



for health and social care



Statistics on Alcohol: England, 2008

Summary

This statistical report presents a range of information on alcohol use and misuse which are drawn together from a variety of published sources and includes additional analysis undertaken by the NHS Information Centre for health and social care, which is presented in a user friendly format. The report aims to present a broad picture of health issues relating to alcohol in England and covers topics such as drinking habits and behaviours among adults and school children, drinking-related ill-health and mortality, affordability of alcohol and alcohol-related costs. Government plans and recommendations in this area are also summarised in the report.

Most of the data contained in the report have been published previously including information from the NHS Information Centre, the Department of Health, the Office for National Statistics, Her Majesty's Revenue and Customs, the Department for Environment, Food and Rural Affairs, the Home Office and the Department for Transport.

Data on estimated alcohol consumption among adults is provided using the improved methodology for converting volumes of alcohol drunk into alcohol units. However where time series comparisons are made two sets of data for 2006 are included, providing both original and improved methods of converting volumes of alcohol into units to allow comparisons with previous years.

For the first time the report includes information on prescription items used for the treatment of alcohol addiction, showing the volume and costs of items prescribed in primary care settings and in hospitals for dispensing in the community.

Main findings:

Drinking among adults

- In England in 2006, 72% of men and 57% of women reported drinking an alcoholic drink on at least one day in the week prior to interview. Twelve per cent of men and 7% of women reported drinking on every day in the previous week.
- Forty per cent of men and 33% of women had drunk more than the daily recommended number of units on at least one day in the week prior to interview. Twenty three per cent of men and 15% of women had drunk more than twice the recommended daily intake.
- Older people were more likely to drink regularly – 28% of men and 16% of women aged 65 and over drank on five or more days in the week prior to interview compared to 9% of men and 3% of women aged 16 to 24.
- Among men, 31% reported drinking on average more than 21 units in a week. For women, 20% reported drinking more than 14 units in an average week.
- In Great Britain in 2007, 69% of people reported that they had heard of the government guidelines on alcohol consumption. Of these people, 40% said that they did not know what the recommendations were.

- Thirty-eight per cent of adults in 2007 had seen units of alcohol displayed on labels of alcoholic drinks, compared to 23% in 2000.
- In England in 2005, 45% of pregnant women did not drink during pregnancy. Older women were more likely to report drinking during pregnancy than younger women.

Drinking among children

- In 2006, 21% of pupils in England aged 11 to 15 reported drinking alcohol in the week prior to interview; continuing the recent decreasing trend since 2001.
- Since 2001, the proportion of pupils who have never drunk alcohol has risen; in 2006, 45% of pupils said they had never had a proper alcoholic drink, compared to 39% in 2001.
- In contrast to the recent decrease in drinking prevalence among pupils, the average consumption among pupils who had drunk alcohol in the week prior to interview was 11.4 units in 2006, the highest ever recorded in the survey.
- In 2006, 15% of pupils thought it was okay to get drunk at least once a week. This figure varied largely depending on age; at 3% for 11 year old pupils and 30% for 15 year old pupils.

Drinking-related ill-health and mortality

- In 2007, there were 112,267 prescription items for drugs for the treatment of alcohol dependency prescribed in primary care settings in England. This is an increase of 20% since 2003, when there were 93,241 prescription items.
- In 2006, in England, there were 6,517 deaths directly linked to alcohol, of which two thirds were men. This has increased by 19% since 2001 when there were 5,476 deaths.
- In 2006/07, there were 57,142 NHS hospital admissions in England with a primary diagnosis specifically related to alcohol. This number has risen by 52% since 1995/96. Of these admissions 4,888 (9%) involved patients under 18 years of age.
- In 2006/07, there were 207,788 NHS hospital admissions in England with a primary or secondary diagnosis specifically related to alcohol. This number has more than doubled from 93,459 in 1995/96.

Alcohol-related costs

- In 2004, the government estimated that alcohol misuse costs the health service between £1.4 and £1.7 billion per year.
- In 2007, alcohol was 69% more affordable in the United Kingdom than it was in 1980.
- In 2006/07, just over a half of violent attackers, where the attack resulted in wounding and minor injuries, were believed to be under the influence of alcohol by their victims at the time of incident.

Regional comparisons

- In 2006/07, NHS hospital admissions per 100,000 population with a primary diagnosis specifically related to alcohol varied regionally throughout England; North West Strategic Health Authority (SHA) having the highest rate of 170 admissions per 100,000 population and East of England SHA showing the lowest rate of 72 admissions per 100,000 population.
- Almost one in four Local Authorities (LAs) were estimated to have a significantly higher binge drinking rate than England as a whole. These were highly concentrated in the north of the country, with 98% of these LAs located in three Government Office Regions; North East, North West and Yorkshire and the Humber.

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1 Introduction

This statistical report presents a range of information on the drinking habits of adults and children, health related effects and social costs of alcohol misuse, drawn together from a variety of sources. Data 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.

Chapter 2 reports on alcohol consumption among adults, looking at how much and how often people drink, drinking patterns among different groups, their knowledge of alcohol units and government guidelines on sensible drinking.

Chapter 3 reports on alcohol consumption among children and their attitudes towards drinking. This chapter also includes information on relationships between drinking and substance use and drinking and truancy among children, as well as ethnicity and comparisons between England and Scotland.

Chapter 4 looks at the health risks associated with alcohol misuse, with a particular focus on hospital admissions and deaths from illnesses or diseases most commonly caused by alcohol misuse. Information on prescription drugs used for treating alcohol dependency are also presented.

Chapter 5 draws together data on different costs to society associated with alcohol, looking at the affordability, availability and expenditure on alcohol and then the levels of alcohol related crime and disorder.

A summary highlighting the key findings is presented at the end of each chapter.

Throughout the report, references are given to sources for further information. The report also contains four appendices;

Appendix A describes the key sources and conventions used. Government and NHS plans and guidelines on sensible drinking are outlined in Appendix B. Appendix C provides the editorial notes regarding the conventions used in presenting information. A complete list of sources of further information and useful contacts are presented in Appendix D.

Drinking recommendations and definitions

Throughout the report a range of terminology is used to define different behaviours and levels of drinking. For clarity, all the different terminology referred to in the report are outlined below:

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 the type of drink, 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 measurement methodology has been updated to take into account increased strengths of alcoholic drinks over recent years. Please see [Appendix A](#) for more details.

Daily recommendations: In 1995, the sensible drinking guidelines were updated to include daily guidelines in recognition of the dangers of excessive drinking in a single session. The daily guidelines are that men should not regularly consume more than 3 to 4 units a day and women should not regularly consume more than 2 to 3 units a day. After a heavy drinking session it is also recommended that both men and women have two alcohol free days.

The General Household Survey (GHS) is used in this report to measure consumption

on the heaviest drinking day in the week prior to interview. Where daily guidelines for men and women are jointly referred to in this report, the upper limits will be used and they will be shown as 4/3 units.

Binge drinking: Binge drinking is difficult to define. It is broadly accepted as drinking to excess or drinking with the intention to get drunk, however as alcohol affects different people in different ways, this proves hard to quantify. The best and most widely used measure for binge drinking is drinking over twice the recommended daily guidelines. That is drinking over 8 units for men and drinking over 6 units for women. Using a units-based definition for binge drinking allows for comparisons with previous years.

Where these limits for men and women are jointly referred to in this report they will be shown as 8/6 units.

Weekly recommendations: 'Sensible drinking' levels were defined in the government's white paper, Health of the Nation 1992. The recommendations were that men should consume no more than 21 units per week and women should consume no more than 14 units per week.

Where the sensible weekly limits for men and women are jointly referred to in this report they will be shown as 21/14 units per week.

Chronic drinking: This is defined as drinking large amounts of alcohol regularly. Again, this is difficult to quantify in terms of units. The benchmark generally used is drinking over 50 units in a week for men and drinking over 35 units in a week for women.

Where chronic drinking for men and women is jointly referred to in this report, it will be referred to as drinking over 50/35 units.

Hazardous drinking: The World Health Organisation (WHO) categorises hazardous drinking as drinking above recognised 'sensible' levels (i.e. the daily recommendations in the UK) but not yet experiencing harm. Therefore hazardous drinking can be defined as a pattern of drinking that brings about the risk of harm, which can be either physical or psychosocial harm.

Harmful drinking: WHO categorises harmful drinking as drinking above recognised 'sensible' limits and experiencing harm.

Dependent drinking: WHO categorises dependent drinkers as those drinking above 'sensible' levels and experiencing harm, and also showing symptoms of dependence.

Sources of further reading on all of these types of drinking behaviours are listed in [Appendix D](#) at the end of this report.

2 Drinking among adults

2.1 Introduction

The information presented in this chapter relates to the drinking patterns of adults aged 16 and over. A number of sources are used to cover drinking prevalence and patterns, drinking among different groups in society, knowledge of alcohol units, government recommendations and geographical patterns in the prevalence of drinking among adults.

The main source of data for drinking prevalence among adults is the General Household Survey (GHS). This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GHS report¹ is based on the 2006 survey which ran from January 2006 to December 2006. A wide range of topics are covered in the GHS, which provide a comprehensive picture of how we live and the social change we experience in Great Britain. 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.

Additional to the GHS, data on adults' drinking behaviour and knowledge is collected as part of the Office for National Statistics (ONS) Omnibus Survey. The latest information is reported in *Drinking: Adults' Behaviour and Knowledge in 2007*². For this chapter, the Omnibus Survey provides information on the types of alcohol consumed by adults and where they tend to purchase alcohol, as well as their knowledge of alcohol units and government recommendations.

Information on drinking during pregnancy is collected as part of the Infant Feeding Survey. This survey is carried out in the United Kingdom every five years with the

main focus on the prevalence of breast feeding. The latest report; *Infant Feeding Survey 2005*³, is based on data collected from a sample of mothers who registered the birth of a child during August and September 2005. These mothers were asked questions about their drinking behaviours before, during and after pregnancy.

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. In recent years it became apparent that the conversion method of volumes of alcohol drunk into units needed to be updated. This was due to new types of alcohol 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. Therefore both the GHS 2006 and Omnibus 2007 now include an improved method of converting volumes of alcohol drunk into alcohol units. This methodology is explained in more detail in [Appendix A](#).

Throughout this chapter, in tables where time series data are presented for alcohol consumption, two sets of data for 2006 are included providing both original and improved methods of converting volumes of alcohol into units to allow comparisons with 2006 to previous years. Improved estimates are used in all other tables.

2.2 Trends in alcohol consumption

2.2.1 Drinking in the last week

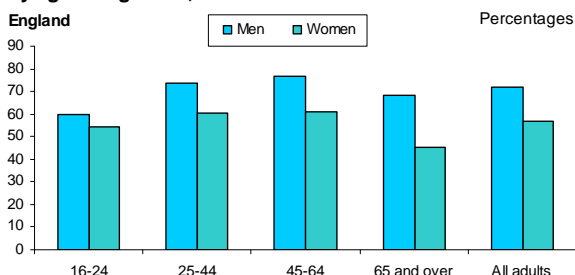
Respondents to the GHS are asked questions about their drinking in the week

prior to interview. In England, in 2006, 72% of men and 57% 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 21% reporting drinking on five or more days compared to 12% of women. Similarly, men were more likely than women to have drunk alcohol every day during the previous week (12% compared with 7%).

In 2006, 16% of adults reported drinking alcohol on five or more days in the previous week

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 alcohol during the previous week. The proportion who had drunk alcohol in the previous week was particularly low among women aged 65 and over (45%), compared with 68% of men in the same age group.

Figure 2.1 Proportion of adults who drank in the last week, by age and gender, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS)
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Although older people were less likely to have had an alcoholic drink at all in the previous week, they reported drinking more frequently than younger people. For example, 21% of men and 11% of women

aged 65 and over had drunk every day during the previous week, compared with only 4% of men and 1% of women aged 16 to 24 (Table 2.1, Figure 2.1).

The proportion of adults who reported drinking in the week prior to interview and drinking on 5 or more days in the previous week has remained relatively stable since 1998 (Tables 2.2, 2.3).

2.2.2 Drinking above daily recommendations

As outlined in Chapter 1, the daily recommendation is that men drink no more than 4 units of alcohol a day regularly and women drink no more than 3 units. Information from the GHS measures consumption on the heaviest drinking day in the week prior to interview (shown in this section) and average weekly consumption (shown in the next section). The Department of Health are due to launch a units campaign in May 2008 clarifying how to measure units and guidelines for sensible drinking.

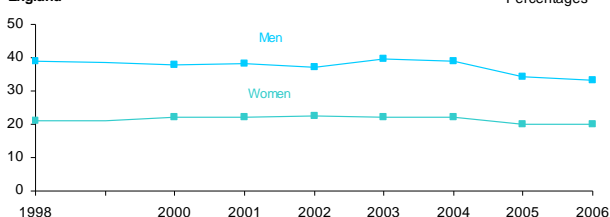
In 2006, 40% of men reported drinking over 4 units on at least one day in the week prior to interview. Women were less likely to drink over the recommended daily guideline, with a third of women reported drinking over 3 units on at least one day in the week prior to interview.

Men were more likely than women to drink over the recommended daily guidelines

Using the original method of conversion to units for comparability with previous years, there was little change between 1998 and 2004, in the proportion of men drinking more than the recommended daily guidelines. However, in more recent years the proportion fell from 39% in 2004 to 34%

in 2005 and to 33% in 2006. There was no comparable fall for women drinking more than the recommended daily limit between 1998 and 2006 (Figure 2.2, Tables 2.2, 2.3).

Figure 2.2 Adults whose maximum daily amount of alcohol (who drank last week) was more than 4 units (men) or 3 units (women), 1998 to 2006
England



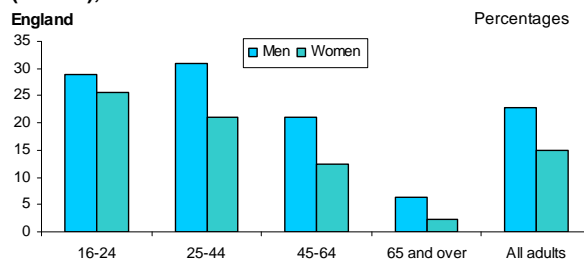
Source: General Household Survey 2006, Office for National Statistics (ONS)
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2.2.3 Binge drinking

Binge drinking, as defined in Chapter 1, is taken to mean drinking more than twice the daily recommendations. That is, drinking over 8 units on one day for men and drinking over 6 units for women.

In 2006, 23% of men and 15% of women reported drinking over twice the recommended daily allowance on at least one day in the week prior to interview. The proportion of adults reporting binge drinking behaviour was greatest amongst younger age groups. Around 30% of men aged 16 to 44 reported drinking over 8 units compared to 6% of those aged 65 and over. For women, 26% of those aged 16 to 24 reported drinking over 6 units compared to only 2% of women aged 65 and over. (Figure 2.3).

Figure 2.3 Adults whose maximum daily amount of alcohol (who drank last week) was more than 8 units (men) or 6 units (women), 2006
England



Source: General Household Survey 2006, Office for National Statistics (ONS)
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23% of men and 15% of women reported binge drinking in 2006

A similar pattern can be seen over time in the prevalence of those reporting binge drinking, to that observed for those drinking over the daily recommended units as described earlier. Among men, between 1998 to 2004 the proportion reporting binge drinking using the original method of conversion to units was around 22%, but experienced a fall to 18% in 2005, at which it has remained for 2006. No such reduction in binge drinking was experienced amongst women.

It is too soon, and the changes too small to predict whether this change in men's drinking will become a long term trend. The changes could reflect a real change in drinking habits or they could be a result of an increased tendency to under-report alcohol consumption. Increased publicity about the dangers of frequent and binge drinking could lead to people moderating their behaviour, but it might equally have made them less inclined to admit how much they have drunk (Tables 2.2, 2.3).

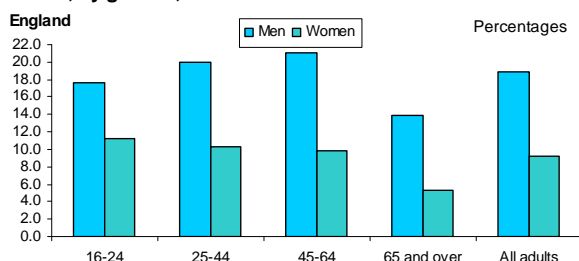
2.2.4 Average weekly consumption

In 2006, respondents to the GHS 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 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 18.9 units for men and 9.2 units for women in 2006. When looking at variation between age groups, the average weekly consumption of alcohol over the 12 months prior to interview among men ranged from 13.9 units among those aged 65 and over to 21.1 units among those aged 45 to 64. For women, the number of units consumed in an average week decreased with age; from 11.3 units for those aged 16 to 24 to an average of 5.3 units a week for those aged 65 and over (Figure 2.4).

Figure 2.4 Average weekly units of alcohol consumed by adults, by gender, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS) Copyright © 2008, re-used with the permission of the Office for National Statistics

Using the original method of conversion of units for comparability with earlier years; in 2006, men drank an average of 14.9 units a week (equivalent to about seven and a half pints of beer), around 2.3 units less than they were drinking in 1998. Average weekly consumption among women increased from 6.5 units in 1998 to 7.6 units in 2002, but has decreased to 6.3 units in 2006 (Table 2.5).

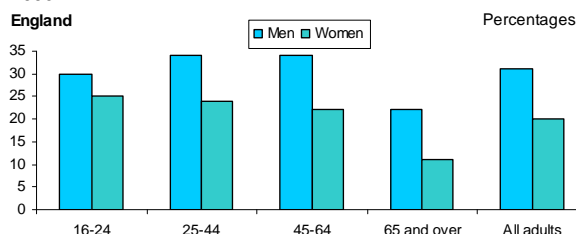
In 1992, the government defined sensible drinking as no more than 21 units a week for men and no more than 14 units a week for women. In 2006, 31% of men reported

drinking over 21 units in an average week and 20% of women reported that their average weekly consumption was over 14 units.

Around a third of men and a fifth of women reported drinking over the weekly recommendations

The proportion of people reporting drinking above the weekly recommended levels was lower among the oldest age group for both men and women; 22% of men aged 65 and over compared to 30% of men aged 16 to 24, and 34% of men aged both 25 to 44 and 45 to 64. Amongst women, the equivalent figures were 11% for those aged 65 and over compared to 25% of those aged 16 to 24, 24% of those aged 25 to 44 and 22% of those aged 45 to 64 (Table 2.4, Figure 2.5).

Figure 2.5 Adults whose average weekly alcohol consumption was more than 21 units (men) or more than 14 units (women), 2006



Source: General Household Survey 2006, Office for National Statistics (ONS) Copyright © 2008, re-used with the permission of the Office for National Statistics

Using the original method of conversion to units for comparability with previous years, the proportion of men reporting drinking above the weekly recommended levels experienced a fall in 2005 and 2006 compared to previous years when it was around 28%. Women have reported a similar reduction as men in the same time period (Table 2.5).

For men who usually drink in excess of the weekly recommendations (over 21 units) 76% reported consuming more than 4 units

on at least one day in the previous week and 50% reported drinking more than 8 units on at least one day in the week prior to interview, showing that those who tended to drink over the recommended daily guidelines also tended to have a higher average weekly consumption (Table 2.6).

For women a similar pattern exists. Those whose average consumption exceeds the weekly guidelines of 14 units, were more likely to exceed the daily recommendations on at least one day in the previous week, with 78% reporting drinking over 3 units and 46% drinking more than 6 units on at least one day in the previous week (Table 2.7).

2.2.5 Chronic drinking

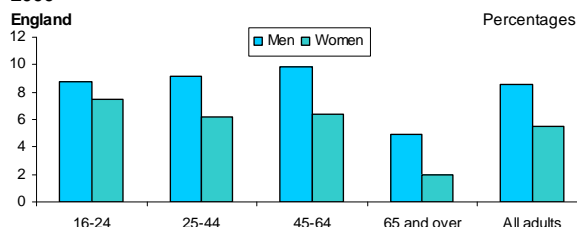
As defined in Chapter 1, chronic drinking is described as drinking large amounts of alcohol frequently. To give an indication of the prevalence of chronic drinkers, they are classed as men who drink an average of over 50 units a week and women who drink an average of more than 35 units a week.

In England, in 2006, 9% of men reported drinking over 50 units a week on average and 6% of women reported drinking over 35 units in an average week.

9% of men and 6% of women reported chronic drinking behaviour

Both men and women in the 65 and over age group were the least likely to be classed as chronic drinkers (5% of men and 2% of women). There was little variation between the other age groups (Table 2.4, Figure 2.6).

Figure 2.6 Adults whose average weekly alcohol consumption was more than 50 units (men) or more than 35 units (women), 2006



Source: General Household Survey 2006, Office for National Statistics (ONS) Copyright © 2008, re-used with the permission of the Office for National Statistics

There is a suggestion of a slight decline since 2002 in the proportion of men drinking more than 50 units a week on average, but there has been no significant change in the proportion of women drinking more than 35 units over this period (Table 2.5).

2.2.6 Heaviest drinking day

Respondents who said they had drunk alcohol in the week prior to interview in the GHS were asked on what day of the week they had drunk the most. Overall, Saturday was reported to be the heaviest drinking day among adults (27%), followed by Sunday (23%) and then Friday (14%).

There were some variations to this pattern with age. For 16 to 24 year olds, Saturday was most likely to be the heaviest drinking day with 36% reporting this, followed by Friday (22%) and then Sunday (13%). In contrast, respondents aged 65 and over were more likely to have drunk the most on a Sunday (31%) (Table 2.8).

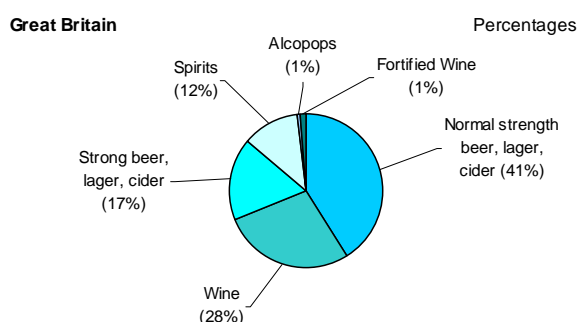
2.3 Types of alcohol consumed

The 2007 Omnibus Survey² reports on average weekly alcohol consumption 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 drink type is usually consumed. From this information average weekly alcohol

consumption is broken down into the number of units consumed by alcohol type.

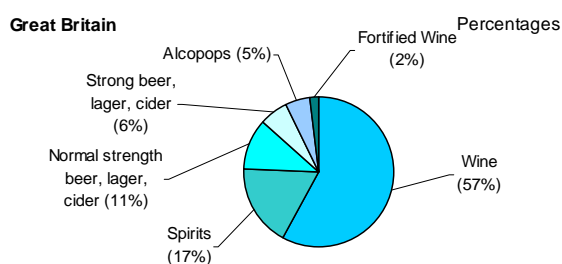
Figures 2.7 and 2.8 show that in 2007, 41% of the units of alcohol consumed by men came from normal strength beer, lager or cider, while for women wine accounted for over half (57%) of their average weekly alcohol consumption.

Figure 2.7 Average weekly consumption of different types of alcohol by men, 2007



Source: Drinking: Adults' behaviour and knowledge in 2007, Office for National Statistics (ONS)
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Figure 2.8 Average weekly consumption of different types of alcohol by women, 2007



Source: Drinking: Adults' behaviour and knowledge in 2007, Office for National Statistics (ONS)
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In 2007, beer, lager and cider were the most popular drinks among men of all ages, but declined with increasing age as a proportion of total alcohol consumed. Older men tended to drink more spirits and wine than younger men. The amount of spirits as a proportion of men's total consumption was highest among those aged 65 and

over (19%). Similarly, the amount of wine as a proportion of total consumption was highest among men aged 45 to 64 (40%) and those aged 65 and over (36%) compared with only 7% for men aged 16 to 24.

The pattern among women in relation to age was slightly different to that found among men. Wine and spirits were found to be the most popular drinks among women aged 16 to 24, followed by alcopops (contributing 32%, 26% and 18% respectively). The amount of fortified wine as a proportion of women's total consumption was highest among those aged 65 and over (7%). Among women aged 45 to 64, wine accounted for 70% of average weekly alcohol consumption. Younger women tended to drink more alcopops than older women which accounted for 18% of the average weekly alcohol consumption among women aged 16 to 24 years old compared with less than 1% for those aged 65 and over (Table 2.9).

2.4 Alcohol and socio-economic variables

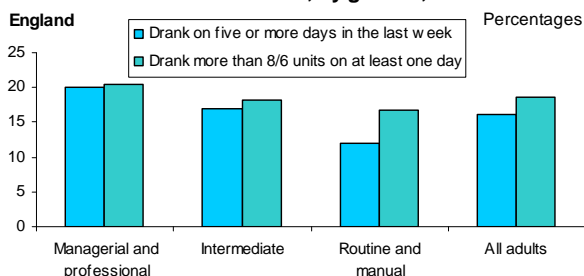
2.4.1 Socio-economic classification

The GHS collects and reports on a variety of socio-economic variables and drinking behaviours are reported on against a number of these. A review of information on inequalities in health, undertaken by the Department of Health⁴, noted that both mortality and morbidity show a clear association with socio-economic position, with death rates much higher among unskilled men than among those in professional households.

Those living in managerial or professional households were most likely to report having drunk during the week prior to interview (73%) compared to those living in routine or manual households who were least likely to report this (55%). The same pattern is seen among those reporting

drinking on five or more days in the previous week, with 20% of those in managerial and professional households reporting this compared to 12% of routine and manual households. The prevalence of adults drinking over the recommended daily guidelines was also higher among those adults in managerial and professional households (41%) than those in routine and manual households (30%) (Table 2.10, Figure 2.9).

Figure 2.9 Adults who drank alcohol in the last week by socio-economic classification, by gender, 2006



Source: General Household Survey 2006, Office for National Statistics
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2.4.2 Economic activity status

Table 2.11 shows drinking among adults of working age (men aged 16 to 64 and women aged 16 to 59) in England, by economic activity status. In 2006, working men were more likely to have drunk in the week prior to interview (76%) and to have drunk on five or more days (21%) than those who were unemployed. Unemployed men were also less likely to binge drink than working men (19% and 28% respectively).

For women, a similar pattern could be seen. Two-thirds (66%) of working women reported drinking in the week prior to interview compared with 54% of unemployed women. Twelve per cent of working women reported drinking on five or more days in the last week compared with only 6% of unemployed women. As with men, working women were also more likely to binge drink than those who were unemployed (22% and 16% respectively).

2.4.3 Income

Table 2.12 presents drinking among adults by gross weekly household income. In general, the higher the level of income, the more likely both men and women were to have drunk alcohol in the previous week and to have drunk more than the daily recommendations.

Among men in households with a gross weekly income over £1,000, 83% reported drinking in the previous week, and 49% reported drinking over four units on at least one day. Among men in households with an income of £200 or less, only 61% reported drinking in the previous week and only 31% reported drinking more than the daily recommendations.

A similar pattern could be seen for women. Seventy per cent of women in households with a gross weekly income over £1,000 reported drinking in the previous week compared with only 41% in households with an income of £200 or less. Among women in households with a gross weekly income over £1,000, 46% reported drinking over three units on at least one day compared with 21% of those in households with an income of £200 or less.

Prevalence of binge drinking among adults on at least one day in the previous week in households with a gross weekly income over £1,000 was about twice that in households with a gross weekly household income of £200 or less (25% and 11% respectively).

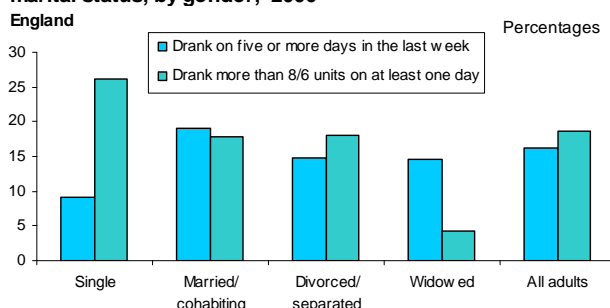
2.5 Alcohol and demographic characteristics

2.5.1 Drinking and marital status

Considering drinking by marital status shows that married men and women (including those cohabiting) were more likely to have drunk in the week prior to interview (68%) compared to those who are single, divorced/separated or widowed

(59%, 59% and 46% respectively). Married men and women were also the most likely to report drinking on five or more days in the previous week (19%) and single adults least likely (9%) (Table 2.13, Figure 2.10).

Figure 2.10 Adults who drank alcohol in the last week by marital status, by gender, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS) Copyright © 2008, re-used with the permission of the Office for National Statistics

In contrast, single people were more likely to drink over the recommended daily number of units; 42% of single men reported drinking over 4 units and 39% of single women said they had drunk over 3 units on at least one day in the previous week. Widowed adults were least likely to report this (22% of widowed men and 13% of widowed women). Single people were also more likely to drink over twice the daily recommended limits with 26% of single adults reporting this (Table 2.13).

Married adults were most likely to drink on five or more days a week but single adults were most likely to exceed the daily recommendations

2.5.2 Drinking and ethnicity

Information on ethnicity is not included within the GHS 2006 report on smoking and drinking. However, the Statistics on Alcohol: England 2007⁵ 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

variation in drinking in the last week ranged from 4 to 5% of those of Bangladeshi or Pakistani origin to 67 to 68% of those recording their ethnicity as White British or White Other.

Adults of mixed ethnicity were more likely to drink over the recommended daily limits on at least one day in the previous week as were the White British and the White Other ethnic groups. The same pattern is seen for binge drinking. It should be noted that this analysis was done using the original method of unit conversion and it is unclear whether or not the same patterns would emerge using the improved method.

Model-based estimates produced by the NHS Information Centre of prevalence of binge drinking among ethnic groups at a sub national level are available from the Neighbourhood Statistics website⁶.

2.6 Drinking and pregnancy

In May 2007, guidelines on drinking during pregnancy were revised. These guidelines recommend that women who are pregnant or trying to conceive should avoid drinking alcohol altogether. If they do choose to drink, to protect the baby, they should not drink more than 1 to 2 units of alcohol once or twice a week and should not get drunk⁷.

In the 2005 Infant Feeding Survey³, mothers were asked whether they had drunk alcohol in the two years prior to interview and whether they had drunk alcohol while they were pregnant. If they had drunk alcohol while they were pregnant they were asked questions about how much and how often they had drunk different types of alcohol. From this an estimation of the number of units consumed a week was made.

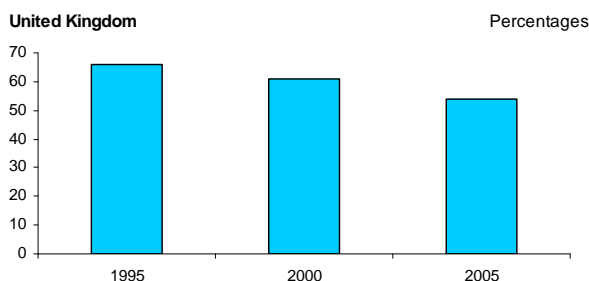
In 2005, 83% of mothers in England, who had recently given birth reported drinking alcohol before they were pregnant and 55% said they drank alcohol while they were

pregnant. Of the women who drank before pregnancy, 33% gave up while they were pregnant and 62% said they drank less during their pregnancy.

Older women were more likely report drinking alcohol during pregnancy, with 61% of mothers aged 35 and over in the UK reporting this compared to 47% aged under 20. The proportion who gave up drinking during pregnancy decreased with age while the proportion reporting they drank less increased with age (Table 2.14).

The percentage of mothers in the United Kingdom who drank during pregnancy has decreased from 66% in 1995 to 54% in 2005. There has also been an increase in the percentage of mothers who gave up drinking while they were pregnant, from 24% in 1995 to 34% in 2005 (Table 2.15, Figure 2.11).

Figure 2.11 Mothers who drank alcohol during pregnancy, 1995 to 2005



Source: The Infant Feeding Survey 2005, The Information Centre

2.7 Adults' behaviour and knowledge of alcohol

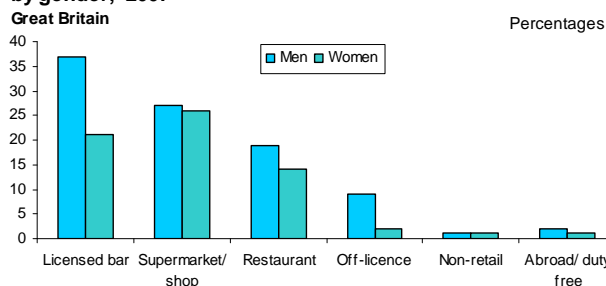
2.7.1 Where adults buy alcohol

In the 2007 Omnibus Survey, respondents were asked questions on where they had purchased alcohol in the previous week for either themselves or others to consume.

The three most popular places for alcohol purchases were a licensed bar, supermarket or restaurant. In 2007, men in Great Britain were more likely than women

to have bought alcohol in a licensed bar in the previous week (37% and 21% respectively). Men were also more likely than women to have bought alcohol at an off-licence or to drink with a meal at a restaurant. A similar proportion of men and women said they bought alcohol from a supermarket (Figure 2.12).

Figure 2.12 Where adults purchased alcohol in the last week, by gender, 2007



Source: Drinking: Adults' behaviour and knowledge in 2007, Office for National Statistics (ONS)
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The percentage of people who had bought alcohol from a licensed bar in the past week was stable between 1998 and 2002, but has since appeared to fall slightly. The same was true for those purchasing from an off-licence. There was little change over time in the percentages of people who had bought alcohol from other outlets (Table 2.16).

2.7.2 Awareness of unit labelling

All respondents to the Omnibus Survey who reported drinking alcohol and were aware of measuring alcohol in units, were asked if they had seen alcoholic drinks with the units of alcohol on the label, and if so, where.

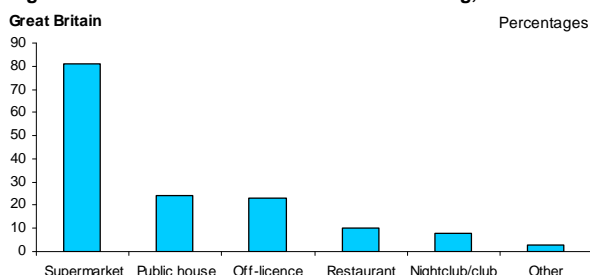
In 2007, nearly two fifths (38%) of adults had seen units of alcohol displayed on labels of alcoholic drinks, compared to 32% in 2006. This continues the increase in awareness seen since 2000, when the proportion was just 23%. Men were more likely to have seen unit labelling than

women (41% of men compared to 36% of women) (Table 2.17).

Almost two fifths of adults had seen units of alcohol displayed on labels of alcoholic drinks

The supermarket was reported as the place where most people had seen unit labelling on alcoholic drinks with 81%. In comparison, 24% had seen it in public houses and 23% in off-licences, while only 10% had seen unit labelling in restaurants and 8% in nightclubs. Men were more likely than women to mention off-licences (28% of men compared to 19% of women) while the proportions were similar for men and women for other places (Table 2.18, Figure 2.13).

Figure 2.13 Where drinkers had seen unit labelling, 2007



Source: Drinking: Adults' behaviour and knowledge in 2007, Office for National Statistics (ONS)
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2.7.3 Knowledge of units and daily recommendations

In the Omnibus Survey, all respondents were asked if they were aware of the maximum number of units that people should drink in a day. Those who were aware of daily recommendations were then asked to say what this was for men and for women.

In 2007, 69% of adults in Great Britain said they had heard of daily recommendations, an increase from 54% in 1997 and the same proportion as in 2006. Of these only

12% correctly thought the daily recommendation for men was a maximum of 4 units and a quarter thought it was 3 units. Of those who had heard of daily recommendations 10% correctly thought it was within the guidelines for women to drink a maximum of 3 units a day, and a third thought the daily recommendation for women was 2 units. Almost two fifths of those who said they had heard of daily recommendations admitted they did not know what the recommendations for men and women are (Table 2.19).

Around 1 in 10 people who have heard of recommended daily levels correctly know what they are

2.8 Geographical patterns of alcohol consumption

2.8.1 National comparisons of alcohol consumption

Findings from the GHS show that in 2006, men and women in Scotland were less likely to have drunk on at least 5 days in the previous week than those living in England or Wales (14%, 21% and 23% respectively for men, 9%, 12% and 11% respectively for women). However, there were no significant differences for those drinking above the daily recommendations (Table 2.20, 2.21).

2.8.2 Alcohol consumption by region

Yorkshire and the Humber recorded the highest prevalence of those exceeding daily benchmarks amongst men (48%) and along with the North West, had the highest recorded prevalence for women (40%). London had the lowest prevalence of adults drinking over the daily recommendations (35% of men and 27% of women).

Similarly, binge drinking was most prevalent in the North West and Yorkshire and the Humber regions. Almost a third (31%) of men and a fifth (20%) of women in the North West, and 29% of men and 23% of women in Yorkshire and the Humber reported binge drinking.

The same broad pattern of regional variation in daily drinking has been evident since these questions were first included in the survey in 1998. However, sample sizes in some regions are small and some fluctuation in results from year to year is to be expected. This can affect whether a particular region or country appears to have a high or low consumption-level relative to other areas (Table 2.21).

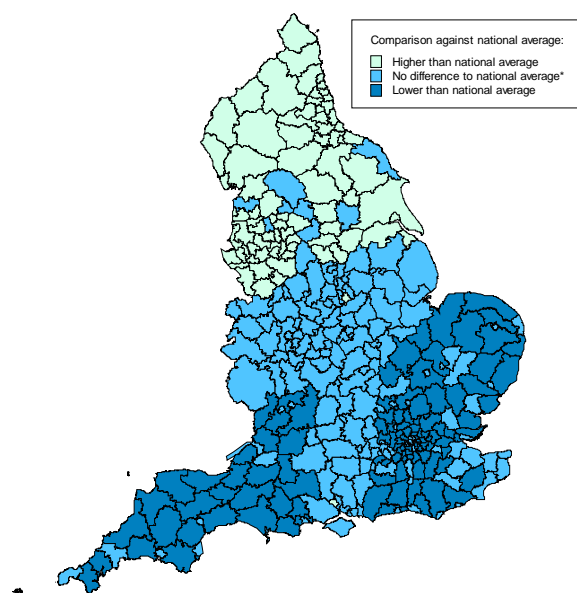
2.8.3 Alcohol consumption and sub-regional comparisons

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, and includes estimates of binge drinking. Results for the whole range of healthy lifestyle behaviours considered are published on the ONS Neighbourhood Statistics website⁹.

Other models are available that predict the prevalence of binge drinking at a smaller geographical level. Examples of these can be found in Appendix D.

Almost one in four LAs were estimated to have a significantly higher binge drinking rate than England as a whole. These were highly concentrated in the North with 98% of these LAs located in three Government Office Regions (GORs); North East, North West and Yorkshire and the Humber. LAs who were estimated to have a significantly lower binge drinking 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 (Figure 2.14).

Figure 2.14 Comparison of model based estimated alcohol rates of Local Authorities to the national average, 2003-2005



Data Sources: ONS Boundary Files 2006, Neighbourhood Statistics Model Based Estimates of Healthy Lifestyle Behaviours. The Information Centre
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*Prevalence in these LAs are not considered statistically different to the national average

Summary: Drinking among adults

The data presented in this chapter have shown that in general in 2006, men drank more frequently and in greater volumes than women. Men were also more likely to exceed the daily and weekly recommendations on drinking than women. Those in the youngest and oldest age groups were less likely than other age groups to report drinking alcohol during the previous week, though older people reported drinking more frequently than younger people. There are some indications that consumption may be declining, particularly among men.

The most common places for purchasing alcohol were in a licensed bar, a supermarket or a restaurant. The most popular type of drink among men was beer, lager or cider, with women more likely to drink wine.

In recent years adults in Great Britain have become more aware of measuring alcohol by units and unit labelling on bottles and cans. However, there is still a large proportion of people who do not know what the daily recommended units are.

Drinking behaviour is shown to vary when measured by different socio-demographic

variables, for instance people who are married or cohabiting were more likely to drink more frequently, while single people were more likely to exceed daily guidelines.

Those in employment were more likely to have drunk on five or more days in the previous week and to binge drink than unemployed people. A similar pattern was also seen for socio-economic classification, were those in managerial and professional households were more likely to drink more frequently and to drink above the daily recommendations than those in routine and manual households.

Over half the pregnant women in the UK reported drinking during pregnancy in 2005. This proportion has fallen since 1995 though. Older women were more likely to report drinking during pregnancy than younger women.

Men and women in England and Wales were more likely to drink frequently than adults in Scotland but were not any more likely to drink above daily recommendations. Across England, drinkers in the northern regions were more likely to exceed the daily recommendations and to binge drink.

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Table 2.1 Number of drinking days in the week prior to interview, by gender and age¹ 2006²

England	Percentages				
	All ages	16-24	25-44	45-64	65 or over
Drinking days last week: All persons					
0	36	43	33	32	45
1	19	22	21	17	16
2	14	16	16	13	9
3	9	9	10	10	6
4	6	4	7	7	4
5	4	2	4	5	3
6	3	2	2	4	2
7	10	2	7	12	15
Drank on 5 or more days	16	6	13	21	21
Drank in the week prior to interview	64	57	67	68	55
Drinking days last week: Men					
0	28	40	26	23	32
1	18	20	19	16	16
2	15	17	17	14	11
3	10	10	12	11	8
4	8	5	9	9	5
5	5	3	5	6	4
6	4	2	3	5	3
7	12	4	9	15	21
Drank on 5 or more days	21	9	18	26	28
Drank in the week prior to interview	72	60	74	77	68
Drinking days last week: Women					
0	43	45	39	39	55
1	20	23	22	18	15
2	12	15	15	13	7
3	8	9	8	9	5
4	5	4	6	6	3
5	3	1	3	4	3
6	2	1	1	3	2
7	7	1	5	8	11
Drank on 5 or more days	12	3	10	15	16
Drank in the week prior to interview	57	55	61	61	45
<i>Weighted bases (000s)</i>					
<i>All persons</i>	36,650	4,696	13,092	11,459	7,403
<i>Men</i>	17,182	2,242	6,191	5,503	3,246
<i>Women</i>	19,468	2,454	6,901	5,957	4,157
<i>Unweighted bases</i>					
<i>All persons</i>	14,303	1,480	4,781	4,801	3,241
<i>Men</i>	6,604	671	2,159	2,270	1,504
<i>Women</i>	7,699	809	2,622	2,531	1,737

1. Aged 16 and over

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

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.2 Drinking in the week prior to interview among men¹, by age, 1998 to 2006

England	Percentages				
	All ages	16-24	25-44	45-64	65 and over
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	72	60	74	77	68
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	21	9	18	26	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
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
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
Unweighted bases					
1998	5,616	600	2,066	1,811	1,139
2000	5,707	669	2,020	1,896	1,122
2001	6,128	666	2,257	1,972	1,233
2002	5,907	662	2,055	1,979	1,211
2003	7,036	813	2,491	2,243	1,489
2004	5,873	675	2,061	1,940	1,197
2005	8,646	953	2,966	2,893	1,834
2006	6,604	671	2,159	2,270	1,504

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 include longitudinal data (see Appendix A)

4. The method used for calculating the number of units drunk has been 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 old method and one with the updated method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the updated method is our best estimate of current alcohol consumption

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.3 Drinking in the week prior to interview among women¹, by age, 1998 to 2006

England	Percentages				
	All ages	16-24	25-44	45-64	65 and over
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	57	55	61	61	45
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	12	3	10	15	16
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
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
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
Unweighted bases					
1998	6,659	677	2,479	2,006	1,497
2000	6,455	700	2,367	2,028	1,360
2001	7,156	782	2,663	2,168	1,543
2002	6,887	776	2,434	2,215	1,462
2003	7,960	841	2,874	2,479	1,766
2004	6,815	797	2,447	2,214	1,357
2005	9,932	1,095	3,504	3,189	2,144
2006	7,699	809	2,622	2,531	1,737

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 include longitudinal data (see Appendix A)

4. The method used for calculating the number of units drunk has been 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 old method and one with the updated method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the updated method is our best estimate of current alcohol consumption

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.4 Alcohol consumption (units per week) among adults¹, by gender and age, 2006^{2,3}

England	Percentages / mean weekly units				
	All ages	16-24	25-44	45-64	65 and over
Men					
Non-drinker	11	15	9	9	13
Under 1 unit	7	8	6	6	11
1 - 10 units	30	30	29	29	35
11 - 21 units	21	18	22	22	20
22 - 35 units	15	14	17	15	12
36 - 50 units	7	7	7	9	5
51 units and over	9	9	9	10	5
More than 21 units	31	30	34	34	22
Mean weekly units	18.9	17.6	20.0	21.1	13.9
Women					
Non-drinker	17	15	15	16	24
Under 1 unit	15	9	10	15	25
1 - 7 units	33	35	34	33	29
8 - 14 units	15	15	16	15	11
15 - 25 units	10	12	12	9	6
26 - 35 units	5	6	5	6	3
36 units and over	6	8	6	6	2
More than 14 units	20	25	24	22	11
Mean weekly units	9.2	11.3	10.2	9.9	5.3
<i>Weighted bases (000s)³</i>					
<i>Men</i>	17,189	2,247	6,191	5,504	3,246
<i>Women</i>	19,468	2,454	6,901	5,957	4,157
<i>Unweighted bases</i>					
<i>Men</i>	6,607	673	2,159	2,271	1,504
<i>Women</i>	7,699	809	2,622	2,531	1,737

1. Aged 16 and over

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

3. The method used for calculating the number of units drunk has been 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.

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.5 Alcohol consumption (units per week) among adults¹, by gender, 1992 to 2006

England	Percentages / mean weekly units										
	Unweighted				Weighted					2006 ^{3,4} original method	2006 ^{3,4} improved method
	1992	1994	1996	1998 ²	1998 ²	2000	2001	2002	2005		
Men											
Non-drinker	7	7	7	7	7	9	9	9	11	11	11
Under 1 unit	10	9	8	8	7	8	11	8	8	0	7
1 - 10 units	36	35	35	37	36	34	31	33	36	36	30
11 - 21 units	21	22	23	22	22	22	22	22	21	22	21
22 - 35 units	13	14	15	14	14	14	14	14	12	12	15
36 - 50 units	7	6	7	6	7	7	6	6	6	6	7
51 units and over	6	6	6	6	7	7	7	7	6	5	9
More than 21 units	26	27	27	27	28	28	27	27	24	23	31
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
Women											
Non-drinker	12	14	13	14	14	14	15	15	18	17	17
Under 1 unit	22	21	20	19	19	17	22	16	17	18	15
1 - 7 units	39	37	37	37	37	36	32	37	37	39	33
8 - 14 units	15	15	16	16	16	16	15	15	14	14	15
15 - 25 units	8	9	9	10	10	11	9	10	8	8	10
26 - 35 units	2	2	3	3	3	3	3	3	3	2	5
36 units and over	2	2	2	2	2	3	3	3	2	2	6
More than 14 units	12	13	14	15	15	17	15	17	13	13	20
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
<i>Weighted bases (000s)³</i>											
Men	..	..	..	..	16,541	17,594	17,192	16,781	16,704	17,189	
Women	..	..	..	..	18,518	18,912	18,847	19,160	19,131	19,468	
<i>Unweighted bases</i>											
Men	7,265	6,603	6,145	5,621	5,621	5,704	6,124	5,906	7,158	6,607	
Women	8,364	7,832	7,227	6,661	6,661	6,442	7,157	6,889	8,261	7,699	

1. Aged 16 and over

2. 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

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

4. The method used for calculating the number of units drunk has been 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 old method and one with the updated method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the updated method is our best estimate of current alcohol consumption

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.6 Maximum daily amount drunk last week among men¹, by average weekly consumption, 2006^{2,3}

England	Percentages				
	Total ⁴	Average weekly consumption			
		Less than 1 unit	1-10 units	11-21 units	22 or more units
Drank nothing last week	28	82	31	7	3
Up to 4 units	32	16	51	41	21
More than 4, up to 8 units	17	1	12	26	26
More than 8, up to 12 units	10	0	3	15	20
More than 12 units	12	0	3	10	31
More than 4 units	40	1	18	52	76
More than 8 units	23	1	6	26	50
<i>Weighted bases (000s)³</i>	<i>17,162</i>	<i>1,228</i>	<i>5,195</i>	<i>3,605</i>	<i>5,303</i>
<i>Unweighted bases</i>	<i>6,596</i>	<i>465</i>	<i>2,022</i>	<i>1,418</i>	<i>2,045</i>

1. Aged 16 and over

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

3. The method used for calculating the number of units drunk has been 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

4. Total includes non-drinkers

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.7 Maximum daily amount drunk last week among women¹, by average weekly consumption, 2006^{2,3}

England	Percentages				
	Total ⁴	Average weekly consumption			
		Less than 1 unit	1-10 units	11-21 units	22 or more units
Drank nothing last week	43	83	36	8	5
Up to 3 units	24	14	40	35	17
More than 3, up to 6 units	18	3	18	34	32
More than 6, up to 9 units	6	0	4	12	14
More than 9 units	9	0	3	11	32
More than 3 units	33	4	24	57	78
More than 6 units	15	1	7	23	46
<i>Weighted bases (000s)</i>	<i>19,465</i>	<i>2,870</i>	<i>6,395</i>	<i>2,851</i>	<i>3,987</i>
<i>Unweighted bases</i>	<i>7,698</i>	<i>1,117</i>	<i>2,584</i>	<i>1,142</i>	<i>1,615</i>

1. Aged 16 and over

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

3. The method used for calculating the number of units drunk has been 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

4. Total includes non-drinkers

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.8 Adults' heaviest drinking day in the week prior to interview, by age^{1,2}, 2006³

England	Percentages				
	All ages	16-24	25-44	45-64	65 or over
Sunday	23	13	21	25	31
Monday	10	6	9	11	13
Tuesday	10	8	8	10	14
Wednesday	9	8	7	8	13
Thursday	7	7	7	7	8
Friday	14	22	17	12	7
Saturday	27	36	32	26	14
<i>Weighted bases (000s)</i>	23,337	2,673	8,749	7,829	4086
<i>Unweighted bases</i>	9,321	864	3,242	3,353	1862

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 2006 include longitudinal data (see Appendix A)

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.9 Average weekly consumption of different types of drink, by gender and age¹, 2007

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 units²	18.6	24.1	19.9	20.3	11.3	9.9	13.0	10.2	10.5	6.0
Strong beer, lager, cider	3.2	7.4	4.2	2.1	0.7	0.5	1.2	0.6	0.4	0.4
Normal strength beer, lager, cider	7.6	10.3	9.0	7.6	4.0	1.1	1.5	1.5	1.0	0.2
Spirits	2.2	2.9	1.9	2.1	2.2	1.7	3.4	1.4	1.3	1.6
Fortified Wine	0.2	0.0	0.2	0.4	0.3	0.2	0.2	0.1	0.3	0.4
Wine	5.2	1.8	4.3	8.2	4.1	5.6	4.1	6.1	7.3	3.3
Alcopops	0.3	1.6	0.2	0.0	0.0	0.5	2.3	0.5	0.1	0.0
Percentages										
Strong beer, lager, cider	17	31	21	10	6	6	9	5	3	7
Normal strength beer, lager, cider	41	43	45	37	36	11	12	15	10	4
Spirits	12	12	10	10	19	17	26	14	13	27
Fortified Wine	1	0	1	2	2	2	1	1	2	7
Wine	28	7	22	40	36	57	32	60	70	55
Alcopops	1	7	1	0	0	5	18	5	1	0
<i>Bases</i>	1,029	128	343	331	227	1,197	165	413	381	239

1. Aged 16 and over

2. Includes 'other' drinks such as cocktails

Source:

Drinking: Adults' behaviour and knowledge in 2007. Office for National Statistics (ONS)

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Table 2.10 Adults¹ drinking in the last week, by socio-economic classification² and gender, 2006^{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 adults⁵	64	72	57	36	40	33
Managerial and professional	73	79	66	41	44	39
Large employers and higher managerial	78	84	72	47	48	46
Higher professional	75	81	68	41	42	40
Lower managerial and professional	70	77	63	40	43	37
Intermediate	63	72	56	36	42	31
Intermediate	62	73	56	34	42	29
Small employers/own account	64	71	56	38	42	34
Routine and manual	55	64	48	30	35	26
Lower supervisory and technical	62	70	54	34	37	30
Semi-routine	53	62	47	29	33	26
Routine	52	62	44	29	35	24
	Drank on five or more days in the last week			Drank more than 8/6 units on at least one day		
All adults⁵	16	21	12	19	23	15
Managerial and professional	20	25	15	20	24	17
Large employers and higher managerial	24	29	18	23	27	19
Higher professional	20	25	16	19	21	16
Lower managerial and professional	19	24	14	20	24	17
Intermediate	17	23	12	18	23	14
Intermediate	15	22	12	16	22	13
Small employers/own account	19	24	13	20	24	15
Routine and manual	12	16	8	17	21	13
Lower supervisory and technical	13	17	9	19	24	14
Semi-routine	11	14	8	15	18	13
Routine	11	17	7	17	22	12
<i>Weighted bases (000's)</i>						
<i>Managerial and professional</i>	15,196	7,362	7,834	15,179	7,349	7,830
<i>Intermediate</i>	6,756	3,071	3,685	6,756	3,071	3,685
<i>Routine and manual</i>	12,896	5,983	6,914	12,893	5,982	6,911
<i>All adults⁴</i>	36,650	17,182	19,468	36,627	17,162	19,465
<i>Unweighted bases</i>						
<i>Managerial and professional</i>	6,197	2,963	3,234	6,191	2,958	3,233
<i>Intermediate</i>	2,591	1,155	1,436	2,591	1,155	1,436
<i>Routine and manual</i>	4,904	2,238	2,666	4,902	2,237	2,665
<i>All adults⁴</i>	14,303	6,604	7,699	14,294	6,596	7,698

1. Aged 16 and over

2. Based on the current or last job of the household reference person

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

4. The method used for calculating the number of units drunk has been 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

5. 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'

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.11 Adults¹ drinking in the last week, by economic activity status and gender, 2006^{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 age⁴	66	73	60	42	45	39
Total working⁵	71	76	66	45	47	43
Full time	74	78	67	47	48	45
Part time	64	65	64	39	36	40
Unemployed	53	52	54	35	35	35
Economically inactive ⁶	50	59	45	30	35	27
	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 age⁴	15	20	10	23	27	19
Total working⁵	16	21	12	25	28	22
Full time	18	21	12	27	29	24
Part time	12	17	11	19	20	19
Unemployed	9	11	6	17	19	16
Economically inactive ⁶	11	17	7	16	20	14
<i>Weighted bases (000s)</i>						
<i>All adults of working age⁴</i>	<i>28,022</i>	<i>13,936</i>	<i>14,086</i>	<i>28,001</i>	<i>13,916</i>	<i>14,085</i>
<i>Total working⁵</i>	<i>21,085</i>	<i>11,056</i>	<i>10,029</i>	<i>21,079</i>	<i>11,048</i>	<i>10,031</i>
<i>Full time</i>	<i>15,314</i>	<i>9,744</i>	<i>5,570</i>	<i>15,306</i>	<i>9,734</i>	<i>5,572</i>
<i>Part time</i>	<i>5,652</i>	<i>1,246</i>	<i>4,406</i>	<i>5,654</i>	<i>1,248</i>	<i>4,406</i>
<i>Unemployed</i>	<i>961</i>	<i>594</i>	<i>367</i>	<i>957</i>	<i>590</i>	<i>367</i>
<i>Economically inactive⁶</i>	<i>5,961</i>	<i>2,277</i>	<i>3,684</i>	<i>5,950</i>	<i>2,270</i>	<i>3,680</i>
<i>Unweighted bases</i>						
<i>All adults of working age⁴</i>	<i>10,484</i>	<i>5,100</i>	<i>5,384</i>	<i>10,476</i>	<i>5,092</i>	<i>5,384</i>
<i>Total working⁵</i>	<i>7,925</i>	<i>4,073</i>	<i>3,852</i>	<i>7,922</i>	<i>4,069</i>	<i>3,853</i>
<i>Full time</i>	<i>5,721</i>	<i>3,623</i>	<i>2,098</i>	<i>5,717</i>	<i>3,618</i>	<i>2,099</i>
<i>Part time</i>	<i>2,158</i>	<i>424</i>	<i>1,734</i>	<i>2,159</i>	<i>425</i>	<i>1,734</i>
<i>Unemployed</i>	<i>325</i>	<i>201</i>	<i>124</i>	<i>324</i>	<i>200</i>	<i>124</i>
<i>Economically inactive⁶</i>	<i>2,228</i>	<i>823</i>	<i>1,405</i>	<i>2,224</i>	<i>820</i>	<i>1,404</i>

1. Adults of working age

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

3. The method used for calculating the number of units drunk has been 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.

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 or unemployed by the International Labour Organisation (ILO) measure. For example, this would include those who were looking after a home or retired

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.12 Adults¹ drinking in the last week, by usual gross weekly household income and gender, 2006^{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 adults⁴	64	72	57	36	40	33
Up to £200.00	48	61	41	25	31	21
£200.01 - £400.00	56	62	51	27	28	27
£400.01 - £600.00	64	72	56	35	39	32
£600.01 - £800.00	69	75	63	39	43	35
£800.01 - £1000.00	72	79	65	46	50	42
£1000.01 or more	76	83	70	48	49	46
	Drank on five or more days in the last week			Drank more than 8/6 units on at least one day		
All adults⁴	16	21	12	19	23	15
Up to 200.00	12	18	9	11	16	8
200.01 - 400.00	15	19	12	12	13	11
400.01 - 600.00	16	20	13	19	24	15
600.01 - 800.00	16	19	13	22	26	18
800.01 - 1000.00	17	23	11	26	31	22
1000.01 or more	20	26	14	25	29	21
<i>Weighted bases (000's)</i>						
All adults⁴	36,650	17,182	19,468	36,627	17,162	19,465
Up to 200.00	6,110	2,328	3,781	6,107	2,328	3,779
200.01 - 400.00	6,696	3,084	3,612	6,694	3,082	3,612
400.01 - 600.00	5,460	2,722	2,738	5,463	2,725	2,738
600.01 - 800.00	4,824	2,368	2,457	4,824	2,367	2,457
800.01 - 1000.00	3,376	1,691	1,685	3,371	1,686	1,685
1000.01 or more	7,161	3,580	3,581	7,155	3,578	3,578
<i>Unweighted bases</i>						
All adults⁴	14,303	6,604	7,699	14,294	6,596	7,698
Up to 200.00	2,348	889	1,459	2,347	889	1,458
200.01 - 400.00	2,716	1,231	1,485	2,715	1,230	1,485
400.01 - 600.00	2,145	1,043	1,102	2,147	1,045	1,102
600.01 - 800.00	1,873	908	965	1,872	907	965
800.01 - 1000.00	1,274	627	647	1,272	625	647
1000.01 or more	2,746	1,350	1,396	2,744	1,349	1,395

1. Aged 16 and over

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

3. The method used for calculating the number of units drunk has been 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

4. The total includes those for whom household income was not available

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.13 Drinking last week by, marital status¹ and gender², 2006^{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	64	72	57	36	40	33
Single	59	63	54	41	42	39
Married/cohabiting	68	76	61	37	40	35
Divorced/separated	59	72	52	34	41	31
Widowed	46	65	39	15	22	13
	Drank on five or more days last week			Drank more than 8/6 units on at least one day		
All adults	16	21	12	19	23	15
Single	9	12	5	26	28	23
Married/cohabiting	19	24	14	18	21	14
Divorced/separated	15	22	11	18	23	15
Widowed	15	21	12	4	10	2
<i>Weighted bases (000s)</i>						
<i>All adults</i>	36,650	17,182	19,468	36,627	17,162	19,465
<i>Single</i>	7,956	4,236	3,720	7,942	4,223	3,719
<i>Married/cohabiting</i>	22,744	11,065	11,679	22,739	11,060	11,679
<i>Divorced/separated</i>	3,184	1,180	2,003	3,182	1,178	2,003
<i>Widowed</i>	2,767	701	2,066	2,764	701	2,064
<i>Unweighted bases</i>						
<i>All adults</i>	14,303	6,604	7,699	14,294	6,596	7,698
<i>Single</i>	2,610	1,301	1,309	2,606	1,297	1,309
<i>Married/cohabiting</i>	9,394	4,577	4,817	9,391	4,574	4,817
<i>Divorced/separated</i>	1,198	417	781	1,197	416	781
<i>Widowed</i>	1,101	309	792	1,100	309	791

1. Marital 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. Aged 16 and over

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

4. The method used for calculating the number of units drunk has been 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

Source:

General Household Survey, 2006. Office for National Statistics (ONS)

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Table 2.14 All¹ new mothers² who drank alcohol before and during pregnancy and those who gave up during pregnancy, by age, 2005

United Kingdom and England	All new mothers	All new mothers (England only)	Under 20	20-24	25-29	Percentages	
						30-34	35 and over
All new mothers who:							
Drank before pregnancy ³	83	83	85	81	80	86	86
Drank during pregnancy	54	55	47	48	49	60	61
<i>Bases (All stage 1 mothers)</i>	<i>12,290</i>	<i>6,075</i>	<i>905</i>	<i>2,397</i>	<i>3,179</i>	<i>3,487</i>	<i>2,287</i>
Mothers who drank before pregnancy who:							
Gave up drinking	34	33	44	40	38	30	28
Drank less	61	62	50	55	58	65	67
No change/drank more	4	4	5	4	3	4	4
<i>Bases (Stage 1 mothers who drank before pregnancy)</i>	<i>10,244</i>	<i>5,014</i>	<i>768</i>	<i>1,945</i>	<i>2,532</i>	<i>3,013</i>	<i>1,964</i>

1. Includes some mothers whose age was not recorded

2. Mothers whose babies were 4 to 10 weeks old

3. In the two years before the birth of their baby

Source:

Infant Feeding Survey 2005. The Information Centre

Table 2.15 All¹ new mothers² who drank alcohol before and during pregnancy and those who gave up during pregnancy, 1995, 2000 and 2005

United Kingdom	Percentages		
	1995	2000	2005
All new mothers who:			
Drank before pregnancy ³	86	87	83
Drank during pregnancy	66	61	54
<i>Bases (All stage 1 mothers)</i>	5,165	9,492	12,290
Mothers who drank before pregnancy who:			
Gave up drinking	24	30	34
<i>Bases (Stage 1 mothers who drank before pregnancy)</i>	4,446	8,267	10,244

1. Includes some mothers whose age was not recorded
2. Mothers whose babies were 4 to 10 weeks old
3. In the two years before the birth of their baby

Source:

Infant Feeding Survey 2005. The Information Centre
 Infant Feeding 2000. The Department of Health

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Table 2.16 Where adults¹ purchased alcohol in the last week, by gender, 1998 to 2007

Great Britain	Percentages ²					
	1998	2000	2002	2004	2006	2007
All adults						
Licensed bar	32	33	32	29	26	28
Supermarket/shop	22	26	26	25	24	26
Restaurant	12	15	15	17	17	16
Off-licence	8	9	8	5	6	6
Non-retail	0	0	1	1	1	1
Abroad/duty free	2	2	2	2	2	1
Men						
Licensed bar	45	44	43	38	36	37
Supermarket/shop	22	25	26	26	24	27
Restaurant	15	19	19	18	19	19
Off-licence	10	12	10	8	8	9
Non-retail	1	1	1	1	1	1
Abroad/duty free	2	2	2	2	2	2
Women						
Licensed bar	21	24	22	22	18	21
Supermarket/shop	22	26	26	24	24	26
Restaurant	10	12	12	16	16	14
Off-licence	5	6	6	4	4	2
Non-retail	0	0	0	1	1	1
Abroad/duty free	2	2	1	2	1	1
Bases						
<i>All adults</i>	5,510	3,451	3,613	3,529	2,475	2,225
<i>Men</i>	2,550	1,618	1,729	1,581	1,125	1,028
<i>Women</i>	2,960	1,833	1,884	1,948	1,350	1,197

1. Aged 16 and over

2. Percentages may total more than 100 as respondents could give more than one answer

Source:

Drinking: Adults' behaviour and knowledge in 2007. Office for National Statistics (ONS)

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Table 2.17 Drinkers^{1,2} who had seen unit labelling, by gender, 2000 to 2007

Great Britain	Percentages				
	2000	2002	2004	2006	2007
All Adults	23	27	31	32	38
Men	24	28	35	36	41
Women	23	26	28	30	36
<i>Bases</i>					
All Adults	2,555	2,170	2,646	1,946	1,713
Men	1,210	1,340	1,211	912	809
Women	1,345	1,370	1,435	1,034	904

1. Aged 16 and over

2. Data relate to only those who said they had heard of alcohol units

Source:

Drinking: Adults' behaviour and knowledge in 2007. Office for National Statistics (ONS)

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Table 2.18 Where drinkers^{1,2} had seen unit labelling in the last week, by gender, 2000 to 2007

Great Britain	Percentages ³				
	2000	2002	2004	2006	2007
All adults					
Supermarket	77	76	71	86	81
Off-licence	17	14	12	21	23
Public house	16	25	21	22	24
Restaurant	4	5	6	6	10
Nightclub/club	3	5	4	6	8
Can't remember/Don't know	10	4	10	3	3
Men					
Supermarket	78	74	74	85	80
Off-licence	19	16	14	25	28
Public house	14	25	20	23	24
Restaurant	4	5	6	6	11
Nightclub/club	3	5	5	6	8
Can't remember/Don't know	11	4	10	5	3
Women					
Supermarket	76	78	68	88	82
Off-licence	15	12	10	17	19
Public house	19	24	23	22	24
Restaurant	3	5	6	6	8
Nightclub/club	3	5	3	6	9
Can't remember/Don't know	10	5	10	2	2
Bases					
<i>All adults</i>	580	697	806	625	649
<i>Men</i>	278	354	409	322	326
<i>Women</i>	302	343	396	303	323

1. Aged 16 and over

2. Data relate only to those who had seen unit labelling

3. Percentages may total more than 100 as respondents could give more than one answer

Source:

Drinking: Adults' behaviour and knowledge in 2007. Office for National Statistics (ONS)

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Table 2.19 Knowledge of daily recommendations, by gender¹, 1997 to 2007

Great Britain	Percentages						
	1997	1998	2000	2002	2004	2006	2007
All Adults							
Heard of daily recommendations	54	58	64	60	61	69	69
Number of units for men²							
1	1	1	1	1	1	1	1
2	5	8	8	7	11	9	8
3	20	21	19	22	24	25	25
4	15	14	13	15	14	13	12
5 or more	16	13	14	14	14	15	14
Don't know	43	43	45	41	36	37	40
Number of units for women²							
1	5	6	6	6	8	8	7
2	27	30	28	30	35	34	33
3	12	11	11	12	11	11	10
4 or more	12	10	11	11	10	10	12
Don't know	44	43	45	40	35	36	38
Men							
Heard of daily recommendations	54	59	62	59	62	68	68
Number of units for men²							
1	1	2	1	1	1	2	1
2	7	10	10	9	15	11	12
3	20	22	18	24	24	22	24
4	18	16	14	16	16	15	13
5 or more	15	12	12	15	11	14	14
Don't know	38	38	43	36	32	36	36
Number of units for women²							
1	6	8	7	7	12	10	10
2	25	27	24	28	33	28	28
3	11	12	11	11	9	13	11
4 or more	12	10	10	12	9	10	12
Don't know	45	42	48	41	36	39	39
Women							
Heard of daily recommendations	54	57	66	61	61	69	70
Number of units for men²							
1	0	1	0	1	1	0	0
2	4	6	6	6	7	7	5
3	20	19	20	20	24	28	26
4	12	12	12	14	13	12	11
5 or more	16	14	16	14	15	15	14
Don't know	47	47	46	46	38	37	43
Number of units for women²							
1	4	4	5	6	6	6	5
2	28	32	31	31	36	40	37
3	13	11	11	13	12	9	9
4 or more	11	10	12	10	11	10	11
Don't know	43	43	42	40	34	34	38
Bases							
<i>Heard of daily recommendations</i>							
All adults	3,637	5,510	3,442	3,613	3,511	2,472	2,225
Men	1,707	2,550	1,613	1,729	1,572	1,125	1,029
Women	1,930	2,960	1,829	1,884	1,939	1,347	1,196
<i>Number of units</i>							
All adults	1,977	3,196	2,193	2,178	2,157	1,697	1,530
Men	927	1,498	994	1,022	971	770	693
Women	1,050	1,698	1,200	1,156	1,186	927	837

1. Aged 16 and over

2. Data relate to only those who said they had heard of daily benchmarks

Source:

Drinking: Adults' behaviour and knowledge in 2007. Office for National Statistics (ONS)

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Table 2.20 Drinking last week among adults by gender¹ and Government Office Region, 2006^{2,3}

Great Britain	Drank last week	Drank on 5 or more days last week	Weighted bases (000s)	Percentages
				Unweighted bases
All adults				
England	64	16	36,651	14,303
North East	61	14	1,722	678
North West	67	15	4,888	2,010
Yorkshire and the Humber	69	17	3,785	1,542
East Midlands	65	19	3,446	1,427
West Midlands	60	16	3,681	1,450
East of England	65	15	4,191	1,693
London	53	12	4,893	1,458
South East	65	18	6,093	2,416
South West	67	19	3,949	1,629
Wales	61	16	2,172	886
Scotland	58	11	3,856	1,505
Great Britain	63	16	42,679	16,694
Men				
England	72	21	17,182	6,604
North East	70	19	802	310
North West	76	20	2,219	900
Yorkshire and the Humber	77	21	1,805	723
East Midlands	72	24	1,698	686
West Midlands	68	21	1,748	677
East of England	73	20	1,990	786
London	62	19	2,237	662
South East	72	23	2,858	1,115
South West	76	24	1,824	745
Wales	69	23	1,021	410
Scotland	67	14	1,732	667
Great Britain	71	21	19,935	7,681
Women				
England	57	12	19,468	7,699
North East	53	11	919	368
North West	60	10	2,669	1,110
Yorkshire and the Humber	62	14	1,980	819
East Midlands	58	14	1,749	741
West Midlands	52	11	1,933	773
East of England	57	11	2,201	907
London	46	7	2,656	796
South East	59	14	3,235	1,301
South West	59	15	2,126	884
Wales	53	11	1,151	476
Scotland	52	9	2,123	838
Great Britain	56	11	22,742	9,013

1. Aged 16 and over

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

3. The method used for calculating the number of units drunk has been 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

Source:

General Household Survey 2006. The Office for National Statistics (ONS)

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Table 2.21 Maximum drunk on any one day last week¹, by gender and Government Office Region, 2006^{2,3}

Great Britain			Percentages	
	Drank more than 4/3 units on at least one day ⁴	Drank more than 8/6 units on at least one day ⁴	Weighted bases (000s)	Unweighted bases
All adults				
England	36	19	36,628	14,294
North East	37	16	1,719	677
North West	43	25	4,886	2,009
Yorkshire and the Humber	44	26	3,772	1,536
East Midlands	36	18	3,451	1,429
West Midlands	33	16	3,677	1,449
East of England	33	15	4,189	1,692
London	31	15	4,896	1,458
South East	34	17	6,095	2,417
South West	36	18	3,943	1,627
Wales	38	17	2,175	888
Scotland	36	18	3,856	1,505
Great Britain	36	18	42,659	16,687
Men				
England	40	23	17,162	6,596
North East	43	21	803	310
North West	47	31	2,216	899
Yorkshire and the Humber	48	29	1,794	718
East Midlands	41	23	1,703	688
West Midlands	37	19	1,745	676
East of England	37	20	1,987	785
London	35	21	2,239	662
South East	37	20	2,858	1,115
South West	39	21	1,819	743
Wales	42	22	1,024	411
Scotland	40	23	1,732	667
Great Britain	40	23	19,918	7,674
Women				
England	33	15	19,465	7,698
North East	33	11	915	367
North West	40	20	2,668	1,110
Yorkshire and the Humber	40	23	1,977	818
East Midlands	32	14	1,749	741
West Midlands	29	13	1,932	773
East of England	30	12	2,200	907
London	27	11	2,656	796
South East	32	15	3,237	1,302
South West	34	16	2,126	884
Wales	34	12	1,152	477
Scotland	33	14	2,124	838
Great Britain	33	15	22,741	9,013

1. Aged 16 and over

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

3. The method used for calculating the number of units drunk has been 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

4. The first pair of figures shown relate to men, and the second, to women

Source:

General Household Survey 2006. The Office for National Statistics

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3 Drinking among children

3.1 Introduction

This chapter provides information on the drinking habits of children aged between 11 and 15 including how many drink, how much and how often, where children obtain their alcohol and their attitudes to drinking.

The main source of data on the drinking patterns of children in England is the survey Smoking, Drinking and Drug Use among Young People in England (SDD). The most recent results available are from SDD 06¹. Around 8,200 secondary school children aged 11 to 15, from 288 schools in England, were surveyed in the autumn term of 2006 about their smoking, drinking and drug use behaviours.

SDD 06 is the most recent survey in a series that began in 1982. Since 1998 each survey has included a core section of questions on smoking, drinking and drug use. From 2000, the remainder of the questionnaire has focused in alternate years on either smoking and drinking or on drug use. The emphasis of the 2006 survey was on smoking and drinking.

National comparisons of drinking behaviours have also been made with children in Scotland, who were aged 15, using data from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)². This survey utilises the same core questions as the SDD 06 survey.

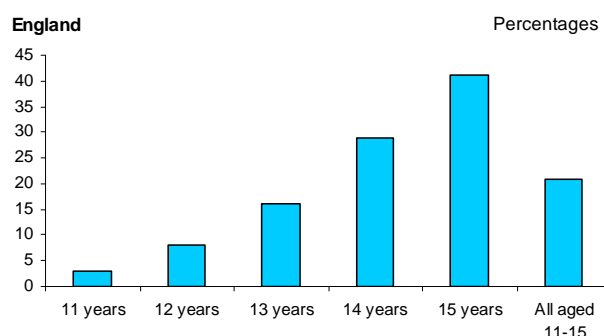
3.2 Trends in alcohol consumption

3.2.1 Drinking in the week prior to interview

In 2006, 21% of pupils aged 11 to 15 said they had drunk alcohol in the previous week. The proportions were similar for boys and girls (21% and 20% respectively). The prevalence of drinking alcohol in the last

week increases with age, with 3% of pupils aged 11 reporting this compared to 41% of 15 year olds. Figures were similar for boys and girls at each age (Figure 3.1).

Figure 3.1 Proportion of pupils who reported drinking alcohol in the last week, by age, 2006



Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

One in five of pupils reported drinking alcohol in the last week

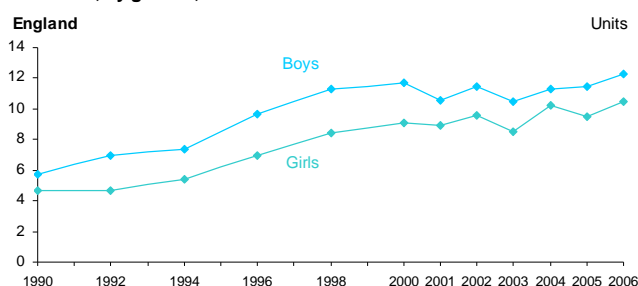
The proportion of pupils reporting drinking alcohol in the previous week has fallen since 2001, when it was 26%. This fall can be seen in most age groups and is evident for both boys and girls (Table 3.1).

3.2.2 Average weekly consumption

In 2006, the average consumption among pupils who had drunk alcohol in the week prior to interview was 11.4 units, the highest recorded by the survey, and an increase from 10.5 units in 2005. This average weekly consumption increased from 5.3 units in 1990 to 10.4 units in 2000, and has fluctuated around this level since then, showing no clear pattern. However, among children aged 11 to 13 who drank in the previous week average consumption has continued to increase, from 5.6 units in 2001 to 10.1 units in 2006. At the same time, the

proportion of 11 to 13 year olds who reported drinking alcohol in the last seven days fell from 14% in 2001 to 9% in 2006¹ (Figure 3.2).

Figure 3.2 Mean alcohol consumption of pupils who had drunk in the last week, by gender, 1990 to 2006



Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

As in previous years, boys tended to drink more than girls. The average consumption of boys who had drunk in the last seven days was 12.3 units compared to 10.5 for girls. Average alcohol consumption was also higher among older pupils: 15 year old drinkers had drunk an average of 12.3 units in the last seven days compared with 10.1 units among 11 to 13 year olds (Table 3.2).

SDD 06 did not include estimates of units drunk using the new method of calculation, as described in Chapter 2. SDD 07, due to be published in July 2008, will include unit estimates based on the revised methodology.

3.2.3 Drinking frequency

Since 2001, the proportion of pupils who said they have never drunk alcohol has increased from 39% to 45% in 2006¹. Over the same period, the proportion of pupils reporting drinking in the last week fell from 26% to 21% (Table 3.3).

Pupils who reported ever having had an alcoholic drink were also asked how often they usually drank alcohol. In 2006, 15% of pupils said they usually drank alcohol at least once a week, a fall from 17% in 2005. Similar proportions of boys and girls usually

drank at least once a week (16% and 15% respectively in 2006)¹.

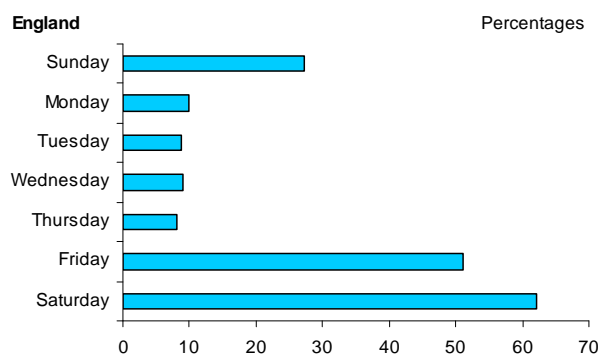
As in previous surveys, the proportion of pupils who usually drank at least once a week increased with age, from 1% of 11 year olds to 31% of 15 year olds (Table 3.4).

3.2.4 Drinking days

Weekends were the most popular times for drinking alcohol. In 2006, of all pupils who had drunk in the week prior to interview, 62% did so on a Saturday, 51% on a Friday and 27% on a Sunday. Drinking on other days of the week was much lower.

Among those who had drunk in the week prior to interview, the proportion that had drunk on Fridays increased with age, from 35% of 11 to 12 year olds to 56% of 15 year olds (Table 3.5, Figure 3.3).

Figure 3.3 Days on which pupils (who drank in the last week) reported drinking, 2006



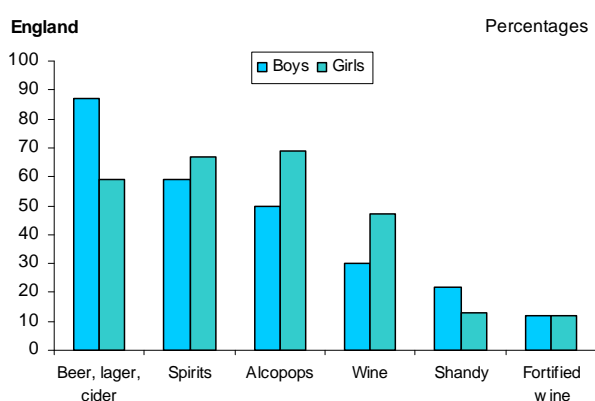
Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

3.3 Types of alcohol consumed

In 2006, beer, lager and cider were the most commonly consumed types of drink. Seventy two per cent of pupils who drank in the week prior to interview reported drinking this type of alcohol. Spirits and alcopops were the next most frequently consumed types of drink (63% and 60% respectively). Boys were most likely to drink beer, lager or cider (87%), with girls preferring alcopops (69%) and spirits (67%).

Consumption of spirits among secondary school children increased from 35% in 1990 to 59% in 2000 and has remained relatively stable since then. In 2006, 63% reported drinking spirits. The consumption of spirits became more common with age. In contrast, pupils were less likely to drink shandy or fortified wine as they grew older¹ (Table 3.6, Figure 3.4).

Figure 3.4 Types of alcohol consumed by pupils who drank in the last week, by gender, 2006



Source: Smoking, Drinking and Drug use among Young People in England in 2006, The Information Centre

3.4 Drinking among different ethnic groups

Logistic regression was used in the SDD 06 in order to identify factors that are independently associated with alcohol consumption (see Appendix A). Results of this analysis found that the odds of having drunk alcohol in the last week were higher for pupils who described themselves as white than for pupils belonging to minority ethnic groups (Table 3.7).

3.5 Drinking and mental health

Mental Health of Children and Young People in Great Britain, 2004³ is a survey that was carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive. The aim of the survey was to provide information about the prevalence of mental disorders among young people in Great Britain. The

survey examined the relationship between mental disorder and various aspects of children's lives, including drinking alcohol.

Results from this survey show that young people aged between 11 and 16 with emotional disorders were more likely to drink regularly than other young people. This was also the case for young people with conduct disorders but was not the case for those with hyperkinetic disorders.

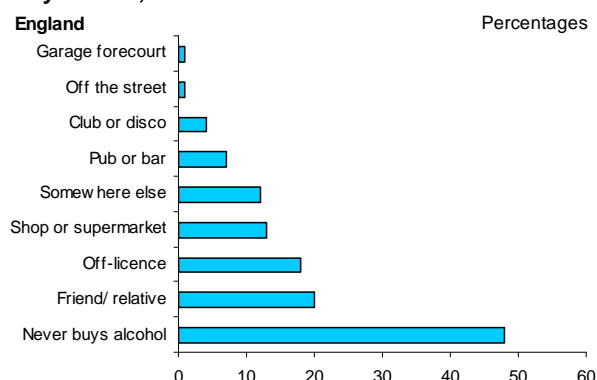
3.6 Children's behaviour and knowledge of alcohol

3.6.1 Where children get their alcohol

As part of SDD 06, all pupils, whether or not they drank, were asked if they had obtained alcohol in the last four weeks, 44% said that they had. These pupils were most likely to obtain their alcohol from friends (26%), from parents (23%) or by asking someone else to buy it (20%). Buying alcohol themselves was less common with 7% of all pupils reporting buying or attempting to buy alcohol from a shop, supermarket or off-licence in the last four weeks (Table 3.8).

Pupils who currently drink were asked if they ever bought alcohol and where they usually bought it. In 2006, just under a half (48%) reported never buying alcohol, a similar proportion to previous years. Boys were more likely than girls to report never buying alcohol (51% and 44% respectively). The most popular places where pupils purchased alcohol were from friends or relatives or at off-licences (20% and 18% respectively). Thirteen per cent of current drinkers usually bought alcohol from a shop or supermarket, 7% from a pub or bar and 4% from a club or disco; these proportions have remained relatively consistent since 2000 (Figure 3.5).

Figure 3.5 Where pupils who currently drink usually buy alcohol, 2006



Source: Smoking, Drinking and Drug use among Young People in England in 2006, The Information Centre

3.6.2 Who children drank alcohol with

Pupils who currently drink were also asked who they usually drink alcohol with. Overall, pupils were most likely to drink with friends of both sexes (50%), followed by their parents (38%) and siblings or other relatives (20%). Boys were less likely than girls to report usually drinking with friends of both sexes, with boyfriends/girlfriends and with relatives other than parents.

Results also show that who pupils drank with depended on their age. Among the youngest pupils (aged 11 years), over a half (55%) reported drinking with their parents and relatively few drank with friends. At the age of 15, the pattern had changed with two thirds (66%) usually drinking with friends of both sexes, 29% usually drinking with parents and 19% drinking with friends of the same sex. (Table 3.9).

3.6.3 Drinking and truancy or exclusion

When looking at the relationship between drinking, truancy and exclusion, truancy was found to be linked to recent drinking, but exclusion from school was not¹. Pupils who had ever truanted were more likely to have drunk alcohol in the last seven days than pupils who had never truanted (Table 3.7).

3.6.4 Drinking and other substance use

Results from SDD 06 indicate that there is a relationship between smoking habits, drug use and alcohol. Compared with non-smokers, both regular and occasional smokers were more likely to have recently drunk alcohol.

In addition, pupils who had taken drugs in the last year were also more likely to have recently drunk alcohol, compared with those who had never taken drugs. The same was true for pupils who had used drugs, but not in the last year (Table 3.7).

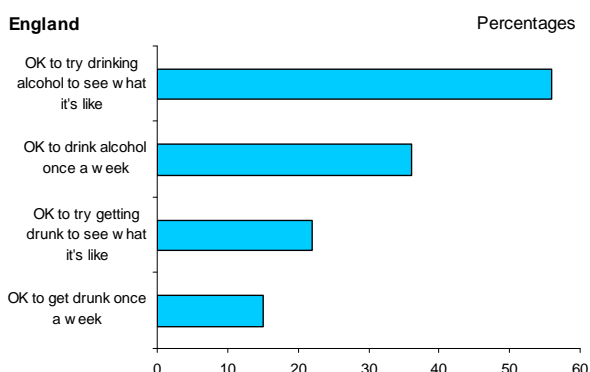
3.6.5 Children's attitudes to drinking

Results from SDD 06 indicate that 56% of secondary school children believe that it is 'OK to try drinking alcohol to see what it's like'; with 36% saying it is 'OK to drink alcohol once a week'. Acceptability of drinking alcohol increased with age. For example, 12% of 11 year olds thought it was 'OK to drink alcohol once a week' compared with 59% of 15 year olds.

15% of pupils thought it was 'OK to get drunk once a week'

Pupils were less likely to think it was 'OK to try getting drunk to see what its like' (22%). Again 15 year olds were more likely than 11 year olds to think this was OK (46% and 3% respectively) (Table 3.10, Figure 3.6).

Figure 3.6 Attitudes to drinking among pupils, 2006



Source: Smoking, Drinking and Drug Use among Young People in England in 2006, The Information Centre

3.6.6 Families attitudes to children drinking

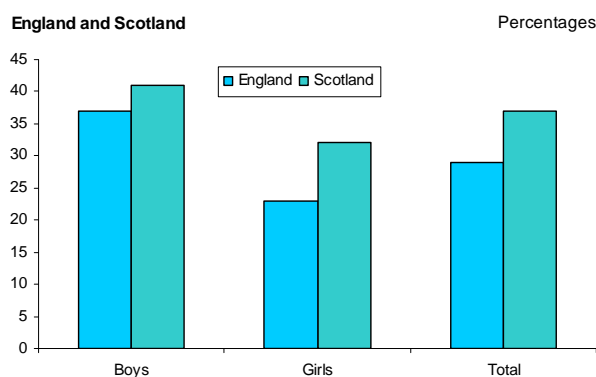
Pupils were asked what they believed their parents thought of them drinking or for those who didn't drink, what they would think if they started drinking. More than half of pupils thought their families wouldn't mind them drinking as long as they didn't drink too much (53%). Very few pupils thought that their family would let them drink as much as they liked (2%) while 45% thought their families wouldn't like them to drink alcohol¹. Family attitudes were related to whether or not pupils drank alcohol. Compared with pupils whose families did not like them to drink alcohol, pupils whose families didn't mind, were more likely to have drunk in the last seven days (Table 3.7).

3.7 National comparisons of alcohol consumption

When comparing drinking among 15 year olds in England and Scotland, English 15 year olds were more likely to report drinking in the last week than their Scottish counterparts (41% compared to 36% respectively in 2006). Between 2004 and 2006 there was a decrease in the proportion of 15 year olds in both Scotland and England reporting drinking in the past week (Table 3.11).

Figure 3.7 shows 15 year old pupils in England and Scotland who drank 14 or more units in the last week. Although trends show 15 year olds are more likely to drink in England, the prevalence of pupils drinking in excess of 14 units in the last week is greater in Scotland. In 2006, 32% per cent of Scottish girls reported drinking 14 or more units compared with 23% of English girls. No difference was evident among Scottish and English boys due to sampling variation^{1,2}.

Figure 3.7 Pupils aged 15 years who drank 14 or more units in the last week, by gender, 2006



Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre
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 2006. Copyright © 2008, re-used with the permission of the Scottish Executive

Summary: Drinking among children

The prevalence of drinking alcohol in the last week among school children has decreased since 2001. The number of children who reported never having had a proper alcoholic drink increased between 2005 and 2006. However, among those who drank in the last week, consumption increased in 2006.

A similar proportion of boys and girls reported drinking alcohol in the week prior to interview with boys consuming more alcohol than girls. Older pupils were more likely to have consumed alcohol in the week prior to interview than younger pupils.

As with previous surveys, weekends were the most popular time for drinking among pupils; Saturday was the most popular day, followed by Friday and Sunday.

Children were most likely to obtain alcohol from friends, parents or by asking someone

to buy it for them. With regards to whom children drank alcohol with, younger pupils tended to drink with their parents, whilst older pupils were more likely to drink with friends.

As in previous years, beer, lager and cider remained the most commonly consumed type of alcohol, followed by spirits and alcopops.

Pupils of White ethnic origin were more likely to report drinking in the last week than pupils belonging to minority ethnic groups, as were pupils who truanted, smoked or had taken drugs.

Although patterns show that more English 15 year olds drank alcohol in the week prior to interview, the prevalence of pupils drinking in excess of 14 units in the last week is greater in Scotland.

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3. Mental Health of Children and Young People in Great Britain, 2004. Office for National Statistics, 2005. Available at: <http://www.statistics.gov.uk/statbase/product.asp?vlnk=14116>

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Table 3.1 Proportion of pupils¹ who drank alcohol in the last week, by gender and age, 1988 to 2006

England														Percentages	
	1988	1990	1992	1994	1996	1998	1999	2000	2001	2002	2003	2004	2005	2006	
All pupils															
All ages	20	21	21	24	27	21	21	24	26	24	25	23	22	21	
11 years	5	6	6	6	7	3	6	5	6	5	6	4	3	3	
12 years	9	8	10	9	11	10	9	10	12	11	11	10	8	8	
13 years	16	18	13	19	24	15	16	19	22	20	21	18	18	16	
14 years	22	32	29	30	36	29	28	32	35	34	33	33	32	29	
15 years	40	40	45	50	53	44	45	48	52	47	49	45	46	41	
Boys															
All ages	24	22	24	26	27	23	22	25	28	25	26	23	22	21	
11 years	7	8	8	8	7	4	7	5	8	7	8	5	4	5	
12 years	12	9	13	10	12	14	10	11	14	12	12	11	7	8	
13 years	20	17	15	22	27	16	16	18	22	20	22	17	18	16	
14 years	25	32	32	34	37	28	28	34	35	34	32	32	31	29	
15 years	45	42	49	52	50	48	48	51	54	49	49	44	46	40	
Girls															
All ages	17	20	17	22	26	18	20	23	25	23	24	23	23	20	
11 years	4	4	5	4	6	2	4	5	4	4	5	3	2	2	
12 years	7	6	7	9	9	6	8	9	11	9	9	9	9	7	
13 years	11	19	11	16	22	14	17	19	22	21	19	19	18	15	
14 years	19	32	25	26	35	29	28	31	35	34	34	33	33	30	
15 years	36	39	40	48	55	40	41	45	50	45	48	46	45	41	
<i>All pupils</i>															
<i>All ages</i>	<i>3,018</i>	<i>3,082</i>	<i>3,271</i>	<i>3,020</i>	<i>2,823</i>	<i>4,617</i>	<i>9,374</i>	<i>7,031</i>	<i>9,232</i>	<i>9,630</i>	<i>10,290</i>	<i>9,572</i>	<i>9,068</i>	<i>7,893</i>	
<i>11 years</i>	<i>458</i>	<i>598</i>	<i>588</i>	<i>497</i>	<i>535</i>	<i>577</i>	<i>1,763</i>	<i>1,176</i>	<i>1,614</i>	<i>1,664</i>	<i>1,750</i>	<i>1,681</i>	<i>1,463</i>	<i>1,236</i>	
<i>12 years</i>	<i>598</i>	<i>617</i>	<i>690</i>	<i>611</i>	<i>568</i>	<i>702</i>	<i>1,913</i>	<i>1,421</i>	<i>1,897</i>	<i>1,981</i>	<i>2,128</i>	<i>1,947</i>	<i>1,844</i>	<i>1,647</i>	
<i>13 years</i>	<i>613</i>	<i>602</i>	<i>685</i>	<i>630</i>	<i>552</i>	<i>675</i>	<i>1,872</i>	<i>1,433</i>	<i>1,893</i>	<i>1,970</i>	<i>2,141</i>	<i>1,948</i>	<i>1,896</i>	<i>1,591</i>	
<i>14 years</i>	<i>621</i>	<i>598</i>	<i>608</i>	<i>615</i>	<i>582</i>	<i>1,254</i>	<i>1,854</i>	<i>1,441</i>	<i>1,840</i>	<i>1,896</i>	<i>2,000</i>	<i>1,894</i>	<i>1,891</i>	<i>1,572</i>	
<i>15 years</i>	<i>725</i>	<i>660</i>	<i>683</i>	<i>667</i>	<i>586</i>	<i>1,409</i>	<i>1,972</i>	<i>1,560</i>	<i>1,988</i>	<i>2,119</i>	<i>2,271</i>	<i>2,102</i>	<i>1,974</i>	<i>1,847</i>	
<i>Boys</i>															
<i>All ages</i>	<i>1,473</i>	<i>1,623</i>	<i>1,652</i>	<i>1,509</i>	<i>1,432</i>	<i>2,256</i>	<i>4,816</i>	<i>3,635</i>	<i>4,611</i>	<i>4,961</i>	<i>5,204</i>	<i>4,947</i>	<i>4,609</i>	<i>3,857</i>	
<i>11 years</i>	<i>227</i>	<i>309</i>	<i>284</i>	<i>266</i>	<i>269</i>	<i>285</i>	<i>882</i>	<i>612</i>	<i>814</i>	<i>866</i>	<i>894</i>	<i>861</i>	<i>735</i>	<i>600</i>	
<i>12 years</i>	<i>279</i>	<i>340</i>	<i>335</i>	<i>307</i>	<i>296</i>	<i>336</i>	<i>1,017</i>	<i>740</i>	<i>930</i>	<i>1,003</i>	<i>1,052</i>	<i>1,024</i>	<i>957</i>	<i>818</i>	
<i>13 years</i>	<i>312</i>	<i>312</i>	<i>351</i>	<i>304</i>	<i>275</i>	<i>293</i>	<i>947</i>	<i>737</i>	<i>937</i>	<i>1,035</i>	<i>1,084</i>	<i>1,007</i>	<i>977</i>	<i>765</i>	
<i>14 years</i>	<i>306</i>	<i>300</i>	<i>310</i>	<i>306</i>	<i>297</i>	<i>597</i>	<i>921</i>	<i>750</i>	<i>898</i>	<i>950</i>	<i>1,017</i>	<i>977</i>	<i>938</i>	<i>805</i>	
<i>15 years</i>	<i>348</i>	<i>358</i>	<i>366</i>	<i>326</i>	<i>295</i>	<i>745</i>	<i>1,049</i>	<i>796</i>	<i>1,032</i>	<i>1,107</i>	<i>1,157</i>	<i>1,078</i>	<i>1,002</i>	<i>869</i>	
<i>Girls</i>															
<i>All ages</i>	<i>1,518</i>	<i>1,459</i>	<i>1,614</i>	<i>1,511</i>	<i>1,391</i>	<i>2,362</i>	<i>4,558</i>	<i>3,396</i>	<i>4,621</i>	<i>4,669</i>	<i>5,086</i>	<i>4,625</i>	<i>4,459</i>	<i>4,036</i>	
<i>11 years</i>	<i>225</i>	<i>289</i>	<i>304</i>	<i>231</i>	<i>266</i>	<i>291</i>	<i>881</i>	<i>564</i>	<i>800</i>	<i>798</i>	<i>856</i>	<i>820</i>	<i>728</i>	<i>636</i>	
<i>12 years</i>	<i>312</i>	<i>277</i>	<i>354</i>	<i>304</i>	<i>272</i>	<i>365</i>	<i>896</i>	<i>681</i>	<i>967</i>	<i>978</i>	<i>1,076</i>	<i>923</i>	<i>887</i>	<i>829</i>	
<i>13 years</i>	<i>296</i>	<i>290</i>	<i>333</i>	<i>326</i>	<i>277</i>	<i>383</i>	<i>925</i>	<i>696</i>	<i>956</i>	<i>935</i>	<i>1,057</i>	<i>941</i>	<i>919</i>	<i>826</i>	
<i>14 years</i>	<i>311</i>	<i>298</i>	<i>298</i>	<i>309</i>	<i>285</i>	<i>657</i>	<i>933</i>	<i>691</i>	<i>942</i>	<i>946</i>	<i>983</i>	<i>917</i>	<i>953</i>	<i>767</i>	
<i>15 years</i>	<i>374</i>	<i>302</i>	<i>317</i>	<i>341</i>	<i>291</i>	<i>666</i>	<i>923</i>	<i>764</i>	<i>956</i>	<i>1,012</i>	<i>1,114</i>	<i>1,024</i>	<i>972</i>	<i>978</i>	

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

Table 3.2 Mean alcohol consumption of pupils¹ who had drunk alcohol in the last week, by gender and age, 1990 to 2006

England												Units of alcohol	
	1990 ²	1992	1994	1996	1998	2000	2001	2002	2003	2004	2005	2006	
All pupils													
All ages	5.3	6.0	6.4	8.4	9.9	10.4	9.8	10.6	9.5	10.7	10.5	11.4	
Aged 11-13	..	3.4	4.1	5.5	6.3	6.4	5.6	6.8	7.1	7.8	8.2	10.1	
Aged 14	..	4.7	6.1	7.7	9.9	9.8	9.6	10.3	9.0	9.9	10.3	10.9	
Aged 15	..	8.1	7.7	10.4	11.5	12.9	12.3	13.0	11.3	12.9	11.8	12.3	
Boys													
All ages	5.7	7.0	7.4	9.7	11.3	11.7	10.6	11.5	10.5	11.3	11.5	12.3	
Aged 11-13	..	3.6	5.2	7.1	6.2	8.3	5.5	7.3	7.7	8.1	8.6	11.9	
Aged 14	..	5.3	6.7	7.3	12.3	9.5	10.0	10.7	9.4	10.1	11.1	10.1	
Aged 15	..	9.6	8.8	12.9	12.9	14.5	13.8	14.3	12.9	13.9	13.1	13.9	
Girls													
All ages	4.7	4.7	5.4	7.0	8.4	9.1	8.9	9.6	8.5	10.2	9.5	10.5	
Aged 11-13	..	3.1	3.0	4.0	6.4	4.6	5.7	6.3	6.4	7.3	7.9	8.4	
Aged 14	..	3.8	5.5	8.2	8.1	10.1	9.3	10.0	8.7	9.7	9.5	11.7	
Aged 15	..	6.0	6.6	8.0	9.7	11.2	10.7	11.4	9.8	12.1	10.5	10.9	
Bases													
<i>All pupils</i>													
All ages	423	641	606	585	686	1,411	2,026	1,915	2,136	1,813	1,670	1,328	
Aged 11-13	..	176	177	157	108	347	557	512	604	463	403	307	
Aged 14	..	170	154	165	282	392	532	533	558	527	504	380	
Aged 15	..	290	276	263	487	672	937	870	974	823	763	641	
<i>Boys</i>													
All ages	231	376	329	292	351	719	1,027	973	1,069	888	822	638	
Aged 11-13	..	104	101	78	55	163	283	256	312	237	189	150	
Aged 14	..	98	87	85	122	205	253	254	267	256	238	190	
Aged 15	..	169	140	129	266	351	491	463	490	395	395	298	
<i>Girls</i>													
All ages	192	264	277	293	334	692	999	942	1,067	925	848	690	
Aged 11-13	..	71	76	79	53	184	274	256	292	226	214	157	
Aged 14	..	72	66	80	160	187	279	279	291	271	266	190	
Aged 15	..	121	135	134	221	321	446	407	484	428	368	343	

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Data by age group not available for 1990

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

Table 3.3 When pupils¹ last drank alcohol, by gender, 1988 to 2006

England	Percentages													
	1988	1990	1992	1994	1996	1998	1999	2000	2001	2002	2003	2004	2005	2006
All pupils														
During the last week	20	21	21	24	27	21	21	24	26	24	25	23	22	21
One to four weeks ago	18	15	12	15	14	15	16	14	15	14	15	15	14	14
One to six months ago	12	13	13	11	12	13	12	11	11	12	12	11	11	10
More than six months ago	11	15	13	10	9	11	11	10	8	10	10	10	10	9
Never had a drink ²	38	36	41	39	38	40	40	40	39	39	39	41	42	46
Boys														
During the last week	24	22	24	26	27	23	22	25	28	25	26	23	22	21
One to four weeks ago	19	15	12	14	15	15	16	13	14	14	14	14	13	13
One to six months ago	12	13	13	11	12	12	12	11	11	12	12	12	11	11
More than six months ago	11	15	14	10	9	12	11	11	9	11	10	10	10	10
Never had a drink ²	35	35	37	39	37	38	38	40	38	38	38	41	43	46
Girls														
During the last week	17	20	17	22	26	18	20	23	25	23	24	23	23	20
One to four weeks ago	17	14	12	16	13	15	17	15	17	15	16	16	15	15
One to six months ago	13	13	14	12	13	13	12	11	11	12	12	11	12	10
More than six months ago	11	15	12	10	10	11	10	10	8	9	9	10	11	9
Never had a drink ²	41	38	44	40	38	42	41	41	40	40	39	41	40	46
Bases														
All pupils	3,015	3,082	3,252	3,009	2,823	4,609	9,374	7,065	9,232	9,630	10,290	9,572	9,068	7,893
Boys	1,427	1,619	1,646	1,503	1,432	2,249	4,816	3,656	4,611	4,961	5,204	4,947	4,609	3,857
Girls	1,518	1,456	1,606	1,506	1,391	2,362	4,558	3,409	4,621	4,669	5,086	4,625	4,459	4,036

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Bases exclude pupils who said they had drunk alcohol, but who did not answer the question about when they last did so. These bases are different from those used to measure how many pupils have ever drunk alcohol, and so estimates shown in this table for the number of pupils who had never drunk alcohol are not definitive

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

Table 3.4 Usual drinking frequency of pupils¹, by gender and age, 2006

England	Percentages					
	All ages	11	12	13	14	15
All pupils						
At least once a week	15	1	5	10	24	31
Almost every day	1	0	0	1	2	2
About twice a week	6	1	2	4	10	14
About once a week	8	1	3	5	13	16
About once a fortnight	7	1	3	6	10	14
About once a month	8	2	4	9	10	13
Only a few times a year	20	11	18	25	24	21
Doesn't drink now	3	4	4	3	3	3
Never had a drink	46	80	66	47	29	18
Boys						
At least once a week	16	2	6	10	25	32
Almost every day	1	0	1	1	2	3
About twice a week	7	1	2	4	10	14
About once a week	8	1	3	5	13	15
About once a fortnight	6	2	3	6	9	11
About once a month	8	3	5	9	9	11
Only a few times a year	21	13	18	25	23	22
Doesn't drink now	4	4	4	2	4	3
Never had a drink	46	76	64	47	30	21
Girls						
At least once a week	15	1	5	10	24	31
Almost every day	1	0	0	1	2	2
About twice a week	6	1	2	4	10	14
About once a week	8	1	3	5	13	16
About once a fortnight	7	1	3	6	10	14
About once a month	8	2	4	9	10	13
Only a few times a year	20	11	18	25	24	21
Doesn't drink now	3	4	4	3	3	3
Never had a drink	46	80	66	47	29	18
<i>Bases</i>						
<i>All pupils</i>	7,873	1,230	1,644	1,591	1,568	1,840
<i>Boys</i>	3,845	597	816	767	803	862
<i>Girls</i>	4,028	633	828	824	765	978

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Bases exclude pupils who said they had drunk alcohol, but who did not answer the question about when they last did so. These bases are different from those used to measure how many pupils have ever drunk alcohol, and so estimates shown in this table for the number of pupils who had never drunk alcohol are not definitive

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

Table 3.5 Days on which pupils¹ (who drank alcohol in the last week) reported drinking, by gender and age, 2006

England	Percentages				
	All ages	11 - 12	13	14	15
All pupils					
Sunday	27	29	26	29	26
Monday	10	11	10	10	9
Tuesday	9	10	8	10	9
Wednesday	9	8	9	10	9
Thursday	8	12	8	8	7
Friday	51	35	47	52	56
Saturday	62	57	55	63	65
Boys					
Sunday	30	30	31	29	31
Monday	12	16	11	13	11
Tuesday	11	11	11	10	11
Wednesday	11	10	14	12	10
Thursday	8	12	7	9	8
Friday	49	35	45	47	55
Saturday	60	52	50	64	62
Girls					
Sunday	24	28	22	28	22
Monday	8	4	9	8	8
Tuesday	7	8	5	9	6
Wednesday	7	7	5	8	7
Thursday	8	13	9	7	7
Friday	53	34	49	56	57
Saturday	64	63	59	63	67
Bases					
<i>All pupils</i>	1,624	165	253	457	749
<i>Boys</i>	799	94	125	232	348
<i>Girls</i>	825	71	128	225	401

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 who reported drinking in the last seven days

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006, The Information Centre

Table 3.6 Types of alcohol drunk by pupils¹, by gender, 1990 to 2006

England	Percentages											
	1990	1992	1994	1996	1998	2000	2001	2002	2003	2004	2005	2006
All pupils												
Beer, lager, cider	67	76	76	74	71	75	70	71	69	71	73	72
Alcopops ²	..	..	..	55	37	62	68	68	68	65	63	60
Spirits	35	37	39	45	54	59	57	61	64	63	65	63
Wine	50	52	48	40	51	44	42	43	43	41	43	39
Shandy	31	25	24	20	18	20	22	19	21	20	19	17
Fortified wine	18	17	15	15	20	19	12	14	13	13	11	12
Boys												
Beer, lager, cider	76	81	82	81	78	85	83	85	85	86	89	87
Alcopops ²	..	..	..	52	33	55	59	61	61	57	52	50
Spirits	33	38	37	42	52	55	54	55	60	60	59	59
Wine	44	46	44	38	47	38	33	34	35	33	33	30
Shandy	38	26	27	22	19	23	21	22	28	24	23	22
Fortified wine	14	15	12	11	16	17	10	13	14	14	9	12
Girls												
Beer, lager, cider	56	67	70	67	63	63	57	55	53	56	56	59
Alcopops ²	..	..	..	58	42	69	77	76	76	73	73	69
Spirits	38	36	42	48	56	63	61	68	68	67	71	67
Wine	56	60	52	43	55	52	51	53	52	49	54	47
Shandy	22	23	21	18	18	15	15	15	14	15	15	13
Fortified wine	22	20	18	19	24	21	14	15	13	12	13	12
<i>Bases</i>												
Total	623	669	699	721	856	1,704	2,026	2,346	2,552	2,182	2,032	1,636
Boys	339	394	375	372	446	914	1,027	1,253	1,335	1,118	1,026	809
Girls	284	275	324	349	410	790	999	1,093	1,217	1,064	1,006	827

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 who reported drinking in the last week

2. Alcopops were first asked about in the 1996 Smoking, Drinking and Drug Use Among Young People survey

Source

Smoking, Drinking and Drug use among Young People in England in 2006, The Information Centre

Table 3.7 Estimated odds ratios for pupils¹ having drunk alcohol in the last week, by individual and school-level measures, 2006^{2,3}

England	N	Odds ratio	p-value	Numbers	
				Lower	Upper
				95% confidence interval	
Age in years⁴	7,893	1.58	<0.001	1.50	1.68
Ethnicity (p<0.001)					
White	6,464	1			
Mixed	303	0.50	0.002	0.33	0.77
Asian	466	0.15	<0.001	0.07	0.34
Black	238	0.54	0.017	0.33	0.90
Other	59	0.07	0.093	0	1.58
Not given	363	0.8	0.350	0.5	1.28
% of pupils with English as an alternative language in school⁵	7,893	0.99	0.010	0.98	1.00
Smoking status (p<0.001)					
Non-smoker	6,776	1			
Occasional smoker	411	2.83	<0.001	2.17	3.70
Regular smoker	665	3.42	<0.001	2.61	4.48
Not given	41	1.3	0.512	0.59	2.88
Used drugs (p<0.001)					
Never	5,623	1			
In the last year	1,208	2.89	<0.001	2.36	3.56
Used drugs, but not in the last year	525	1.53	0.002	1.17	2.01
Not given	537	1.61	0.006	1.15	2.27
Been in a pub, bar or club in last four weeks (p<0.001)					
No	4,941	1			
Yes	2,771	1.86	<0.001	1.61	2.15
Not given	181	0.72	0.392	0.35	1.52
Family's attitude to pupil's drinking (p<0.001)					
Doesn't like pupil drinking alcohol	3,498	1			
Doesn't mind pupil drinking	4,088	3.46	<0.001	2.87	4.17
Lets pupil drink as much as he or she likes	127	9.21	<0.001	5.86	14.49
Not given	180	1.93	0.015	1.14	3.28
Ever truanted (p<0.001)					
No	6,240	1			
Yes	1,431	1.85	<0.001	1.57	2.19
Not given	222	2.18	0.056	0.98	4.84
Agency or counsellor contacted if pupil found drinking on school premises (p=0.032)					
No	1,565	1			
Yes	3,571	1.31	0.032	1.02	1.67
Not given	2,757	1.27	0.159	0.91	1.79

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Variables included in the model which were not significant predictors of having drunk alcohol in the last seven days are not shown

3. P-value for each variable excludes missing values

4. Odds ratio indicates increase in odds for each additional year of age

5. Odds ratio indicates increase in odds for each additional percentage points in the proportion of pupils in the school with English as an alternative language

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006, The Information Centre

Table 3.8 How pupils¹ obtained alcohol² in the last four weeks, by age, 2006

England	Percentages					
	All ages	11	12	13	14	15
Asked other to buy alcohol	20	2	6	15	28	41
Tried to buy from shop	7	1	2	5	9	15
Tried to buy from pub	4	0	1	3	4	11
Given alcohol by parents	23	9	15	21	31	35
Given alcohol by friends	26	4	9	22	35	52
Given alcohol by other relatives	10	4	5	11	14	15
Given alcohol by siblings	7	3	3	7	10	11
Given alcohol by other people	10	2	4	9	15	19
Taken alcohol from home	14	5	8	12	18	24
Taken alcohol from friend's home	10	1	4	8	14	20
Stolen alcohol from home	6	1	3	6	9	9
Stolen alcohol from friend's home	1	0	1	2	2	2
Stolen alcohol from somewhere else	2	1	1	2	2	2
Obtained any alcohol in the last four weeks ³	44	16	26	42	58	69
<i>Bases</i>	8,200	1,273	1,709	1,668	1,631	1,919

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Percentages total more than 100, because pupils could give more than one answer

3. Includes pupils who tried to buy alcohol, but were refused

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

Table 3.9 Who pupils^{1,2} usually drink with, by gender and age, 2006

England	Percentages ³					
	All ages	11	12	13	14	15
All pupils						
Girlfriend or boyfriend	10	7	3	6	10	14
Friends of same sex	16	8	13	14	16	19
Friends of opposite sex	6	2	3	5	6	8
Friends of both sexes	50	13	27	39	54	66
Parents	38	55	52	44	37	29
Brothers/ sisters or other relatives	20	29	26	22	18	16
Other people	4	6	5	5	4	4
Alone	2	4	2	2	2	1
Boys						
Girlfriend or boyfriend	8	7	4	6	8	12
Friends of same sex	15	9	15	12	16	17
Friends of opposite sex	6	2	4	3	6	8
Friends of both sexes	46	16	26	37	47	63
Parents	39	55	50	43	39	30
Brothers/ sisters or other relatives	18	25	20	19	17	16
Other people	4	5	4	5	3	5
Alone	3	5	1	3	3	2
Girls						
Girlfriend or boyfriend	11	8	3	7	12	16
Friends of same sex	17	8	11	16	16	20
Friends of opposite sex	7	1	1	6	6	9
Friends of both sexes	54	10	28	41	61	68
Parents	37	56	55	45	35	28
Brothers/ sisters or other relatives	21	35	33	24	20	16
Other people	5	8	6	4	5	4
Alone	0	2	0	-	0	-
Bases						
All pupils	3,982	193	487	785	1,072	1,445
Boys	1,936	113	256	377	531	659
Girls	2,046	80	231	408	541	786

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Pupils who had ever had an alcoholic drink were asked how often they usually had an alcoholic drink. Those who gave an answer other than 'I never drink alcohol now' were categorised as pupils who 'drink now'. Analysis of alcohol purchase is based on all pupils who 'drink now'

3. Percentages total more than 100, because pupils could give more than one answer

Source:

Smoking, Drinking and Drug use among Young People in England in 2006, The Information Centre

Table 3.10 Attitudes to drinking among pupils¹, by gender and age, 2006

England	Percentages					
	All ages	11	12	13	14	15
All pupils						
OK to try drinking alcohol to see what it's like	56	23	38	58	72	78
OK to try getting drunk to see what it's like	22	3	6	16	32	46
OK to drink alcohol once a week	36	12	20	31	50	59
OK to get drunk once a week	15	3	4	10	21	30
Boys						
OK to try drinking alcohol to see what it's like	55	25	39	54	70	76
OK to try getting drunk to see what it's like	22	3	7	15	29	46
OK to drink alcohol once a week	37	12	24	30	53	60
OK to get drunk once a week	14	3	4	10	21	30
Girls						
OK to try drinking alcohol to see what it's like	57	21	38	61	74	80
OK to try getting drunk to see what it's like	23	2	5	17	34	47
OK to drink alcohol once a week	35	11	17	32	47	58
OK to get drunk once a week	15	3	3	11	21	30
<i>Bases²</i>						
<i>All pupils</i>	<i>8,015</i>	<i>1,234</i>	<i>1,658</i>	<i>1,633</i>	<i>1,601</i>	<i>1,889</i>
<i>Boys</i>	<i>3,929</i>	<i>606</i>	<i>830</i>	<i>782</i>	<i>820</i>	<i>891</i>
<i>Girls</i>	<i>4,086</i>	<i>628</i>	<i>828</i>	<i>851</i>	<i>781</i>	<i>998</i>

1. Children in secondary school years 7 to 11, mostly aged 11 to 15

2. Bases are shown for those who answered whether they thought it was OK to try drinking alcohol once; bases for views about other behaviours may vary slightly

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006, The Information Centre

Table 3.11 Percentage of 15 year olds who drank alcohol in the last week, by gender, England and Scotland, 1990 to 2006

England and Scotland	Percentages								
	1990	1992	1994	1996	1998	2000	2002	2004	2006
England									
Total	40	45	50	53	44	48	47	45	41
Boys	42	49	52	50	48	51	49	44	40
Girls	39	40	48	55	40	45	45	46	41
Scotland									
Total	28	32	36	47	37	39	46	43	36
Boys	30	35	37	48	39	42	47	40	35
Girls	25	28	35	46	35	37	46	46	37
<i>Bases</i>									
<i>England</i>									
Total	660	683	667	586	1,409	1,560	2,119	2,102	1,847
Boys	358	366	326	295	745	796	1,107	1,078	869
Girls	302	317	341	291	666	764	1,012	1,024	978
<i>Scotland</i>									
Total	..	..	..	..	..	..	4,913	3,413	11,123
Boys	..	..	..	..	..	..	2,489	1,668	5,622
Girls	..	..	..	..	..	..	2,424	1,745	5,439

1. Data for 1990 to 1998 was taken from the same survey
2. Bases for Scotland not available for 1990 to 2000
3. Data for 2002 to 2006 used the same core questions

Source:

Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre
 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 2002. The Scottish Executive
 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 2004. The Scottish Executive
 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 2006. The Scottish Executive

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4 Drinking-related ill-health

4.1 Introduction

Alcohol misuse can cause serious harm to a person's health. This chapter aims to quantify the incidence of these harms by considering the prevalence of alcohol dependence, the number of hospital admissions and deaths that are linked to alcohol. For the first time, this report includes information on prescription drugs used for the treatment of alcohol addiction.

Data on hazardous or harmful drinking and alcohol dependence are presented from the findings of the report, Psychiatric morbidity among adults living in private households, 2000 published by the Office for National Statistics (ONS)¹. Detailed findings on substance misuse from this survey are reported in Tobacco, alcohol and drug use and mental health², also published by ONS.

Information on prescription items for the treatment of alcohol dependence are accessed from the Prescription Pricing Division (PPD) of the Business Services Authority (BSA) by the NHS Information Centre³.

Data on NHS hospital admittance are available from the Hospital Episode Statistics (HES) databank⁴. This chapter presents NHS hospital admissions in England where either the primary or secondary diagnosis was specifically related to alcohol. These data are based on the tenth revision of the International Classification of Diseases (ICD-10) for diseases, illnesses or injuries that are specifically related to alcohol, such as alcoholic liver disease. The most recent data available is for the financial year 2006/07.

Data on deaths from causes linked to alcohol consumption in England and Wales are produced by ONS in Mortality statistics - Deaths registered in 2006⁵. These are classified by 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.

4.2 Hazardous, harmful and dependent drinking

The 2000 Psychiatric Morbidity Survey estimated the prevalence of hazardous or harmful drinking and dependent drinking. Hazardous drinking, defined in Chapter 1 as a pattern of drinking which brings about the risk of physical or psychological harm and harmful drinking, defined as a pattern of drinking which is actually causing physical or psychological harm, 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 four predefined answers, each scoring one to four points. People scoring over eight in the AUDIT questionnaire are classified as hazardous or harmful drinkers.

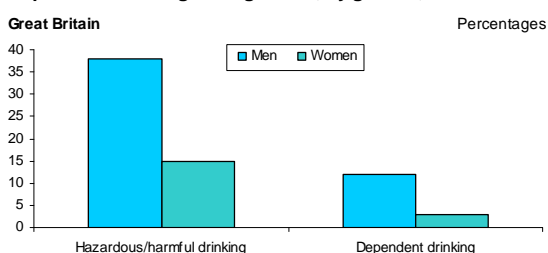
In 2000, around a quarter (26%) of adults in Great Britain were assessed as being hazardous or harmful drinkers. The prevalence of hazardous or harmful drinking was higher among men (38%) than women (15%) and generally decreased with age (Table 4.1, Figure 4.1).

Around a quarter of adults in Great Britain were assessed as being hazardous or harmful drinkers in 2000

Dependent drinking was assessed in the Psychiatric Morbidity Survey using the Severity of Alcohol Dependence questionnaire. This consists of 20 questions covering a range of symptoms of dependence. Again, respondents score points for each answer and the level of dependence is classed as none, mild, moderate or severe depending on the overall score.

Seven per cent of adults were assessed as being dependent on alcohol in 2000¹. In nearly all cases the level of dependence was assessed as mild. Prevalence rates were 69 per 1,000 population for mild dependence, four per 1,000 for moderate dependence and one per 1,000 for severe dependence. Men were more likely to show signs of dependence than women. Younger people were generally more likely to show signs of mild or moderate dependence while all cases of severe dependence were found among those aged 30 to 65 (Table 4.2, Figure 4.1).

Figure 4.1 Prevalence of hazardous/harmful and dependent drinking among adults, by gender, 2000



Source: Tobacco, alcohol and drugs misuse and mental health, Office for National Statistics.
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Results from the 2008 adults' psychiatric morbidity survey are due to be published by the NHS Information Centre at the end of 2008. Earlier surveys investigating psychiatric morbidity and its relation to drinking among various groups in society have been undertaken. Further details of these can be found in [Appendix D](#).

4.3 Discussion of drinking with health professionals

Respondents to the Omnibus Survey 2007⁶ were asked if in the last year, they had had any discussions about drinking with their GP or someone else at the surgery, or another doctor or other medical person.

Around one tenth of male drinkers, and a slightly lower proportion of female drinkers, had such discussions in the last year, the majority of these with their GP. There has been little change since 2000 in the proportions having such discussions, when this question was first asked.

Older men were much more likely than younger men to have discussed drinking with a health professional, but this was not the case for women.

4.4 Prescribing

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

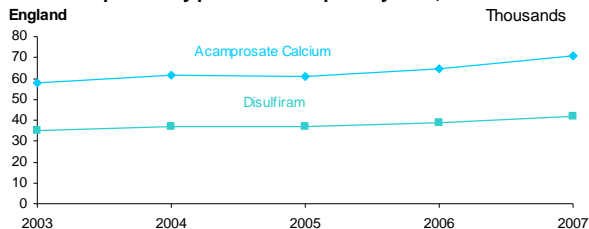
Acamprosate Calcium helps restore chemical balance in the brain and prevents the feelings of discomfort associated with not drinking therefore reducing the desire or craving to consume alcohol. Disulfiram produces an acute sensitivity to alcohol resulting in a highly unpleasant reaction when the patient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

In 2007, there were 112,267 prescription items for drugs for the treatment of alcohol dependency prescribed in primary care settings and dispensed in the community in England. This is an increase of 20% since 2003, when there were 93,241 prescription items. The Net Ingredient Cost (NIC) increased by almost a third from £1.6 million to £2.1 million over the same period, while the NIC per item increased from £17 to £19.

In 2007, were just over 112 thousand prescriptions for the treatment of alcohol dependency in primary care settings

Considering the two main drugs which are prescribed, 63% of prescriptions were for Acamprosate Calcium and 37% were for Disulfiram in 2007 (Table 4.3, Figure 4.2).

Figure 4.2 Number of prescription items for the treatment of alcohol dependency prescribed in primary care, 2003 to 2007
England



Source: Prescribing Analyses and Cost Tool (FACT) from the Prescription Pricing Division of the Business Services Authority (FPD of the BSA).

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Among Strategic Health Authorities (SHAs), North West SHA had the greatest number of prescriptions of Acamprosate Calcium and of Disulfiram (16,254 and 7,673 respectively). This compares with 2,766 prescription items of Acamprosate Calcium in East Midlands SHA and 1,990 prescription items for Disulfiram in South East Coast SHA (Table 4.4).

These drugs are also prescribed in hospitals for dispensing in the community, though in smaller numbers than those prescribed in primary care settings. In 2007, 10,517 prescription items were prescribed in hospitals. This has increased by over 10% since 2003 when there were 9,500 prescription items for the treatment of alcohol dependency (Table 4.5).

4.5 Hospital episode statistics - admissions specifically related to alcohol

This section describes admissions to NHS hospitals where alcohol was specifically related to either the primary or secondary diagnosis. This year the NHS Information Centre has also brought into line how it classifies hospital admissions specifically related to alcohol to ensure consistency across the organisation. Appendix A gives details of these diagnoses. Admissions where alcohol was specifically related to the primary diagnosis are described first, followed by trends in these admissions over time. Admissions where alcohol was specifically related to either the primary or secondary diagnosis are then presented.

Recent research published by the North West Public Health Observatory (NWPHO) in their report: Indications of Public Health in the English Regions 8: Alcohol⁷ has suggested that a wider picture of admissions can be attributed to alcohol. The NWPHO on behalf of the Department of Health (DH) was recently commissioned to review the research on alcohol-related conditions and the corresponding alcohol attributable fractions. The results of this review are due to be published in early summer 2008. The emerging findings have been used by DH for a new indicator on alcohol related admissions that forms part of the alcohol harm Home Office PSA 25, the NHS Vital Signs Performance framework and Local Government performance framework (Appendix B, Appendix D).

The NHS Information Centre will consider this work and endeavour to update this report to include any new alcohol-attributable admissions data made available.

4.5.1 Primary diagnosis

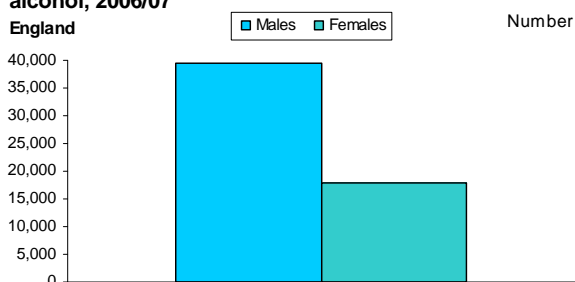
Table 4.6 shows that in 2006/07 there were 57,142 admissions to NHS hospitals with a primary diagnosis of an illness or disease that was specifically related to alcohol

consumption. Of these admissions, over two thirds (69%) were males. Nine per cent (4,888) of these admissions involved young people under the age of 18.

The most common admission to NHS hospitals where alcohol was specifically related to the primary diagnosis involved mental and behavioural disorders due to alcohol consumption. In 2006/07, there were 40,872 admissions in England with a primary diagnosis of this nature.

The second most common admission involved alcoholic liver disease. In 2006/07, there were 14,668 admissions where alcoholic liver disease was recorded as the primary diagnosis. Toxic effect of alcohol accounted for a further 1,602 admissions (Figure 4.3).

Figure 4.3 NHS hospital admissions where there was a primary diagnosis of diseases specifically related to alcohol, 2006/07



Source: Hospital Episode Statistics. The NHS Information Centre

Table 4.7 shows the number of admissions with a primary diagnosis specifically related to alcohol consumption from 1995/96 to 2006/07. The total number of admissions with a primary diagnosis specifically relating to alcohol has increased by 52% from 37,692 in 1995/96 to 57,142 in 2006/07.

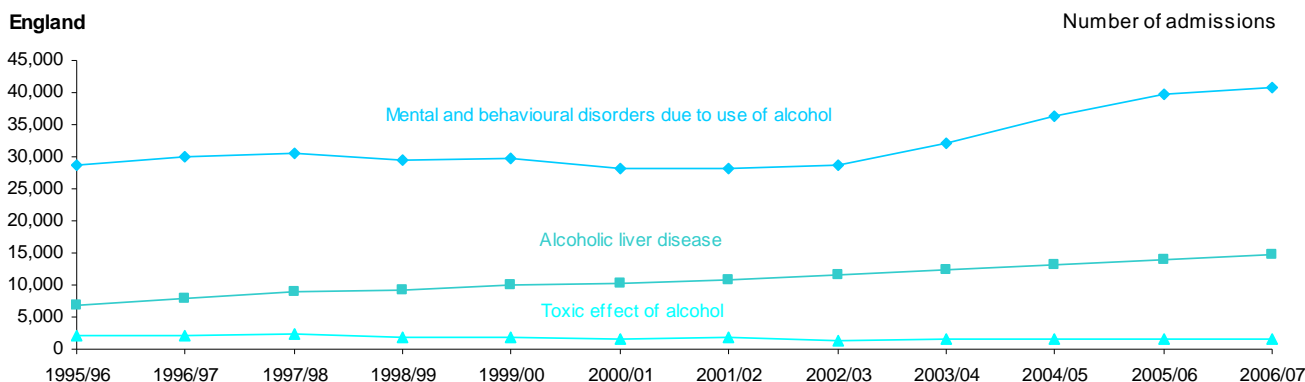
Overall, the number of admissions with a primary diagnosis of mental and behavioural disorders due to alcohol has increased by 43% since 1995/96 when there were 28,636 admissions, although there was a slight decline during the middle of this period. The number of admissions with a primary diagnosis of alcoholic liver disease more than doubled between 1995/96, when there were 6,940 admissions, and 2006/07.

Admissions with a primary diagnosis of toxic effect due to alcohol have fluctuated over the same period (Figure 4.4).

4.5.2 Primary and secondary diagnosis

As well as being identified as a primary diagnosis, illnesses or diseases relating to alcohol consumption can also be recorded as a secondary diagnosis. This section looks at admissions where there was a primary or secondary diagnosis of diseases specifically related to alcohol.

Figure 4.4 NHS hospital admissions where there was a primary diagnosis of diseases specifically related to alcohol, 1995/96 to 2006/07



Source: Hospital Episode Statistics. The NHS Information Centre

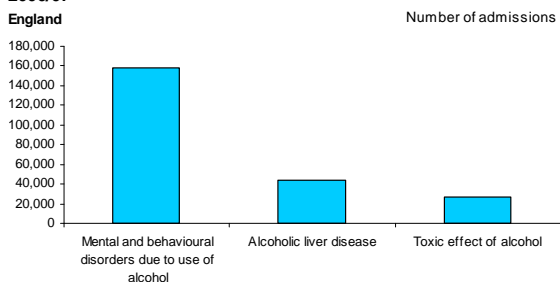
In 2006/07, there were 207,788 admissions to NHS hospitals with either a primary or secondary diagnosis of an illness or disease that specifically related to alcohol consumption. As with the primary diagnosis figures, over two thirds (69%) of these admissions were males.

In 2006/07, there were 158,656 admissions where mental and behavioural disorders due to the use of alcohol was either the primary or secondary diagnosis. There were 43,548 admissions where alcoholic liver disease was either the primary or secondary diagnosis and 27,040 admissions where there was either a primary or secondary diagnosis of toxic effect of alcohol (Table 4.8, Figure 4.5).

Table 4.9 shows that the number of admissions with either a primary or secondary diagnosis specifically related to alcohol has increased since 1995/96, more than doubling from 93,459 in 1995/96 to 207,788 in 2006/07.

The number of admissions where mental and behavioural disorders due to the use of alcohol was either the primary or secondary diagnosis has more than doubled since 1995/96 when it was 68,005. The number of admissions for those with a primary or secondary diagnosis of alcoholic liver disease has more than trebled since 1995/96 when it was 13,984. The number of admissions with either a primary or secondary diagnosis of toxic effect due to alcohol almost doubled over the same period (Figure 4.6).

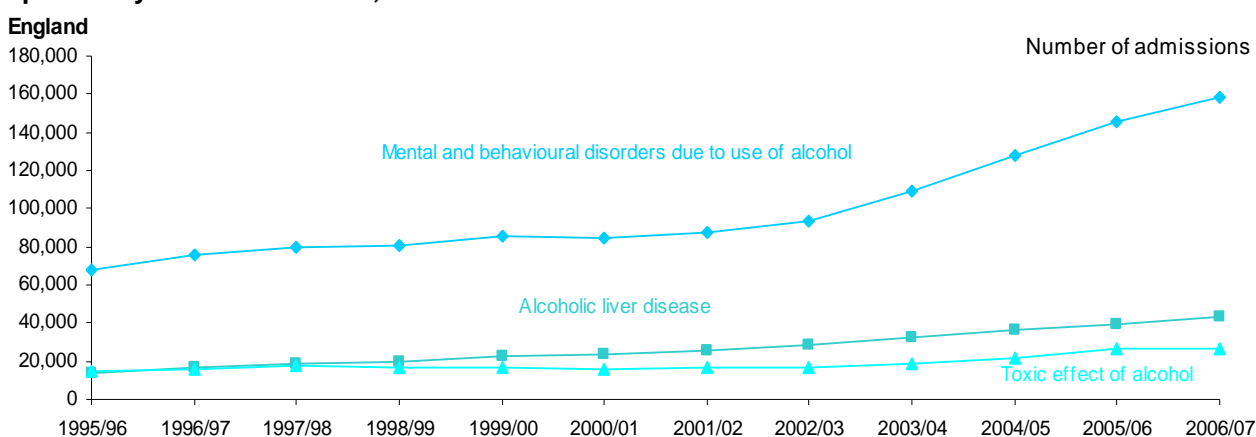
Figure 4.5 NHS hospital admissions where there was a primary or secondary diagnosis of diseases specifically related to alcohol, 2006/07



Source: Hospital Episode Statistics. The NHS Information Centre

The number of admissions with a primary or secondary diagnosis of alcoholic liver disease has more than tripled since 1995/96

Figure 4.6 NHS hospital admissions where there was a primary or secondary diagnosis of diseases specifically related to alcohol, 1995/96 to 2006/07



Source: Hospital Episode Statistics. The NHS Information Centre

4.5.3 Admissions by Strategic Health Authority

In 2006/07, among SHAs, the number of admissions with a primary diagnosis specifically relating to alcohol was highest in North West SHA (11,627) and lowest in South Central SHA (3,090).

A similar pattern can be found when looking at the number of admissions specifically related to alcohol per 100,000 population. North West SHA reported the highest number of admissions (170 per 100,000), however East of England SHA reported the lowest number of admissions (72 per 100,000) (Table 4.10).

When looking at the number of admissions with either a primary or secondary diagnosis specifically related to alcohol, a similar pattern could be seen. The highest number of admissions with a primary or secondary diagnosis was reported in North West SHA (45,023) and the lowest in South Central SHA (10,231).

As with those admissions with a primary diagnosis only, a similar pattern can be found when looking at the number of admissions specifically related to alcohol per 100,000 population. North West SHA and North East SHA reported the highest rate of admissions (657 and 641 per 100,000 respectively), and East England SHA and South Central SHA reported the lowest number of admissions (252 and 256 per 100,000 respectively) (Table 4.11, Figure 4.7).

Figure 4.7 NHS hospital admissions where there was a primary or secondary diagnosis of diseases specifically related to alcohol per 100,000 of the population, by Strategic Health Authority, 2006-07



Source: Hospital Episode Statistics. The NHS Information Centre

4.6 Deaths directly related to alcohol consumption

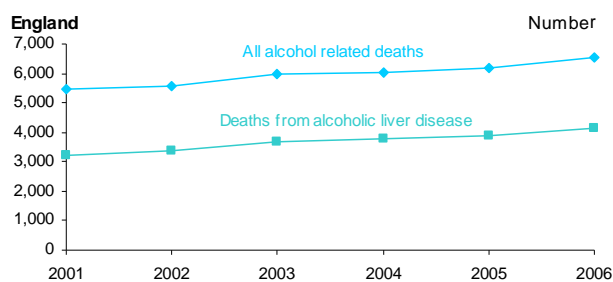
Alcohol misuse can be directly related to deaths from certain types of diseases, such as cirrhosis of the liver, and in some cases, it may be associated with other causes of death, such as a stroke. The Alcohol Harm Reduction Strategy for England⁸ estimates that up to 22,000 premature deaths per year are associated in some way with alcohol misuse.

Table 4.12 shows deaths from causes directly related to alcohol consumption as defined in Health Statistics Quarterly 33⁹ by the Office for National Statistics. These causes are chosen because they are regarded as being a direct result of alcohol consumption. Overall in England, there were 6,517 deaths directly related to alcohol in 2006. The most common cause of death linked to alcohol consumption is alcoholic liver disease; 4,160 deaths were recorded in 2006 with this as the cause. Deaths from fibrosis and cirrhosis of the liver were also high among the causes directly related to alcohol consumption, with 1,490 deaths in 2006. More men than women died from each of the causes directly related to alcohol except for chronic hepatitis, where the reverse was true.

In 2006, 6,517 deaths in England were linked to the consumption of alcohol

The total number of deaths linked to alcohol consumption has increased each year since 2001. This is mainly due to the increase in the number of deaths from alcoholic liver disease in each year (Figure 4.8).

Figure 4.8 Alcohol-related deaths, 2001 to 2006



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, ONS

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Summary: Drinking-related ill-health and mortality

The findings in this chapter can be linked to those in previous chapters. Chapter 2 showed that men were much more likely to drink more frequently and drink over the daily recommendations than women. This is reflected in health problems associated with alcohol.

This chapter has shown that in 2000, men were more likely to put themselves at risk causing harm to themselves through irresponsible drinking. Men were also more likely to show signs of dependence on alcohol than women. Younger people were more at risk of causing themselves harm by drinking and of exhibiting mild dependence on alcohol whereas older people were more likely to show signs of severe alcohol dependence.

In 2007, there were over 112 thousand items prescribed for the treatment of alcohol dependency in primary care settings in England at a cost of over £2.1 million to the NHS.

Males were more likely to be admitted to hospital with an illness or disease specifically related to alcohol than females and the majority of these admissions were as a result of mental or behavioural disorders due to the use of alcohol. The overall number of admissions for a disease or illness specifically related to alcohol has increased since 1995/96, with the admissions due to alcoholic liver disease increasing at the fastest rate over this period.

The North West SHA had the highest rate of admissions to hospital with an illness or disease specifically related to alcohol and South Central SHA and East of England SHA had the lowest.

The number of deaths directly related to alcohol consumption has increased each year since 2001. In 2006, alcoholic liver disease was the most common cause of deaths linked to alcohol consumption. Overall, males were more likely to die from causes linked to alcohol consumption than females.

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Table 4.1 Hazardous or harmful drinking^{1,2}, by gender and age, 2000

Great Britain													Percentages	
Audit score	All ages	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	
All persons														
Score: 0-7	74	61	55	62	72	71	75	76	79	80	86	85	91	
Score: 8-15	23	32	35	32	24	24	22	22	19	18	13	13	9	
Score: 16-40	4	6	9	6	4	4	3	2	2	2	1	1	1	
Hazardous or harmful drinking (score 8 and over)	26	39	45	38	28	29	25	24	21	20	14	15	9	
Mean Audit Score	5	7	7	7	6	6	5	5	5	5	4	4	3	
Men														
Score: 0-7	62	55	38	49	59	59	64	63	70	68	80	76	86	
Score: 8-15	32	37	48	40	33	35	32	34	27	29	18	22	13	
Score: 16-40	6	8	14	10	7	6	4	3	3	3	2	2	1	
Hazardous or harmful drinking (score 8 and over)	38	45	62	51	41	41	36	37	30	32	20	24	14	
Mean Audit Score	7	8	9	8	7	7	7	6	6	6	5	5	4	
Women														
Score: 0-7	85	68	71	77	83	84	86	89	87	92	92	94	95	
Score: 8-15	14	27	24	21	16	14	13	10	12	8	8	6	5	
Score: 16-40	2	5	5	2	1	2	1	1	1	-	-	0	-	
Hazardous or harmful drinking (score 8 and over)	15	32	29	23	17	16	14	11	13	8	8	6	5	
Mean Audit Score	4	6	6	5	5	4	4	4	4	3	3	3	3	
<i>Bases</i>														
All persons	8,580	334	460	730	953	1,006	842	723	822	703	739	668	600	
Men	3,852	183	202	332	379	442	382	360	387	314	332	295	244	
Women	4,728	151	258	398	574	564	460	363	435	389	407	373	356	

1. The Alcohol Use Disorders Identification Test (AUDIT) is used to identify hazardous and harmful drinking

2. Aged 16 to 74 years living in private households

Source:

Tobacco, alcohol and drug use and mental Health, Office for National Statistics

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Table 4.2 Alcohol dependence^{1,2}, by gender and age, 2000

Great Britain	Rate per thousand population												
	All ages	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
All persons													
Mild	69	124	150	137	66	96	56	36	41	42	14	17	9
Moderate	4	14	3	3	4	5	7	2	3	-	1	-	-
Severe	1	-	-	-	1	1	2	1	1	-	1	-	-
Men													
Mild	111	164	237	206	105	158	93	62	63	78	24	29	20
Moderate	7	26	7	5	6	9	12	3	6	-	2	-	-
Severe	1	-	-	-	3	3	2	-	3	-	2	-	-
Women													
Mild	28	74	71	53	30	33	18	10	18	7	6	7	-
Moderate	1	-	-	-	2	2	2	-	-	-	-	-	-
Severe	0	-	-	-	-	-	2	2	-	-	-	-	-
Bases													
All persons	8,580	334	460	730	953	1,006	842	723	822	703	739	668	600
Men	3,852	183	202	332	379	442	382	360	387	314	332	295	244
Women	4,728	151	258	398	574	564	460	363	435	389	407	373	356

1. The Severity of Alcohol Dependence questionnaire was used to provide a standardised measure of dependence. Questions refer to a typical period of heavy drinking in the last 6 months

2. Adults aged 16 to 74 years living in private households

3. Rates rounded to the nearest one per thousand population

Source

Tobacco, alcohol and drug use and mental Health, Office for National Statistics

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Table 4.3 Number of prescription items¹, net ingredient cost² and average net ingredient cost per item of drugs for the treatment of alcohol dependence prescribed in primary care³ and dispensed in the community, 2003 to 2007

England ^{4,5}	Numbers / £				
	2003	2004	2005	2006	2007
Prescription items					
Acamprosate Calcium	57,987	61,310	60,912	64,322	70,615
Disulfiram	35,254	36,651	36,851	39,015	41,652
Total	93,241	97,961	97,763	103,337	112,267
Net Ingredient Cost (£ 000s)					
Acamprosate Calcium	1,211	1,267	1,270	1,357	1,444
Disulfiram	395	426	556	635	667
Total	1,606	1,383	1,825	1,993	2,112
Average Net Ingredient Cost per item (£)					
Acamprosate Calcium	21	21	21	21	20
Disulfiram	11	12	15	16	16
Total	17	17	19	19	19

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. 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)

Source:

Prescribing Analysis and Cost (PACT) from the Prescription Pricing Division of the Business Service Authority (PPD of the BSA). The NHS Information Centre

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Table 4.4 Number of prescription items¹, net ingredient cost² and average net ingredient cost per item of drugs for the treatment of alcohol dependence prescribed in primary care³ and dispensed in the community, by Strategic Health Authority⁴, 2007

England	Prescription items			Net Ingredient Cost (£,000s)			Average Net Ingredient Cost per item (£)			Numbers / £
	Acamprosate		Total	Acamprosate		Total	Acamprosate		Total	
	Calcium	Disulfiram		Calcium	Disulfiram		Calcium	Disulfiram		
England ^{5,6}	70,615	41,652	112,267	1,444	667	2,112	20	16	19	
North East	7,275	2,828	10,103	138	41	179	19	14	18	
North West	16,254	7,673	23,927	331	109	440	20	14	18	
Yorkshire and the Humber	8,029	5,785	13,814	170	92	261	21	16	19	
East Midlands	2,766	3,660	6,426	54	60	115	20	16	18	
West Midlands	8,063	3,676	11,739	174	61	235	22	17	20	
East of England	8,405	6,185	14,590	159	90	250	19	15	17	
London	4,997	2,448	7,445	121	49	170	24	20	23	
South East Coast	4,083	1,990	6,073	85	35	120	21	17	20	
South Central	5,030	3,482	8,512	111	71	181	22	20	21	
South West	5,659	3,893	9,552	101	60	161	18	15	17	

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. 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. 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

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

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

Source:

Prescribing Analysis and Cost (PACT) from the Prescription Pricing Division of the Business Service Authority (PPD of the BSA). The NHS Information Centre

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Table 4.5 Number of prescription items¹, net ingredient cost² and average net ingredient cost per item of drugs for the treatment of alcohol dependence prescribed in NHS hospitals³ and dispensed in the community, 2003 to 2007

England ^{4,5}	Numbers / £				
	2003 ⁶	2004	2005	2006	2007
Prescription items					
Acamprosate Calcium	5,400	5,553	5,939	5,894	5,226
Disulfiram	4,100	4,567	5,410	6,637	5,291
Total	9,500	10,120	11,349	12,531	10,517
Net Ingredient Cost (£ 000s)					
Acamprosate Calcium	91	103	92	99	88
Disulfiram	25	30	43	51	48
Total	116	133	135	149	136
Net Ingredient Cost per item (£)					
Acamprosate Calcium	17	19	15	17	17
Disulfiram	6	7	8	8	9
Total	12	13	12	12	13

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. Prescription information is taken from the Prescription Cost Analysis (PCA) system, supplied by the Prescription Pricing Division (PPD) of the Business Services Authority (BSA), and is based on a full analysis of all prescriptions dispensed in the community i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs dispensed in hospitals, including mental health trusts, or private prescriptions

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 this year are only available rounded to the nearest 100

Source:

Prescribing Analysis and Cost (PACT) from the Prescription Pricing Division of the Business Service Authority (PPD of the BSA). The NHS Information Centre

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Table 4.6 NHS¹ hospital admissions² where there was a primary diagnosis³ of diseases specifically related to alcohol, 2006/07⁴

England		Number of admissions		
ICD10 Code ⁵		All persons ⁶	Males	Females
Total		57,142	39,348	17,785
F10	Mental and behavioural disorders due to use of alcohol	40,872	28,408	12,455
F10.0	Acute intoxication	16,136	10,219	5,913
F10.1	Harmful use	2,544	1,762	781
F10.2	Dependence syndrome	8,897	6,248	2,645
F10.3	Withdrawal state	10,850	8,369	2,481
F10.4	Withdrawal state with delirium	1,139	871	268
F10.5	Psychotic disorder	370	288	82
F10.6	Amnesic syndrome	278	202	76
F10.7	Residual and late-onset psychotic disorder	147	109	38
F10.8	Other mental and behavioural disorders due to use of alcohol	56	41	15
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	455	299	156
K70	Alcoholic liver disease	14,668	10,049	4,619
K70.0	Alcoholic fatty liver	204	146	58
K70.1	Alcoholic hepatitis	1,428	940	488
K70.2	Alcoholic fibrosis and sclerosis of liver	93	64	29
K70.3	Alcoholic cirrhosis of liver	4,794	3,408	1,386
K70.4	Alcoholic hepatic failure	1,121	747	374
K70.9	Alcoholic liver disease, unspecified	7,028	4,744	2,284
T51	Toxic effect of alcohol	1,602	891	711
T51.0	Toxic effect of ethanol	901	481	420
T51.1	Toxic effect of methanol	31	16	15
T51.2	Toxic effect of 2-Propanol	43	21	22
T51.3	Toxic effect of fusel oil	49	24	25
T51.8	Toxic effect of other alcohols	41	21	20
T51.9	Toxic effect of alcohol, unspecified	537	328	209

1. The data include private patients treated in NHS hospitals (but not private patients in private hospitals)

2. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of in-patients, as a person may have more than one admission within the year

3. The primary diagnosis is the first of up to 14 (7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was in hospital

4. Figures have not been adjusted for shortfalls in data

5. See Appendix A for further information about International Classification of Disease

6. "All persons" includes those whose gender is not known

7. This year the NHS Information Centre has brought into line how it classifies hospital admissions specifically related to alcohol to ensure it's customers receive consistent information. As part of the wider Department of Health review of alcohol specific and related admissions, this will be considered when the results of that review become available

Source:

Hospital Episode Statistics (HES). The NHS Information Centre

Table 4.7 NHS¹ hospital admissions² where there was a primary diagnosis³ of diseases specifically related to alcohol, 1995/96 to 2006/07^{4,5}

England		1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
ICD10 Code ⁶													
Total		37,692	39,996	41,504	40,561	41,880	40,113	40,729	41,610	45,811	51,203	55,353	57,142
F10	Mental and behavioural disorders due to use of alcohol	28,636	29,972	30,424	29,483	29,849	28,145	28,143	28,645	31,998	36,346	39,683	40,872
F10.0	Acute intoxication	7,530	8,148	8,493	8,200	8,932	8,045	7,886	7,623	9,881	12,397	15,564	16,136
F10.1	Harmful use	2,552	2,619	2,873	2,663	2,644	2,508	2,375	2,401	2,500	2,925	2,914	2,544
F10.2	Dependence syndrome	13,248	12,872	12,956	11,944	11,232	10,275	9,974	10,187	10,230	10,388	9,339	8,897
F10.3	Withdrawal state	2,746	3,505	3,580	3,964	4,420	4,887	5,443	5,914	6,835	8,089	9,403	10,850
F10.4	Withdrawal state with delirium	900	1,066	958	968	962	1,012	927	916	985	1,009	1,109	1,139
F10.5	Psychotic disorder	503	529	547	540	549	489	533	479	422	451	461	370
F10.6	Amnesic syndrome	273	256	289	257	263	234	284	289	261	251	242	278
F10.7	Residual and late-onset psychotic disorder	219	270	223	226	223	191	161	210	203	178	160	147
F10.8	Other mental and behavioural disorders due to use of alcohol	62	66	53	56	55	54	62	54	60	58	59	56
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	603	641	452	665	569	450	498	572	621	600	612	455
K70	Alcoholic liver disease	6,940	7,810	8,829	9,148	10,098	10,311	10,802	11,560	12,336	13,201	13,930	14,668
K70.0	Alcoholic fatty liver	80	115	113	115	136	129	137	142	165	209	200	204
K70.1	Alcoholic hepatitis	716	760	876	871	1,010	1,076	984	1,131	1,244	1,259	1,343	1,428
K70.2	Alcoholic fibrosis and sclerosis of liver	46	50	69	93	77	84	57	73	102	114	97	93
K70.3	Alcoholic cirrhosis of liver	2,194	2,318	2,554	2,616	2,797	2,871	2,943	3,152	3,463	3,855	4,272	4,794
K70.4	Alcoholic hepatic failure	421	469	560	539	576	558	694	781	818	896	993	1,121
K70.9	Alcoholic liver disease, unspecified	3,483	4,098	4,657	4,914	5,502	5,593	5,987	6,281	6,544	6,868	7,025	7,028
T51	Toxic effect of alcohol	2,116	2,214	2,251	1,930	1,933	1,657	1,784	1,405	1,477	1,656	1,560	1,602
T51.0	Toxic effect of ethanol	1,241	1,272	1,303	1,038	1,042	1,001	1,037	799	881	1,044	1,007	901
T51.1	Toxic effect of methanol	31	33	37	33	34	19	27	46	38	34	37	31
T51.2	Toxic effect of 2-Propanol	39	37	43	31	18	17	27	25	24	19	42	43
T51.3	Toxic effect of fusel oil	51	32	50	55	48	25	42	23	24	30	43	49
T51.8	Toxic effect of other alcohols	27	27	45	39	33	27	27	33	35	40	25	41
T51.9	Toxic effect of alcohol, unspecified	727	813	773	734	758	568	624	479	475	489	406	537

1. The data include private patients treated in NHS hospitals (but not private patients in private hospitals)

2. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of inpatients, as a person may have more than one admission within the year

3. The primary diagnosis is the first of up to 14 (7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was in hospital

4. Data not available for ICD10 prior to 1995/96

5. Figures have not been adjusted for shortfalls in data

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

7. This year the NHS Information Centre has brought into line how it classifies hospital admissions specifically related to alcohol to ensure it's customers receive consistent information. As part of the wider Department of Health review of alcohol specific and related admissions, this will be considered when the results of that review become available

Source:

Hospital Episode Statistics (HES), The NHS Information Centre

Table 4.8 NHS¹ hospital admissions² where there was a primary or secondary diagnosis³ of diseases specifically related to alcohol, 2006/07⁴

England		Number of admissions		
ICD10 Code ⁵		All persons ⁶	Males	Females
Total⁷		207,788	143,775	63,981
F10⁸	Mental and behavioural disorders due to use of alcohol	158,656	115,270	43,357
F10.0	Acute intoxication	45,085	31,981	13,096
F10.1	Harmful use	37,362	27,151	10,201
F10.2	Dependence syndrome	65,780	48,133	17,636
F10.3	Withdrawal state	18,309	14,023	4,285
F10.4	Withdrawal state with delirium	1,533	1,170	363
F10.5	Psychotic disorder	620	479	141
F10.6	Amnesic syndrome	998	759	238
F10.7	Residual and late-onset psychotic disorder	613	450	163
F10.8	Other mental and behavioural disorders due to use of alcohol	137	102	35
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	1,257	842	415
K70⁸	Alcoholic liver disease	43,548	30,414	13,133
K70.0	Alcoholic fatty liver	1,119	775	344
K70.1	Alcoholic hepatitis	2,900	1,938	962
K70.2	Alcoholic fibrosis and sclerosis of liver	269	187	82
K70.3	Alcoholic cirrhosis of liver	13,204	9,436	3,767
K70.4	Alcoholic hepatic failure	2,077	1,380	697
K70.9	Alcoholic liver disease, unspecified	25,128	17,458	7,670
T51⁸	Toxic effect of alcohol	27,040	12,547	14,489
T51.0	Toxic effect of ethanol	22,417	10,299	12,115
T51.1	Toxic effect of methanol	43	23	20
T51.2	Toxic effect of 2-Propanol	66	33	33
T51.3	Toxic effect of fusel oil	97	55	42
T51.8	Toxic effect of other alcohols	105	46	59
T51.9	Toxic effect of alcohol, unspecified	4,355	2,119	2,235

1. The data include private patients treated in NHS hospitals (but not private patients in private hospitals)

2. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of in-patients, as a person may have more than one admission within the year

3. These figures represent a count of all finished admission episodes where the diagnosis was mentioned in any of the 14 (7 prior to 2002-03) diagnosis fields in a HES record

4. Figures have not been adjusted for shortfalls in data

5. See Appendix A for further information about International Classification of Disease

6. "All persons" includes those whose gender is not known

7. Total figures are based on the count of episodes where F10, K70 and T51 are recorded in any of the diagnosis fields and an episode that includes any of these diagnoses is counted once and therefore is less than the sum of the breakdowns of these codes

8. The "Primary and Secondary diagnosis" summary data for ICD codes F10, K70 and T51 are less than the sum of the data for the subdivisions of F10, K70 and T51, because a person may be admitted with more than one diagnosis within the subdivisions of F10, K70 and T51

9. This year the NHS Information Centre has brought into line how it classifies hospital admissions specifically related to alcohol to ensure it's customers receive consistent information. As part of the wider Department of Health review of alcohol specific and related admissions, this will be considered when the results of that review become available

Source:

Hospital Episode Statistics (HES). The NHS Information Centre

Table 4.9 NHS¹ hospital admissions² where there was a primary or secondary diagnosis³ of diseases specifically related to alcohol, 1995/96 to 2006/07^{4,5}

ICD10 Code ⁶	Number of admissions											
	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total⁷	93,459	104,031	111,729	111,948	118,766	117,123	121,893	128,370	147,659	170,634	193,637	207,788
F10⁸	68,005	75,482	79,895	80,586	85,206	84,230	87,855	93,644	109,262	128,111	146,044	158,656
F10.0 Acute intoxication	21,436	23,405	24,506	24,220	25,307	23,059	24,908	22,954	28,903	35,398	42,419	45,085
F10.1 Harmful use	10,382	12,718	14,035	14,354	16,279	17,894	26,222	21,483	24,437	29,332	33,586	37,362
F10.2 Dependence syndrome	28,563	30,842	32,841	32,796	34,137	33,816	45,834	38,594	44,970	52,375	59,014	65,780
F10.3 Withdrawal state	4,579	5,552	6,027	6,600	7,371	8,193	12,789	10,089	11,816	13,955	16,022	18,309
F10.4 Withdrawal state with delirium	1,305	1,485	1,364	1,389	1,326	1,179	1,805	1,300	1,374	1,425	1,534	1,533
F10.5 Psychotic disorder	709	732	744	738	794	709	909	687	625	679	707	620
F10.6 Amnesic syndrome	478	479	548	556	580	566	829	687	737	725	849	998
F10.7 Residual and late-onset psychotic disorder	449	503	465	477	520	489	703	552	544	554	586	613
F10.8 Other mental and behavioural disorders due to use of alcohol	109	112	93	116	111	109	130	115	108	130	126	137
F10.9 Unspecified mental and behavioural disorders due to use of alcohol	1,117	1,081	917	1,225	1,146	951	1,140	1,085	1,211	1,188	1,343	1,257
K70⁸	13,984	16,252	18,205	19,531	22,482	23,777	25,757	28,645	32,070	35,909	39,725	43,548
K70.0 Alcoholic fatty liver	195	273	332	336	403	440	696	526	658	900	996	1,119
K70.1 Alcoholic hepatitis	1,127	1,240	1,453	1,486	1,746	1,805	2,808	1,925	2,200	2,333	2,664	2,900
K70.2 Alcoholic fibrosis and sclerosis of liver	119	119	136	173	152	181	267	198	232	266	258	289
K70.3 Alcoholic cirrhosis of liver	4,812	5,266	5,586	5,952	6,761	6,881	10,626	7,969	8,877	10,257	11,564	13,204
K70.4 Alcoholic hepatic failure	714	782	877	843	920	947	1,946	1,230	1,363	1,564	1,704	2,077
K70.9 Alcoholic liver disease, unspecified	7,343	8,951	10,227	11,153	12,999	14,044	24,492	17,348	19,334	21,374	23,473	25,128
T51⁸	14,347	16,067	17,991	16,658	16,981	16,020	16,500	16,312	18,720	21,783	26,210	27,040
T51.0 Toxic effect of ethanol	10,332	11,797	13,908	12,495	12,772	12,102	14,472	12,435	14,309	16,968	21,317	22,417
T51.1 Toxic effect of methanol	90	75	43	43	45	29	50	60	45	100	51	43
T51.2 Toxic effect of 2-Propanol	50	49	51	43	32	32	47	43	40	47	69	66
T51.3 Toxic effect of fusel oil	82	57	91	97	80	56	91	38	51	75	85	97
T51.8 Toxic effect of other alcohols	58	38	69	77	83	56	74	105	73	147	100	105
T51.9 Toxic effect of alcohol, unspecified	3,751	4,067	3,851	3,924	3,988	3,767	4,010	3,665	4,230	4,475	4,626	4,355

1. The data include private patients treated in NHS hospitals (but not private patients in private hospitals)

2. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of inpatients, as a person may have more than one admission within the year

3. These figures represent a count of all finished admission episodes where the diagnosis was mentioned in any of the 14 (7 prior to 2002-03) diagnosis fields in a HES record

4. Figures have not been adjusted for shortfalls in data

5. See Appendix A for further information about International Classification of Disease

6. 'All persons' includes those whose gender is not known

7. The 'Primary and Secondary diagnosis' summary data for ICD codes F10, K70 and T51 are less than the sum of the data for the subdivisions of F10, K70 and T51, because a person may be admitted with more than one diagnosis within the subdivisions of F10, K70 and T51

8. Total figures are based on the count of episodes where F10, K70 and T51 are recorded in any of the diagnosis fields and an episode that includes any of these diagnoses is counted once and therefore is less than the sum of the breakdowns of these codes

9. This year the NHS Information Centre has brought into line how it classifies hospital admissions specifically related to alcohol to ensure it's customers receive consistent information. As part of the wider Department of Health review of alcohol specific and related admissions, this will be considered when the results of that review become available

Source: Hospital Episode Statistics (HES). The NHS Information Centre

Table 4.10 NHS¹ hospital admissions² where there was a primary diagnosis³ of diseases specifically related to alcohol⁴, by Strategic Health Authority⁵, 2006/07⁶

England	Numbers	
	Admissions	Number of admissions per 100,000 of population ^{7,8}
East England SHA	4,056	72
East Midlands SHA	4,750	109
London SHA	8,594	114
North East SHA	3,502	137
North West SHA	11,627	170
South Central SHA	3,090	77
South East Coast SHA	3,416	80
South West SHA	4,392	86
West Midlands SHA	6,042	113
Yorkshire & Humber SHA	4,869	95

1. The data include private patients treated in NHS hospitals (but not private patients in private hospitals)

2. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of in-patients, as a person may have more than one admission within the year

3. The primary diagnosis is the first of up to 14 (7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was in hospital

4. See Appendix A for list of ICD-10 codes used

5. Based on person's current SHA of Residence

6. Figures have not been adjusted for shortfalls in data

7. The rate of admissions per 100,000 population aged 16 and over for each SHA uses estimated resident population mid-2006 figures based on the 2001 census published by the Office for National Statistics (ONS).

8. Information on ONS Population data is available at:

<http://www.statistics.gov.uk/census2001/default.asp>

9. This year the NHS Information Centre has brought into line how it classifies hospital admissions specifically related to alcohol to ensure it's customers receive consistent information. As part of the wider Department of Health review of alcohol specific and related admissions, this will be considered when the results of that review become available

Source:

Hospital Episode Statistics (HES). The NHS Information Centre.

Table 4.11 NHS¹ hospital admissions² where there was a primary or secondary diagnosis³ of diseases specifically related to alcohol⁴, by Strategic Health Authority⁵, 2006/07⁶

England	Numbers	
	Admissions	Number of admissions per 100,000 of population ^{7,8}
East England SHA	14,116	252
East Midlands SHA	16,016	367
London SHA	25,577	340
North East SHA	16,391	641
North West SHA	45,035	657
South Central SHA	10,231	256
South East Coast SHA	13,550	319
South West SHA	19,081	372
West Midlands SHA	20,650	385
Yorkshire & Humber SHA	19,170	373

1. The data include private patients treated in NHS hospitals (but not private patients in private hospitals)

2. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Please note that admissions do not represent the number of inpatients, as a person may have more than one admission within the year

3. These figures represent a count of all finished admission episodes where the diagnosis was mentioned in any of the 14 (7 prior to 2002-03) diagnosis fields in a HES record

4. See Appendix A for list of ICD-10 codes used

5. Based on person's current SHA of Residence

6. Figures have not been adjusted for shortfalls in data

7. The rate of admissions per 100,000 population aged 16 and over for each SHA uses estimated resident population mid-2006 figures based on the 2001 census published by the Office for National Statistics (ONS)

8. Information on ONS Population data is available at:
<http://www.statistics.gov.uk/census2001/default.asp>

9. This year the NHS Information Centre has brought into line how it classifies hospital admissions specifically related to alcohol to ensure it's customers receive consistent information. As part of the wider Department of Health review of alcohol specific and related admissions, this will be considered when the results of that review become available

Source:

Hospital Episode Statistics (HES). The NHS Information Centre.

Table 4.12 Alcohol-related deaths^{1,2}, by gender, 2001 to 2006

England		Numbers					
ICD 10 code ⁴		2001	2002	2003	2004	2005	2006
All persons		5,476	5,582	5,981	6,036	6,191	6,517
F10	Mental and behavioural disorders due to alcohol	484	430	433	462	539	506
I42.6	Alcoholic cardiomyopathy	108	122	99	94	75	83
K70	Alcoholic liver disease	3,236	3,392	3,697	3,759	3,874	4,160
K73	Chronic hepatitis - not elsewhere specified	70	72	58	63	58	68
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	1,406	1,407	1,511	1,466	1,427	1,490
K86.0	Alcoholic induced chronic pancreatitis	33	32	32	43	52	41
X45	Accidental poisoning by and exposure to alcohol	126	112	127	130	151	149
	Other causes ³	13	15	24	19	15	20
Men		3,576	3,631	3,970	3,922	4,096	4,272
F10	Mental and behavioural disorders due to alcohol	337	306	320	326	400	349
I42.6	Alcoholic cardiomyopathy	95	93	88	78	59	74
K70	Alcoholic liver disease	2,146	2,275	2,513	2,461	2,602	2,769
K73	Chronic hepatitis - not elsewhere specified	22	16	14	14	12	14
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	858	835	909	904	869	918
K86.0	Alcoholic induced chronic pancreatitis	19	24	22	34	43	33
X45	Accidental poisoning by and exposure to alcohol	90	70	86	91	100	96
	Other causes ³	9	12	18	14	11	19
Women		1,900	1,951	2,011	2,114	2,095	2,245
F10	Mental and behavioural disorders due to alcohol	147	124	113	136	139	157
I42.6	Alcoholic cardiomyopathy	13	29	11	16	16	9
K70	Alcoholic liver disease	1,090	1,117	1,184	1,298	1,272	1,391
K73	Chronic hepatitis - not elsewhere specified	48	56	44	49	46	54
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	548	572	602	562	558	572
K86.0	Alcoholic induced chronic pancreatitis	14	8	10	9	9	8
X45	Accidental poisoning by and exposure to alcohol	36	42	41	39	51	53
	Other causes ³	4	3	6	5	4	1

1. Deaths occurring in each calendar year

2. Data may include non-residents

3. Based on causes linked to alcohol consumption as identified by ONS, however where the causes resulted in a small number of deaths in a year (less than ten) these have been grouped together and listed as 'other causes'

4. See Appendix A for further information about International Classification of Disease

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, Office for National Statistics

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5 Alcohol-related costs

5.1 Introduction

As well as the harm to an individual's health, alcohol misuse can also cause great costs to society. This chapter focuses on the affordability and availability of alcohol, the levels of alcohol-related crime and the costs to society of alcohol misuse.

Data on expenditure on alcohol are taken from the Expenditure and Food Survey¹ (EFS). The EFS is commissioned by the Office for National Statistics (ONS) and the Department for Environment, Food and Rural Affairs (DEFRA), and is a continuous household survey that provides data on weekly expenditure and consumption including data on alcoholic drinks consumed both within and outside of the home.

Data on alcohol price and retail price indices are taken from the ONS publication Focus on Consumer Price Indices², while households' disposable income data are taken from the ONS publication Economic Trends³. The availability of alcohol is shown as the volumes of alcohol released for home consumption, taken from Her Majesty's Revenue and Customs statistical factsheets⁴.

To give an indication of the levels of alcohol-related crime, data on violent offenders who were perceived to be under the influence of alcohol are taken from the Home Office publication Crime in England and Wales 2006/07⁵, a report combining police recorded crime and findings from the British Crime Survey (BCS)⁶. The BCS collects information about levels of crime and people's attitudes to crime, including crime that is not reported to the police, from the perspective of the victim.

Criminal Statistics England and Wales 2006⁷, also published by the Home Office,

provides data on the number of people cautioned and found guilty of drunkenness.

Criminal offences committed by young people are reported on in the Offending, Crime and Justice Survey (OCJS) published by the Home Office. This survey collects information on self-reported offending in order to examine the extent of offending, anti-social behaviour and drug use among those aged 10 to 25 living in private households in England and Wales. The latest survey report, OCJS 2005⁸, includes data on criminal offences where the young offender was under the influence of drugs or alcohol and also where young people were driving while thought to be over the legal alcohol limit.

Data on casualties in road traffic accidents involving illegal alcohol levels for Great Britain are taken from the Department for Transport's annual report Road Casualties Great Britain 2006⁹.

5.2 Costs to society

The Alcohol Harm Reduction Strategy¹⁰ set out the government's strategy for tackling the harms and costs of alcohol misuse in England. In 2004, the government estimated that alcohol misuse costs the health service between £1.4 and £1.7 billion per year, while the costs associated with alcohol-related crime and anti-social behaviour was estimated to be up to £7.3 billion each year. It also estimated that workplace costs of alcohol misuse are as high as £6.4 billion per year through loss in productivity.

In 2004, alcohol misuse was estimated to cost the health service between £1.4 and £1.7 billion each year

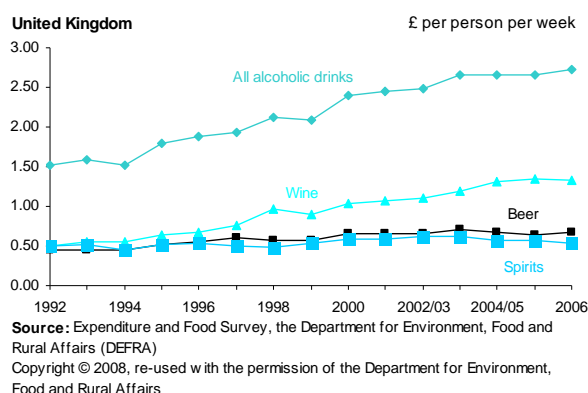
Alcohol misuse also places a burden and associated costs on family and social networks, although due to limitations in the data available, these were not assigned a financial estimate. More details of these estimated costs can be found in the government's Strategy Unit report – Alcohol Misuse: How much does it cost?¹¹

5.3 Expenditure and consumption of alcohol

Consumption of alcoholic drinks in the home, as reported by the EFS, has increased overall since 1992. Peaking in 2003/04, however figures have fluctuated since. Amongst different types of alcohol, only consumption of wine is higher in 2006 than in 2003/04. Consumption of wine showed the largest increase between 1992 and 2006 (excluding alcopops) compared to other types of drink, at 68%. Volumes of alcoholic drinks consumed outside the home have decreased overall in each year since this type of data was first collected, a 23% drop between 2001/02 and 2006. This reduction is mainly due to the fall in levels of consumption of beer outside the home (Table 5.1).

Overall, household expenditure on alcoholic drinks increased between 1992 and 2006 by 81%. Expenditure on wine experienced the greatest increase (a rise of 133%), reflecting findings from the consumption data (Table 5.2, Figure 5.1).

Figure 5.1 Household expenditure on alcoholic drinks, 1992 to 2006



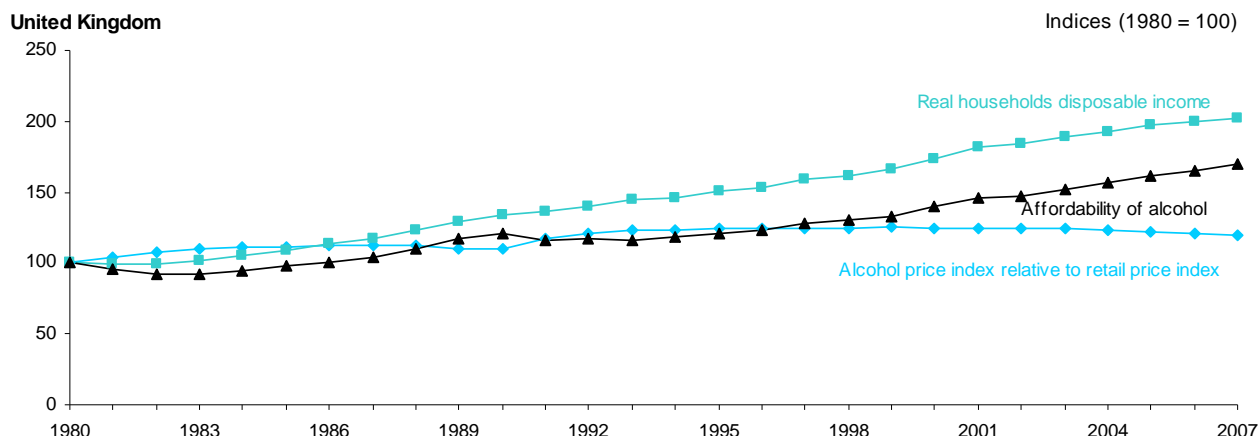
5.4 Availability and affordability of alcohol

5.4.1 Alcohol prices

The previous section looked at expenditure on alcohol at current prices (no adjustment made for inflation). This section looks at the affordability of alcohol taking inflation into account.

In the UK, prices of alcoholic drink, as measured by the alcohol price index, have increased more than the retail price index since 1980 (an arbitrarily chosen base year). In more recent years the difference between the retail price index and the alcohol price index has fallen, meaning that the rate of increase of the price of alcoholic drinks, relative to all retail items, has decreased. See Appendix A for further information. Between 1980 and 2002 the price of alcohol increased by 25% more than retail prices generally, whereas by 2007 this had fallen to 20%. However, households' disposable income continues to increase and doubled in real terms (that is taking inflation into account) between 1980 and 2007. Using the most recently available data, alcohol in 2007 was 69% more affordable than it was in 1980, highlighting the trend of increasing alcohol affordability (Table 5.3, Figure 5.2).

Figure 5.2 Indices of alcohol price relative to retail price index, real households' disposable income and affordability of alcohol, 1980 to 2007



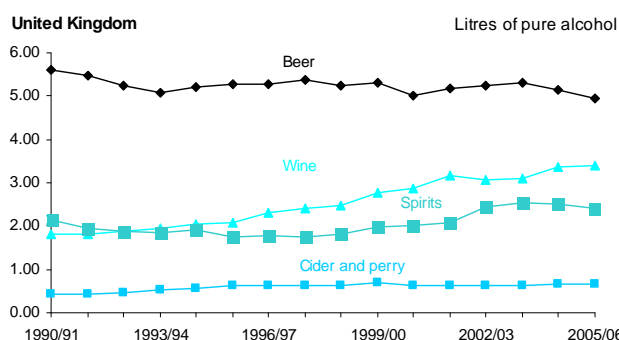
Source: Focus on Consumer Price Indices, Office for National Statistics and Economic Trends, Office for National Statistics
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5.4.2 Alcohol availability

Information on the volume of alcohol released for home consumption is collected by Her Majesty's Revenue and Customs (HMRC) and relates to the United Kingdom as a whole. The data on alcohol released for home consumption exclude personal imports (both legal and illegal).

While the overall volume of alcohol released has increased slightly since 1990/91 (from 76,647 thousand hectolitres to 78,246)⁴, the volume of pure alcohol released per person has shown a more substantial rise indicating a trend of increasing strength of alcoholic drinks. The volume of pure alcohol released for home consumption per person aged 16 and over fell in the early 1990s but has been increasing since, from 9.4 litres of pure alcohol in 1993/94 to 11.4 litres in 2005/06. The volume of beer has shown a slight decrease since 1990/91, whilst wine and spirits have shown increases over the same period. Cider and perry has remained relatively constant since 1990/91 (Figure 5.3).

Figure 5.3 Drink released for home consumption, per person, 1990/91 to 2005/06



Source: Statistical factsheet: Alcohol Duties. Her Majesty's Revenue and Customs
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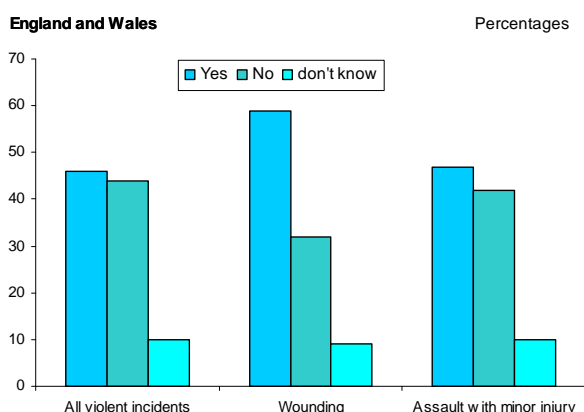
5.5 Alcohol-related crime

Linking alcohol consumption to crime can be difficult due to the contention of causal links between alcohol consumption and most types of crime. For the purpose of this report, alcohol-related criminal offences that involve violence and traffic incidents are considered as they directly contribute to costs to the health service.

Crime in England and Wales 2006/07⁵, reports on whether offenders of violent crimes were believed to be under the influence of alcohol. The report shows that overall 46% of victims believed the offender

was under the influence of alcohol. Fifty-nine per cent of victims who were wounded believed the offender was under the influence, and 47% of victims who were assaulted with minor injuries thought the offender was under the influence of alcohol at the time of the offence (Figure 5.4).

Figure 5.4 Whether offender/s were perceived to be under the influence of alcohol in violent incidents, 2006/07



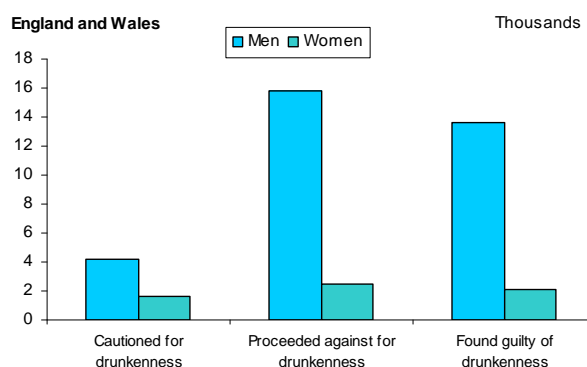
Source: Crime in England and Wales 2006/07. The Home Office
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In the 2005 Offending, Crime and Justice Survey⁸ (OCJS) report, data are presented on the use of alcohol and drugs among offenders aged 10 to 25 years old. Of all violent offences classified as assault with injury committed in England and Wales by those surveyed 22% of the offenders reported being under the influence of alcohol.

In England and Wales around 15,700 people were found guilty of drunkenness in 2006, this continues a recent downward trend and is considerably less than the 42,900 found guilty of drunkenness in 1989. A similar pattern is seen for the number of people cautioned for drunkenness with around 5,800 people cautioned in 2006 compared to approximately 49,900 in 1989. In 2003/04, Penalty Notices for Disorder were introduced. The police can now issue a fine for drunkenness rather than arresting the perpetrator, which may lead to considerably less cautions, proceedings and convictions.

In all years, considerably more men were cautioned, proceeded against or found guilty of drunkenness than women and the majority of offences were classed as drunkenness with aggravation (Table 5.4, Figure 5.5).

Figure 5.5 Number of cautions, proceedings and convictions for drunkenness, 2006



Source: Criminal Statistics England and Wales. Supplementary Tables 2006 volumes 1 and 3. The Home Office
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5.6 Alcohol-related traffic incidents

5.6.1 Young people, alcohol and driving

The 2005 OCJS also reports on driving related problem behaviours in the 12 months prior to interview among young people. This includes driving while the respondent thought they may be over the legal alcohol limit. For all people aged 16 to 25 surveyed who had driven a motor vehicle in the last 12 months, 17% reported driving when they thought they might have been over the legal alcohol limit, this is higher than those who drove without a licence or insurance (11%) and those who were found guilty of speeding (7%). Men in this age group were twice as likely as women to report driving when they thought they had been over the legal limit (22% and 11% respectively)⁸.

5.6.2 Alcohol-related road casualties

Provisional estimates from Road Casualties Great Britain 2006⁹ suggest that 6% of road

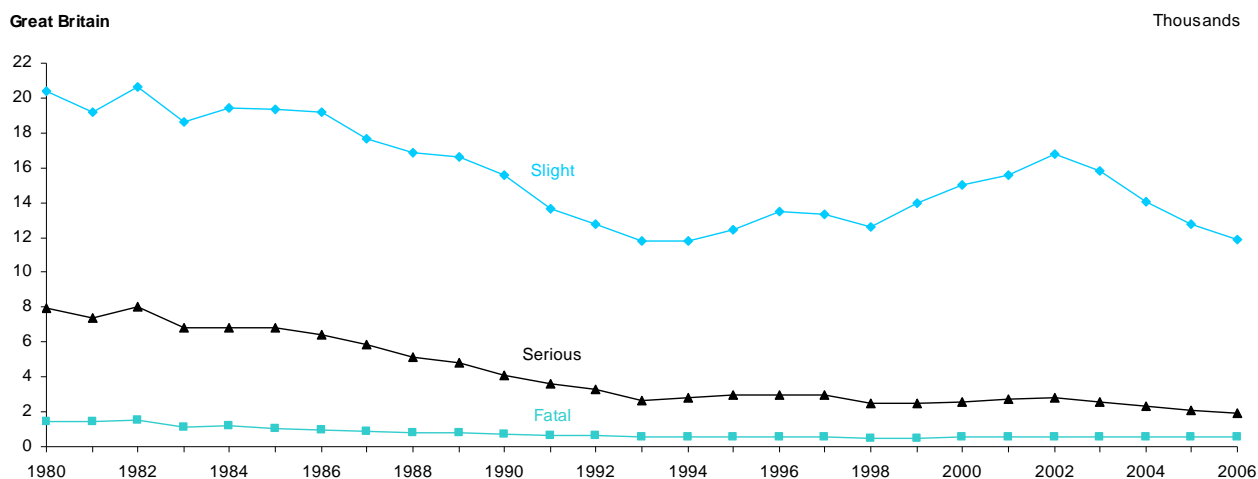
traffic casualties in 2006 involved illegal alcohol levels. The number of deaths was 540 (17% of all road deaths)⁹. The proportion of road accidents involving illegal levels of alcohol has remained relatively stable at around 6% for a number of years but has shown an overall decrease since 1980 when the proportion was 9%.

6% of all road traffic casualties in 2006 involved illegal levels of alcohol

(estimated at 540 in 2006 compared to 1,450 in 1980). The number of serious injuries resulting from traffic accidents involving illegal alcohol levels has generally decreased since 1980 (from 7,970 to 1,960 in 2006). The number of slight injuries resulting from alcohol related traffic accidents has also reduced over the same period, from 20,420 to an estimated 11,880, though this figure has fluctuated during this time, reaching a low of 11,780 in both 1993 and 1994. These decreases in road traffic casualties may be due changes in behaviour of alcohol consumption prior to driving or improved car safety, or a combination of both (Table 5.5, Figure 5.6).

Fatalities from drinking related road accidents are much lower now than in 1980

Figure 5.6 Estimates of casualties, in road accidents involving illegal alcohol levels, 1980 to 2006



Source: Road Casualties Great Britain: 2006 - Annual Report. Department for Transport
1. Data for 2006 are provisional
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Summary: Alcohol-related costs

This chapter has shown that alcohol misuse has a considerable direct cost to the NHS as well as a greater cost to society as a whole.

Alcohol is increasingly more affordable relative to other retail items and overall disposable household income. Trends from self-completion diaries show expenditure on alcoholic drink has increased since 1992 but has experienced a slow down in recent years, while litres of pure alcohol released for consumption continues to increase, especially for wine. Consumption of alcohol outside of the home has decreased each year since 2001/02 when the data was first collected, mainly due to a fall in the consumption of beer.

Just over a half of violent attackers, where the attack resulted in wounding and minor injuries, were believed to be under the

influence of alcohol, by their victims, at the time of the incident.

The number of people proceeded against and convicted in court for drunkenness has decreased in recent years; however this may not necessarily be due to a change in behaviour and could be linked to changes in police powers to deal with drunkenness such as issuing penalty notices rather than court proceedings.

The number of fatalities and casualties in alcohol-related road accidents has fallen over the last 25 years.

Seventeen per cent of young people reported driving when they might be over the alcohol limit with young men being twice as likely to report this than young women.

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- 5.5 Estimates of casualties, in road accidents involving illegal alcohol levels, 1980 to 2006

Table 5.1 Household consumption of alcoholic drinks, 1992 to 2006¹

United Kingdom	ml per person per week						
	All alcoholic drinks	Beer ²	Cider and perry	Wine ³	Spirits ⁴	Alcopops	Other ⁵
Consumption within the home							
1992	527	298	47	152	30	0	.
1993	536	297	44	164	32	0	.
1994	552	311	52	162	28	0	.
1995	627	338	77	180	32	0	.
1996	656	351	82	188	34	0	.
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	739	377	52	262	38	11	.
2006 ⁶	760	393	59	255	41	12	.
Consumption outside the home⁷							
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 ⁶	561	459	24	23	18	11	25

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 onwards from the Expenditure and Food Survey

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

6. For the 2006 results the survey has 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

7. Data on volumes consumed outside of the homes from 1992 to 2000 is not available

Source:

Expenditure and Food Survey, DEFRA, historic trend data can be accessed on the internet via the DEFRA website, available at:

<http://statistics.defra.gov.uk/esg/publications/efs/default.asp>

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Table 5.2 Household expenditure¹ on alcoholic drinks, 1992 to 2006²

United Kingdom	£ per person per week					
	All alcoholic drinks	Beer ³	Cider and perry	Wine ⁴	Spirits ⁵	Alcopops
1992	1.51	0.44	0.07	0.60	0.40	0.00
1993	1.58	0.45	0.06	0.65	0.42	0.00
1994	1.52	0.45	0.07	0.65	0.36	0.00
1995	1.80	0.52	0.10	0.74	0.43	0.00
1996	1.87	0.56	0.11	0.77	0.43	0.00
1997	1.93	0.60	0.08	0.85	0.40	0.01
1998	2.11	0.58	0.09	1.05	0.40	0.00
1999	2.08	0.56	0.08	0.99	0.44	0.01
2000	2.39	0.66	0.08	1.13	0.49	0.03
2001/02	2.44	0.65	0.07	1.15	0.51	0.06
2002/03	2.49	0.65	0.06	1.20	0.51	0.06
2003/04	2.65	0.71	0.08	1.26	0.54	0.06
2004/05	2.66	0.67	0.07	1.38	0.49	0.04
2005/06	2.65	0.64	0.07	1.42	0.49	0.04
2006 ⁶	2.73	0.68	0.08	1.40	0.53	0.04

1. Data includes expenditure on alcohol consumed both within and outside the home

2. 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 onwards from the Expenditure and Food Survey

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

4. 'Wine' includes champagne and fortified wines

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

6. For the 2006 results the survey has 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

Source:

Expenditure and Food Survey, DEFRA, historic trend data can be accessed on the internet via the DEFRA website, available at:

<http://statistics.defra.gov.uk/esg/publications/efs/default.asp>

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Table 5.3 Indices of alcohol price, retail prices, alcohol price index relative to retail prices index (all items), real households' disposable income, and affordability of alcohol, 1980 to 2007

United Kingdom	Indices (1980 = 100)				
	Alcohol price index	Retail prices index (all items)	Alcohol price index relative to Retail price index (all items)	Real households' disposable income	Affordability of alcohol index ¹
1980	100.0	100.0	100.0	100.0	100.0
1981	116.9	111.9	104.5	99.5	95.2
1982	130.2	121.5	107.2	99.2	92.5
1983	140.0	127.1	110.1	101.2	91.9
1984	148.1	133.4	111.0	105.0	94.6
1985	157.4	141.5	111.2	108.6	97.6
1986	164.5	146.3	112.4	113.0	100.6
1987	171.2	152.4	112.3	117.2	104.3
1988	179.9	159.9	112.5	123.6	109.9
1989	190.1	172.3	110.3	129.4	117.4
1990	208.4	188.6	110.5	133.8	121.1
1991	234.3	199.7	117.3	136.5	116.4
1992	249.4	207.2	120.3	140.5	116.7
1993	260.4	210.5	123.7	144.2	116.6
1994	266.7	215.6	123.7	146.3	118.3
1995	276.8	223.1	124.1	150.1	121.0
1996	284.8	228.4	124.7	153.7	123.3
1997	292.7	235.6	124.2	159.5	128.4
1998	302.7	243.7	124.2	161.9	130.3
1999	310.6	247.4	125.5	166.4	132.5
2000	315.4	254.8	123.8	173.8	140.4
2001	322.0	259.3	124.2	181.3	145.9
2002	329.3	263.6	124.9	184.4	147.6
2003	336.3	271.2	124.0	188.9	152.3
2004	342.8	279.3	122.7	192.1	156.5
2005	349.6	287.2	121.7	197.7	162.5
2006	358.0	296.4	120.8	199.5	165.1
2007	368.6	309.1	119.2	202.0	169.4

1. See Appendix A for affordability calculations

Sources:

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

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

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Table 5.4 Persons found guilty, proceeded against and those cautioned of drunkenness, by gender, 1989, 2000 to 2006

	England and Wales									Numbers
	All adults			Men			Women			
	Total	Drunkenness, simple ¹	Drunkenness, with aggravation ²	Total	Drunkenness, simple ¹	Drunkenness, with aggravation ²	Total	Drunkenness, simple ¹	Drunkenness, with aggravation ²	
Persons found guilty										
1989	42,910	5,623	37,287	40,049	5,334	34,715	2,861	289	2,572	
2000	27,182	2,969	24,213	24,549	2,740	21,809	2,633	229	2,404	
2001	26,246	2,741	23,505	23,741	2,511	21,230	2,505	230	2,275	
2002	26,898	2,510	24,388	24,148	2,255	21,893	2,750	255	2,495	
2003	27,697	2,299	25,398	24,686	2,069	22,617	3,011	230	2,781	
2004	21,133	1,948	19,185	18,658	1,729	16,929	2,475	219	2,256	
2005	16,067	1,691	14,376	13,926	1,545	12,381	2,141	146	1,995	
2006	15,733	1,582	14,151	13,640	1,431	12,209	2,093	151	1,942	
Persons proceeded against										
1989	48,373	6,187	42,186	45,002	5,861	39,141	3,371	326	3,045	
2000	34,063	3,375	30,688	30,565	3,108	27,457	3,498	267	3,231	
2001	33,253	3,196	30,057	29,835	2,917	26,918	3,418	279	3,139	
2002	33,933	2,867	31,066	30,236	2,566	27,670	3,697	301	3,396	
2003	34,275	2,640	31,635	30,342	2,375	27,967	3,933	265	3,668	
2004	25,155	2,251	22,904	22,091	1,991	20,100	3,064	260	2,804	
2005	18,751	1,932	16,819	16,031	1,762	14,269	2,540	170	2,370	
2006	18,251	1,843	16,408	15,791	1,665	14,126	2,460	178	2,282	
Persons cautioned										
1989	49,912	36,143	13,769	45,851	33,240	12,611	4,061	2,903	1,158	
2000	18,051	2,435	15,616	14,761	2,106	12,655	3,290	329	2,961	
2001	16,639	1,692	14,947	13,452	1,459	11,993	3,187	233	2,954	
2002	16,231	1,190	15,041	12,935	1,023	11,912	3,296	167	3,129	
2003	18,132	1,336	16,796	14,392	1,137	13,253	3,742	199	3,543	
2004	13,456	1,009	12,447	10,390	828	9,562	3,096	181	2,915	
2005	8,589	770	7,819	6,301	625	5,676	2,288	145	2,143	
2006	5,777	656	5,121	4,156	544	3,612	1,621	112	1,509	

1. Simple drunkenness - the majority are offences under the Licensing Act 1872, section 12 (Being found drunk in a highway or other public place or on licensed premises)

2. Drunkenness with aggravation - the majority are offences under the Criminal Justice Act 1967, section 91 (Being guilty while drunk of disorderly behaviour)

Source:

Criminal Statistics England and Wales. Supplementary Tables 2006, 2005, 2004, 2003, 2002, 2001, 2000 and 1989 volumes 1 and 3. Home Office

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Table 5.5 Estimates of casualties¹, in road accidents involving illegal alcohol levels, 1980 to 2006²

Great Britain	Total of all casualties	Casualties in accidents involving illegal alcohol levels				Numbers
		Total	Fatal	Serious	Slight	
1980	326,732	29,830	1,450	7,970	20,420	
1981	324,840	27,950	1,420	7,370	19,160	
1982	334,331	30,220	1,550	8,010	20,660	
1983	308,584	26,520	1,110	6,800	18,610	
1984	324,314	27,390	1,170	6,820	19,410	
1985	317,524	27,220	1,040	6,810	19,380	
1986	321,489	26,650	990	6,440	19,220	
1987	311,473	24,470	900	5,900	17,670	
1988	322,305	22,740	790	5,100	16,860	
1989	341,592	22,220	810	4,790	16,620	
1990	341,141	20,400	760	4,090	15,550	
1991	311,368	17,880	660	3,610	13,610	
1992	310,753	16,710	660	3,280	12,770	
1993	306,135	14,980	540	2,660	11,780	
1994	315,359	15,160	540	2,840	11,780	
1995	310,687	16,000	540	3,000	12,450	
1996	320,578	17,040	580	3,010	13,450	
1997	327,803	16,800	550	2,940	13,310	
1998	325,212	15,580	460	2,520	12,610	
1999	320,310	16,910	460	2,470	13,980	
2000	320,283	18,060	530	2,540	14,990	
2001	313,309	18,780	530	2,700	15,550	
2002	302,605	20,100	550	2,790	16,760	
2003	290,607	18,990	580	2,590	15,820	
2004	280,840	16,980	580	2,340	14,060	
2005	271,017	15,400	550	2,090	12,760	
2006 ²	258,404	14,380	540	1,960	11,880	

1. Estimates are adjusted for under reporting

2. The data for 2006 are provisional

Source:

Road Casualties Great Britain: 2006 - Annual Report. Department for Transport

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Appendix A: Key sources

- [Affordability data](#)
- [Availability of alcohol](#)
- [Crime in England and Wales 2006/07](#)
- [Expenditure and Food Survey](#)
- [General Household Survey](#)
- [Hospital Episode Statistics](#)
- [Infant Feeding Survey](#)
- [International Classification of Diseases and related health problems \(ICD\)](#)
- [Mental health of children and young people in Great Britain, 2004](#)
- [Mortality statistics](#)
- [Omnibus Survey](#)
- [Prescription data](#)
- [Psychiatric Morbidity Surveys](#)
- [Road Casualties Great Britain 2006](#)
- [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 2006](#)
- [Smoking, Drinking & Drug Use among Young People in England](#)
- [Young people and crime: findings from the 2005 Offending, Crime and Justice Survey](#)

Affordability data

The alcohol price index in [Table 5.3](#) 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:

$$(\text{alcohol price index} / \text{retail prices index}) * 100$$

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 Jan 1980 and 2007, the price of alcohol increased by 268.6 %. After considering inflation (at 209.1%), alcohol prices increased by 19.2% over the period, as shown by the relative index of 119.2.

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)

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 over the same period (with both allowing for inflation). It is calculated in the following way:

$$(\text{real households' disposable income index} / \text{relative alcohol price index}) * 100$$

If the affordability index is above 100, then alcohol is relatively more affordable than in the base year, 1980. For example, in 2007 alcohol prices were 268.6% higher than in 1980 but, after taking inflation and households' disposable income into account, alcohol was 69.4% more affordable, as shown by the affordability index of 169.4.

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

Economic Trends. Office for National Statistics. Available at:
www.statistics.gov.uk/STATBASE/Product.asp?vlnk=308

Affordability data can be found in Chapter 5 – Alcohol-related costs.

Availability of alcohol

The availability of alcohol, shown as the volumes of alcohol released for home consumption, is taken from Her Majesty's Revenue & Customs (HMRC) statistical fact sheets. Graphs, tables and charts are used to present a variety of data and to communicate information to the user. In places, commentary is provided to support the data. Fact sheets are not National Statistics and therefore their production dates are not fixed.

Data on drinks of pure alcohol released for home consumption are currently under review and are due to be updated in the near future.

HMRC data can be found in Chapter 5 – Alcohol-related costs.

HM Customs & Excise Statistical Bulletins: Beer and cider duties, Made wine duties, Wine of fresh grape duties, Spirits duties. Available at:
www.uktradeinfo.com/index.cfm?task=bulletins

Crime in England and Wales 2006/07

This bulletin brings together statistics from the British Crime Survey (BCS) and crimes recorded by the police to provide a brief account of the latest patterns and trends in alcohol-related crimes.

The 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.

Data from these surveys can be found in Chapter 5 – Alcohol-related costs.

Crime in England and Wales 2006/07. Home Office. Available at:
<http://www.homeoffice.gov.uk/rds/crimeew0607.html>

Criminal Statistics England and Wales, 2006 – Supplementary tables volumes 1 and 3. The Home Office, 2007. Home Office Statistical Bulletin. Available at:
<http://www.justice.gov.uk/publications/criminalannual.htm>

Expenditure and Food Survey

The Expenditure and Food Survey (EFS) is a combination of the Family Expenditure and the National Food Surveys (FES and NFS). The EFS provides data on spending and food consumption since the 1950s. In 2006 the EFS collected the diaries of 15,848 people within 6,645 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 FES in 2000. These estimates of household purchases are broadly comparable with estimates of household purchases from the 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 EFS 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 expenditure data on alcoholic drinks from the 2006 EFS can be found in two publications; Family Food 2006 published by the Department for Food, Agriculture and Rural Affairs (DEFRA), and Family Spending 2007, published by the Office for National Statistics (ONS) and also available to download on the DEFRA website.

Data from the Expenditure and Food Survey can be found in Chapter 5 – Alcohol-related costs.

Family Food 2006. Department for Food, Agriculture and Rural Affairs, 2008. Available at:
<http://statistics.defra.gov.uk/esg/publications/efs/2006cal/default.asp>

Family Spending 2007 edition. Office for National Statistics, 2007. Available at: http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf

General Household Survey

The General Household Survey (GHS) is a continuous survey carried out by ONS. It collects information on a range of topics from people living in private households in Great Britain. Questions about drinking were included in the survey every two years from 1978 to 1998. Following a review of the GHS, questions on alcohol consumption have been included in the questionnaire every year from 2000 onwards.

Since 1998, the GHS has used two measures of alcohol consumption:

- Maximum daily amount drunk in the week prior to interview
- Average weekly alcohol consumption.

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 than for weekly consumption of alcohol. This is in line with the government's advice on sensible drinking which is based on not regularly exceeding daily benchmarks. GHS data are used to monitor the extent to which people are following the advice given, by reporting on the amount consumed on the heaviest drinking day in the previous week.

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 2006 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. From 2008, the GHS will include additional questions to establish the size of wine glass, but in the interim a proxy conversion factor counting one glass of wine as 2 units will be used.

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>

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 2006 survey was 76 per cent, giving an achieved sample size of 9,731 households and 18,214 adults aged 16 and over, of whom 16,736 gave a full interview in person.

The majority of information published using GHS 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.

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.

General Household Survey 2006: Smoking and Drinking among Adults, 2007. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_compedia/GHS06/Smokinganddrinkingamongadults2006.pdf

Hospital Episode Statistics

NHS hospital admissions in England have been recorded using the Hospital Episode Statistics (HES) system since April 1987. Figures presented in Chapter 4 – Drinking-related ill health and mortality, represent finished admission episodes. This is the first period of in-patient care under one consultant within one healthcare provider.

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 list of codes used in this report for diseases specifically related to alcohol can be found in [Table A.2](#).

The statistics on hospital activity in England are derived from data collected on NHS hospital in-patient care. Thus, they do not fully reflect hospital treatment of patients with diagnoses specifically related to alcohol or conditions, as local choice might favour outpatient treatment, for which detailed information is not available.

Recent research published by the North West Public Health Observatory (NWPHO) in their report: *Indications of Public Health in the English Regions 8: Alcohol*⁷ has suggested that a wider picture of admissions can be attributed to alcohol. The NWPHO on behalf of the Department of Health (DH) was recently commissioned to review the research on alcohol-related conditions and the corresponding alcohol attributable fractions. The results of this review are due to be published in early summer 2008. The emerging findings have been used by DH for a new indicator on alcohol related admissions that forms part of the alcohol harm Home Office PSA 25, the NHS Vital Signs Performance framework and Local Government performance framework ([Appendix B](#), [Appendix D](#)).

The NHS Information Centre will consider this work and endeavour to update this report to include any new alcohol-attributable admissions data made available.

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 among adults

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

International Classification of Diseases and related health problems (ICD)

The Tenth Revision of the ICD codes 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. 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. HES have been classified using ICD-10 for 1995/96 onwards.

ICD-10 codes are used in this bulletin in Chapter 4 – Alcohol-related ill health and mortality and are shown in [Table A.2](#) and [Table A.3](#).

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 ONS on behalf of the Department of Health (DH) 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).

A discussion of the findings from the Mental Health of Children and Young People in Great Britain, 2004 can be found in Chapter 3 – Drinking among children. Available at:
http://www.statistics.gov.uk/downloads/theme_health/GB2004.pdf

Mortality 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 codes used are presented in [Table A.3](#). The majority of information published using ONS mortality data on drinking relate to England and

Wales, and therefore differ from those shown in this bulletin, which covers England only. This information is presented in Chapter 4 of this bulletin – Drinking-related ill-health and mortality, and has been obtained by re-analysing the ONS mortality statistics data set.

Mortality statistics: Deaths registered in 2006. Office for National Statistics. Available at: http://www.statistics.gov.uk/downloads/theme_health/DR-2006/DR_06Mort_Stats.pdf

Omnibus Survey

The Omnibus Survey is a multi-purpose survey carried out by the ONS in most months of the year on behalf of a range of government departments, and other bodies. In 2007, interviews were conducted with around 1,250 adults aged 16 or over, throughout Great Britain, 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 2007, data on drinking was collected during February and March and included: alcohol consumption by type of drink; frequency of drinking; maximum daily amount last week; drinking-related knowledge and behaviour; and places where people buy alcohol. In this bulletin information on drinking-related knowledge and places where adults buy alcohol and what type of alcohol they drink is reported on in Chapter 2 – Drinking among adults

Drinking: Adults' Behaviour and Knowledge in 2007. Office for National Statistics. Available at: http://www.statistics.gov.uk/downloads/theme_health/Drinking_2007.pdf

Prescription data

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

Information on items prescribed in primary care settings in England are obtained from the Prescribing Analysis and Cost Tool (ePACT) system. The ePACT 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, prescriptions dispensed in hospitals and private prescriptions are not included in ePACT data.

Information on prescriptions written in hospitals and dispensed in the community is taken from the Prescription Cost Analysis (PCA) system, supplied by the Prescription Pricing Division (PPD) of the Business Services Authority (BSA), and is based on a full analysis of all prescriptions dispensed in the community i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs dispensed in hospitals, including mental health trusts, or private prescriptions.

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.

Psychiatric Morbidity Surveys

A series of national surveys of psychiatric morbidity have been commissioned by the DH, the Scottish Executive and the National Assembly for Wales and carried out by ONS (previously Office for Population Censuses and Surveys, OPCS). 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.

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. For the purpose of this bulletin, and based on information published in the AUDIT manual, those with an AUDIT score of eight or over in the Psychiatric Morbidity Survey are considered to be hazardous or harmful drinkers.

The AUDIT test was designed by the World Health Organisation as a tool to identify hazardous, harmful and dependent drinkers. [Table A.4](#) 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 12 questions focusing on the three components of dependence: loss of control, symptomatic behaviour and binge drinking.

Psychiatric morbidity among adults living in private households, 2000. Office for National Statistics. 2001. Available at:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationStatisticsArticle/fs/en?CONTENT_ID=4019414&chk=EgHYm9

Road Casualties Great Britain 2006

This report provides more detailed information about accident circumstances, vehicle involvement and the consequent casualties in 2006, along with some of the key trends in accidents and casualties.

Data from this report can be found in Chapter 5 – Alcohol-related costs.

Road Casualties Great Britain: 2006 - Annual Report. Department for Transport. Available at: <http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesqbar/roadcasualtiesgreatbritain2006>

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 2006

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. As in 2002, the survey in 2006 was designed to allow reporting at local as well as national level. All secondary schools (both state and independent) were invited to take part in SALSUS, with a target sample of 23,000 pupils.

Information from SALSUS can be found in Chapter 3 – Drinking among children.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) - National Report 2006. The Scottish Executive. Available at: http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national06.htm

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 DH. This was done by the Office of Population Census and Surveys (OPCS) between 1982 and 1994, by 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 2006 (SDD 06).

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 of the most recent survey (SDD 06) was carried out during the autumn term of 2006 and 290 schools agreed to take part in the survey, resulting in more than 8,200 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.

The approximations used in Smoking, Drinking and Drug Use among Young People in England to estimate the number of units drunk are shown in [Table A.5](#).

Logistic regression analysis

Logistic regression modelling has been used in this report to examine the factors associated with selected outcome variables, after adjusting for other predictors. Models were constructed for three outcomes of interest: regular smoking, having drunk alcohol in the last week, and having taken drugs in the last month. The models included a variety of predictor variables relating to both individual pupil characteristics (e.g. age, sex, smoking, drinking, drug use, family deprivation) and whole-school characteristics (e.g. whether the school is single sex or mixed, the percentage of pupils receiving free school meals, whether the school has a smoking policy for adults). The predictor variables included categorical variables (variables in which cases were grouped into a number of discrete categories) and continuous variables (continuous ranges of values).

The results of the regression analyses are presented in tables showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if $p < 0.05$. The models show the odds of being in the particular category of the outcome variable (e.g. regular smoking) for each category of the predictor variable (e.g. being a boy or a girl). Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category. For categorical variables, odds are expressed relative to a reference category, which has a given value of 1. For continuous variables, there is a single p-value. Continuous variables do not have a reference category; the odds ratio represents the change in odds associated with each additional point in the range (for example each extra year of age, or unit of alcohol drunk). Again, the 95% confidence interval is shown, and the odds ratio is significant if the interval does not include 1.

Information from SDD 06 can be found in Chapter 3 – Drinking among children.

Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre. Available at:

www.ic.nhs.uk/pubs/sdd06fullreport

Young people and crime: findings from the 2005 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.

Information from the 2005 OCJS can be found in Chapter 5 – Alcohol-related costs.

Young People and Crime: Findings from the 2005 Offending, Crime and Justice Survey. Home Office. Available at:

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

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- A.3 ICD-10 codes for alcohol-related deaths
- A.4 Domains and item content of AUDIT
- A.4. Approximations used in Smoking, Drinking and Drug Use to calculate alcohol consumption

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 hospital admissions specifically related to alcohol

ICD-10 code and definition

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
T51.2	Toxic effect of 2-Propanol
T51.3	Toxic effect of fusel oil
T51.8	Toxic effect of other alcohols
T51.9	Toxic effect of alcohol, unspecified

Table A.3 National Statistics definition of alcohol-related deaths

ICD-10 code and definition	
F10	Mental and behavioural disorders due to use of alcohol
I42.6	Alcoholic cardiomyopathy
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
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
K29.2	Alcoholic gastritis
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

Table A.4 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.5 Approximations used in Smoking, Drinking and Drug use among Young People, to calculate alcohol consumption

Types of drink and measures asked about	Alcohol units
Beer, Lager, Cider	
Less than half pint	0.5 unit
Half pint	1 unit
Small can	1 unit
Bottle	1 unit
Large can	1.5 units
Pint	2 units
Shandy	
Less than half pint	0.25 units
Half pint	0.5 units
Small can	0.5 units
Bottle	0.5 units
Large can	0.75 units
Pint	1 unit
Wine¹	
Less than 1 glass	0.5 units
Glass	1 unit
Martini and Sherry	
Less than 1 glass	0.5 units
Glass	1 unit
Spirits (e.g. whisky, vodka, gin) and liquers	
Less than 1 glass	0.5 units
Glass	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
Can	1 unit
Bottle	1 unit

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

Appendix B: Government policy and targets

Government Plans

Tackling alcohol misuse was emphasised as a key priority in the NHS Plan in July 2000. The government's strategy consists of a wide range of measures to address alcohol misuse and encourage sensible drinking.

www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf

Alcohol Strategy

The Alcohol Harm Reduction Strategy for England was published in March 2004, following on from the commitment made by the government in the NHS Plan. It encompasses a co-ordinated national strategy, where the responsibility of implementation spans government departments; namely the Department of Health (DH) and the Home Office. The main aims of the strategy are to:

- tackle alcohol-related disorder in towns and city centres;
- improve treatment and support for people with alcohol problems;
- clamp down on irresponsible promotions by the industry;
- provide better information to consumers about the dangers of alcohol misuse;
- change attitudes to irresponsible drinking and behaviour.

The research carried out for the Alcohol Harm Reduction Strategy can be found in the interim analytical report:

http://www.cabinetoffice.gov.uk/strategy/work_areas/alcohol_misuse/~media/assets/www.cabinetoffice.gov.uk/strategy/su%20interim_report2%20pdf.ashx

Other research papers and methodology information are available at:

www.cabinetoffice.gov.uk/strategy/work_areas/alcohol_misuse/background.asp

The strategy itself is available at:

http://www.cabinetoffice.gov.uk/strategy/work_areas/~media/assets/www.cabinetoffice.gov.uk/strategy/caboffice%20alcoholhar%20pdf.ashx

Safe. Sensible. Social. The next steps in the National Alcohol Strategy, published in 2007, reviews the progress since the publication of the Alcohol Harm Reduction Strategy and outlines further national and local action to achieve long-term reductions in alcohol-related ill health and crime.

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

Safe. Sensible. Social. Alcohol strategy local implementation toolkit was produced in 2008 by the Home Office, DH and the Department for Children, Schools and Families. This toolkit is a

resource to help local teams develop strategies to address alcohol-related crime, ill health and other harm in line with Safe. Sensible. Social. The next steps in the National Alcohol Strategy. <http://www.dh.gov.uk/en/PublicHealth/HealthImprovement/Alcoholmisuse/index.htm>

Drinking During Pregnancy

In 2007, DH updated its advice to women on drinking during pregnancy. The new guidance states that pregnant women and those trying to conceive should avoid drinking alcohol altogether. However, if they do choose to drink they should not drink more than one to two units of alcohol once or twice a week and they should not get drunk.

www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=287152&NewsAreaID=2&NavigatedFromDepartment=False

Choosing Health

The white paper Choosing Health: Making Healthier Choices Easier was published in November 2004. It builds upon the recommendations set out in the Alcohol Harm Reduction Strategy through

- guidance and training to ensure all health professionals are able to identify alcohol problems early;
- piloting approaches to targeted screening and brief intervention in both primary care and hospital settings;
- similar initiatives in criminal justice settings with the aim of reducing repeat offending, by ensuring that alcohol treatment needs are met alongside drug misuse treatment needs;
- developing a programme for improvement for alcohol treatment services.

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor

Alcohol Needs Assessment Research Project (ANARP)

The ANARP report, published in 2005, provides a national assessment concerning alcohol misuse in England and details services that are responsive to these needs. The primary aim of the study was to measure the gap between the demand for, and provision of, specialist alcohol treatment services in England.

www.dh.gov.uk/assetRoot/04/12/22/39/04122239.pdf

The Licensing Act 2003

The Licensing Act 2003 came into force in November 2005. The Act establishes a single integrated scheme for licensing premises, which are used for the supply of alcohol. One of the key measures contained within the Act include flexible opening hours for premises, with the potential of 24 hour opening. The four key licensing objectives that were set are:

- Prevention of crime and disorder
- Prevention of public nuisance
- Public safety

- Prevention of harm to children

www.opsi.gov.uk/ACTS/acts2003/20030017.htm

Sensible Drinking Guidelines

In 1992, the government introduced weekly guidelines that men should consume no more than 21 units per week and women should consume no more than 14 units per week. These recommendations were based upon considerations of harm and benefits of drinking at various levels. In December 1995, Sensible Drinking: the Report of an Interdepartmental Working Group was published which advised that drinking guidelines be amended to focus upon daily levels of consumption. The revised benchmarks stated that regular consumption of between 3 to 4 units per day for men and 2 to 3 units per day for women does not pose significant health risks.

www.dh.gov.uk/assetRoot/04/08/47/02/04084702.pdf

Public Service Agreement (PSA) 25: Reduce the harm caused by alcohol and drugs

The government's vision is to produce a long-term and sustainable reduction in the harms associated with alcohol and drugs, where:

- There is a safe, sensible and social drinking culture where violent and antisocial behaviour is not tolerated; where young people are prevented from experiencing poor outcomes resulting from alcohol misuse; where those who drink alcohol are aware of the risks involved; and where those that are drinking too much receive the advice and support they need.

This PSA will aim to reduce the harms caused by drugs and alcohol to:

- The community as a result of associated crime, disorder and anti-social behaviour;
- The health and well-being of those who use drugs or drink harmfully; and the development and well-being of young people and families.

One of the main indicators measuring the performance of this PSA is the number of alcohol-related hospital admissions. This indicator will drive the reduction of the harms caused to health and well-being by frequent consumption of harmful levels of alcohol. But it will also measure the impact of prevention interventions: when they are improved, hospital admissions for specific chronic and acute conditions are expected to slow in the short, medium and long term.

http://www.hm-treasury.gov.uk/media/B/1/pbr_csr07_psa25.pdf

Appendix C: Editorial notes

Editorial Notes

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

These are as follows:

- . not applicable
- .. not available
- zero
- 0 less than 0.5

Numbers greater than or equal to 0.5 are rounded to the nearest integer. 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.

The recommended number of units and sensible drinking guidelines differ for men and women. In some of the tables and the text these are referred to jointly, giving the number of units relevant to men first and then the number of units relevant to women as follows:

sensible weekly limits:	21/14 units per week
daily guidelines:	4/3 units per day
binge drinking level:	over 8/6 units per day
chronic drinking level:	over 50/35 units per day

Appendix D: Further information

This annual report draws together statistics on alcohol. It is expected the next report will be published in 2009. This report forms part of a suite of statistical reports. Other reports cover smoking, drug use and obesity, nutrition and physical activity. All reports will become available on the NHS Information Centre website during 2008.

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
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

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

The 2006 and 2007 reports, also published by the NHS Information Centre can be found at:
www.ic.nhs.uk/pubs/alcohol07
www.ic.nhs.uk/pubs/alcohol06

Previous 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/

Department for Transport

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

Drinking Behaviours

Information on the government's recommended drinking levels can be found in the 1995 report Sensible Drinking. Available at:
www.dh.gov.uk/assetRoot/04/08/47/02/04084702.pdf

Further information on drinking patterns, including binge and chronic drinking can be found in the Interim Analytical Report for the Alcohol Harm Reduction Project:

http://www.number-10.gov.uk/files/pdf/SU%20interim_report2.pdf

Up to date information on the government's strategy on alcohol and drinking can be found in [Appendix B](#).

This month (May 2008), DH are launching a £10m publicity campaign – to make sure people know how much they're drinking that will target everyone who drinks, but will also be relevant to people who may be drinking at risky levels. The campaign has two purposes: to challenge the significant minority of British people who think it's ok to be drunk and, to give clear information about how many units are in alcoholic drinks and the harm people are risking to their health if they regularly drink too much.

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_MS_D_MSB_01.6a.pdf

Her Majesty's Revenue and Customs (HMRC)

HMRC is the department responsible for the business of the former Inland Revenue and Her Majesty's 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

Office for National Statistics

Information about National Statistics can be found at:

www.statistics.gov.uk/

National Indicator Set

This national indicator set has been developed as part of the Comprehensive Spending Review 2007 so that it reflects the Government's national priorities. Performance against each of the 198 indicators will be reported for every single tier and county council Local Strategic Partnership. The national indicator set will be the only measures on which central government will performance manage outcomes delivered by local government working alone or in partnerships. The new NHS vital signs indicator is also included as part of the national indicator set.

<http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

NHS Vital Signs

In the operational plan 2008/09 to 2010/11 the DH set out as part of its operational framework for 2008/09 and beyond a new approach to managing priorities both nationally and locally - the "vital signs".

DH has put in place a new national Vital Signs Indicator for the NHS from April 2008 that will measure change in the rate of alcohol related hospital admissions. The Vital Signs Indicator is also included in Home Office PSA 25 to reduce the harm caused by alcohol (and drugs) and in the National Indicator Set for Local Authorities and Local Authority Partnerships.

The new Vital Signs indicator utilises Alcohol Attributable Fractions (AAF) for England when calculating alcohol related hospital admissions, allowing us to see for the first time the impact on hospital admissions of a wider range of alcohol-related conditions than have historically been used in this publication. The NHS Information Centre and DH are working together to ensure that alcohol-related hospital admission data will be presented in a consistent and coherent manner.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542

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/

North West Public Health Observatory Indicator set

The North West PHO has recently carried out some work to produce a national alcohol indicator set. This work includes data on hospital admissions recorded by ICD-10 codes that are specifically linked to alcohol consumption. A wider picture of hospital admissions that may be related to alcohol is also covered which looks at other accidents, injuries and illnesses that may be attributable to alcohol such as admissions from road accidents, fall injuries, and certain types of cancer, where alcohol can be a contributory factor. Each of the ICD-10 codes relating to these types of admissions have been assigned an attributable fraction, which estimates the percentage of these admissions that can be attributed to alcohol. This is then used to estimate the number of hospital admissions where alcohol may be a contributory factor.

North West Public Health Observatory – Local Alcohol Profiles for England. Available at:
www.nwph.net/alcohol/lape/

This National Indicator Set has been developed as part of the Comprehensive Spending Review 2007 so that it reflects the government's national priorities. Performance against each of the 198 indicators will be reported for every single tier and county council Local Strategic Partnership. The National Indicator Set will be the only measures on which central government will performance manage outcomes delivered by local government working alone or in partnerships. The new NHS vital signs indicator is also included as part of the national indicator set.

<http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

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. All of 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

OPCS Surveys of Psychiatric Morbidity in Great Britain Report 6: Economic activity and social functioning of residents with psychiatric disorders. Office of Population Censuses and Surveys, 1996.

OPCS Surveys of Psychiatric Morbidity in Great Britain, Report 7: Psychiatric morbidity among homeless people. Office for Population Censuses and Surveys, 1996.

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.

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