29	13	*22,263*	*7,290*

1. Aged 16 and over.
2. Results for 2009 include longitudinal data (see Appendix A).
3. The method used for calculating the number of units drunk was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.
4. Figures for unweighted bases have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:
General Lifestyle Survey 2009. The Office For National Statistics (ONS).

Table 2.16 Revised figures: Number of drinking days in the week prior to interview, by gender and age[1], 2008[2]

England Percentages

	All ages	16-24	25-44	45-64	65 or over
Drinking days last week: All persons					
0	37	41	35	32	46
1	19	26	20	17	15
2	13	17	16	13	8
3	9	8	10	10	6
4	6	4	8	7	4
5	4	3	4	5	3
6	3	1	3	4	3
7	9	1	5	11	15
Drank on 5 or more days	15	5	11	21	21
Drank in the week prior to interview	63	59	65	68	54
Drinking days last week: Men					
0	29	37	28	25	33
1	19	26	21	16	16
2	15	18	17	14	10
3	10	9	11	11	9
4	8	5	9	9	5
5	5	4	4	6	4
6	4	1	4	5	3
7	11	2	7	14	20
Drank on 5 or more days	20	7	14	25	28
Drank in the week prior to interview	71	63	72	75	67
Drinking days last week: Women					
0	44	45	41	39	56
1	19	26	20	19	14
2	12	16	14	12	7
3	8	7	10	8	5
4	5	4	6	6	3
5	3	1	4	5	2
6	2	1	2	3	2
7	6	1	3	8	11
Drank on 5 or more days	12	3	9	16	15
Drank in the week prior to interview	56	55	59	61	44
Weighted bases (000s)					
All persons	*36,147*	*4,369*	*12,501*	*11,672*	*7,604*
Men	*16,827*	*2,095*	*5,805*	*5,575*	*3,353*
Women	*19,320*	*2,275*	*6,696*	*6,097*	*4,251*
Unweighted bases[3]					
All persons	*12,530*	*1,140*	*3,850*	*4,440*	*3,100*
Men	*5,740*	*550*	*1,680*	*2,070*	*1,440*
Women	*6,790*	*590*	*2,170*	*2,360*	*1,660*

1. Aged 16 and over.

2. Results for 2009 include longitudinal data (see Appendix A).

3. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

4. This is a revised table from the one published in 2010 using General Lifestyle Survey data from 2008.

The shaded area indicates the corrected figures following the errors found in table 2.1 of the 2010 publication. The NHS Information Centre would like to appologise for any inconvenience this may have caused. Last year's report can be found at:
http://www.ic.nhs.uk/pubs/alcohol10

Source:
General Lifestyle Survey 2009. The Office for National Statistics (ONS).

3 Knowledge and attitudes to alcohol

3.1 Introduction

The information presented in this chapter relates to adults' knowledge and awareness of alcohol and children's attitudes to drinking.

Three sources of information are used: The Office for National Statistics (ONS) Omnibus Survey Report *Drinking: adults' behaviour and knowledge in 2009*[1]*; the Heath Survey for England 2007*[2]; and *Smoking, drinking and drug use among young people in England in 2008*[3] (SDD).

The drinking topic in the ONS Omnibus Survey ran biannually but is currently discontinued. The last report was published in 2009 using data collected from 2008/09. The survey report presented results from questions about drinking over several years, allowing comparisons to be made over time. The survey used a small sample size and asked respondents about knowledge and attitudes. The survey provided Great Britain level data.

The Heath Survey for England 2007 (HSE07) also asked questions of people's knowledge and attitudes towards alcohol. It used a larger sample size and different population sample to the Omnibus survey report. There have been more recent HSE reports, however these have not had the same focus on knowledge and attitudes so are not referenced in this chapter.

In general the HSE07 estimates levels of knowledge to be slightly higher than the Omnibus survey report on drinking. As the two surveys are of different populations, ask slightly different questions and cover different geographies, it is not unexpected that estimates are slightly different.

In this chapter the Omnibus survey report on drinking and HSE07 are used to explore the knowledge and attitudes people have towards alcohol. The Omnibus survey report on drinking also provides changes over time.

The *Smoking, drinking and drug use among young people in England* (SDD) survey began in 1982 and since 1998 each survey has included a core section of questions on smoking drinking and drug use. From 2000 the questionnaire has focused on either, smoking and drinking, or drug use. The emphasis of the 2008 survey was on smoking and drinking so it is this survey which is referenced in this chapter rather than the more recent 2009 publication.

3.2 Adults knowledge and Attitudes to Alcohol

3.2.1 Knowledge of Units

Advice on the amount people should drink has to be provided in such a way that it applies to the wide range of different types of alcohol people may drink, which can have very different alcohol contents. Advice on drinking is therefore given in terms of units, and for people to be able to monitor how much they drink, they need to understand what is meant by a unit of alcohol, and how many units different drinks contain.

Government recommendations are that adult men should not regularly drink more than 3 to 4 units of alcohol a day and adult women should not regularly drink more than 2 to 3 units a day[4].

The 2009 Omnibus survey report on drinking asked respondents whether they had heard of measuring alcohol consumption in units; 90% of respondents said that they had. This has steadily increased from 79% in 1997. Men and women were equally likely to have heard of

alcohol units and the increase in knowledge since 1997 has occurred among both men and women. On the whole, the more people drank, the more likely they were to have heard of units: 95% of those with the highest average weekly consumption (22 units and over for men and 15 units and over for women) had heard of units, compared with only 71% of those who did not drink at all. (Table 3.1)

Those aged 65 and over were less likely to have heard of alcohol units: 80% had done so, compared with 96% of those aged 45 to 64 and 88% of the youngest age group (16 to 24). Although average weekly alcohol consumption is not strongly related to socio-economic classification, there were marked differences in awareness of units between those in different occupations. Those in managerial and professional occupational groupings were the most likely to have heard of measuring alcohol in units (96%), and those in routine and manual occupations the least likely to have done so (87%). (Table 3.2, 3.3)

In the HSE07 most adults (92% of men and 89% of women) had heard of units; this was most common among adults aged between 35 and 64.

3.2.2 Awareness of Units and Alcohol Content

It is especially important that people are aware of the alcohol content of drinks they themselves drink. Therefore, for each of the most common types of drink, the 2009 Omnibus survey asked respondents who had drunk that particular drink in the last year if they knew what a unit of that drink was.

Results found that those who frequently drink a particular type of alcohol at least once a week were aware of its alcohol content. Those who drank beer and those who drank wine at least once a week were much more likely to know how many units were in that drink than were those who seldom drank these drinks, but even so, about a third (31%) of frequent beer drinkers and a sixth (17%) of frequent wine drinkers were not aware of the number of units in what they were drinking. Differences according to frequency of consumption were much less marked for those who drank spirits and fortified wine. (Table 3.4)

Further information on respondents' awareness of units for different types of alcohol can be found in Chapter 4 on pages 56 to 57 of the ONS Omnibus Survey Report Drinking: adults' behaviour and knowledge in 2009[1].

In the HSE07 results showed that accurate knowledge of the content of different drinks in units varied with age, being highest among 25 to 54 year olds. It was also related to what people actually drank. Seventy seven per cent of men and 73% of women who had drunk wine on the day they drank most in the last week said correctly that a 125ml glass of wine contained one or two units, compared with 65% of men and 60% of women who had not drunk wine on the day they drank most in the last week (though they may have drunk wine on other days). A similar, though less marked pattern was seen for beer and spirits. Further information can be found in Chapter 7 on pages 177 to 218 of HSE07.

3.3 Knowledge of drinking limits

3.3.1 Alcohol consumption

The 2009 Omnibus survey report on drinking asked respondents whether or not they kept a check on the number of units they drank: 13% said that they did. It should be noted however, given that not all respondents who drank each type of drink knew how many units were contained therein, the likelihood of them keeping an accurate check was, in some cases, low.

Although men were more likely than women to drink heavily (see Chapter 2 of this report for details), they were not more likely to keep a check in terms of units on how much they drank – overall, 12% of men and 14% of

women who had heard of units did so. Women who did keep a check on units were slightly more likely to do so on a weekly basis (6%) than on the daily basis (2%) suggested by the government's current advice on sensible drinking. There was no difference among men.

The percentage of people who kept a daily or a weekly check on the number of units drunk has remained similar over the period covered by the surveys varying between 11% and 16% between 1997 and 2009.

Among men who had heard of units, those who drank less than 10 units a week were less likely than others to keep a daily or weekly check on the number of units drunk. Among women, those who drank less than 1 unit a week were least likely to keep a check. (Table 3.5, 3.6)

In the HSE07 results showed that the majority of adults who drank in the last week exceeded recommendations on at least one day; 59% of men and 55% of women had done so. This was more likely in adults of working age than those aged 65 or over.

Among adults who drank in the last week, 35% of men and 27% of women had drunk more than twice the recommended levels on at least one day in the last week. This was most common among the youngest age group (56% of men and 52% of women aged between 16 and 24), and decreased with age to 6% of men and 3% of women aged 75 and over.

3.3.2 Daily drinking limits

The current government advice on drinking is that daily intake should not regularly exceed 3 to 4 units a day for men and 2 to 3 units for women[4].

The 2009 Omnibus survey report on drinking asked respondents if they had ever heard of the recommended maximum number of alcohol units that people should drink in a day.

There has been an increase from 54% in 1997 to 75% in 2009 in the percentage of people who had heard of daily drinking limits. Throughout the period, differences between men and women have been slight. Male non-drinkers and those who drank very little were less likely to have heard of daily drinking limits than heavier drinkers. The percentage of men who drank less than 1 unit a week who had heard of daily drinking limits increased significantly from 49% in 2007 to 65% in 2009. Among women, non-drinkers were the least likely to have heard of daily drinking limits and heavier drinkers the most likely. For example, 70% of women who drank less than 1 unit a week had heard of daily consumption levels compared with 86% of those who drank 15 units or more a week. (Table 3.7, 3.8)

The HSE07 results showed 35% of men and 47% of women had heard of units but said they didn't know what the recommendations were for men, and 39% of men and 43% of women similarly knew about units but said they did not know the recommendations for women. Those who attempted to define the recommendations were more likely to be wrong than right. General awareness of units was higher among men and women who had drunk alcohol in the last week but most adults who drank more than the recommended amounts either did not know what these limits were or could not identify them correctly.

3.4 Children's attitudes to drinking alcohol

3.4.1 Perceptions of parents' views on drinking alcohol and being drunk

In *Smoking, drinking and drug use among young people in England in 2008*[3] (SDD08) pupils were asked how their parents felt about them drinking alcohol. This remains the latest data on parents' views as information on this was not collected in the 2009 SDD report.

In 2008 there was a clear relationship between perceived parental acceptance of drinking and age. Younger pupils were more likely to say that their parents did not like them drinking at

all (71% of 11 year olds compared with 24% of 15 year olds). Conversely, older pupils were more likely to answer that their parents would not mind them drinking as long as it was not too much (28% of 11 year olds, increasing to 73% of 15 year olds). Younger girls were more likely than younger boys to answer that their parents did not like them drinking at all; by the age of 14 this gap had disappeared. Few pupils of any age said that their parents let them drink as much as they liked.

The key findings from SDD08[3] showed that:

- Whether pupils drink alcohol is related to the number of drinkers pupils live with. The percentage of pupils who had drunk alcohol in the last week increased from 5% of those who lived in non-drinking households to 31% of those who lived with three or more people who drank alcohol.

- About half (53%) of pupils said their parents didn't mind them drinking as long as they didn't drink too much; a slightly smaller percentage (46%) said their parents would not like them to drink. Pupils' drinking tended to reflect what they believed their parents thought. For example, 80% of pupils who said their parents would not like them to drink had never drunk alcohol, compared with 24% of pupils who thought their parents did not mind them drinking within limits.

- About half of pupils (53%) who had drunk alcohol in the past four weeks reported feeling drunk. Girls who drank alcohol were more likely to become drunk than boys (58% of girls, 49% of boys who had drunk alcohol in the last four weeks). The likelihood of becoming drunk increased with age.

- A third of pupils who had drunk alcohol in the last four weeks had tried to get drunk at least once. This was more common among older drinkers.

- The most likely adverse consequence of drinking alcohol was feeling ill or sick, reported by 29% of those who had drunk alcohol in the last four weeks. Smaller proportions had had arguments (16%), been sick (13%), damaged clothes (13%) or lost money (12%).
- Pupils were most likely to cite parents (74%), television (73%) and teachers (63%) as sources of helpful information about drinking alcohol.

In the HSE07 children aged 13 to 15 were asked about their perceptions of their parents' views on drinking alcohol. Those who stated that they ever drank alcohol were asked whether their parents knew about it, and if so what their parents thought about them drinking alcohol. Very few who drank thought that their parents were unaware of this (5% of boys and 3% of girls). Among the rest, a minority said that their parents did not like them drinking (21% of boys and 17% of girls), while a slightly greater percentage said that their parents did not mind (38% and 35% respectively), or that their parents' views on their drinking varied (26% and 33% respectively).

References

1. The Office for National Statistics Omnibus Survey Report Drinking: adults' behaviour and knowledge in 2009. Available at:

http://www.statistics.gov.uk/downloads/theme_health/drink2009.pdf

2. Health Survey for England 2007. The NHS Information Centre, 2008. Available at:

www.ic.nhs.uk/pubs/hse07healthylifestyles

3. Smoking, drinking and drug use among young people in England, 2008. The NHS Information Centre, 2009. Available at: http://www.ic.nhs.uk/pubs/sdd08fullreport

4. Safe. Sensible. Social. The next steps in the national alcohol strategy. Department of Health, Home Office et al. Published 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218

List of Tables

Table 3.1 Percentage of respondents who said they had heard of measuring alcohol consumption in units: by gender and average weekly consumption, 1997 to 2009

Great Britain — Percentages

	1997	1998	2000	2002	2004	2006	2007 original method [1]	2007 updated method [1]	2008 [2]	2008 [3]	2009	*2009 Weighted base (000s) [3]*	*2009 Unweighted base [4]*
All													
Non-drinker	53	46	54	50	55	58	55	55	64	63	71	*6,720*	*310*
Less than 1 unit	71	61	74	70	74	81	80	78	81	81	85	*8,495*	*380*
1–10/1–7 units[5]	82	78	83	87	88	90	90	89	91	90	94	*14,253*	*610*
11–21/8–14 units[5]	89	85	88	89	93	94	95	95	94	94	96	*8,014*	*340*
22/15 units and over[5]	90	88	90	90	92	93	94	95	95	95	95	*10,551*	*470*
Total	79	75	80	81	83	86	85	85	86	86	90	*48,033*	*2,110*
Men													
Non-drinker	55	53	56	51	55	56	56	56	66	67	79	*2,291*	*110*
Less than 1 unit	71	56	72	65	72	79	71	70	86	87	81	*3,295*	*120*
1–10 units	83	76	80	86	85	89	89	87	91	91	93	*7,544*	*300*
11–21 units	88	83	86	88	94	93	94	94	93	94	96	*5,166*	*210*
22 units and over	91	86	88	91	93	91	93	94	96	96	94	*5,117*	*220*
Total	82	76	80	82	84	86	85	85	89	89	91	*23,414*	*960*
Women													
Non-drinker	52	42	52	49	55	60	54	54	63	60	68	*4,429*	*200*
Less than 1 unit	71	64	75	72	75	81	84	82	79	79	87	*5,200*	*260*
1–7 units	81	80	86	88	91	91	92	90	90	90	95	*6,709*	*300*
8–14 units	90	86	91	91	93	94	97	97	94	94	96	*2,847*	*140*
15 units and over	89	90	92	90	91	95	95	96	94	94	96	*5,433*	*250*
Total	77	73	81	80	83	85	85	85	84	84	89	*24,618*	*1,150*

Bases for earlier years can be found in Opinions (Omnibus) reports for each year.

1997 to 2007 percentages weighted for unequal chance of selection.

1. In 2007 a methodology change was introduced to give a more accurate estimation of alcohol consumption taking into account the changing alcoholic content of some drinks and the increased glass sized in which wine is served (see appendix A).

2. Weighted for unequal chance of selection.

3. Weighted to population totals.

4. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

5. Number of units drunk by men/women.

Source:
Opinions Survey, Office for National Statistics

Table 3.2 Percentage of respondents who said they had heard of measuring alcohol consumption in units: by gender and age, 1997 to 2009

Great Britain — Percentages

	1997	1998	2000	2002	2004	2006	2007	2008 [1]	2008 [2]	2009 [2]	*2009 Weighted base (000s) [2]*	*2009 Unweighted base [3]*
All												
16–24	89	82	82	80	83	84	86	85	84	88	*7,117*	*160*
25–44	86	84	87	89	88	90	88	89	88	91	*16,472*	*680*
45–64	81	76	82	85	87	89	88	91	91	96	*15,078*	*730*
65 and over	56	50	62	60	68	73	75	76	76	80	*9,366*	*540*
Total	79	75	80	81	83	86	85	86	86	90	*48,033*	*2,110*
Men												
16–24	92	81	81	81	85	85	84	88	87	86	*3,633*	*80*
25–44	86	86	88	89	89	88	87	89	90	94	*8,182*	*300*
45–64	83	76	80	85	87	90	89	93	93	95	*7,419*	*340*
65 and over	63	55	66	65	70	76	76	81	82	81	*4,181*	*240*
Total	82	76	80	82	84	86	85	89	89	91	*23,414*	*960*
Women												
16–24	86	83	84	79	81	82	88	84	81	90	*3,484*	*80*
25–44	86	83	87	90	87	91	89	89	88	88	*8,290*	*380*
45–64	79	76	85	84	87	89	86	90	89	96	*7,659*	*390*
65 and over	50	47	59	55	66	71	74	71	71	78	*5,186*	*300*
Total	77	73	81	80	83	85	85	84	84	89	*24,618*	*1,150*

Bases for earlier years can be found in Opinions (Omnibus) reports for each year.
1997 to 2007 percentages weighted for unequal chance of selection.
1. Weighted for unequal chance of selection.
2. Weighted to population totals.
3. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:
Opinions Survey, Office for National Statistics.

Table 3.3 Percentage of respondents who said they had heard of measuring alcohol consumption in units: by gender and socio-economic classification: 2009

Great Britain

Percentages

	Total [1]	Managerial and professional	Intermediate	Routine and manual
All	90	96	94	87
Men	91	96	95	86
Women	89	96	93	88
Weighted base (000s) [2]				
All	*48,033*	*15,960*	*8,423*	*17,659*
Men	*23,414*	*8,447*	*3,446*	*9,131*
Women	*24,618*	*7,513*	*4,977*	*8,528*
Unweighted base [3]				
All	*2,110*	*720*	*390*	*810*
Men	*960*	*360*	*150*	*380*
Women	*1,150*	*360*	*240*	*430*

1. Those who could not be classified (full-time students, those who had never worked or were long-term unemployed, and those whose occupation was not stated or inadequately described) are not shown as separate categories, but are included in the total.

2. Weighted to population totals.

3. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:

Source: Opinions Survey, Office for National Statistics

Table 3.4 Percentage of drinkers of each drink who knew what a unit of each type of drink was: by how often they drank that type of drink, 1997 to 2009

Those who drank each type of drink in the last year, Great Britain — Percentages

	1997	1998	2000	2002	2004	2006	2007	2008 [1]	2008 [2]	2009 [2]	*2009 Weighted base (000s) [2]*	*2009 Unweighted base [3]*
Beer												
At least once a week	54	51	54	54	61	64	63	66	66	69	*14,407*	*600*
Less than once a week	41	40	46	48	54	53	59	59	59	59	*9,271*	*380*
Only once or twice a year	34	34	44	42	45	49	46	45	44	53	*5,363*	*230*
Total	47	45	50	50	56	58	59	60	60	63	*29,040*	*1,210*
Wine [4,5]												
At least once a week	67	63	69	70	75	77	77	77	77	83	*14,713*	*670*
Less than once a week	48	48	56	57	62	64	67	67	67	76	*10,878*	*470*
Only once or twice a year	31	36	35	42	48	48	57	50	49	65	*4,639*	*200*
Total	54	53	58	61	67	68	71	69	68	78	*30,230*	*1,340*
Spirits												
At least once a week	57	57	63	59	66	72	72	65	66	67	*7,920*	*340*
Less than once a week	60	57	62	66	65	70	69	70	70	70	*12,338*	*520*
Only once or twice a year	50	46	51	54	58	62	61	58	58	68	*6,922*	*310*
Total	57	55	60	61	64	69	68	65	66	69	*27,180*	*1,160*
Fortified wine												
At least once a week	50	44	51	51	59	56	68	57	55	65	*1,204*	*60*
Less than once a week	50	50	54	52	48	57	59	64	66	62	*2,683*	*130*
Only once or twice a year	44	44	50	52	51	60	59	54	54	61	*4,542*	*210*
Total	48	47	52	52	52	59	61	58	58	62	*8,429*	*400*
Alcopops [6]												
At least once a week	..	..	..	..	..	..	55	58	[25]	77	*1,209*	*40*
Less than once a week	..	..	..	..	..	..	62	50	50	63	*2,720*	*80*
Only once or twice a year	..	..	..	..	..	..	65	68	70	62	*2,511*	*80*
Total	..	..	..	..	..	..	61	58	58	65	*6,441*	*210*

Bases for earlier years can be found in Opinions (Omnibus) reports for each year.
1997 to 2007 percentages and bases weighted for unequal chance of selection.
1. Weighted for unequal chance of selection.
2. Weighted to population totals.
3. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.
4. From 2007, includes those who said it was a small glass, as well as those who said, correctly, that it was less than a small glass.
5. From 2007, includes those who said it was a small bottle, as well as those who said, correctly, that it was less than a small bottle.
6. Question introduced in 2007.

Shaded figures indicate the estimates may be unreliable due to small sample sizes and and any analysis using these figures should be treated with caution. Any use of these shaded figures must be accompanied by this disclaimer.

Source:
Source: Opinions Survey, Office for National Statistics.

Table 3.5 Whether drinkers keep a check on units drunk: by gender, 1997 to 2009

Drinkers who had heard of units, Great Britain — Percentages

	1997	1998	2000	2002	2004	2006	2007	2008 [1]	2008 [2]	2009 [2]
All										
Daily	4	3	4	2	4	3	4	4	4	3
Weekly	5	5	5	4	4	5	6	6	6	4
Both daily and weekly	2	2	2	1	2	2	2	1	1	2
Other	2	3	3	4	3	3	3	4	4	4
All who kept a check	13	12	13	11	13	13	15	15	16	13
Men										
Daily	5	3	5	2	4	4	5	5	5	4
Weekly	4	5	5	3	5	4	6	6	6	3
Both daily and weekly	2	2	1	2	1	1	2	1	1	1
Other	3	3	3	3	3	4	3	4	4	3
All who kept a check	14	13	14	10	13	12	16	15	15	12
Women										
Daily	3	3	2	2	4	3	3	3	4	2
Weekly	5	5	6	6	4	5	6	7	7	6
Both daily and weekly	2	2	2	1	2	2	2	2	2	2
Other	2	2	3	4	3	3	3	4	4	4
All who kept a check	12	12	13	13	13	13	14	16	16	14
Weighted base [1]										
All	*2,625*	*3,847*	*2,560*	*2,716*	*2,650*	*1,949*	*1,718*	*1,717*		
Men	*1,284*	*1,832*	*1,211*	*1,342*	*1,212*	*912*	*809*	*847*		
Women	*1,341*	*2,016*	*1,352*	*1,374*	*1,438*	*1,036*	*908*	*875*		
Weighted base (000s) [2]										
All									*35,645*	*38,342*
Men									*17,923*	*19,475*
Women									*17,721*	*18,867*
Unweighted base [3]										
All									*1,690*	*1,670*
Men									*790*	*790*
Women									*900*	*880*

1997 to 2007 percentages and bases weighted for unequal chance of selection

1. Weighted for unequal chance of selection.
2. Weighted to population totals.
3. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals.

Source:

Source: Opinions Survey, Office for National Statistics

Table 3.6 Whether drinkers keep a check on units drunk: by gender and average weekly alcohol consumption, 2009

Drinkers who had heard of units, Great Britain — Percentages

		Average weekly alcohol consumption			
	Total	Less than 1 unit	1–10/1–7 units[1]	11–21/8–14 units[1]	22/15 units and over[1]
All					
Daily	3	2	2	4	5
Weekly	4	0	4	6	7
Both daily and weekly	2	1	2	3	1
Other	4	6	4	3	4
All who kept a check	13	9	12	14	16
Men					
Daily	4	2	2	4	7
Weekly	3	1	3	4	3
Both daily and weekly	1	2	1	3	0
Other	3	5	3	2	4
All who kept a check	12	10	9	13	15
Women					
Daily	2	2	2	3	3
Weekly	6	-	6	8	10
Both daily and weekly	2	0	3	2	2
Other	4	6	4	3	3
All who kept a check	14	9	15	17	18
Weighted base (000s)[2]					
All	*38,342*	*7,220*	*13,404*	*7,664*	*10,054*
Men	*19,475*	*2,685*	*6,414*	*4,934*	*4,826*
Women	*18,867*	*4,535*	*6,374*	*2,730*	*5,228*
Unweighted base[3]					
All	*1,670*	*332*	*570*	*330*	*440*
Men	*790*	*100*	*280*	*200*	*210*
Women	*880*	*230*	*290*	*130*	*230*

1. Number of units drunk by men/women.

2. Weighted to population totals.

3. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:

Source: Opinions Survey, Office for National Statistics

Table 3.7 Percentage who had heard of daily drinking limits: by gender, 1997 to 2009

Great Britain — Percentages

	1997	1998	2000	2002	2004	2006	2007	2008 [1]	2008 [2]	2009 [2]
All										
Yes	54	58	64	60	61	69	69	70	70	75
No	37	34	29	30	29	22	23	20	21	17
Not sure	8	8	7	10	9	9	8	10	10	9
Men										
Yes	54	59	62	59	62	68	68	72	72	74
No	38	32	32	30	29	22	24	18	18	17
Not sure	8	9	6	10	9	9	8	10	9	8
Women										
Yes	54	57	66	61	61	69	70	68	67	75
No	37	35	27	30	29	22	22	22	23	16
Not sure	9	8	8	9	9	10	8	10	10	9
Weighted base [1]										
All	*3,637*	*5,510*	*3,442*	*3,613*	*3,511*	*2,472*	*2,225*	*2,242*		
Men	*1,707*	*2,550*	*1,613*	*1,729*	*1,572*	*1,125*	*1,029*	*1,062*		
Women	*1,930*	*2,960*	*1,829*	*1,884*	*1,939*	*1,347*	*1,196*	*1,180*		
Weighted base (000s) [2]										
All									*46,596*	*48,055*
Men									*22,478*	*23,414*
Women									*24,119*	*24,641*
Unweighted base [3]										
All									*2,240*	*2,110*
Men									*1,000*	*960*
Women									*1,240*	*1,150*

1997 to 2007 percentages and bases weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

2. Weighted to population totals.

3. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:

Source: Opinions Survey, Office for National Statistics

Table 3.8 Percentage who had heard of daily drinking limits: by gender and average weekly alcohol consumption, 1997 to 2009

Great Britain — Percentages

	1997	1998	2000	2002	2004	2006	2007 original method [1]	2007 updated method [1]	2008 [2]	2008 [2]	2009 [2]	*2009 Weighted base (000s)* [3]	*2009 Unweighted base* [4]
Men													
Non-drinker	33	45	42	39	40	45	44	44	48	49	66	*2,291*	*100*
Less than 1 unit	41	39	56	43	51	61	49	49	70	71	65	*3,295*	*120*
1-10 units	54	58	62	60	62	70	70	69	71	72	72	*7,544*	*300*
11-21 units	62	66	65	67	70	73	79	77	78	78	80	*5,166*	*210*
22 units and over	64	67	70	66	71	75	74	75	81	81	83	*5,117*	*220*
Total	54	59	62	59	62	68	68	68	72	72	74	*23,414*	*960*
Women													
Non-drinker	43	36	43	39	37	46	45	45	46	44	58	*4,429*	*200*
Less than 1 unit	47	49	64	54	57	64	63	62	64	63	70	*5,222*	*260*
1-7 units	55	62	70	69	66	74	78	76	73	72	76	*6,709*	*300*
8-14 units	63	65	74	67	68	77	82	81	76	76	84	*2,847*	*140*
15 units and over	68	72	71	70	74	80	82	83	80	80	86	*5,433*	*250*
Total	54	57	66	61	61	69	70	70	68	67	75	*24,641*	*1,150*

Bases for earlier years can be found in Opinions (Omnibus) reports for each year.

1997 to 2007 percentages and bases weighted for unequal chance of selection.

1. In 2007 a methodology change was introduced to give a more accurate estimation of the number of units in strong beer and in a glass of wine. (See Appendix A).
2. Weighted for unequal chance of selection.
3. Weighted to population totals.
4. Figures for unweighted sample have been rounded independently. The sum of component items does not therefore necessarily add to the totals shown.

Source:

Opinions Survey, Office for National Statistics

4 Drinking-related costs, ill health and mortality

4.1 Introduction

Alcohol misuse can cause serious harm to a person's health. This chapter presents information on the prevalence of hazardous, harmful and dependent drinking, the number of deaths that are linked to alcohol and information on prescription drugs used for the treatment of alcohol dependence. Information on the cost of alcohol misuse to the NHS is considered.

Data on hazardous or harmful drinking and alcohol dependence are presented from the findings of the report, *Adult psychiatric morbidity in England: results of a household survey, 2007*[1] *(APMS 2007)*. This is a national survey based on adults aged 16 and over living in private households in England and is the third survey of its kind.

This chapter also presents an estimate of NHS hospital admissions related to the consumption of alcohol. These figures use a methodology first applied in *Statistics on Alcohol: England, 2009*. This methodology represents a substantial change on the way the impact of alcohol on hospital admissions was calculated before. Previously, the calculation counted only admissions for reasons wholly attributable to alcohol (such as alcoholic liver disease). Under the current methodology, a proportion of the admissions for reasons or conditions that are not always related to alcohol, but can be in some instances (such as accidental injury) are also counted. Such conditions have an associated 'alcohol attributable fraction' which specifies what proportion should be applied.

Data on NHS hospital admittance are available from the Hospital Episode Statistics (HES) databank[2]. These data are based on the tenth revision of the International Classification of Diseases (ICD-10) for diseases, injuries or conditions that are attributable in some way to alcohol, such as alcoholic liver disease (wholly attributable) or a fall injury (partly attributable). The full list of diseases, injuries and conditions and the attributable fractions that are applied to the HES data were developed by the North West Public Health Observatory and can be found in Appendix A.

Data on alcohol related hospital admissions were omitted from Statistics on Alcohol: England: 2010[3] as updated HES data was unavailable at the time of publication in May 2010. Therefore this report presents alcohol related admissions data for two years (2008/09 and 2009/10). The publicly available HES databank does now show the alcohol attributable fractions for diseases, injuries or conditions that are partly attributable to alcohol consumption at Strategic Health Authority (SHA) level (thus allowing users to derive some figures themselves). The NHS IC has nevertheless recognised the value of making the specific tabulations presented in this chapter available to users, particularly given that it would not be possible for users to derive all the breakdowns presented using the publicly accessible HES databank.

Information on prescription items for the treatment of alcohol dependence are presented from Prescription Services, a division of the NHS Business Services Authority (NHS BSA) by the NHS Information Centre[4].

The latest data on deaths from causes directly linked to alcohol consumption in England and Wales are produced by the Office for National Statistics (ONS) in *Mortality statistics – Deaths registered in 2009*[5]. These are classified by the ICD-10 code and only causes of deaths that are defined by ONS as being linked to alcohol consumption are presented here. This chapter reports on deaths in England only.

Information on estimated costs to the NHS of alcohol misuse are also presented from the government paper, *The cost of alcohol harm to the NHS in England*[6]. This was published in 2008 and is an update to the Cabinet Office study *Alcohol misuse: how much does it cost?*[7].

4.2 Hazardous, harmful and dependent drinking

The *2007 Adult Psychiatric Morbidity Survey* (APMS) estimated the prevalence of hazardous or harmful drinking and dependent drinking. Hazardous drinking is a pattern of drinking which brings about the risk of physical or psychological harm. Harmful drinking is defined as a pattern of drinking which is likely to cause physical or psychological harm (a subset of hazardous drinking). Hazardous and harmful drinking were assessed in the survey using the Alcohol Use Disorders Identification Test (AUDIT). This test, developed by the World Health Organisation (WHO), consists of ten questions with five predefined answers, each scoring zero to four points. In the APMS an audit score of eight or more indicated hazardous drinking and score of 16 or more indicated harmful drinking.

In 2007, a quarter of adults, aged 16 and over, in England (24%) were classified as hazardous drinkers. Men were twice as likely as women to be hazardous drinkers (33% of men compared to 16% of women). Younger men and women were more likely to be hazardous drinkers than older adults. A similar pattern was seen for harmful drinking. Six per cent of men and 2% of women were classified as harmful drinkers and the proportions were lower in older age groups.

Substance dependence is defined by the ICD-10 as a cluster of behavioural, cognitive and physiological phenomena that can develop after repeated substance use and that typically include a strong desire to take the substance, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The prevalence of alcohol dependence was measured in the APMS by the community version of the Severity of Alcohol Dependence Questionnaire (SADQ-C) and the resulting scores defined in terms of no dependence, mild, moderate and severe dependence. For comparability with data collected in 2000, the prevalence of alcohol dependence has been determined for those aged 16 to 74. Alcohol dependence showed similar patterns to hazardous and harmful drinking. Overall, dependence was higher in men aged 16 to 74 than women in 2007 (9.3% of men compared to 3.6% of women) and was also higher among younger adults.

The prevalence of alcohol dependence in men decreased slightly between 2000 and 2007, with 11.5% of men aged 16 to 74 in 2000 dependent on alcohol, mostly at the mild level. This decreased to 9.3% in 2007, again mostly at the mild level. The same pattern was not seen among women where the levels remained similar.

The 2007 APMS also shows hazardous, harmful and dependent drinking by a

number of other characteristics such as ethnicity, region, marital status and income. These can be found in Chapter 9, pages 151 to 174, of the APMS report[1].

4.3 Discussion of drinking with health professional and specialist treatment

4.3.1 Discussion of drinking with health professionals

Respondents to the Omnibus Survey 2009[8], carried out by the ONS, were asked if, in the last year, they had had any discussions about drinking with their General Practitioner (GP), someone else at the surgery, another doctor or any other medical professional.

In 2009, one in ten male drinkers and a slightly lower proportion of female drinkers (7%) had such discussions in the last year, the majority of these with their GP. There has been little change since 2000, when this question was first asked, in the proportions having such discussions. (Tables 4.17 to 4.19, pages 77 to 79 of the report).

4.3.2 Specialist alcohol treatment

From April 2008, the Department of Health started collecting and monitoring data on specialist alcohol treatment, requiring providers of specialist treatment for alcohol misuse to submit data to the National Drug Treatment Monitoring System (NDTMS). The aim is to provide an ongoing published dataset on specialist alcohol treatment in England similar to that already available for drug misuse treatment. A copy of the 2010 National Drug Treatment Monitoring System report, which covers the data period 1st April 08 to 31st March 09 can be found on the National Treatment Agency website[9].

4.4 Alcohol-related hospital admissions

This section describes trends in finished admission episodes with diseases, injuries and conditions that can be attributed to alcohol consumption. Work in this area was carried out by the North West Public Health Observatory (NWPHO) on commission by the Department of Health using Hospital Episode Statistics (HES) data from the NHS Information Centre. This is used to determine the proportions of a wide range of diseases and injuries that can be partially attributed to alcohol as well as those that are, by definition, wholly attributable to alcohol.

This data was used in three national indicators created by the previous government; National Indicator 39, Vital Signs Indicator 26 and Public Service Agreement Indicator 25.2. These indicators have not been retained by the current government.

Finished Admission Episodes (FAEs) represent the first period of inpatient care under one healthcare provider and are referred to here as ‘hospital admissions’

Hospital admissions data are based on the tenth revision of the International Classification of Diseases (ICD-10). The list of the ICD-10 codes for diseases, injuries and conditions found to be wholly or partly attributable to alcohol can be found in the tables to this chapter. For the purpose of this report, the diseases, injuries and conditions have been split into those which are wholly attributable to alcohol (‘alcohol-specific’) such as alcoholic liver disease or mental and behavioural disorders due to

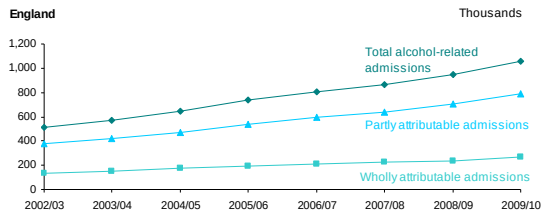
the use of alcohol, and those which are partly attributable to alcohol such as some cancers, accidents and injuries.

Where more than one alcohol-related ICD-10 code is recorded in a given admission episode, the one with the highest attributable fraction is selected to avoid double counting of the admissions. Where there are two or more codes with equally high attributable fractions the one which appears earliest in the diagnostic fields is selected. For further details on the methodology used to develop the attributable fractions see the NWPHO report *Alcohol-attributable fractions for England – alcohol-attributable deaths and hospital admissions*[10]. The full list of diseases, injuries, and conditions and the attributable fractions that are applied to the HES data can be found in Appendix A, Tables A.2 and A.3.

4.4.1 All alcohol-related admissions

Overall, in 2009/10 there were around 1,057,000 admissions related to alcohol consumption where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis. This is a 12% increase on the 2008/09 figure, where there were 945,500 such admissions and over double the number in 2002/03 when there were around 510,800 admissions. (Table 4.1, Figure 4.1)

Figure 4.1 Number of hospital admissions for alcohol-related diseases or injuries 2002/03 to 2009/10



Source: Figures provided by The Department of Health based on Hospital Episode Statistics admissions data and North West Public Health Observatory attributable fractions

In 2009/10, males were more likely to be admitted to hospital with alcohol related diseases, injuries and conditions than females, with 63% of the overall admissions being male patients. (Tables 4.2 and 4.3)

In 2009/10 there were 1,743 alcohol-related hospital admissions per 100,000 population in England. Among Strategic Health Authorities (SHAs) the rate of alcohol-related admissions varied from 2,406 and 2,295 per 100,000 population in North East and North West SHA respectively, to 1,223 admissions per 100,000 population in South Central SHA. All rates are age and sex standardised to allow meaningful comparisons. (Table 4.4).

4.4.2 Wholly attributable admissions

Out of the 1,057,000 alcohol-related admissions in 2009/10, approximately 265,200 were for diseases or injuries that were wholly attributable to alcohol consumption or 'alcohol-specific' (i.e. had an attributable fraction of 1). Of this group, mental and behaviour disorders due to the use of alcohol (ICD-10 code F10) was the most common alcohol-related diagnosis, accounting for two-thirds of the admissions (177,400). Additionally, there were around 43,100 admissions with alcoholic liver disease (ICD-10 code K70) and 33,600 admissions with the toxic effects of alcohol types which are common in alcoholic drinks (ICD-10 codes T51.0, T51.1 and T51.9) (Table 4.1).

4.4.3 Partially attributable admissions

Out of the 1,057,000 admissions in 2009/10 around 791,700 admissions were for reasons that are partly attributable to alcohol consumption (i.e. have an attributable fraction less than 1). Nearly half of these partly attributable admissions were with hypertensive diseases (ICD-10 codes

I10 – I15), accounting for approximately 383,900 admissions. The second highest condition in this category was cardiac arrhythmias (abnormal electrical activity in the heart, ICD-10 codes I47 – I48) with 182,300 admissions. Admissions with other partly attributable diseases, injuries or conditions were much lower in comparison (Table 4.1).

4.4.4 Primary diagnosis only

For diseases, illnesses or conditions that are wholly attributable to alcohol, data are presented where the alcohol-specific condition was the main reason for the admission (i.e. excluding any counts where the alcohol-specific disease or condition was a secondary diagnosis only). This is referred to as the primary diagnosis.

The data presented here on primary diagnosis is broadly similar to data published in *Statistics on Alcohol: England* reports prior to the 2009 publication, however there are now more ICD-10 codes that are included in the group which are wholly-attributable to alcohol which has contributed to the increase in the overall figure.

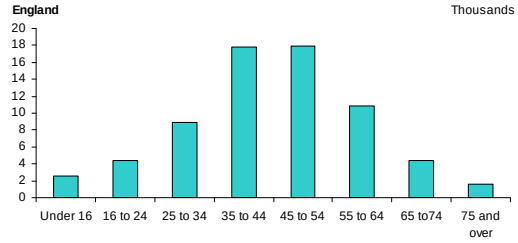
In 2009/10, there were around 68,400 admissions where the primary diagnosis was wholly attributable to alcohol. This has increased by 52% since 2002/03 when there were around 45,000 admissions of this type.

Mental and behavioural disorders due to alcohol and alcoholic liver disease were the two most common primary reasons for hospitalisation (around 46,900 and 14,700 admissions respectively) (Table 4.5).

Overall in 2009/10, more than twice as many males than females were admitted to hospital with a primary diagnosis of a condition wholly attributable to alcohol (47,700 and 20,700 admissions respectively) (Table 4.6).

Among different age groups, those aged 75 and over had the lowest number of such admissions and there was a peak in admissions among those aged 35 to 54 (Figure 4.2).

Figure 4.2 Number of hospital admissions where there was a primary diagnosis of a disease or condition wholly attributable to alcohol, by age, 2009/10



Source: Figures provided by The Department of Health based on Hospital Episode Statistics admissions data and North West Public Health Observatory attributable fractions

In 2009/10, there were 349 admissions per 100,000 population in England, where the primary diagnosis was wholly attributable to alcohol. Among SHAs the rate varied from 451 and 417 per 100,000 in North West and North East SHA respectively, to 239 admissions per 100,000 population in South Central SHA. All rates are age and sex standardised to allow meaningful comparisons (Table 4.7).

4.5 Prescribing

The two main drugs prescribed for the treatment of alcohol dependence in primary care settings and in NHS hospitals in England are Acamprosate Calcium (Campral) and Disulfiram (Antabuse).

Acamprosate Calcium helps restore chemical balance in the brain and prevents the feelings of discomfort associated with not drinking, therefore reducing the desire or craving to consume alcohol. Disulfiram produces an acute sensitivity to alcohol resulting in a highly unpleasant reaction

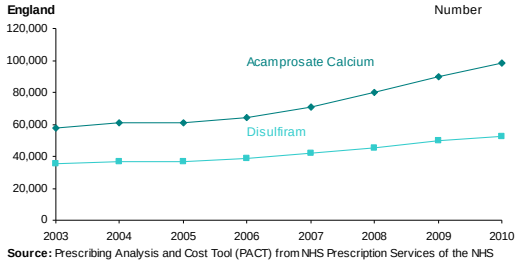
when the patient under treatment ingests even small amounts of alcohol.

Presented here are data on prescription items and Net Ingredient Cost (NIC) for drugs used to treat alcohol dependence. Prescription items give a measure of how often a prescriber has decided to write a prescription for the treatment of alcohol dependence. The number of items is not a good measure of the volume of drugs prescribed as different practices may use different durations of supply. The NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, dispensing costs, prescription charges or fees.

In 2010, there were 160,181 prescription items prescribed for the treatment of alcohol dependence in primary care settings or NHS hospitals and dispensed in the community. The majority of these prescription items (94%) were prescribed in a primary care setting (such as a GP surgery, pharmacist or clinic) with only 6% prescribed in NHS hospitals. Overall, this number has increased by 19% since 2008 when it was 134,423 and by 56% since 2003 when 102,741 items were prescribed in primary care and NHS hospitals. The Net Ingredient Cost (NIC) of these prescription items in 2010 was £2.41 million, an increase of 40% since 2003 when it was £1.72 million.

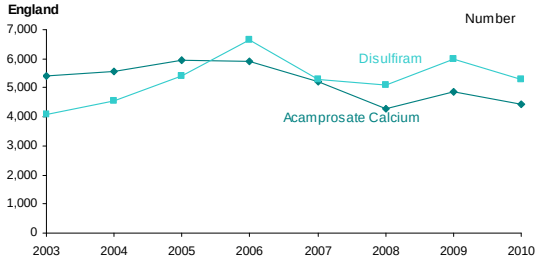
Out of the two main drugs prescribed for the treatment of alcohol dependence, Acamprosate Calcium continues to account for the majority of the prescription items, with 64% of the prescription items prescribed in primary care for alcohol dependence and NHS hospitals in 2010 being for this drug. However, in recent years there have been slightly more prescription items for Disulfiram than Acamprosate Calcium prescribed in NHS hospitals (54% of the items prescribed in hospitals in 2010 were for Disulfiram) (Table 4.8, Figures 4.3 and 4.4).

Figure 4.3 Number of prescription items for the treatment of alcohol dependency prescribed in primary care, 2003 to 2010



Source: Prescribing Analysis and Cost Tool (PACT) from NHS Prescription Services of the NHS Business Services Authority. The NHS Information Centre

Figure 4.4 Number of prescription items for the treatment of alcohol dependency prescribed in NHS hospitals, 2003 to 2010



Source: Prescription Cost Analysis (PCA) from NHS Prescription Services of the NHS Business Services Authority. The NHS Information Centre

Among Strategic Health Authorities (SHA) in 2010, the North West SHA had the highest number of prescription items for both Acamprosate Calcium and Disulfiram (25,843 and 9,674 respectively). The East Midlands SHA had the lowest number of prescriptions for Acamprosate Calcium (4,336), but had a slightly larger number of prescriptions for Disulfiram (4,372 items) and was the only SHA to prescribe more Disulfiram than Acamprosate Calcium. The South East Coast SHA had the lowest number of prescription items for Disulfiram (1,910 items).

The North West SHA had the highest number of prescription items per 100,000 of the population for Acamprosate Calcium (375 items per 100,000 population), while Yorkshire & the Humber SHA had the highest number of prescription items for Disulfiram (187 items per 100,000

population). East Midlands SHA had the lowest number of prescription items for Acamprosate Calcium (97 items per 100,000 of the population) and London SHA the lowest number of prescription items for Disulfiram (31 items per 100,000 of the population) (Table 4.9).

4.6 Deaths related to alcohol consumption

Alcohol misuse can be directly related to deaths from certain types of diseases, such as cirrhosis of the liver, and in some cases, may be associated with other causes of death, such as a stroke. Table 4.10 shows deaths from causes directly related to alcohol consumption as defined in *Health Statistics Quarterly 41*[11] by the Office for National Statistics (ONS). The ONS definition of alcohol-related deaths was updated in 2006 to ensure consistency across the UK[12,13] and currently only includes deaths where the cause is specifically related to alcohol consumption and is also the underlying or main cause of death.

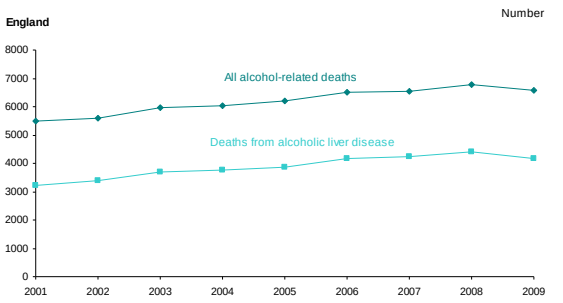
Using the current ONS definition, in England, in 2009 there were 6,584 deaths directly related to alcohol. The most common cause of death linked to alcohol consumption was alcoholic liver disease which accounted for 4,154 of the deaths in 2009. The number of deaths from alcohol-related fibrosis and cirrhosis of the liver were also high among the causes directly related to alcohol consumption accounting for 1,435 deaths in 2009. More men than women died from each of the causes directly related to alcohol, except for chronic hepatitis, where the reverse was true.

The total number of deaths directly related to alcohol consumption increased by 20% (from 5,476 to 6,584) between 2001 and 2009. However between 2008 and 2009, the total number of deaths directly related to alcohol consumption fell by 2.7% (from 6,768 in 2008 to 6,584 in 2009), this is the first year-on-year decrease in the series. The main contributor to the overall decrease was a 5.6% decrease in deaths from alcoholic liver disease (from 4,400 in 2008 to 4,154 in 2009) (Figure 4.5).

Prior to 2009, between 2001 and 2008 deaths from alcoholic liver disease increased by 36% (from 3,236 to 4,400) an average percentage increase of 4.5% a year. The total number of deaths directly related to alcohol consumption between 2001 and 2008 increased by 24% (from 5,476 to 6,768), an average percentage increase of 3.1% a year.

Deaths from alcoholic liver disease represented 63% of all alcohol-related deaths in 2009. This proportion has remained stable throughout the series.

Figure 4.5 Alcohol-related deaths, 2001 to 2009



Source: DH2 Motality Statistics - Cause, No.s 28, 29, 30, 31 and 32, 2001, 2002, 2003, 2004, 2005 and Mortality Statistic Deaths registered in 2006 to 2009, ONS

In 2008, the North West Public Health Observatory (NWPHO) estimated the number of deaths that can be attributed in some way to alcohol using similar attributable fractions methodology to that for alcohol-related hospital admissions. For further details on the methodology used to develop the attributable fractions see the NWPHO report *Alcohol-attributable fractions for England – alcohol-attributable deaths and hospital admissions*[14]. Applying

this methodology to 2005 deaths data they estimated that in 2005 there were 14,982 deaths that were attributable to alcohol consumption.

4.7 Costs to the NHS

In 2004, *The Alcohol Harm Reduction Strategy for England*[15] set out the then government's strategy for tackling the harms and costs of alcohol misuse in England. A follow up report was published in 2007 titled, *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*[16]. In 2003, the Cabinet Office report *Alcohol misuse: how much does it cost?*[7] estimated that alcohol misuse costs the health service £1.7 billion per year (in 2001 prices), while the costs associated with alcohol-related crime and anti-social behaviour was estimated to be £7.3 billion each year. It also estimated that workplace costs of alcohol misuse are £6.4 billion per year through loss in productivity.

In 2008, the then government produced an update to the 2003 report. The report, *The cost of alcohol harm to the NHS in England*[6], takes into account increases in unit costs as well as more recent and accurate data on alcohol consumption and harm. Using similar methods to the 2003 report, it is estimated that the cost of alcohol harm to the NHS in England is £2.7 billion in 2006/07 prices (Figure 4.6).

Figure 4.6 Estimates of the annual cost of alcohol misuse to the NHS in England (2006/07 prices)

	Cost estimate (£m)
Hospital inpatient and day visit	
Directly attributable to alcohol misuse	167.6
Partly attributable to alcohol misuse	1,022.7
Hospital outpatient visits	272.4
Accident and emergency visits	645.7
Ambulance services	372.4
NHS GP consultants	102.1
Practice nurse consultants	9.5
Laboratory tests	N/A
Dependency prescribed drugs	2.1
Specialist treatment services	55.3
Other health care costs	54.4
Total	**2,704.1**

Source: The cost of alcohol harm to the NHS, The Department of Health

References

1. Adult Psychiatric Morbidity Survey, 2007. The NHS Information Centre, 2008. Available at:

www.ic.nhs.uk/pubs/psychiatricmorbidity07

2. Hospital Episode Statistics (HES). The NHS Information Centre, 2011. Available at: www.hesonline.nhs.uk

3. Statistics on Alcohol: England 2010. The NHS Information Centre. Available at: http://www.ic.nhs.uk/pubs/alcohol10

4.The prescription data included in this report are not routinely available. National prescription data may be available on request. Available at:

http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions

5. Mortality statistics - Deaths registered in 2009. Office for National Statistics, 2009. Available at:

http://www.statistics.gov.uk/downloads/theme_health/dr2009/dr-09.pdf

6. The cost of alcohol harm to the NHS in England, Department of Health, 2008. Available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_086421.pdf

7. Alcohol misuse: how much does it cost? Cabinet Office, 2003. Available at:

sia.dfc.unifi.it/costi%20uk.pdf

8. The ONS Omnibus Survey Report Drinking: adults' behaviour and knowledge in 2009. Available at:

http://www.statistics.gov.uk/downloads/theme_health/drink2009.pdf

9.The 2010 National Drug Treatment Monitoring System (NDTMS) Available at: http://www.nta.nhs.uk/uploads/ndtmsannualreport2009-10finalversion.pdf

10. Alcohol Attributable Fractions – England available at: http://www.cph.org.uk/showPublication.aspx?pubid=403

11. Health Statistics Quarterly. Office for National Statistics. Available at: http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=15342

12. Defining alcohol-related deaths, discussion document. Office for National Statistics, 2006. Available at: www.statistics.gov.uk/downloads/theme_health/Defining_alcohol-related_deaths.pdf

13. Defining alcohol-related deaths summary of responses to ONS proposals, Office for National Statistics 2006. Available at: www.statistics.gov.uk/downloads/theme_health/Summary_responses.pdf

14. Alcohol-attributable fractions for alcohol attributable mortality and hospital admissions produced by North West Public Health Observatory. Available at: http://www.nwph.net/alcohol/

15. Alcohol Harm Reduction Strategy for England. Cabinet Office, 2004. Available at: http://webarchive.nationalarchives.gov.uk/20060502043818/http://www.strategy.gov.uk/work_areas/alcohol_misuse/index.asp

16. Safe. Sensible. Social. The next steps in the National Alcohol Strategy, Department of Health, 2007. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218

List of Tables

Table 4.1 Alcohol-related[1] NHS[2] hospital admissions[3], 2002/03 to 2009/10[4,5]

England

ICD-10 Code[6]		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Total		**510,800**	**570,100**	**644,700**	**736,100**	**802,100**	**863,600**	**945,500**	**1,057,000**
Total - Wholly attributable[7]		**131,100**	**150,600**	**173,600**	**196,700**	**210,300**	**222,600**	**237,800**	**265,200**
F10	**Mental and behavioural disorders due to use of alcohol**	**83,400**	**97,000**	**113,000**	**128,100**	**136,900**	**144,700**	**156,500**	**177,400**
F10.0	Acute intoxication	22,400	28,100	34,500	41,200	43,300	45,300	47,800	55,200
F10.1	Harmful use	18,300	20,700	24,500	27,600	30,500	31,900	35,900	41,100
F10.2	Dependence syndrome	29,500	33,200	37,200	40,300	42,400	45,100	48,500	54,700
F10.3	Withdrawal state	9,200	10,700	12,600	14,400	16,400	18,000	20,100	21,900
F10.4	Withdrawal state with delirium	1,200	1,300	1,300	1,400	1,400	1,200	1,200	1,200
F10.5	Psychotic disorder	600	500	600	600	500	500	400	500
F10.6	Amnesic syndrome	600	600	600	700	800	800	900	1,100
F10.7	Residual and late-onset psychotic disorder	500	500	500	500	500	500	500	600
F10.8	Other mental and behavioural disorders due to use of alcohol	100	100	100	100	100	100	100	100
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	1,100	1,200	1,100	1,300	1,200	1,400	1,100	1,000
K70	**Alcoholic liver disease**	**25,700**	**28,600**	**31,500**	**34,400**	**37,700**	**38,300**	**39,600**	**43,100**
K70.0	Alcoholic fatty liver	400	400	600	600	600	700	800	1,000
K70.1	Alcoholic hepatitis	1,600	1,800	1,900	2,100	2,200	2,200	2,400	2,700
K70.2	Alcoholic fibrosis and sclerosis of liver	200	200	200	200	200	100	100	200
K70.3	Alcoholic cirrhosis of liver	7,200	8,000	9,100	10,200	11,600	12,500	13,900	16,400
K70.4	Alcoholic hepatic failure	1,100	1,200	1,300	1,500	1,700	1,800	2,100	2,600
K70.9	Alcoholic liver disease, unspecified	15,300	17,000	18,400	19,900	21,200	20,900	20,100	20,200
T51[8]	**Toxic effect of alcohol**	**16,000**	**18,400**	**21,400**	**25,800**	**26,600**	**30,100**	**31,700**	**33,600**
T51.0	Toxic effect of ethanol	12,300	14,200	16,800	21,200	22,200	25,600	27,400	30,300
T51.1	Toxic effect of methanol	100	0	100	100	0	100	0	0
T51.9	Toxic effect of alcohol, unspecified	3,600	4,200	4,400	4,600	4,300	4,500	4,200	3,300
Other wholly - attributable conditions		**6,000**	**6,700**	**7,700**	**8,500**	**9,200**	**9,500**	**10,100**	**11,200**
E24.4	Alcohol-induced pseudo-Cushing's syndrome	0	0	0	0	0	0	0	0
G31.2	Degeneration of nervous system due to alcohol	400	400	400	500	500	600	500	700
G62.1	Alcoholic polyneuropathy	200	200	300	300	300	300	300	300
G72.1	Alcoholic myopathy	100	100	0	100	100	100	100	100
I42.6	Alcoholic cardiomyopathy	800	800	900	900	900	1,000	1,000	1,100
K29.2	Alcoholic gastritis	1,200	1,200	1,500	1,600	1,600	1,500	1,800	1,900
K86.0	Chronic pancreatitis (alcohol induced)	3,100	3,800	4,400	5,000	5,700	5,900	6,300	7,000
X45	Accidental poisoning by and exposure to alcohol	200	100	200	200	100	100	200	200
Total - partly attributable[9]		**379,700**	**419,500**	**471,200**	**539,300**	**591,800**	**641,000**	**707,700**	**791,700**
Accidents and injuries		**20,000**	**21,000**	**21,900**	**23,300**	**23,600**	**23,800**	**25,100**	**27,000**
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	200	200	200	300	300	400	500	700
W00-W19	Fall injuries	17,400	18,300	19,200	20,400	20,700	20,900	22,000	23,800
W24-W31	Work/machine injuries	1,400	1,500	1,500	1,600	1,600	1,500	1,500	1,500
W32-W34	Firearm injuries	200	200	200	200	200	200	200	100
W65-W74	Drowning	0	0	0	0	0	100	0	0
X00-X09	Fire injuries	600	600	700	700	700	700	700	700
X31	Accidental excessive cold	100	100	100	100	100	100	100	200
Violence		**21,700**	**24,000**	**26,100**	**28,500**	**29,000**	**28,000**	**28,200**	**28,100**
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	14,200	16,000	17,500	19,400	19,200	19,100	19,500	19,600
X85-Y09	Assault	7,500	8,100	8,700	9,200	9,800	8,900	8,700	8,500
Transport accidents		**5,700**	**5,800**	**5,800**	**6,200**	**6,000**	**6,000**	**5,400**	**5,400**
V02-V04 (.1, .9), V06.1, V09.2, V09.3	Pedestrian traffic accidents	1,100	1,100	1,100	1,200	1,200	1,200	1,100	1,100
for codes see footnote 10	Road traffic accidents – non-pedestrian	4,500	4,600	4,600	4,900	4,700	4,600	4,200	4,200
V90-V94	Water transport accidents	100	100	100	100	100	100	100	100
V95-V97	Air/space transport accidents								
Spontaneous abortion		**8,700**	**8,700**	**9,000**	**9,600**	**9,000**	**9,000**	**8,900**	**9,300**
O03	Spontaneous abortion	8,700	8,700	9,000	9,600	9,000	9,000	8,900	9,300
Digestive		**14,000**	**14,800**	**15,400**	**17,100**	**18,100**	**19,200**	**20,600**	**22,200**
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	1,100	1,100	1,100	1,200	1,200	1,200	1,200	1,200
K73, K74	Unspecified liver disease	5,800	6,400	6,900	8,100	8,700	9,500	10,400	11,800
K85, K86.1	Acute and chronic pancreatitis	3,300	3,400	3,400	3,500	3,600	3,600	3,700	3,900
I85	Oesophageal varices	3,700	3,900	3,900	4,200	4,600	4,900	5,300	5,400
Cancer		**29,400**	**30,300**	**31,100**	**33,100**	**35,200**	**35,800**	**36,900**	**36,900**
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	5,200	5,500	6,000	6,600	7,600	8,000	9,100	9,700
C15	Malignant neoplasm of oesophagus	7,800	7,900	7,900	8,500	8,400	8,000	8,000	7,400
C32	Malignant neoplasm of larynx	1,200	1,300	1,300	1,400	1,400	1,500	1,500	1,500
C18	Malignant neoplasm of colon	2,800	2,700	2,600	2,700	2,500	2,400	2,400	2,200
C20	Malignant neoplasm of rectum	2,800	2,700	2,500	2,700	2,400	2,200	2,200	2,100
C22	Malignant neoplasm of liver and intrahepatic bile ducts	500	500	500	600	600	600	700	700
C50	Malignant neoplasm of breast	9,100	9,700	10,300	10,800	12,200	13,000	13,100	13,300
Hypertensive diseases		**136,000**	**159,400**	**191,200**	**228,700**	**262,200**	**292,700**	**333,500**	**383,900**
I10-I15	Hypertensive diseases	136,000	159,400	191,200	228,700	262,200	292,700	333,500	383,900
Cardiac arrhythmias		**87,000**	**95,700**	**106,200**	**121,600**	**132,700**	**146,300**	**163,000**	**182,300**
I47-I48	Cardiac arrhythmias	87,000	95,700	106,200	121,600	132,700	146,300	163,000	182,300
Other partly-attributable conditions		**57,200**	**59,700**	**64,300**	**71,300**	**75,900**	**80,100**	**86,100**	**96,600**
G40-G41	Epilepsy and Status epilepticus	48,800	51,300	56,700	63,100	67,600	71,800	77,300	86,500
I60-I62, I69.0-I69.2	Haemorrhagic stroke	2,900	2,800	2,700	2,700	2,600	2,400	2,400	2,400
I63-I66, I69.3, I69.4	Ischaemic stroke	1,600	1,500	1,400	1,400	1,200	1,100	1,200	1,200
L40 excluding cirrhosis L40.5	Psoriasis	4,000	4,100	3,400	4,200	4,500	4,800	5,100	6,500

1. The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). This methodology includes a wide range of diseases, injuries and conditions in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Finished admission episodes are identified where an alcohol-related diagnosis is recorded in any of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Admission Statistics record. For each of these episodes, an attributable fraction is applied, based on the diagnostic codes, age group and gender of the patient. Where there is more than one alcohol-related condition among the diagnostic codes, the condition with the largest attributable fraction is used. Where there are two or more codes with the maximum attributable fraction, the code from the earliest diagnostic position is used. This method is employed to avoid double counting of the admission episodes related to alcohol and therefore each episode contributes to one cell in the table. The total number of alcohol-related admissions is arrived at by summing up the number of episodes counted against each alcohol-related condition.

2. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.

3. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

4. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

5. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown.

6. See Appendix A for further information about International Classification of Diseases.

7. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.

8. The totals shown for T51 - Toxic effect of alcohol, do not include the full breakdown for ICD-10 code T51, only T51.0, T51.1 and T51.9 as these cover types of alcohol most commonly found in alcoholic drinks.

9. Partially attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one

10. ICD-10 codes for road traffic accidents: V12-V14 (.3 -.9), V19.4-V19.6, V19.9, V20-V28 (.3 -.9), V29-V79 (.4 -.9), V80.3-V80.5, V81.1, V82.1, V82.9, V83.0-V86 (.0 -.3), V87.0-V87.9, V89.2, V89.3, V89.9.

11. Admission numbers for 2003/03 to 2006/07 have been updated to include records relating to disease codes K73 (chronic hepatitis) and L40 (psoriasis), that were excluded unintentionally from the previous figures. As a result the latest figures are slightly higher than those published in the 2009 report. The minimum effect at a national level is to increase the total number of admissions by 543 admissions (0.07%) in 2005/06, whilst the maximum effect is an increase of 2,946 (0.37%) in 2006/07.

Sources:

Figures provided by The Department of Health based on:
Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.
North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.2 Alcohol-related[1] NHS[2] hospital admissions[3], by gender, 2009/10[4,5]

England		Number of admissions (rounded to nearest hundred)		
ICD-10 Code[6]		All persons	Males	Females
Total		**1,057,000**	**661,700**	**395,200**
Total - Wholly attributable[7]		**265,200**	**183,100**	**82,100**
F10	**Mental and behavioural disorders due to use of alcohol**	**177,400**	**129,100**	**48,300**
F10.0	Acute intoxication	55,200	39,600	15,700
F10.1	Harmful use	41,100	29,900	11,200
F10.2	Dependence syndrome	54,700	39,700	15,100
F10.3	Withdrawal state	21,900	16,700	5,200
F10.4	Withdrawal state with delirium	1,200	900	300
F10.5	Psychotic disorder	500	300	100
F10.6	Amnesic syndrome	1,100	800	200
F10.7	Residual and late-onset psychotic disorder	600	400	200
F10.8	Other mental and behavioural disorders due to use of alcohol	100	100	0
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	1,000	700	300
K70	**Alcoholic liver disease**	**43,100**	**29,600**	**13,500**
K70.0	Alcoholic fatty liver	1,000	700	300
K70.1	Alcoholic hepatitis	2,700	1,700	900
K70.2	Alcoholic fibrosis and sclerosis of liver	200	100	100
K70.3	Alcoholic cirrhosis of liver	16,400	11,600	4,800
K70.4	Alcoholic hepatic failure	2,600	1,700	900
K70.9	Alcoholic liver disease, unspecified	20,200	13,800	6,400
T51[8]	**Toxic effect of alcohol**	**33,600**	**15,500**	**18,100**
T51.0	Toxic effect of ethanol	30,300	13,900	16,300
T51.1	Toxic effect of methanol	0	0	0
T51.9	Toxic effect of alcohol, unspecified	3,300	1,500	1,700
Other wholly - attributable conditions		**11,200**	**8,900**	**2,300**
E24.4	Alcohol-induced pseudo-Cushing's syndrome	0	0	0
G31.2	Degeneration of nervous system due to alcohol	700	500	200
G62.1	Alcoholic polyneuropathy	300	300	100
G72.1	Alcoholic myopathy	100	0	0
I42.6	Alcoholic cardiomyopathy	1,100	1,000	100
K29.2	Alcoholic gastritis	1,900	1,500	500
K86.0	Chronic pancreatitis (alcohol induced)	7,000	5,500	1,500
X45	Accidental poisoning by and exposure to alcohol	200	100	100
Total - partly attributable[9]		**791,700**	**478,600**	**313,100**
Accidents and injuries		**27,000**	**16,600**	**10,400**
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	700	300	300
W00-W19	Fall injuries	23,800	14,400	9,400
W24-W31	Work/machine injuries	1,500	1,200	300
W32-W34	Firearm injuries	100	100	0
W65-W74	Drowning	0	0	0
X00-X09	Fire injuries	700	500	200
X31	Accidental excessive cold	200	100	100
Violence		**28,100**	**14,800**	**13,300**
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	19,600	7,700	11,900
X85-Y09	Assault	8,500	7,100	1,400
Transport accidents		**5,400**	**4,500**	**900**
V02-V04 (.1, .9), V06.1, V09.2, V09.3	Pedestrian traffic accidents	1,100	900	200
for codes see footnote 10	Road traffic accidents – non-pedestrian	4,200	3,500	700
V90-V94	Water transport accidents	100	100	0
V95-V97	Air/space transport accidents	0	0	0
Spontaneous abortion		**9,300**	**-**	**9,300**
O03	Spontaneous abortion	9,300	-	9,300
Digestive		**22,200**	**14,000**	**8,200**
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	1,200	600	500
K73, K74	Unspecified liver disease	11,800	7,100	4,700
K85, K86.1	Acute and chronic pancreatitis	3,900	2,600	1,300
I85	Oesophageal varices	5,400	3,700	1,700
Cancer		**36,900**	**18,600**	**18,300**
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	9,700	7,700	2,000
C15	Malignant neoplasm of oesophagus	7,400	5,900	1,500
C32	Malignant neoplasm of larynx	1,500	1,400	200
C18	Malignant neoplasm of colon	2,200	1,600	700
C20	Malignant neoplasm of rectum	2,100	1,600	500
C22	Malignant neoplasm of liver and intrahepatic bile ducts	700	500	200
C50	Malignant neoplasm of breast	13,300	-	13,300
Hypertensive diseases		**383,900**	**253,100**	**130,700**
I10-I15	Hypertensive diseases	383,900	253,100	130,700
Cardiac arrhythmias		**182,300**	**109,100**	**73,200**
I47-I48	Cardiac arrhythmias	182,300	109,100	73,200
Other partly-attributable conditions		**96,600**	**47,900**	**48,700**
G40-G41	Epilepsy and Status epilepticus	86,500	41,500	45,000
I60-I62, I69.0-I69.2	Haemorrhagic stroke	2,400	1,600	800
I63-I66, I69.3, I69.4	Ischaemic stroke	1,200	1,200	0
L40 excluding cirrhosis L40.5	Psoriasis	6,500	3,500	2,900

1. The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). This methodology includes a wide range of diseases, injuries and conditions in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Finished admission episodes are identified where an alcohol-related diagnosis is recorded in any of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record. For each of these episodes, an attributable fraction is applied, based on the diagnostic codes, age group and gender of the patient. Where there is more than one alcohol-related condition among the diagnostic codes, the condition with the largest attributable fraction is used. Where there are two or more codes with the maximum attributable fraction, the code from the earliest diagnostic position is used. This method is employed to avoid double counting of the admission episodes related to alcohol and therefore each episode contributes to one cell in the table. The total number of alcohol-related admissions is arrived at by summing up the number of episodes counted against each
alcohol-related condition.

2. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.

3. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

4. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

5. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown.

6. See Appendix A for further information about International Classification of Diseases.

7. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.

8. The totals shown for T51 - Toxic effect of alcohol, do not include the full breakdown for ICD-10 code T51, only T51.0, T51.1 and T51.9 as these cover types of alcohol most commonly found in alcoholic drinks.

9. Partially attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one.

10. ICD-10 codes for road traffic accidents: V12-V14 (.3 -.9), V19.4-V19.6, V19.9, V20-V28 (.3 -.9), V29-V79 (.4 -.9), V80.3-V80.5, V81.1, V82.1, V82.9, V83.0-V86 (.0 -.3), V87.0-V87.9, V89.2, V89.3, V89.9.

11. A '-' indicates there were no observations.

Sources:

Figures provided by The Department of Health based on:

Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.

North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.3 Alcohol-related[1] NHS[2] hospital admissions[3], by age, 2009/10[4,5]

England Number of admissions (rounded to nearest hundred)

	Total	Under 16[6]	16 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to74	75 and over
Total	**1,057,000**	**3,700**	**52,000**	**67,700**	**112,600**	**157,100**	**202,400**	**205,800**	**255,600**
Wholly-attributable[7]	265,200	3,700	22,100	34,400	60,700	63,400	45,700	24,200	11,100
Partly-attributable[8]	791,700	.	29,900	33,400	51,900	93,700	156,700	181,700	244,500

1. The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). This methodology includes a wide range of diseases, injuries and conditions in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Finished admission episodes are identified where an alcohol-related diagnosis is recorded in any of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record. For each of these episodes, an attributable fraction is applied, based on the diagnostic codes, age group and gender of the patient. Where there is more than one alcohol-related condition among the diagnostic codes, the condition with the largest attributable fraction is used. Where there are two or more codes with the maximum attributable fraction, the code from the earliest diagnostic position is used.

This method is employed to avoid double counting of the admission episodes related to alcohol and therefore each episode contributes to one cell in the table. The total number of alcohol-related admissions is arrived at by summing up the number of episodes counted against each alcohol-related condition.

2. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.

3. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

4. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

5. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown.

6. The attributable fractions are not applicable to children under 16, therefore data is only shown for wholly-attributable admissions for this age group, where the attributable fraction is one.

7. Wholly-attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.

8. Partially-attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one.

A '.' means not applicable.

Sources:

Figures provided by The Department of Health based on:

Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.

North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.4 Alcohol-related[1] NHS[2] hospital admissions[3], by Strategic Health Authority, 2009/10[4,5]

England Number of admissions (rounded to nearest hundred)

			Total		Wholly-attributable[6]		Partly-attributable[7]	
			Admissions	Number of admissions per 100,000 population[8]	Admissions	Number of admissions per 100,000 population[8]	Admissions	Number of admissions per 100,000 population[8]
		England	1,057,000	1,743	265,200	500	791,700	1,242
Q30	E18000001	North East SHA	73,400	2,406	20,600	789	52,800	1,618
Q31	E18000002	North West SHA	183,200	2,295	56,800	806	126,400	1,489
Q32	E18000003	Yorkshire & Humber SHA	105,500	1,735	26,700	504	78,800	1,231
Q33	E18000004	East Midlands SHA	90,800	1,714	20,600	456	70,200	1,258
Q34	E18000005	West Midlands SHA	113,200	1,774	26,900	490	86,300	1,284
Q35	E18000006	East England SHA	106,300	1,483	18,800	315	87,500	1,167
Q36	E18000007	London SHA	127,500	1,684	31,900	429	95,600	1,256
Q37	E18000008	South East Coast SHA	78,300	1,439	16,200	368	62,100	1,071
Q38	E18000009	South Central SHA	59,000	1,223	13,400	317	45,600	906
Q39	E18000010	South West SHA	107,600	1,605	24,200	451	83,400	1,155

1. The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). This methodolgy includes a wide range of diseases, injuries and conditions in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Finished admission episodes are identified where an alcohol-related diagnosis is recorded in any of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record.

For each of these episodes, an attributable fraction is applied, based on the diagnostic codes, age group and gender of the patient. Where there is more than one alcohol-related condition among the diagnostic codes, the condition with the largest attributable fraction is used. Where there are two or more codes with the maximum attributable fraction, the code from the earliest diagnostic position is used. This method is employed to avoid double counting of the admission episodes related to alcohol and therefore each episode contributes to one cell in the table. The total number of alcohol-related admissions is arrived at by summing up the number of episodes counted against each alcohol-related condition.

2. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.

3. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than

4. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

5. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions. The England admissions total differs from the sum of the 10 individual SHAs as cases of no fixed or unknown abode are included in the England figure but excluded from the individual SHA figures.

6. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.

less than one.

8. Admissions per 100,000 of the population is aged standardised. Mid-year population estimates were used to derive age-group and gender specific rates for each area. The age standardised rate is obtained as a weighted sum of the age group and gender specific rates, where the weights are the proportion of the European Standard population in each age and gender group.

Sources:

Figures provided by The Department of Health based on:

Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.

North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.5 NHS[1] hospital admissions[2] with a primary diagnosis[3] wholly[4] or partly[5] attributable to alcohol, 2002/03 to 2009/10[6,7,8]

England — Number of admissions (rounded to nearest hundred)

ICD-10 Code[9]		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Total		**141,700**	**150,600**	**160,200**	**173,600**	**179,700**	**181,300**	**185,800**	**194,800**
Total - Wholly attributable[4]		**45,000**	**49,500**	**55,200**	**59,600**	**61,400**	**62,400**	**63,300**	**68,400**
F10	**Mental and behavioural disorders due to use of alcohol**	**28,500**	**31,800**	**36,000**	**39,500**	**40,300**	**41,200**	**42,500**	**46,900**
F10.0	Acute intoxication	7,500	9,800	12,200	15,400	15,900	15,800	16,000	18,300
F10.1	Harmful use	2,400	2,500	2,900	2,900	2,500	2,700	2,900	2,900
F10.2	Dependence syndrome	10,100	10,200	10,300	9,300	8,800	8,500	8,300	9,200
F10.3	Withdrawal state	5,900	6,800	8,000	9,300	10,700	11,800	13,300	14,600
F10.4	Withdrawal state with delirium	900	1,000	1,000	1,100	1,100	900	1,000	900
F10.5	Psychotic disorder	500	400	500	500	400	400	300	400
F10.6	Amnesic syndrome	300	300	200	200	300	200	300	300
F10.7	Residual and late-onset psychotic disorder	200	200	200	200	100	200	100	100
F10.8	Other mental and behavioural disorders due to use of alcohol	100	100	100	100	100	0	0	0
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	600	600	600	600	500	600	400	300
K70	**Alcoholic liver disease**	**11,500**	**12,200**	**13,100**	**13,800**	**14,500**	**14,300**	**14,200**	**14,700**
K70.0	Alcoholic fatty liver	100	200	200	200	200	200	200	200
K70.1	Alcoholic hepatitis	1,100	1,200	1,200	1,300	1,400	1,400	1,500	1,600
K70.2	Alcoholic fibrosis and sclerosis of liver	100	100	100	100	100	100	100	100
K70.3	Alcoholic cirrhosis of liver	3,100	3,400	3,800	4,200	4,800	4,800	4,900	5,700
K70.4	Alcoholic hepatic failure	800	800	900	1,000	1,100	1,100	1,400	1,600
K70.9	Alcoholic liver disease, unspecified	6,300	6,500	6,800	7,000	7,000	6,700	6,100	5,600
T51[10]	**Toxic effect of alcohol**	**1,300**	**1,400**	**1,600**	**1,400**	**1,400**	**1,700**	**1,400**	**1,200**
T51.0	Toxic effect of ethanol	800	900	1,000	1,000	900	1,100	1,000	900
T51.1	Toxic effect of methanol	0	0	0	0	0	0	0	0
T51.9	Toxic effect of alcohol, unspecified	500	500	500	400	500	500	400	200
Other wholly - attributable conditions		**3,800**	**4,100**	**4,500**	**4,900**	**5,200**	**5,200**	**5,200**	**5,600**
E24.4	Alcohol-induced pseudo-Cushing's syndrome	0	0	0	0	-	0	0	0
G31.2	Degeneration of nervous system due to alcohol	200	300	300	300	300	300	200	300
G62.1	Alcoholic polyneuropathy	100	100	100	100	100	100	100	100
G72.1	Alcoholic myopathy	0	100	0	100	0	0	0	0
I42.6	Alcoholic cardiomyopathy	200	200	200	200	200	200	200	200
K29.2	Alcoholic gastritis	900	1,000	1,200	1,300	1,300	1,300	1,500	1,600
K86.0	Chronic pancreatitis (alcohol induced)	2,200	2,500	2,700	3,000	3,200	3,300	3,100	3,300
X45	Accidental poisoning by and exposure to alcohol	-	-	-	-	-	-	-	-
Total - partly attributable[5]		**96,700**	**101,100**	**105,100**	**114,000**	**118,300**	**119,000**	**122,500**	**126,500**
Accidents and injuries		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	-	-	-	-	-	-	-	-
W00-W19	Fall injuries	-	-	-	-	-	-	-	-
W24-W31	Work/machine injuries	-	-	-	-	-	-	-	-
W32-W34	Firearm injuries	-	-	-	-	-	-	-	-
W65-W74	Drowning	-	-	-	-	-	-	-	-
X00-X09	Fire injuries	-	-	-	-	-	-	-	-
X31	Accidental excessive cold	-	-	-	-	-	-	-	-
Violence		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	-	-	-	-	-	-	-	-
X85-Y09	Assault	-	-	-	-	-	-	-	-
Transport accidents		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
V02-V04 (.1, .9), V06.1, V09.2, V09.3	Pedestrian traffic accidents	-	-	-	-	-	-	-	-
for codes see footnote 10	Road traffic accidents – non-pedestrian	-	-	-	-	-	-	-	-
V90-V94	Water transport accidents	-	-	-	-	-	-	-	-
V95-V97	Air/space transport accidents	-	-	-	-	-	-	-	-
Spontaneous abortion		**8,700**	**8,700**	**9,000**	**9,500**	**9,000**	**9,000**	**8,900**	**9,300**
O03	Spontaneous abortion	8,700	8,700	9,000	9,500	9,000	9,000	8,900	9,300
Digestive		**9,700**	**9,900**	**10,200**	**11,100**	**11,500**	**12,200**	**12,500**	**13,000**
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	900	900	900	1,000	1,000	1,000	900	900
K73, K74	Unspecified liver disease	1,900	2,000	2,100	2,400	2,400	2,800	2,800	4,500
K85, K86.1	Acute and chronic pancreatitis	3,200	3,400	3,600	3,700	3,900	4,000	4,200	2,900
I85	Oesophageal varices	3,600	3,600	3,700	3,900	4,200	4,400	4,600	4,600
Cancer		**27,800**	**28,800**	**29,700**	**32,000**	**34,200**	**34,600**	**35,600**	**35,900**
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	4,600	4,800	5,200	5,800	6,600	6,900	7,700	8,200
C15	Malignant neoplasm of oesophagus	7,400	7,600	7,600	8,300	8,300	7,900	7,800	7,300
C32	Malignant neoplasm of larynx	1,100	1,100	1,200	1,300	1,300	1,300	1,300	1,300
C18	Malignant neoplasm of colon	2,900	2,700	2,700	2,800	2,700	2,700	2,700	2,600
C20	Malignant neoplasm of rectum	2,800	2,800	2,600	2,800	2,600	2,400	2,400	2,300
C22	Malignant neoplasm of liver and intrahepatic bile ducts	500	500	500	600	700	700	800	800
C50	Malignant neoplasm of breast	8,600	9,300	9,900	10,400	12,000	12,700	12,900	13,300
Hypertensive diseases		**3,600**	**5,000**	**6,200**	**7,700**	**9,100**	**6,600**	**7,700**	**8,500**
I10-I15	Hypertensive diseases	3,600	5,000	6,200	7,700	9,100	6,600	7,700	8,500
Cardiac arrhythmias		**25,000**	**26,100**	**27,000**	**29,400**	**30,200**	**31,700**	**32,400**	**33,600**
I47-I48	Cardiac arrhythmias	25,000	26,100	27,000	29,400	30,200	31,700	32,400	33,600
Other partly-attributable conditions		**22,000**	**22,600**	**22,900**	**24,300**	**24,300**	**24,800**	**25,200**	**26,200**
G40-G41	Epilepsy and Status epilepticus	14,500	15,100	16,200	17,300	17,500	17,800	18,200	18,500
I60-I62, I69.0-I69.2	Haemorrhagic stroke	3,500	3,500	3,500	3,700	3,600	3,700	3,800	3,900
I63-I66, I69.3, I69.4	Ischaemic stroke	1,600	1,600	1,700	1,600	1,600	1,600	1,600	1,800
L40 excluding cirrhosis L40.5	Psoriasis	2,400	2,300	1,500	1,700	1,500	1,600	1,600	2,100

1. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.

2. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

3. The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). Finished admission episodes are identified where an alcohol-related diagnosis is recorded in the first of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record.

4. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.

5. Partially attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one.

6. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

7. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown.

8. Figures for 2002/03 to 2006/07are slightly different to those published in previous *Statistics on Alcohol: England* reports as more ICD-10 codes have been included in the group of wholly-attributable diseases, conditions and injuries and these data only include those records where age and sex where known, whereas previous data included records were age and/or sex was not specified.

9. See Appendix A for further information about International Classification of Diseases.

10. The totals shown for T51 - Toxic effect of alcohol, do not include the full breakdown for ICD-10 code T51, only T51.0, T51.1 and T51.9 as these cover types of alcohol most commonly found in alcoholic drinks.

11. A '-' indicates that there were no observations.

Sources:

Figures provided by The Department of Health based on:

Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.

North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.6 NHS[1] hospital admissions[2] with a primary diagnosis[3] wholly[4] or partly[5] attributable to alcohol, by gender, 2009/10[6/7]

England		Number of admissions (rounded to nearest hundred)		
ICD10-Code[8]		All persons	Males	Females
Total		**194,800**	**117,200**	**77,600**
Total - Wholly attributable[4]		**68,400**	**47,700**	**20,700**
F10	Mental and behavioural disorders due to use of alcohol	**46,900**	**32,600**	**14,300**
F10.0	**Acute intoxication**	18,300	11,900	6,400
F10.1	Harmful use	2,900	2,000	900
F10.2	Dependence syndrome	9,200	6,200	3,000
F10.3	Withdrawal state	14,600	11,100	3,500
F10.4	Withdrawal state with delirium	900	700	200
F10.5	Psychotic disorder	400	300	100
F10.6	Amnesic syndrome	300	200	100
F10.7	Residual and late-onset psychotic disorder	100	100	0
F10.8	Other mental and behavioural disorders due to use of alcohol	0	0	0
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	300	200	100
K70	**Alcoholic liver disease**	**14,700**	**10,100**	**4,700**
K70.0	Alcoholic fatty liver	200	200	100
K70.1	Alcoholic hepatitis	1,600	1,000	600
K70.2	Alcoholic fibrosis and sclerosis of liver	100	0	0
K70.3	Alcoholic cirrhosis of liver	5,700	4,000	1,700
K70.4	Alcoholic hepatic failure	1,600	1,100	500
K70.9	Alcoholic liver disease, unspecified	5,600	3,800	1,800
T51[9]	**Toxic effect of alcohol**	**1,200**	**600**	**500**
T51.0	Toxic effect of ethanol	900	500	400
T51.1	Toxic effect of methanol	0	0	0
T51.9	Toxic effect of alcohol, unspecified	200	100	100
Other wholly - attributable conditions		**5,600**	**4,300**	**1,200**
E24.4	**Alcohol-induced pseudo-Cushing's syndrome**	0	0	0
G31.2	Degeneration of nervous system due to alcohol	300	200	100
G62.1	Alcoholic polyneuropathy	100	100	0
G72.1	Alcoholic myopathy	0	0	0
I42.6	Alcoholic cardiomyopathy	200	200	0
K29.2	Alcoholic gastritis	1,600	1,200	400
K86.0	Chronic pancreatitis (alcohol induced)	3,300	2,600	700
X45	Accidental poisoning by and exposure to alcohol	-	-	-
Total - partly attributable[5]		**126,500**	**69,500**	**57,000**
Accidents and injuries		-	-	-
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	-	-	-
W00-W19	Fall injuries	-	-	-
W24-W31	Work/machine injuries	-	-	-
W32-W34	Firearm injuries	-	-	-
W65-W74	Drowning	-	-	-
X00-X09	Fire injuries	-	-	-
X31	Accidental excessive cold	-	-	-
Violence		-	-	-
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	-	-	-
X85-Y09	Assault	-	-	-
Transport accidents		-	-	-
V02-V04 (.1, .9), V06.1, V09.2, V09.3	Pedestrian traffic accidents	-	-	-
for codes see footnote 10	Road traffic accidents – non-pedestrian	-	-	-
V90-V94	Water transport accidents	-	-	-
V95-V97	Air/space transport accidents	-	-	-
Spontaneous abortion		**9,300**	**0**	**9,300**
O03	Spontaneous abortion	9,300	0	9,300
Digestive		**13,000**	**8,800**	**4,100**
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	900	600	400
K73, K74	Unspecified liver disease	2,900	1,700	1,200
K85, K86.1	Acute and chronic pancreatitis	4,500	3,300	1,200
I85	Oesophageal varices	4,600	3,200	1,300
Cancer		**35,900**	**18,000**	**17,900**
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	8,200	6,600	1,700
C15	Malignant neoplasm of oesophagus	7,300	6,000	1,200
C32	Malignant neoplasm of larynx	1,300	1,200	100
C18	Malignant neoplasm of colon	2,600	1,800	800
C20	Malignant neoplasm of rectum	2,300	1,800	500
C22	Malignant neoplasm of liver and intrahepatic bile ducts	800	600	200
C50	Malignant neoplasm of breast	13,300	0	13,300
Hypertensive diseases		**8,500**	**6,000**	**2,500**
I10-I15	Hypertensive diseases	8,500	6,000	2,500
Cardiac arrhythmias		**33,600**	**20,600**	**12,900**
I47-I48	Cardiac arrhythmias	33,600	20,600	12,900
Other partly-attributable conditions		**26,200**	**16,000**	**10,200**
G40-G41	Epilepsy and Status epilepticus	18,500	10,200	8,300
I60-I62, I69.0-I69.2	Haemorrhagic stroke	3,900	2,800	1,100
I63-I66, I69.3, I69.4	Ischaemic stroke	1,800	1,800	0
L40 excluding cirrhosis L40.5	Psoriasis	2,100	1,300	800

1. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.
2. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.
3. The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). Finished admission episodes are identified where an alcohol-related diagnosis is recorded in the first of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record.
4. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.
5. Partially attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one.
6. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).
7. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown.
8. See Appendix A for further information about International Classification of Diseases.
9. The totals shown for T51 - Toxic effect of alcohol, do not include the full breakdown for ICD-10 code T51, only T51.0, T51.1 and T51.9 as these cover types of alcohol most commonly found in alcoholic drinks.
10. A '-' indicates that there were no observations.

Sources:

Figures provided by The Department of Health based on:
Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.
North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.7 NHS[1] hospital admissions[2] with a primary diagnosis[3] wholly[4] or partly attributable[5] to alcohol, by Strategic Health Authority, 2009/10[6,7]

England Number of admissions (rounded to nearest hundred)

			Total		Wholly-attributable		Partly-attributable	
			Admissions	Number of admissions per 100,000 of population[8]	Admissions	Number of admissions per 100,000 of population[8]	Admissions	Number of admissions per 100,000 of population[8]
England			194,800	349	68,400	131	126,500	218
Q30	E18000001	North East SHA	11,600	417	4,200	167	7,400	251
Q31	E18000002	North West SHA	33,200	451	14,100	205	19,100	246
Q32	E18000003	Yorkshire and the Humber SHA	19,900	357	6,700	129	13,200	228
Q33	E18000004	East Midlands SHA	17,000	353	5,300	120	11,600	233
Q34	E18000005	West Midlands SHA	21,600	372	7,500	140	14,100	232
Q35	E18000006	East of England SHA	17,800	277	4,700	80	13,200	197
Q36	E18000007	London SHA	25,800	342	9,500	126	16,300	216
Q37	E18000008	South East Coast SHA	13,800	283	4,000	93	9,800	190
Q38	E18000009	South Central SHA	10,600	239	3,500	84	7,200	155
Q39	E18000010	South West SHA	19,200	323	5,300	101	13,900	222

1. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector.

2. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

3.The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). Finished admission episodes are identified where an alcohol-related diagnosis is recorded in the first of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record.

4. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one.

5. Partially attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one.

6. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed).

7. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions. The England admissions total differs from the sum of the 10 individual SHAs as cases of no fixed or unknown abode are included in the England figure but excluded from the individual SHA figures.

8. Admissions per 100,000 of the population is aged standardised. Mid-year population estimates were used to derive age-group and gender specific rates for each area. The age standardised rate is obtained as a weighted sum of the age group and gender specific rates, where the weights are the proportion of the European Standard population in each age and gender group.

Sources:

Figures provided by The Department of Health based on:

Hospital Episode Statistics, The NHS Information Centre - Data for total number of admissions for each ICD-10 code.

North West Public Health Observatory - Attributable fractions for alcohol-related ICD-10 codes.

Table 4.8 Number of prescription items[1], net ingredient cost[2] and average net ingredient cost per item of drugs prescribed[3] for the treatment of alcohol dependence dispensed in the community, 2003 to 2010

England[4,5] Numbers / £

	2003[6]	2004	2005	2006	2007[7]	2008[7]	2009	2010
Prescription items								
Acamprosate Calcium	63,387	66,863	66,851	70,216	75,842	83,983	94,921	102,679
Disulfiram	39,354	41,218	42,261	45,652	46,936	50,440	55,524	57,502
Total	**102,741**	**108,081**	**109,112**	**115,868**	**122,778**	**134,423**	**150,445**	**160,181**
Prescribed in primary care								
Acamprosate Calcium	57,987	61,310	60,912	64,322	70,615	79,708	90,051	98,242
Disulfiram	35,254	36,651	36,851	39,015	41,652	45,343	49,533	52,214
Total	**93,241**	**97,961**	**97,763**	**103,337**	**112,267**	**125,051**	**139,584**	**150,456**
Prescribed in NHS hospitals								
Acamprosate Calcium	5,400	5,553	5,939	5,894	5,227	4,275	4,870	4,437
Disulfiram	4,100	4,567	5,410	6,637	5,284	5,097	5,991	5,288
Total	**9,500**	**10,120**	**11,349**	**12,531**	**10,511**	**9,372**	**10,861**	**9,725**
Net Ingredient Cost (£ 000s)								
Acamprosate Calcium	1,302	1,370	1,362	1,456	1,532	1,634	1,589	1,624
Disulfiram	420	456	599	686	715	767	791	790
Total	**1,722**	**1,516**	**1,960**	**2,142**	**2,247**	**2,400**	**2,380**	**2,414**
Average Net Ingredient Cost per item (£)								
Acamprosate Calcium	21	20	20	21	20	19	17	16
Disulfiram	11	11	14	15	15	15	14	14
Total	**17**	**14**	**18**	**18**	**18**	**18**	**16**	**15**

1. Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item.

2. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charge income.

3. This information was obtained from the Prescribing Analysis and Cost Tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK and prescriptions written in hospitals /clinics that are dispensed in the community. Prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

4. Prescriptions written in England but dispensed outside England are included.

5. Including unidentified Doctors (not possible for the Prescription Pricing Division of the Business Service Authority to allocate to a SHA).

6. Prescription item numbers for items prescribed in NHS hospitals for this year are only available rounded to the nearest 100.

7. Figures for 2007 and 2008 have been updated by the NHS Prescription Services of the Business Services Authority.

Source:

Prescribing Analysis and Cost (PACT) from NHS Prescription Services of the Business Service Authority. The NHS Information Centre.

Table 4.9 Number of prescription items[1] and prescription items per 100,000 of the population for the treatment of alcohol dependence prescribed in primary care[2] and dispensed in the community, by Strategic Health Authority[3], 2010

England Numbers

			Prescription items			population[4]		
			Total	Acamprosate Calcium	Disulfiram	Total	Acamprosate Calcium	Disulfiram
		England[5,6]	**150,456**	**98,242**	**52,214**	**290**	**190**	**101**
Q30	E18000001	North East	10,606	7,728	2,878	410	299	111
Q31	E18000002	North West	35,517	25,843	9,674	515	375	140
Q32	E18000003	Yorkshire and the Humber	21,552	11,716	9,836	410	223	187
Q33	E18000004	East Midlands	8,708	4,336	4,372	196	97	98
Q34	E18000005	West Midlands	15,912	10,596	5,316	293	195	98
Q35	E18000006	East of England	19,995	12,414	7,581	347	215	131
Q36	E18000007	London	10,054	7,638	2,416	130	99	31
Q37	E18000008	South East Coast	6,551	4,641	1,910	151	107	44
Q38	E18000009	South Central	9,182	5,577	3,605	224	136	88
Q39	E18000010	South West	12,119	7,595	4,524	232	145	86

1. Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item.

2. This information was obtained from the Prescribing Analysis and Cost Tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in hospitals /clinics that are dispensed in the community, prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

3. For data at SHA level, prescriptions written by a prescriber located in a particular SHA but dispensed outside that SHA will be included in the SHA in which the prescriber is based.

4. Office for National Statistics (ONS) estimated resident population mid-2009 all age group figures have been used to calculate prescription items per 100,000 population. Information on ONS population data is available at:
http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=601

5. Prescriptions written in England but dispensed outside England are included.

6. Including unidentified Doctors (not possible for NHS Prescription Services of the Business Service Authority to allocate to a SHA).

Source:

Prescribing Analysis and Cost (PACT) from the NHS Prescription Services of the Business Service Authority. The NHS Information Centre.
Population figures are 2009 Mid-Year Population Estimates, supplied by the Office for National Statistics, Population Estimates Unit.

Table 4.10 Alcohol-related deaths[1,2,] by gender, 2001 to 2009

England Numbers

ICD 10 code[3]		2001	2002	2003	2004	2005	2006	2007	2008	2009
All persons		**5,476**	**5,582**	**5,981**	**6,036**	**6,191**	**6,517**	**6,541**	**6,768**	**6,584**
F10	Mental and behavioural disorders due to alcohol	484	430	433	462	539	506	484	637	596
I42.6	Alcoholic cardiomyopathy	108	122	99	94	75	83	75	80	98
K70	Alcoholic liver disease	3,236	3,392	3,697	3,759	3,874	4,160	4,249	4,400	4,154
K73	Chronic hepatitis - not elsewhere specified	70	72	58	63	58	68	68	62	70
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	1,406	1,407	1,511	1,466	1,427	1,490	1,432	1,367	1,435
K86.0	Alcoholic induced chronic pancreatitis	33	32	32	43	52	41	48	48	41
X45	Accidental poisoning by and exposure to alcohol	126	112	127	130	151	149	157	153	168
	Other causes[4]	13	15	24	19	15	20	28	21	22
Men		**3,576**	**3,631**	**3,970**	**3,922**	**4,096**	**4,272**	**4,236**	**4,473**	**4,316**
F10	Mental and behavioural disorders due to alcohol	337	306	320	326	400	349	321	434	424
I42.6	Alcoholic cardiomyopathy	95	93	88	78	59	74	66	68	78
K70	Alcoholic liver disease	2,146	2,275	2,513	2,461	2,602	2,769	2,814	2,966	2,750
K73	Chronic hepatitis - not elsewhere specified	22	16	14	14	12	14	10	16	23
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	858	835	909	904	869	918	865	829	880
K86.0	Alcoholic induced chronic pancreatitis	19	24	22	34	43	33	35	39	29
X45	Accidental poisoning by and exposure to alcohol	90	70	86	91	100	96	106	110	117
	Other causes[4]	9	12	18	14	11	19	19	11	15
Women		**1,900**	**1,951**	**2,011**	**2,114**	**2,095**	**2,245**	**2,305**	**2,295**	**2,268**
F10	Mental and behavioural disorders due to alcohol	147	124	113	136	139	157	163	203	172
I42.6	Alcoholic cardiomyopathy	13	29	11	16	16	9	9	12	20
K70	Alcoholic liver disease	1,090	1,117	1,184	1,298	1,272	1,391	1,435	1,434	1,404
K73	Chronic hepatitis - not elsewhere specified	48	56	44	49	46	54	58	46	47
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	548	572	602	562	558	572	567	538	555
K86.0	Alcoholic induced chronic pancreatitis	14	8	10	9	9	8	13	9	12
X45	Accidental poisoning by and exposure to alcohol	36	42	41	39	51	53	51	43	51
	Other causes[4]	4	3	6	5	4	1	9	10	7

1. Deaths occurring in each calendar year.
2. Data may include non-residents.
3. See Appendix A for further information about International Classification of Disease.
4. Some causes linked to alcohol consumption as defined by ONS resulted in a small number of deaths per year (less than ten). These have been grouped together and listed as 'other causes'. This includes the folowing ICD 10 codes: G31.2, G62.1, K29.2, X65 and Y15.

Source:

DH2 Mortality Statistics - Cause, No.s 28, 29, 30, 31 and 32, 2001, 2002, 2003, 2004, 2005 and Mortality statistics: Deaths registered in 2006 to 2009, Office for National Statistics.

Appendix A: Key sources

Some of the statistics included in this publication are not National Statistics and are included here to provide a fuller picture; some of these are Official Statistics, whilst others are neither National Statistics nor Official Statistics. Those which are Official Statistics should still conform to the Code of Practice for Official Statistics, although this is not a statutory requirement. Those that are neither National Statistics nor Official Statistics may not conform the Code of Practice for Official Statistics. Unless otherwise stated, all sources contained within this publication are considered robust. A brief explanation and short review of the quality of each of the sets of statistics used in this publication are provided below.

Alcohol attributable fractions

The North West Public Health Observatory (NWPHO) have developed alcohol attributable fractions (AAF) which take into account the level of risk all injuries and diseases attributable to alcohol consumption have on a patient being admitted to hospital. With commission from the Department of Heath these AAF have been applied to Hospital Episode Statistics (HES) and Office for National Statistics (ONS) to give an estimation of the number of hospital admissions attributable to alcohol. **Tables 4.1 to 4.4** show the number of admissions into hospital attributable to the consumption of alcohol; historically from 2002/03 to 2009/10 (**Table 4.1**), and in further details for 2009/10 by gender (**Table 4.2**), age (**Table 4.3**), and Strategic Health Authority (SHA) (**Table 4.4**).

The number of alcohol-related admissions is based on the methodology developed by the NWPHO, which uses 48 indicators for alcohol-related illnesses, determining the proportion of a wide range of diseases and injuries that can be partly attributed to alcohol as well as those that are, by definition, wholly attributable to alcohol. Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one, whereas partially attributable conditions are those where some, but not all cases can be ascribed to alcohol consumption so have an attributable fraction of less than one. Where there is more than one alcohol-related condition among the diagnostic codes the condition with the largest condition is used. Where there are two or more codes with the maximum attributable fraction, the code from the earliest position is used. This method is employed to avoid

double counting of the admission episodes related to alcohol and therefore each episode contributes to one cell in the table. The total number of alcohol-related admissions is arrived at by summing up the number of episodes counted against each alcohol-related condition.

Further information on the methodology can be found at;
http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf

A list of the ICD-10 codes used and the alcohol attributable fractions applied to each of these by age and sex can be found in **Table A.3**

The application of the NWPHO methodology was updated in summer 2010. As such, information about episodes estimated to be alcohol related may be slightly different from previously published data.

Affordability data

An important adjustment has been introduced for the first time in *Statistics on Alcohol: England, 2011* so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income **per capita**.

Previously, the RHDI index tracked changes in the total disposable income of all households and was not on a per capita basis. This meant that changes in the RHDI index over time were, in part, due to changes in the size of the population and not exclusively due to changes in real disposable income per capita. The RHDI index feeds into the affordability of alcohol index, and so this was also affected.

The adjustment was carried out using ONS mid-year population estimates of the adult population aged 18 and over, and was applied to all years in the index (1980 onwards). The adjusted RHDI index was then carried forward to produce an adjusted affordability of alcohol index. Both the unadjusted RHDI index and the unadjusted affordability of alcohol index (as used in *Statistics on Alcohol: England 2010* and prior publications) are presented alongside the revised indices for comparability purposes.

The alcohol price index in **Table 2.8** shows how much the average price of alcohol has changed compared with the base price (1980 in this bulletin).

The retail prices index (RPI) shows how much the prices of all items have changed compared with the base price (1980).

The relative alcohol price index is calculated in the following way:

(alcohol price index / retail prices index) *100

This shows how the average price of alcohol has changed since the base (1980) compared with prices of all other items. A value greater than 100 shows that the price of alcohol has increased by more than inflation during that period, for example between January 1980 and 2010, the price of

alcohol increased by 311.2 %. After considering inflation at 234.5%, alcohol prices increased by 22.9% over the period, as shown by the relative index of 122.9.

Adjusted real households' disposable income is an index of total households' income, minus payments of income tax and other taxes, social contributions and other current transfers, converted to real terms (i.e. after dividing by a general price index to remove the effect of inflation) which tracks, exclusively, changes in real disposable income per capita.

The adjusted real households' disposable income index is obtained by carrying out the following 2 steps;

1. Calculate real households' disposable income index / total number of UK adults aged 18 and over

2. Rebase the resulting series so that 1980 = 100%.

Affordability of alcohol gives a measure of the relative affordability of alcohol, by comparing the relative changes in the price of alcohol, with changes in households' disposable income per capita over the same period (with both allowing for inflation). It is calculated in the following way;

(adjusted real households' disposable income index / relative alcohol price index) *100

If the affordability index is above 100, then alcohol is relatively more affordable than in the base year, 1980. For example, in 2010 alcohol prices were 311.2% higher than in 1980 but, after taking inflation and households' disposable income per capita into account, alcohol was 44.4% more affordable, as shown by the affordability index of 144.4.

Focus on Consumer Price Indices, Office for National Statistics. Available at:
www.statistics.gov.uk/statbase/product.asp?vlnk=867

Economic and Labour Market Review, Office for National Statistics. Available at:
www.statistics.gov.uk/STATBASE/Product.asp?vlnk=308

Final Mid-Year Population Estimates (2001 census based), Office for National Statistics. Available at:
http://www.statistics.gov.uk/hub/population/population-change/population-estimates/index.html

Affordability data can be found in Chapter 2 – Drinking behaviour among adults and children.

Work in this area is ongoing and further revisions may be included in future publications. Wider views on the methodology are welcomed via the Lifestyles Statistics Compendia Publications Consultation; www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

The closing date for responses to this consultation is Friday 24 June 2011

General Lifestyle Survey

From 2008, the General Household Survey (GHS) became a module of the Integrated Household Survey (IHS). In recognition, the survey was renamed the General Lifestyle Survey (GLF). Please refer to the IHS web page for further information:

http://www.statistics.gov.uk/CCI/nugget.asp?ID=936&Pos=1&ColRank=1&Rank=224

ONS have recently undertaken a consultation on the future of the General Household Survey. This consultation closed on the 6th May 2011, further information can be found at;
http://www.ons.gov.uk/about/consultations/open-consultations/the-future-of-the-glf-survey/

The GLF collects information on a range of topics from people living in private households in Great Britain. Questions about drinking alcohol were included in the GLF every two years from 1978 to 1998. Following the review of the GHS, the questions about drinking in the last seven days form part of the continuous survey, and have been included every year from 2000 onwards. Questions designed to measure average weekly alcohol consumption were included from 2000 to 2002 and again in 2005 and 2006 but were not included in the 2007 questionnaire. Before 1988 questions about drinking were asked only of those aged 18 and over, but since then respondents aged 16 and 17 have answered the questions using a self-completion questionnaire.

Questions on the maximum daily amount drunk in the week prior to interview have been included in the GHS since 1998, following an inter-departmental review of the effects of drinking. This review concluded that it was more appropriate to set benchmarks for daily consumption rather than for weekly consumption of alcohol. This is in line with the then Government's advice on sensible drinking which is based on the same daily benchmarks and GHS data are used to monitor the extent to which people are following the advice given.

Questions to establish average weekly alcohol consumption have been included on the GHS, in their current form, periodically since 1986. This measure was developed in response to earlier medical guidelines on drinking related to maximum recommended weekly amounts of alcohol. Respondents are asked how often over the last year they have drunk a range of alcoholic drinks and how much of these they have usually drunk on any one day. This information is combined to give an estimate of the respondent's weekly alcohol consumption. The questions were asked in the 2005 survey and prior to that, in the 2002 survey.

Updated method of converting volumes drunk to units

GHS 2007 presents an updated method of converting what respondents say they drink into standard alcohol units. In recent years, new types of alcoholic drink have been introduced, the alcohol content of some drinks has increased, and alcoholic drinks are now sold in more variable quantities than used to be the case. The GHS, in common with other surveys, has partially taken this into account: since 1998, alcopops and strong beer, lager and cider have been included as separate categories. However, it has recently also become necessary to reconsider the assumptions made in obtaining estimates of alcohol consumption, taking into account the following:

- increases in the size of glass in which wine is served on licensed premises;
- the increased alcoholic strength of wine;
- better estimates of the alcoholic strengths of beers, lagers and ciders.

For wine, it was decided to adopt a method which requires a question to be asked about glass size, which has the advantage that future changes in the average size of glass will be taken into account automatically.

It should be noted, that changing the way in which alcohol consumption estimates are derived does not in itself reflect a real change in drinking among the adult population.

The changes in conversion factors are summarised in **Table A.1**.

Estimating alcohol consumption from survey data: updated method of converting volumes to units, 2007, Office for National Statistics. Available at:

http://www.statistics.gov.uk/statbase/product.asp?vlnk=15067

In addition to the revised method, a new question about wine glass size was included in the GLF survey in 2008. Respondents are now asked whether they have consumed small (125 ml), standard (175 ml) or large (250 ml) glasses of wine. The data from this question are used when calculating the number of units of alcohol consumed by the respondent. It is now assumed that a small glass contains 1.5 units, a standard glass contains 2 units and a large glass contains 3 units. However, in 2006 and 2007 it was assumed that all respondents drank from a standard (175 ml) glass containing 2 units. The updated method has made little difference overall in the GLF, but has slightly reduced the proportion of women exceeding 3 units on their heaviest drinking day in the week before interview. There are two reasons for this. Firstly, when glass size was analysed by sex and age, for most groups the average size was close to the average assumed under the previous method but for women aged 45-64 average size was lower and for men and women aged 65 and over it was much lower. Secondly, approximately 60% of the units of alcohol consumed by women come from wine whereas only around 25% of men's units do so. This means that any change to the calculation of units of alcohol coming from wine has a much greater effect on the total units for women than on the total for men.

Move to calendar year

Previous GHS reports were based on data collected over a full financial year from April to the following March. In 2005, the timeframe for the survey was changed from a financial year basis to calendar year basis. Where questions were the same in 2005 as in 2004/05, the final quarter of the 2004/05 collection has been added to the nine months of the 2005 survey data in order to provide estimates based on a full calendar year, and to ensure any seasonal variation is accounted for. However, questions on weekly alcohol consumption were not asked in 2004/05. As the 2004 survey ran from April 2004 to March 2005 any new questions introduced in the 2005 survey were only asked from April 2005. Thus data for these questions cannot be combined with estimates from the last quarter of the previous survey to give seasonally representative data. In order to assess the effect of this on the estimates of alcohol consumption, data for 2002, the last survey in which the questions covered the full year, were examined. The GHS 2005 report concluded that there was no statistically significant difference in average weekly consumption between April to December 2002 and January to March 2003. The GHS therefore assumes that the absence of data for January to March 2005 has not significantly affected the estimates of average weekly alcohol consumption. The bases shown in the GHS 2005 report for such questions (including weekly alcohol consumption) have been scaled to account for this. Future GHS surveys will run from January to December.

The response rate for the 2009 survey was 73%, giving an achieved sample size of 8,206 households and 15,325 adults aged 16 and over, of whom 13,488 gave a full interview in person.

Longitudinal data

Another change in 2005 was that, in line with European requirements, the GHS adopted a longitudinal sample design, in which households remain in the sample for four years (waves) with one quarter of the sample being replaced each year. Thus approximately three quarters of the 2005 sample were re-interviewed in 2006. A major advantage of the longitudinal component of the design is that it is more efficient at detecting statistically significant estimates of change over time than the previous cross-sectional design. This is because an individual's responses to the same question at different points in time tend to be positively correlated, and this reduces the standard errors of estimates of change. The majority of information published using GLF data on drinking relate to Great Britain, and therefore differ from those shown in this bulletin, which covers England only. Most of the England figures presented in Chapter 2 of this bulletin – Drinking among adults, have been obtained by re-analysing the GHS data set.

General Lifestyle Survey 2009: Smoking and Drinking among Adults, 2009. Office for National Statistics. Available at:

www.statistics.gov.uk/ghs/

The General Lifestyle Survey is a National Statistic.

Health Survey for England

The Health Survey for England (HSE) is an annual survey, monitoring the health of the population which is currently commissioned by the NHS Information Centre (the NHS IC), and before April 2005 was commissioned by the Department of Health. The HSE has been designed and carried out since 1994 by the Joint Health Surveys Unit of the National Centre for Social Research (NatCen) and the Department of Epidemiology and Public Health at University College London Medical School (UCL). All surveys have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also covered children aged two to 15 living in households selected for the survey, and since 2001 infants aged under two have been included as well as older children. Trend tables are also published each year updating key trends on a number of health areas.

Each survey in the series includes core questions and measurements such as blood pressure, anthropometric measurements and analysis of saliva and urine samples, as well as modules of questions on specific issues that vary from year to year. In recent years, the core sample has also been augmented by an additional boosted sample from a specific population subgroup, such as minority ethnic groups, older people or, as in 2006 and 2007, children.

This statistical report uses data from HSE 2007. The primary focus of the 2007 HSE report was knowledge, attitudes and behaviour in respect of healthy lifestyles. The report investigated associated lifestyle factors such as physical activity, diet, smoking and drinking, and also assessed the immediate impact of the smoking ban in public places introduced in England in July 2007 as a secondary focus.

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2007 data in the HSE 2007 are weighted. The unweighted bases show the number of participants involved, whereas, the weighted bases show the relative sizes of the various sample

elements after weighting, reflecting their proportions in the English population, so that data from different columns can be combined in their correct proportions. The absolute size of the weighted bases has no particular significance, since they have been scaled to the achieved sample size. Further details are provided within the HSE 2007.

Since 1995, children's data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household. This ensures that children from larger households are not under-represented. Since 2003, non-response weighting has also been applied in addition to selection weighting.

Data from the HSE are used in Chapter 3.

Health Survey for England 2007: Healthy lifestyles: Knowledge, Attitudes and behaviour. Available at:

Main report:

www.ic.nhs.uk/pubs/HSE07healthylifestyles

Trend tables:

www.ic.nhs.uk/pubs/HSE07trends

The Health Survey for England is a National Statistic.

Hospital Episode Statistics

Hospital Episode Statistics (HES) is a data warehouse containing details of all admissions to NHS hospitals in England. NHS hospital admissions in England have been recorded using the HES system since April 1987. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES also contains details of all NHS outpatient appointments in England as well as detailed records of attendances at major A&E departments, single specialty A&E departments, minor injury units and walk-in centres in England. HES data is available from 1989-90 onwards. During this time there have been ongoing improvements in data quality and coverage, which particularly affect earlier data years. As well as this, there have been a number of changes to the classifications used within HES records. Changes have also been made to the organisation of the NHS. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed)

HES data are classified using International Classification of Diseases (ICD). The ICD is the international standard diagnostic classification for all general epidemiological and many health management purposes. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. The International Classification of Diseases, Tenth Revision (ICD-10), published by the World Health Organisation (WHO) is currently in use.

A finished admission episode (FAE) is the first period of inpatient care under one consultant within one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Please note that admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital. As well as the primary diagnosis, there are up to 19 (13 from 2002-03 to 2006-07 and 6 prior to 2002-03) secondary diagnosis fields in Hospital Episode Statistics (HES) that show other diagnoses relevant to the episode of care.

Tables 4.1 to 4.4 in Chapter 4 of this report are based on finished admission episodes where an alcohol related diagnosis is recorded in any of the 20 primary and secondary diagnosis fields in a HES record. Tables 4.5 to 4.7 are based finished admission episodes with a primary diagnosis of a disease, injury or condition wholly or partially attributable to the consumption of alcohol. The ICD-10 codes used, as developed by the North West Public Health Observatory (NWPHO) are shown in Table A.2, Table A.3 and Table A.4. Further information on the work alcohol attributable fractions as developed by the NWPHO can be found at the beginning of this appendix.

The HES Service and website (see below) are run by Northgate Information Solutions on behalf of the NHS Information Centre.

www.hesonline.nhs.uk

Infant Feeding Survey

Statistics on drinking during pregnancy are taken from Infant Feeding Survey (IFS) 2005. The (IFS) covers the population of new mothers in the United Kingdom, and is carried out every 5 years, the first in 1975. In 2005, the survey was conducted by the British Market Research Bureau (BMRB) with a sample size of around 12,290. The main aim of the survey is to provide figures on the incidence, prevalence and duration of breastfeeding and other feeding practises. The survey also collects information on the smoking and drinking behaviours of women before, during and after pregnancy.

Drinking during pregnancy is reported on in Chapter 2 – Drinking behaviour among adults and children.

Infant Feeding 2005, The NHS Information Centre. May 2007. Available at: www.ic.nhs.uk/pubs/ifs2005

The Infant Feeding Survey is a National Statistic.

Infant Feeding Survey 2010: Early Results is expected to be published by The NHS Information Centre on 21 June 2011 (www.ic.nhs.uk/ifs2010).

International Classification of Diseases and related health problems (ICD)

The Tenth Revision of the ICD codes (ICD-10) is the latest in a series of classifications started in 1993, and incorporates a major reorganisation of the structure and groupings used in the ninth revision (ICD-9). An alphanumeric coding scheme replaced the numeric one, e.g. alcohol dependence syndrome changed from 303 in ICD 9 to F10.2 in ICD 10. The regrouping of classifications means that classifications may not map precisely between the two revisions - the

nearest equivalent to ICD 9 571.1 (acute alcoholic hepatitis), is the ICD 10 code K70.1 (alcoholic hepatitis) and ICD 10 code K70.9 (alcoholic liver disease, unspecified).

Deaths in England and Wales were classified using ICD 9 to 2000 and by ICD 10 for 1999, and 2001 onwards. Hospital Episode Statistics (HES) have been classified using ICD 10 for 1995/96 onwards.

ICD 10 codes are used in this bulletin in Chapter 4 – Alcohol-related costs, ill health and mortality and are shown in **Table A.2, Table A.3 and Table A.4.**

Living Costs and Food Survey

In 2008 the Expenditure and Food Survey (EFS) was renamed as the Living Costs and Food Survey (LCFS) when it became part of the Integrated Household Survey (IHS) run by the Office for National Statistics (ONS). The Expenditure and Food Survey (EFS) was formed by bringing together the Family Expenditure Survey and the National Food Survey (FES and NFS). The LCFS provides data on food purchases and expenditure. Historical estimates based on NFS are available from 1940 to 2000. In 2009 the LCSF collected the diaries of 13,762 people within 5,825 households across the United Kingdom. Each household member over the age of seven years kept a diary of all their expenditure over a 2 week period. Note that the diaries record expenditure and quantities of purchases of food and drink rather than consumption of food and drink.

Historical estimates of household purchases between 1974 and 2000 have been adjusted to align with the level of estimates from the Family Expenditure Survey in 2000. These estimates of household purchases are broadly comparable with estimates of household purchases from the LCSF and EFS which commenced in April 2001.

The aligned estimates are generally higher than the original ones and indicate that the scaling has partially corrected for under-reporting in the NFS. Under-reporting is likely to be lower in the LCSF because it does not focus on diet but on expenditure across the board and is largely based on till receipts. However it is necessary to be aware that there is a change in methodology which makes the estimate of the year on year change unreliable between 2000 and 2001/02. The largest adjustments were for confectionery, alcoholic drinks, beverages and sugar and preserves. Details of the adjustments to the NFS estimates can be found in Family Food 2002/03.

The latest consumption and purchased quantities of alcoholic drinks from the 2009 LCFS can be found in the Family Food module of the LCFS 2009 published by the Department for Environment, Food and Rural Affairs (DEFRA) and the Office for National Statistics.

Data from the Living Costs and Food Survey can be found in Chapter 2 – Drinking behaviour among adults and children.

Family Food Module of Living Costs and Food Survey (LCFS) 2009 (Defra/ONS). Available at:

http://www.defra.gov.uk/statistics/foodfarm/food/familyfood/datasets/

The Living Cost and Food Survey is a National Statistic.

Mortality statistics

The Office for National Statistics (ONS) produces annual statistics on numbers of deaths by cause in England and Wales. Registered deaths in England and Wales are classified using ICD 9 to 2000 and by ICD 10 for both 1999, and from 2001 onwards. A list of the codes used are presented in **Table A.4**. The majority of information published using ONS mortality data on drinking relate to England and Wales, and therefore differ from those shown in this report, which covers England only. This information is presented in Chapter 4 of this report – Drinking-related costs, ill-health and mortality, and has been obtained from the ONS mortality statistics data set.

In 2006, ONS revised their definition of alcohol-related deaths to include a number of extra diseases that are wholly attributable to alcohol consumption. They do not currently consider deaths from causes that can be partly attributable to alcohol, however the North West Public Health Observatory (NWPHO) report, Alcohol-attributable fractions for England, does include analysis of deaths can that be attributed to alcohol consumption based on the same methodology as that for alcohol-related hospital admissions (see above).

Mortality statistics: Deaths registered in 2009, Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_health/dr2009/dr-09.pdf

http://www.statistics.gov.uk/hub/health-social-care/health-of-the-population/causes-of-death/index.html

Mortality Statistics produced by ONS are National Statistics

Omnibus Survey

The Opinions Survey is a multi-purpose survey carried out by the Office for National Statistics for use by government departments and other public or non-profit making bodies. Interviewing is carried out every month and each month's questionnaire covers a variety of topics, reflecting different users' requirements. In 2009, interviews were conducted with around 1,200 adults aged 16 or over, throughout Great Britain each month, during the period in which questions on alcohol were included.

Questions on drinking are included on an ad-hoc basis, usually for two months. In 2009, data on drinking was collected during April and May and included: Consumption of different types of drink; Drinking in the last week; Keeping a check on alcohol consumption; Knowledge of daily drinking limits; Frequency of Purchases and Awareness of unit labelling. In this bulletin information on Drinking-related knowledge and behaviour is reported in Chapter 3 – Knowledge and attitudes to alcohol.

Drinking: Adults' Behaviour and Knowledge in 2009, Office for National Statistics. Available at: http://www.statistics.gov.uk/downloads/theme_health/drink2009.pdf

The Omnibus Surveys are National Statistics.

Prescription data

There are two main drugs prescribed for the treatment of alcohol dependence; Acamprosate Calcium (Campral) and Disulfiram (Antabuse).

Information on prescription items prescribed in primary care settings in England are obtained from the Prescribing Analysis and Cost Tool (PACT) system. The PACT system covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/ clinics that are dispensed in the community are also included but prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income.

NHS Prescription Services have stated that due to the complex and manual processes involved there may be inaccuracies in capturing prescription information which are then reflected in the data. Internal quality assurance processes exist and currently the prescription processing activity is internally audited to 97.5 per cent accuracy (i.e. at least 97.5 per cent of prescriptions are recorded accurately).

Preparations where the number of items dispensed is small are more likely to be significantly affected by any processing errors.

Psychiatric Morbidity Surveys

A series of national surveys of psychiatric morbidity have been commissioned by the Department of Health, the Scottish Executive and the National Assembly for Wales and carried out by the Office for National Statistics (ONS). Each survey has covered a different population group for example, adults aged 16 to 64 living in private households, prisoners, adults living in institutions, homeless people**,** people with psychotic disorders**,** children and adolescents, and young people looked after by local authorities.

The survey of psychiatric morbidity among adults in private households in Great Britain was first carried out in 1993 with a second survey conducted in 2000. In 2007 The NHS Information Centre commissioned the National Centre for Social Research (NatCen) to carry out a third Adult psychiatric morbidity survey (APMS) covering adults living in private households in England.

The survey assessed the prevalence of hazardous and harmful drinking using the Alcohol Use Disorders Identification Test (AUDIT). This is a questionnaire consisting of ten questions, which can each score a maximum of four points. For the purpose of the survey anyone who scored a total of over eight on the AUDIT test was considered to be a hazardous drinker, while those scoring over 16 were considered to be harmful drinkers. The questions included in the AUDIT questionnaire can be found in **Table A.5**.

The AUDIT test was designed by the World Health Organisation as a tool to identify hazardous, harmful and dependent drinkers. **Table A.6** shows which questions are designed to identify hazardous, harmful and dependent drinking. The AUDIT manual for primary care workers suggests that a cut-off score of eight will capture most of the drinkers who can be classed as hazardous or harmful. The identification of these types of drinking behaviours is based on which of the ten questions in the test the respondent scored points on. Therefore it would be possible to score less than 16 points on the test, yet score most of the points on the harmful drinking questions.

The survey assessed alcohol dependence from answers to a different self-completion questionnaire (Severity of Alcohol Dependence Questionnaire) which consists of 20 questions focusing on the three components of dependence: loss of control, symptomatic behaviour and binge drinking. The 2007 APMS used the community version of the Severity of Alcohol Dependence Questionnaire (SADQ-C). The questions included in the SADQ-C questionnaire can be found in questionnaire documentation in Appendix E of the Adult psychiatric morbidity survey report.

Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre. Available at:

www.ic.nhs.uk/pubs/psychiatricmorbidity07

This report is a National Statistic.

Smoking, Drinking & Drug Use among Young People in England

Between 1982 and 2003, surveys of secondary school children in England were carried out for the Department of Health. This was done by the Office of Population Census and Surveys (OPCS) between 1982 and 1994, by the Office for National Statistics (ONS) between 1994 and 1999 and by the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) between 2000 and 2003. Since 2004, the survey has been run by NatCen and NFER on behalf of the NHS Information Centre.

From 1982 to 1988, the survey was solely concerned with monitoring trends of young people and smoking. In 1988, questions on alcohol consumption were added and have been included in the survey ever since. The 1998 survey was also expanded to include questions on drug use. The core of the questionnaire comprises of questions about the prevalence of drug use, smoking and drinking and, since 2000, the remainder of the questionnaire focuses, in alternate years, on either smoking and drinking or drug taking. The most recent survey in the series is Smoking, Drinking and Drug Use among Young People in England in 2009 (SDD09). However as the 2008 report was the latest report that focused on smoking and drinking it is mainly this report that is covered in this publication.

The target population for the survey is secondary school children in England, in years 7 to 11, from almost all types of school (comprehensive, secondary modern, grammar and other secondary schools), both state and public. Only special schools and hospital schools are excluded from the survey.

The survey uses a stratified design in which every eligible child has an equal chance of inclusion in the study. The survey is conducted using a confidential questionnaire, which the pupils fill in

individually. Fieldwork for the SDD 2009 report was carried out during the autumn term of 2009 and 247 schools agreed to take part in the survey, resulting in 7,674 completed questionnaires.

Changes to questions on alcohol

The questionnaire development for the 2002 survey included cognitive testing of questions about alcohol consumption in the last week. This cognitive development work focused on children's comprehension of the categories of drink asked about in the survey and the language used in the questionnaire.

The cognitive work on alcohol consumption found that:

- 'Alcopops' was a widely used and commonly understood term among young people, but 'pre-mixed alcoholic drinks' was not;
- There was some confusion about how strong shandy should be before it counted as a proper alcoholic drink; and
- There were some brands and types of drink, such as champagne, that young people have difficulty classifying.

As a result of these findings a number of changes were made in 2002 to the questions asking about alcohol consumption in the last week.

First, references to 'alcopops and pre-mixed alcoholic drinks' were replaced with just 'alcopops'. Second, a question asking about the composition of shandy usually drunk was added to the end of the set of questions asking about drinking shandy in the last week. Finally, an additional set of questions was added, asking whether any types of alcohol had been drunk, other than the categories already asked about (i.e. alcopops; beer, lager and cider; Martini and sherry; shandy; spirits and liqueurs; and wine). The examples of spirits and liqueurs and alcopops given were updated to reflect those young people were most likely to have drunk or least likely to be able to classify.

These changes are likely to have only a very minor effect on comparability and estimates of alcohol consumption in the last week for the following reasons.

- Where new questions were introduced, these were placed at the end of a section to minimise any effect on how preceding questions were answered.
- Analysis of the quantities of other alcoholic drinks that were reported suggested that the 'other types of alcohol' questions were not completed very reliably. Therefore answers from this additional set of questions have not been included in survey estimates of amount of alcohol drunk, and comparability with how these estimates were derived in surveys before 2002 has been retained.
- The questions measuring drinking in the last week are regularly updated to reflect changes in the drinks market: 'alcopops' was introduced as a new category of drink in 1996 and the list of example brands is updated annually. Therefore estimates have not been strictly comparable year-on-year.

Converting consumption of alcohol into units

Since 1990, the multipliers used to convert drinks into units of alcohol have been based on those first used in the 1990 General Household Survey (GHS). In the intervening years, there have been significant changes to the way English people drink. The average alcohol content of beer and wine has increased, and standard glass sizes in pubs, bars and restaurants are now more diverse. In

response, the 2006 GHS and the Health Survey for England (HSE) both published in January 2008, introduced changes in the method by which reported alcohol consumption by adults is converted into units of alcohol. To conform with changes to these surveys, the way in which estimates of alcohol consumption are calculated in this survey has also been revised this year. The original and revised equivalents used in Smoking, Drinking and Drug Use among Young People in England to estimate the number of units drunk are shown in **Table A.7**.

Information from SDD can be found in Chapters 2 and 3

Smoking, Drinking and Drug Use among Young People in England in 2009. The Information Centre. Available at:

http://www.ic.nhs.uk/pubs/sdd09fullreport

This is a National Statistic.

List of Tables

Table A.1 Original and improved factors for converting alcohol volume to units

Type of drink	Usual volume (ml)	Original conversion factor (units)	Improved conversion factor (units)
Normal strength beer, lager, cider			
half pint	284	1.0	1.0
small can/bottle	330	1.0	1.5
large can/bottle	440	1.5	2.0
Strong beer, lager, cider (ABV = 6%)			
half pint	284	1.5	2.0
small can/bottle	330	1.5	2.0
large can/bottle	440	2.3	3.0
Table wine			
glass - 125ml	125	.	1.5
glass - 175ml	175	.	2.0
glass - 250ml/small can	250	.	3.0
glass - size unspecified	170	1.0	2.0
Fortified wine			
small glass	50	1.0	1.0
Spirits			
single	25	1.0	1.0
Alcopops			
bottle	275	1.5	1.5

Table A.2 ICD-10 codes for alcohol-related hospital admissions

ICD-10 code and definition	
Wholly attributable	
F10	**Mental and behavioural disorders due to use of alcohol**
F10.0	Acute intoxication
F10.1	Harmful use
F10.2	Dependence syndrome
F10.3	Withdrawal state
F10.4	Withdrawal state with delirium
F10.5	Psychotic disorder
F10.6	Amnesic syndrome
F10.7	Residual and late-onset psychotic disorder
F10.8	Other mental and behavioural disorders due to use of alcohol
F10.9	Unspecified mental and behavioural disorders due to use of alcohol
K70	**Alcoholic liver disease**
K70.0	Alcoholic fatty liver
K70.1	Alcoholic hepatitis
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.3	Alcoholic cirrhosis of liver
K70.4	Alcoholic hepatic failure
K70.9	Alcoholic liver disease, unspecified
T51	**Toxic effect of alcohol**
T51.0	Toxic effect of ethanol
T51.1	Toxic effect of methanol
T51.9	Toxic effect of alcohol, unspecified
Other wholly - attributable conditions	
E24.4	Alcohol-induced pseudo-Cushing's syndrome
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K86.0	Chronic pancreatitis (alcohol induced)
X45	Accidental poisoning by and exposure to alcohol
Partly attributable	
Accidents and injuries	
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract
W00-W19	Fall injuries
W24-W31	Work/machine injuries
W32-W34	Firearm injuries
W65-W74	Drowning
X00-X09	Fire injuries
X31	Accidental excessive cold
Violence	
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent
X85-Y09	Assault
Transport accidents	
V02-V04 (.1, .9), V06.1, V09.2, V09.3	Pedestrian traffic accidents
for codes see footnote	Road traffic accidents – non-pedestrian
V90-V94	Water transport accidents
V95-V97	Air/space transport accidents
Spontaneous abortion	
O03	Spontaneous abortion
Digestive	
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome
K73, K74	Unspecified liver disease
K85, K86.1	Acute and chronic pancreatitis
I85	Oesophageal varices
Cancer	
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx
C15	Malignant neoplasm of oesophagus
C32	Malignant neoplasm of larynx
C18	Malignant neoplasm of colon
C20	Malignant neoplasm of rectum
C22	Malignant neoplasm of liver and intrahepatic bile ducts
C50	Malignant neoplasm of breast
Hypertensive diseases	
I10-I15	Hypertensive diseases
Cardiac arrhythmias	
I47-I48	Cardiac arrhythmias
Other partly-attributable conditions	
G40-G41	Epilepsy and Status epilepticus
I60-I62, I69.0-I69.2	Haemorrhagic stroke
I63-I66, I69.3, I69.4	Ischaemic stroke
L40 excluding cirrhosis L40.5	Psoriasis

Note: ICD-10 codes for non-predestrian road traffic accidents are V12-V14 (.3 -.9), V19.4-V19.6, V19.9, V20-V28 (.3 -.9), V29-V79 (.4 -.9), V80.3-V80.5, V81.1, V82.1, V82.9, V83.0-V86 (.0 -.3), V87.0-V87.9, V89.2, V89.3, V89.9

Table A.3 Indicator Conditions and Fractions

Category		ICD code	ICD name	Alcohol Attributable Fraction																Change from previous definition
				0-15		16-24		25-34		35-44		45-54		55-64		65-74		75+		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Alcohol specific (Chronic)	1	E24.4	Alcohol-induced pseudo-Cushing's syndrome	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	1	G31.2	Degeneration of nervous system due to alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	1	G62.1	Alcoholic polyneuropathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	1	G72.1	Alcoholic myopathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	1	I42.6	Alcoholic cardiomyopathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	1	K29.2	Alcoholic gastritis	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	1	K70	Alcoholic liver disease	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	K70 split out from K70+K74. K70 on own is wholly attributed
	1	K86.0	Chronic pancreatitis (alcohol induced)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Alcohol specific (Mental/Beh)	2	F10	Mental and behavioural disorders due to use of alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Alcohol specific (Acute)	3	T51.0	Ethanol poisoning	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	3	T51.1	Methanol poisoning	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	3	T51.9	Toxic effect of alcohol, unspecified	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
	3	X45	Accidental poisoning by and exposure to alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Accidents & Injury (Acute)	4	W00-W19	Fall injuries	0.00	0.00	0.22	0.14	0.22	0.14	0.22	0.14	0.22	0.14	0.22	0.14	0.12	0.04	0.12	0.04	
	4	W24-W31	Work/machine injuries	0.00	0.00	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	
	4	W32-W34	Firearm injuries	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	
	4	W65-W74	Drowning	0.00	0.00	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	
	4	W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	
	4	X00-X09	Fire injuries	0.00	0.00	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	
	4	X31	Accidental excessive cold	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	
Violence (Acute)	5	X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	0.00	0.00	0.34	0.35	0.34	0.33	0.35	0.34	0.37	0.34	0.36	0.32	0.31	0.25	0.27	0.20	
	5	X85-Y09	Assault	0.00	0.00	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	
Transport accidents (Acute)	6	§§	Pedestrian traffic accidents	0.00	0.00	0.35	0.16	0.45	0.19	0.46	0.21	0.46	0.21	0.23	0.03	0.23	0.03	0.23	0.03	All AFs have changed
	6	§	Road traffic accidents (driver/rider)	0.00	0.00	0.21	0.09	0.33	0.15	0.24	0.12	0.24	0.12	0.09	0.03	0.09	0.03	0.09	0.03	All AFs have changed
	6	V90-V94	Water transport accidents	0.00	0.00	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	
	6	V95-V97	Air/space transport accidents	0.00	0.00	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	
Spontaneous abortion (Acute)	7	O03	Spontaneous abortion	0.00	0.00	0.00	0.23	0.00	0.21	0.00	0.22	0.00	0.21	0.00	0.20	0.00	0.15	0.00	0.12	
Digestive (Chronic)	8	K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	0.00	0.00	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	
	8	K73, K74	Chronic hepatitis, not elsewhere classified and Fibrosis and cirrhosis of liver	0.00	0.00	0.77	0.67	0.76	0.59	0.74	0.60	0.79	0.59	0.77	0.57	0.71	0.48	0.61	0.38	K74 split out from K70+K74 and K73 added. AFs differ to those for K70+K74
	8	K85, K86.1	Acute and chronic pancreatitis	0.00	0.00	0.27	0.19	0.27	0.16	0.26	0.16	0.30	0.16	0.27	0.14	0.22	0.10	0.16	0.07	All AFs have changed
	8	I85	Oesophageal varices	0.00	0.00	0.77	0.67	0.76	0.59	0.74	0.60	0.79	0.59	0.77	0.57	0.71	0.48	0.61	0.38	All AFs have changed
Cancer (Chronic)	9	C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	0.00	0.00	0.50	0.40	0.50	0.35	0.49	0.36	0.53	0.35	0.50	0.33	0.44	0.26	0.36	0.20	All AFs have changed
	9	C15	Malignant neoplasm of oesophagus	0.00	0.00	0.32	0.23	0.31	0.20	0.30	0.20	0.34	0.20	0.32	0.18	0.26	0.14	0.20	0.10	All AFs have changed
	9	C32	Malignant neoplasm of larynx	0.00	0.00	0.34	0.25	0.33	0.21	0.32	0.22	0.36	0.21	0.34	0.20	0.28	0.15	0.22	0.11	All AFs have changed
Other chronic diseases (low AF)	10	C16	Malignant neoplasm of stomach																	No longer included
	10	C18	Malignant neoplasm of colon	0.00	0.00	0.05	0.03	0.05	0.03	0.04	0.03	0.05	0.03	0.05	0.03	0.04	0.02	0.03	0.01	All AFs have changed
	10	C20	Malignant neoplasm of rectum	0.00	0.00	0.08	0.06	0.08	0.05	0.08	0.05	0.09	0.05	0.08	0.05	0.07	0.03	0.05	0.03	All AFs have changed
	10	C22	Malignant neoplasm of liver and intrahepatic bile ducts	0.00	0.00	0.16	0.11	0.15	0.10	0.15	0.10	0.17	0.10	0.16	0.09	0.13	0.07	0.10	0.05	All AFs have changed
	10	C50	Malignant neoplasm of breast	0.00	0.00	0.00	0.09	0.00	0.08	0.00	0.09	0.00	0.09	0.00	0.08	0.00	0.06	0.00	0.04	All AFs have changed
	10	I10-I15	Hypertensive diseases	0.00	0.00	0.34	0.24	0.33	0.19	0.32	0.20	0.37	0.20	0.34	0.18	0.27	0.13	0.20	0.09	All AFs have changed
	10	I47-I48	Cardiac arrhythmias	0.00	0.00	0.35	0.36	0.36	0.35	0.37	0.35	0.38	0.35	0.37	0.33	0.34	0.27	0.30	0.22	
	10	I50-I51	Heart failure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other diseases (low AF)	11	G40-G41	Epilepsy and Status epilepticus	0.00	0.00	0.56	0.64	0.58	0.59	0.58	0.61	0.61	0.61	0.61	0.57	0.51	0.45	0.42	0.35	
	11	I60-I62, I69.0-I69.2	Haemorrhagic stroke	0.00	0.00	0.31	0.20	0.30	0.15	0.27	0.15	0.34	0.15	0.30	0.13	0.24	0.10	0.16	0.06	All AFs have changed
	11	I63-I66, I69.3, I69.4	Ischaemic stroke	0.00	0.00	0.16	0.03	0.13	0.00	0.08	0.00	0.18	0.00	0.12	0.00	0.06	0.00	0.00	0.00	All AFs have changed
	11	L40 excluding cirrhosis L40.5	Psoriasis	0.00	0.00	0.34	0.33	0.34	0.33	0.35	0.33	0.36	0.32	0.35	0.31	0.33	0.26	0.30	0.22	

§ V12-V14 (.3 -.9), V19.4-V19.6, V19.9, V20-V28 (.3 -.9), V29-V79 (.4 -.9), V80.3-V80.5, V81.1, V82.1, V82.9, V83.0-V86 (.0 -.3), V87.0-V87.9, V89.2, V89.3, V89.9
§§ V02-V04 (.1, .9), V06.1, V09.2, V09.3

Table A.4 National Statistics definition of alcohol-related deaths

ICD-10 code and definition	
F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K73	Chronic hepatitis, not elsewhere classified
K74	Fibrosis and cirrhosis of liver (Excluding K74.3–K74.5 – Biliary cirrhosis)
K86.0	Alcohol induced chronic pancreatitis
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

Table A5 Alcohol use disorders identification test (AUDIT)

Question and responses	Score	Question and responses	Score
How often do you have a drink containing alcohol?		**How often during the last year have you needed a drink first thing in the morning to get you going after a heavy drinking session?**	
Never	0	Never	0
Monthly or less	1	Less than monthly	1
Two to four times a month	2	Monthly	2
Two to three times a week	3	weekly	3
Four or more times a week	4	Daily or almost daily	4
How many standard[1] drinks containing alcohol do you have on a typical day when you are drinking?		**How often during the last year have you had a feeling of guilt or remorse after drinking?**	
1 or 2	0	Never	0
3 or 4	1	Less than monthly	1
5 or 6	2	Monthly	2
7 to 9	3	weekly	3
10 or more	4	Daily or almost daily	4
How often do you have six or more drinks on any one occasion?		**How often during the last year have you been unable to remember what happened the night before because you had been drinking?**	
Never	0	Never	0
Less than monthly	1	Less than monthly	1
Monthly	2	Monthly	2
weekly	3	weekly	3
Daily or almost daily	4	Daily or almost daily	4
How often during the last year have you found that you were unable to stop drinking once you had started?		**Have you or someone else been injured because of your drinking?**	
Never	0	No	0
Less than monthly	1	Yes, but not in the last year	2
Monthly	2	Yes, during in the last year	4
weekly	3		
Daily or almost daily	4		
How often during the last year have you failed to do what was expected of you because of drinking?		**Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you should cut down?**	
Never	0	No	0
Less than monthly	1	Yes, but not in the last year	2
Monthly	2	Yes, during in the last year	4
weekly	3		
Daily or almost daily	4		

1. A standard drink is half a pint of beer, a single measure of spirits or a small glass of wine

Table A.6 Domains and item content of Alcohol Use Disorders Identification Test

Domains	Question number	Item Content
Hazardous alcohol use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence syndromes	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful alcohol use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

Table A.7 Approximations used in Smoking, Drinking and Drug use among Young People, to calculate alcohol consumption

Types of drink and measures asked about		Alcohol units (original)	Alcohol units (revised)
Beer, Lager, Cider			
	Less than half pint	0.5 units	0.5 units
	Half pint	1 unit	1 unit
	Small can	1 unit	1.5 units
	Bottle	1 unit	1.5 units
	Large can	1.5 units	2 units
	Pint	2 units	2 units
Shandy			
	Less than half pint	0.25 units	0.25 units
	Half pint	0.5 units	0.5 units
	Small can	0.5 units	0 units
	Bottle	0.5 units	0 units
	Large can	0.75 units	0 units
	Pint	1 unit	1 unit
Wine[1]			
	Less than 1 glass	0.5 units	0.5 units
	Glass	1 unit	2 units
Martini and Sherry			
	Less than 1 glass	0.5 units	0.5 units
	Glass	1 unit	1unit
Spirits (e.g. whisky, vodka, gin) and liquers			
	Less than 1 glass	0.5 units	0.5 unts
	Glass	1 unit	1 unit
Alcopops (e.g. hooch etc.) or pre-mixed alcoholic drinks (e.g. Barcardi Breezer, Metz, Smirnoff Ice etc.)			
	Less than 1 bottle	0.5 units	0.75 units
	Can	1 unit	1.5 units
	Bottle	1 unit	1.5 units

1. In calculating alcohol consumption, a 125ml glass of wine is treated as containing one unit of alcohol

Appendix B: Cross-Departmental policy 2010/11

The NHS advises that[1]:

- adult women should not regularly drink more than 2 to 3 units of alcohol a day;
- adult men should not regularly drink more than 3 to 4 units of alcohol a day; and
- pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to minimise the risk to the baby they should not drink more than 1-2 units of alcohol once or twice a week and should not get drunk.

Cross-Departmental Alcohol Strategy

On 30 November 2010, the Secretary of State for Health, Andrew Lansley, announced the Government's intention to publish an alcohol strategy.

The strategy, which will be published later this year, will address the full range of harm from alcohol and set out all Departments' commitments and actions, including those already agreed in the Coalition Programme. This strategy will demonstrate the Government's commitment to partnership working nationally and locally – and will seek to tackle issues such as binge drinking and long term heavy drinking.

Public Health Responsibility Deal

The Public Health Responsibility Deal (PHRD) is intended to bring together Government action, with social responsibility on the part of the corporate sector and Non-Governmental Organisations (NGO), and personal responsibility from everyone in society for their own lifestyle choices. Being part of the PHRD is an acceptance by an organisation that they have a role to play in improving the health of the nation and that they are committed to action to fulfil that role.

The approach starts from a recognition of individual responsibility. Partners' role will be to assist and enable people to make and implement choices that will improve their health.

The PHRD was formally launched on 15 March 2011[2]. So far over 180 companies have signed up as partners to at least one of the collective pledges, including more than 80 that have signed up to at least one of the alcohol pledges.

Improving Information

In May 2007, the Government reached a voluntary agreement with the alcohol industry to introduce labels on alcoholic drinks that incorporate unit and health information, including guidelines for lower risk consumption and advice on alcohol and pregnancy.

A public consultation[3] on the possible next steps to improve alcohol labelling closed on 31 May 2010.

An announcement was made on 15 March 2011 that a new, strengthened voluntary labelling agreement had been reached with industry and would form one of the collective pledges under the Public Health Responsibility Deal.

A large number (73) of major producers and retailers have already signed up to this pledge and supporting guidance is being produced by the Portman Group.

Licensing

The Government is reforming the Licensing Act via The Police Reform and Social Responsibility Bill[4] to enable local communities themselves to ensure responsible retailing of alcohol. The Bill will make local health bodies, Responsible Authorities under the Licensing Act and allow them to make a fuller contribution to reducing acute harms from alcohol.

Pricing

The Government is concerned by those businesses that sell alcohol at a loss in order to gain wider trade. Therefore it is going to stop supermarkets and off-licences selling alcohol below cost and the Home Office has announced proposals to ban the sale of alcohol below the rate of duty plus VAT.

The Government has made a commitment to raise alcohol duty by 2% above inflation each year to 2014-15 and from Budget 2011 introduced a new additional duty on beers over 7.5% abv and a reduced rate of duty on beers at a strength of 2.8% abv or below.

Identification and brief advice

The Department of Health is supporting the NHS to put in place high quality services to prevent, mitigate and treat effectively alcohol-related health harm. The relevant services range from identification and brief advice to specialist services to treat dependent drinkers.

Undergraduate medical training has been developed to help all new doctors identify and handle substance misuse problems, including alcohol. An E-learning module to aid delivery of IBA (Identification and Brief Advice) in primary care and a separate model for community pharmacy settings is available.

Local action

The Government is committed to challenging the assumption that the only way to change people's behaviour is through adding to rules and regulations. In future, solutions to address alcohol-related problems will need also to be found locally, and by seeking to change individuals' relationship and behaviours with alcohol.

The Department of Health has been providing local NHS organisations with the support and tools needed to provide services in their own areas effectively according to local needs. The Department of

Health has identified seven High Impact Changes (HICs) on alcohol. The HICs are calculated to be the most effective actions for local areas seeking to reduce alcohol related harm. They include improving the effectiveness and capacity of specialist treatment and appointing alcohol health workers to work across acute hospital settings.

A range of support is available to support local planning and commissioning including the Local Alcohol Profiles for England (LAPE)[5]. The profiles contain 23 alcohol-related indicators for every Local Authority (LA) and 24 for every Primary Care Trust (PCT) in England. Profiles are available online via dynamic PDF and with a range of download options:

- the National Alcohol Treatment Monitoring System (NATMS), which provides information for commissioners and providers on specialist alcohol treatment in each area, including waiting times for treatment.
- The Alcohol Learning Centre, an online resource which promotes sharing of practice.

References

1. http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx

2. http://www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/index.htm

3. Consultation on options for improving information on the labels of alcoholic drinks to support consumers to make healthier choices in the UK.
http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125084

4. http://services.parliament.uk/bills/2010-11/policereformandsocialresponsibility.html

5. www.nwph.net/alcohol/lape

Appendix C: United Kingdom Statistics Authority Assessment of the Statistics on Alcohol: England publication

During 2009, the *Statistics on Alcohol: England* report, along with the three other publications (drug misuse, smoking and obesity) that comprise the Lifestyles Compendium Publications published by the NHS Information Centre underwent assessment by the United Kingdom Statistics Authority. Following assessment, the publication was designated continued National Statistics status (see below):

The United Kingdom Statistics Authority has designated these statistics as National Statistics, subject to meeting the requirements below, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

The designation of National Statistics status was subject to a number of requirements and the UKSA report also contained a number of suggestions for improvements. These, together with detail on how these addressed by the NHS IC are below:

Requirement 1 Take steps to develop a greater understanding of the use made of the statistics; publish the relevant information and assumptions, and use them to better support the use of the statistics (para 3.2)

A public consultation was launched by the NHS Information Centre on 1 April 2011 and will run for 12 weeks, closing at midnight on 24 June 2011. Responses are expected to be collated and assessed in July.
www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

The consultation aims to engage with users of the reports to develop further understanding of how the reports are used, by whom, and for what purposes. This will also ensure the reports maintain their relevance and usefulness.

The information gathered on the uses of the statistics will be published within the 'Introduction' of each compendium report.

We place a feedback form on each of our statistical release web pages inviting comments and suggestions for improvements to our official statistics. A summary of queries and comments received by the statistical production team are published alongside this report.

Requirement 2 Include an explanation of the distinction between National Statistics, other official statistics and statistics that are not official, and comment on the extent to which they are reliable (para 3.11).

Addressed in the 'Introduction' and Appendix A. A 'Data Quality' statement will accompany this report.

Requirement 3 Determine the most appropriate format for the compendia, in consultation with users (para 3.22).

This will be determined by the public consultation launched by the NHS Information Centre on 1 April and closing on 24 June 2011, and be implemented from July onwards.

Requirement 4 Include the name of the responsible statistician in the *Statistics on Drug Misuse: England* compendium (para 3.28).

Actioned in *'Statistics on Drug Misuse: England, 2010'* published on 27 January 2011, and will be included in all subsequent publications.

Requirement 5 Complete their Statement of Administrative Sources so that it covers all the sources currently used (para 3.29).

This has been completed and is available at:
http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/administrative-sources

Suggestion 1 Publish the information about users gained from the contact centre and via the website (para 3.3).

Aggregated information for this publication accompanies this report.

We have published a summary of the feedback for all publications received from December 2009 to January 2011 through the feedback form placed on each statistical release page. This is available at; http://www.ic.nhs.uk/webfiles/publications/publications%20calendar/Userfeedbacksummary.pdf.

Suggestion 2 Seek user input into the data accuracy measures that would best meet user needs (para 3.10).

This will be captured via the compendia consultation:
www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

The consultation encourages the views of users on the methodology used in the publications. As we are aware of developments in the 'affordability of alcohol (and tobacco)' we are inviting comments on this in particular.
http://alcalc.oxfordjournals.org/content/45/6/581.full.pdf

Any comments received via the consultation will be considered for inclusion from July 2011 onwards.

Suggestion 3 Review the graphs and tables in the compendia in order to make presentation consistent (para 3.22).

The graphs and tables in all the compendia publication are being reviewed to ensure consistency. However, this will not always be possible due to the complexity of the data being presented.

A copy of the full UKSA assessment report is available on the following link:
http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html

Appendix D: Editorial notes

Editorial Notes

For the purpose of clarity, prevalence figures in the bulletin are shown in accordance with the NHS Information Centre publication conventions.

These are as follows:

.	not available
-	zero
0	less than 0.5

Numbers greater than or equal to 0.5 are rounded to the nearest integer, ten or hundred. Totals may not sum due to rounding.

Most numbers in the bulletin discussed in the text are presented in a table; the relevant table number is given at the end of the last paragraph in the discussion around each table. If data described in a chapter are not presented in a table, appropriate references are provided to indicate the source used to obtain this information.

Appendix E: Further information

This annual report draws together statistics on alcohol. It is expected the next report will be published in 2012. This report forms part of a suite of statistical reports. Other reports cover smoking, drug use and obesity, nutrition and physical activity. All reports are currently updated annually and are available on the NHS Information Centre website.

We value your feedback and your constructive comments on this report would be welcomed. Questions concerning any data in this publication, or requests for further information, should be addressed to:

The Contact Centre
The NHS Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

Telephone: 0845 300 6016
Email: enquiries@ic.nhs.uk

The 2006, 2007, 2008, 2009 and 2010 reports, also published by the NHS Information Centre can be found at:

www.ic.nhs.uk/pubs/alcohol10
www.ic.nhs.uk/pubs/alcohol09
www.ic.nhs.uk/pubs/alcohol08
www.ic.nhs.uk/pubs/alcohol07
www.ic.nhs.uk/pubs/alcohol06

Earlier editions of this report were published by the Department of Health (DH). Information about their statistics and surveys is available on the DH website at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4032542

Alcohol Concern

Alcohol Concern is a national agency working to reduce the level of alcohol misuse. It has a library in which most of the source documents cited in this bulletin are available.

www.alcoholconcern.org.uk/

Crime in England and Wales

The British Crime Survey (BCS) and police recorded crime statistics are complementary series, and together these two sources provide a more comprehensive picture of crime than could be obtained from either series alone.

For the crime types it covers, the BCS can provide a better reflection of the extent of household and personal crime because it includes crimes that are not reported to the police and crimes which are not recorded by them. The BCS does not aim to provide a total count of crime, but to give robust and consistent estimates of trends in crime over time.

Crime in England and Wales 2008/09. Home Office. Available at:
http://rds.homeoffice.gov.uk/rds/crimeew0809.html

Criminal Statistics England and Wales, 2008 – Supplementary tables volumes 1 and 3. The Home Office, 2010. Home Office Statistical Bulletin. Available at:
http://www.justice.gov.uk/publications/criminalannual.htm

Department for Transport

The Department for Transport website contains material for local government, the transport sector, passengers and motorists.
www.dft.gov.uk/

HM Revenue and Customs

HM Revenue & Customs (HMRC) is the department responsible for the business of the former Inland Revenue and HM Customs and Excise.
www.hmrc.gov.uk/

Home Office

Further information and other research and development statistics (RDS) Home Office publications can be found on the internet at:
www.homeoffice.gov.uk/rds/index.html

Mental health of children and young people in Great Britain, 2004

Mental Health of Children and Young People in Great Britain, 2004 carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive provides information about the prevalence of mental disorders among young people aged 5 to 16 in Great

Britain living in private households. The survey examines the relationship between mental disorder and aspects of children's lives, including alcohol consumption. It was carried out between March and June 2004 and a sample size of around 8,000 children and young people aged 5 to 16 was achieved. It also provides profiles of children in each of the main disorder categories; emotional, conduct, hyperkinetic and autistic spectrum disorders, including comparisons with alcohol consumption.

The report uses the term 'mental disorders' as defined by the International Classification of Diseases, tenth revision (ICD-10).

Available at:

http://www.statistics.gov.uk/downloads/theme_health/GB2004.pdf

and

http://www.statistics.gov.uk/articles/nojournal/child_development_mental_health.pdf (Three years on: Survey of the development and emotional well-being of children and young people)

Office for National Statistics

Information about National Statistics can be found at:

www.statistics.gov.uk/

Public Health Observatories

The Association of Public Health Observatories (APHO) represents and co-ordinates the work of 12 Public Health Observatories (PHOs) working across England, Scotland, Wales, Northern Ireland and the Republic of Ireland. In England there are nine PHOs and each one has a national lead role in a key policy area to:

- Develop expertise and in-depth knowledge
- Provide a single point of contact and information source
- Publicise significant work
- develop training programmes for health intelligence staff and public health researchers and practitioners

The North West PHO has the lead role on alcohol and has information about local alcohol indicators, the Alcohol Needs Assessment Research Project and an evidence based information tool for public service agreements:

www.nwph.net/alcohol/

The Institute of Alcohol Studies

The Institute of Alcohol Studies (IAS) is an educational body with the basic aims of increasing knowledge of alcohol and the social and health consequences of its misuse, encouraging and supporting the adoption of effective measures for the management and prevention of alcohol-related problems. The Institute is financially independent of both Government and the drinks industry, limited by guarantee and is supported by the Alliance House Foundation, a registered educational charity.

www.ias.org.uk

The Portman Group

The Portman Group is not a trade association, but a pan-industry organisation whose purpose is to help prevent misuse of alcohol and to promote sensible drinking. An independent company, limited by guarantee, The Portman Group was set up in 1989 by the UK's leading drinks manufacturers, which together supply about 95% of the alcohol sold in the UK.

www.portman-group.org.uk/

Psychiatric morbidity surveys

A survey in 1997 of psychiatric morbidity among prisoners shows prevalence figures of drinking among people before being sentenced to prison. Similar surveys of adults living in institutions, homeless people and people with psychotic disorders have also been carried out. An overview of alcohol dependence in these surveys was published in 1998. These surveys are listed below

Psychiatric morbidity among prisoners in England and Wales, 1997. Office for National Statistics, 1998. Available at:

www.statistics.gov.uk/StatBase/Product.asp?vlnk=2676

Adults with a psychotic disorder living in the community, 2000. Office for National Statistics, 2002. Available at:

www.statistics.gov.uk/downloads/theme_health/PMA_Psycho_v2.pdf

Farrell, M. et al. Substance Misuse and Psychiatric Co-morbidity: An Overview of the OPCS National Psychiatric Morbidity Survey. Addictive Behaviours. 1998. 23:909-918.

Reported Road Casualties Great Britain 2009

This report provides more detailed information about accident circumstances, vehicle involvement and the consequent casualties in 2009, along with some of the key trends in accidents and casualties.

Reported Road Casualties Great Britain: 2009 - Annual Report. Department for Transport. Available at:

http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/rrcgb20089

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use among 13 and 15 Year Olds in Scotland in 2008

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) was established by the Scottish Executive to provide a broad-based approach to the monitoring of substance use in the context of other lifestyle, health and social factors.

SALSUS continues the national series of biennial surveys of smoking, drinking and drug use among secondary school children which began in 1982 in order to obtain information on smoking. In 1990, the survey included questions to establish alcohol prevalence and in 1998 questions on drug use were introduced. The survey became known as the Scottish Schools Adolescent and Lifestyle Survey (SALSUS) in 2002 with the introduction of other lifestyle and social factors. The survey in 2008 provides information at national level only. All secondary schools (both state and independent) were invited to take part in SALSUS, with a target sample of 34,000 pupils.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) - National Report 2008. The Scottish Executive. Available at:

http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national08.htm

Young people and crime: findings from the 2006 Offending, Crime and Justice Survey

The Offending, Crime and Justice Survey (OCJS) is the national longitudinal, self-report offending survey for England and Wales. The survey, covering people living in private households, was first conducted in 2003 and was repeated annually until 2006.

The main aim of the survey is to examine the extent of offending, anti-social behaviour and drug use among the household population, particularly among young people aged from 10 to 25. The survey covers offences against households, individuals and businesses. In addition to 'mainstream' offences such as burglary, shoplifting and assault, it also covers fraud and technology offences.

Young People and Crime: Findings from the 2006 Offending, Crime and Justice Survey. Home Office. Available at:

http://www.homeoffice.gov.uk/rds/offending_survey.html

World Health Organisation

Hazardous, harmful and dependent drinking are defined by the World Health Organisation in the Alcohol Use Disorders identification Test (AUDIT) manual.

Available at:

whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

Sensible Drinking: Report of an inter-departmental working group

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084701

ISBN: 978-1-84636-551-5

This publication may be requested in large print or other formats.

Responsible Statistician
Paul Eastwood, Lifestyle Statistics Section Head

For further information:

www.ic.nhs.uk
0845 300 6016
enquiries@ic.nhs.uk