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Summary

- Hazardous drinking is a pattern of alcohol consumption carrying risks of physical and psychological harm to the individual. Harmful drinking denotes the most hazardous use of alcohol, at which damage to health is likely. One possible outcome of harmful drinking is alcohol dependence, a cluster of behavioural, cognitive, and physiological phenomena that typically include a strong desire to consume alcohol, and difficulties in controlling drinking.
- This chapter presents prevalence estimates of hazardous and harmful drinking, and of alcohol dependence in the adult general population. It should be noted that a survey of the household population such as this is likely to under-represent dependent adults, who are more likely to be homeless or in an institutional setting. Moreover, problem drinkers who do live in private households may, like problem drug users, be less available, able or willing to participate in surveys.
- Hazardous and harmful drinking was measured using the AUDIT (Alcohol Use Disorders Identification Test). An AUDIT score of eight or more indicated hazardous drinking, and 16 or more indicated harmful drinking. Alcohol dependence was assessed using the SADQ-C (Severity of Alcohol Dependence Questionnaire, community version). A SADQ-C score of four to 19 indicated mild dependence; a score of 20 to 34, moderate dependence; and a score of 35 or more, severe dependence.
- The prevalence of hazardous drinking identified by APMS 2007 was 24.2% (33.2% of men, 15.7% of women). This included 3.8% of adults (5.8% of men, 1.9% of women) whose drinking could be categorised as harmful. In men, the highest prevalence of both hazardous and harmful drinking was in 25 to 34 year olds, in women in 16 to 24 year olds.
- The prevalence of alcohol dependence was 5.9% (8.7% of men, 3.3% of women). For men, the highest levels of dependence were identified in those between the ages of 25 and 34 (16.8%), for women in those between the ages of 16 and 24 (9.8%). Most recorded dependence was categorised as mild (5.4%), with relatively few adults reporting symptoms of moderate or severe dependence (0.4% and 0.1% respectively).
- The prevalence of alcohol dependence was lower for men in 2007 than in 2000, whereas it remained at a similar level in women.
- Alcohol dependence was more common in white men and women than in those from minority ethnic groups. There were no significant variations in the prevalence of dependence by region or income. However, the likelihood of being a hazardous drinker did vary between regions.
- 14% of alcohol dependent adults were currently receiving treatment for a mental or emotional problem. Dependent women (26%) were more likely than dependent men (9%) to be in receipt of such treatment.

9.1 Introduction

Alcohol plays an ambivalent role in English life. Most adults drink alcohol at least occasionally; in 2006, 89% of men and 84% of women reported drinking in the past year.¹ At the same time there is increasing concern about the damage caused to individuals and society by alcohol misuse.

Current government recommendations are that men should drink no more than three to four units of alcohol a day, and that women should drink no more than two to three units a day. Men who regularly drink more than eight units a day or 50 units a week could be seen as harmful drinkers; the corresponding thresholds for women are six units a day or 35 units a week.^{2,3} The 2004 *Alcohol Harm Reduction Strategy for England* identified two particularly risky patterns of drinking.⁴ Binge drinkers are men or women most likely to be aged under 25. They tend to drink with the intention of getting drunk, and are at risk from accidents, assault and alcohol poisoning. Chronic drinkers tend to be older, and are more likely to be male. They are at risk of cumulative health harms, and are also more likely to drive while under the influence of alcohol and to commit domestic violence. A subset of this group will meet the diagnostic criteria for alcohol dependence syndrome, one of the most prevalent types of substance use disorder. It is associated with high levels of physical morbidity and premature mortality.

Drinking alcohol above recommended levels has been linked to a number of negative health outcomes, including increased risks of hypertension, stroke, coronary heart disease, liver cirrhosis and some cancers.^{5,6} Between 1995/1996 and 2006/2007 the number of admissions to NHS hospitals in England with a primary diagnosis specifically related to alcohol rose by 52% to more than 200,000, the majority with a primary diagnosis involving mental or behavioural disorders.⁷ In addition, it has been estimated that there are around 600,000 hospital admissions annually for other causes related to alcohol.⁸ Alcohol-related death rates also increased substantially between 1991 and 2006.⁹

There is evidence that heavy drinkers have poorer levels of mental health. Alcohol misuse often co-exists with common mental disorders, such as depression, as well as with misuse of other substances. High levels of hazardous and dependent drinking have been recorded in people being treated for serious mental health problems. Alcohol dependence and other problems associated with alcohol misuse are also frequent in homeless people and prisoners, again often in combination with poor mental health.^{6,10}

Alcohol misuse does not only harm those who drink. It is implicated in almost half of violent assaults in England and Wales.¹¹ In 2007, 6% of road casualties and 16% of road fatalities in Britain involved someone driving while over the legal limit for alcohol.¹² Alcohol misuse is associated with violence and marital breakdown, and children of problem drinkers are likely to suffer emotional and behavioural problems, and to perform poorly at school.^{4,10} In 2003, it was estimated that the cost of alcohol misuse in England was around £20 billion a year; as well as costs to the health service, this included the costs of crime and anti-social behaviour and the impact on productivity in the workplace.⁶

In recent years the government has made alcohol misuse a strategic priority. The 2004 *Alcohol Harm Reduction Strategy for England* identified ways to reduce the harm caused by alcohol: by changing behaviour, improving the early identification and treatment of those with alcohol problems, and addressing alcohol-related crime and disorder.⁴ The 2007 strategy update aims to build on this by reviewing the cost to the NHS of alcohol-related harm in order to encourage more efficient direction of resources to support people who need help. In 2007, a Public Service Agreement target was set to 'reduce the harm caused by alcohol and drugs'. One indicator of success was defined as reducing the number of alcohol-related hospital admissions, to be achieved in part by improving at every level the services available to those who wanted to drink less.¹³

In 2006, the Health Survey for England (HSE) reported that 71% of men and 56% of women had drunk alcohol in the last week.¹ Men also drank more frequently than women; 23% of men and 13% of women had drunk alcohol on five or more days in the week. Young adults

were least likely to drink on five or more days (8% of men and 5% of women aged 16 to 24). Frequent drinking was most common in middle-aged men and women; 33% of men and 19% of women aged between 55 and 64 had drunk on more than five days in the last week.

HSE collects data on the highest consumption in any one day in the last week. 41% of men and 33% of women reported drinking more than the maximum recommended amounts on at least one day. 24% of men and 16% of women had drunk more than twice recommended daily limits. In men, drinking more than eight units in a day was most common in those aged 16 to 24 (31%) and 25 to 44 (34%). In women, drinking more than six units in a day was most common in 16 to 24 year olds (28%). The proportions of men and women drinking at these levels thereafter declined with age. Drinking more than twice recommended limits was least common in men and women aged 75 or over (3% of men, 1% of women in this age group).¹

APMS builds on these survey data on alcohol quantity and consumption patterns, by providing measures of hazardous use and harmful use that are based on psychiatric screening tools. It also assesses alcohol dependency according to diagnostic criteria. This chapter presents the prevalence of these measures as identified by a household survey of the English adult general population, and examines some of the associations.

9.2 Definitions and assessment

9.2.1 Alcohol use disorders

The term 'alcohol use disorders' encompasses a range of physical, mental and behavioural conditions associated with alcohol use.¹⁴ The Department of Health's Alcohol Needs Assessment Research Project refers to three primary categories of alcohol use disorder:

- Hazardous alcohol use;
- Harmful alcohol use; and
- Alcohol dependence.¹⁵

Hazardous alcohol use is defined as an established pattern of drinking which brings the risk of physical and psychological harm. Harmful alcohol users are those with the most hazardous use of alcohol, where damage to health is likely. The damage may be physical (for example in terms of liver damage or alcohol induced falls) or mental (for example depressive episodes after heavy consumption of alcohol).

Diagnostic criteria for harmful use of alcohol and alcohol dependency are covered by the substance dependency codes F10 to F19 of the International Classification of Diseases Tenth Revision (ICD-10).¹⁶ Dependence is defined by the ICD-10 as a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the substance, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

9.2.2 Measuring alcohol use and dependence

Initial questions about any alcohol consumption were asked by the interviewer face to face. All respondents who drank alcohol, even if just occasionally, were routed to the remaining alcohol use questions. These were administered using computer-assisted self-completion interview (CASI), consistent with the approach used on the 2000 survey.

Hazardous drinking was assessed using the Alcohol Use Disorders Identification Test (AUDIT), a well established and widely used indicator of hazardous drinking.¹⁷ The AUDIT takes the year before the interview as a reference period, consists of 10 items and covers the following areas:

- Hazardous alcohol consumption (frequency of drinking, typical quantity, frequency of heavy drinking);
- Harmful alcohol consumption (feeling of guilt or remorse after drinking, blackouts, alcohol-related injury, other concern about alcohol consumption); and
- Symptoms of dependence (impaired control over drinking, increased salience of drinking, morning drinking).

Answers to all questions are scored from zero to four, and summed to give a total score ranging from zero to 40. A total score of eight or more indicates hazardous use of alcohol, a score of 16 or more, hazardous use that is also harmful to health.

Alcohol dependence was further assessed using the community version of the Severity of Alcohol Dependence Questionnaire (SADQ-C)¹⁸ to enable an estimate of the prevalence of alcohol dependence in the past six months. This measure is comparable with the version used in the 2000 survey (SADQ), but has been developed specifically for use in the general population. The SADQ-C, asked of all respondents with an AUDIT score of 10 or more, consists of 20 items, covering a range of dependence symptoms, with the six months before the interview as the reference period. Answers to all questions are scored from zero to three, and summed to give a total score ranging from zero to 60. Established thresholds indicate different levels of alcohol dependence:

- No dependence (scores of three or less);
- Mild dependence (scores ranging from four to 19);
- Moderate dependence (scores ranging from 20 to 34); and
- Severe dependence (scores ranging from 35 to 60).

Further details of how the AUDIT and SADQ-C questionnaires were scored are provided in Appendix A.

9.3 Results

9.3.1 Prevalence of hazardous and harmful drinking by age and sex

In 2007 a quarter (24.2%) of adults were hazardous drinkers, as indicated by an AUDIT score of 8 or more. Men were twice as likely as women to be hazardous drinkers (33.2% of men, 15.7% of women). Younger men and women were more likely to be hazardous drinkers than older adults, though the pattern by age varied with sex. In men, hazardous drinking was most common between the ages of 25 and 34 (46.0%), whereas in women it was most common between the ages of 16 and 24 (32.0%). For both men and women, hazardous drinking became less likely with increasing age, with the smallest proportions found in adults aged 75 or more (16.6% of men, 6.4% of women).

There was a similar pattern by age and sex for hazardous drinking that is also harmful, as identified by an AUDIT score of 16 or more. 5.8% of men and 1.9% of women drank at harmful levels. For men, this was most common between the ages of 25 and 34 (11.6%), for women, between the ages of 16 and 24 (4.8%).

Table 9.1, Figure 9A

9.3.2 Hazardous and harmful drinking by other characteristics

Ethnicity

Analysis of variation in rates of hazardous and harmful drinking was standardised to account for differences in the age profile of the different ethnic groups. Men in all minority ethnic groups had lower rates of hazardous drinking than white men. 35.8% of white men were hazardous drinkers, compared with 18.6% of black men and 12.0% of South Asian men.¹⁹ Black and South Asian women were also less likely to be hazardous drinkers than white women (4.6% and 3.1%, compared with 16.6%). A similar pattern was observed for hazardous drinking that is also harmful.

Table 9.2, Figure 9B

Figure 9A

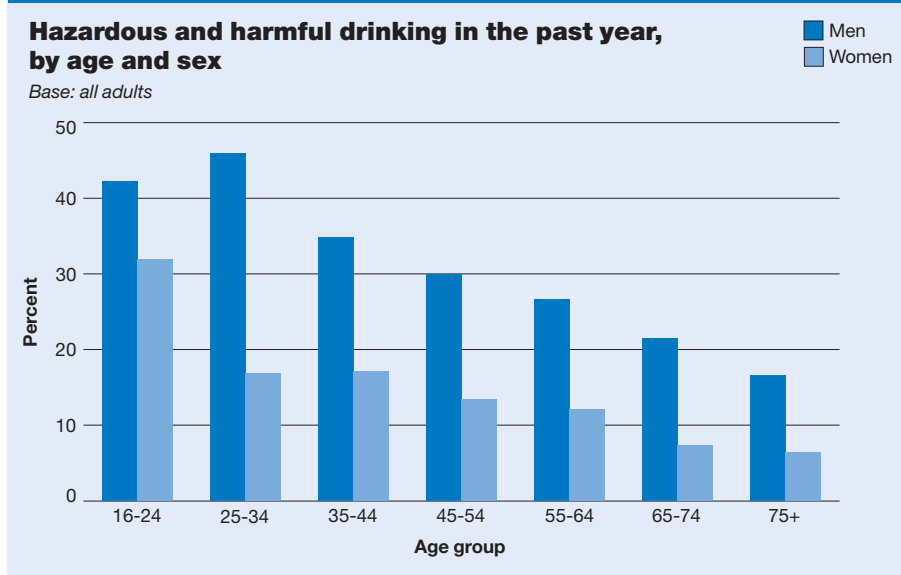
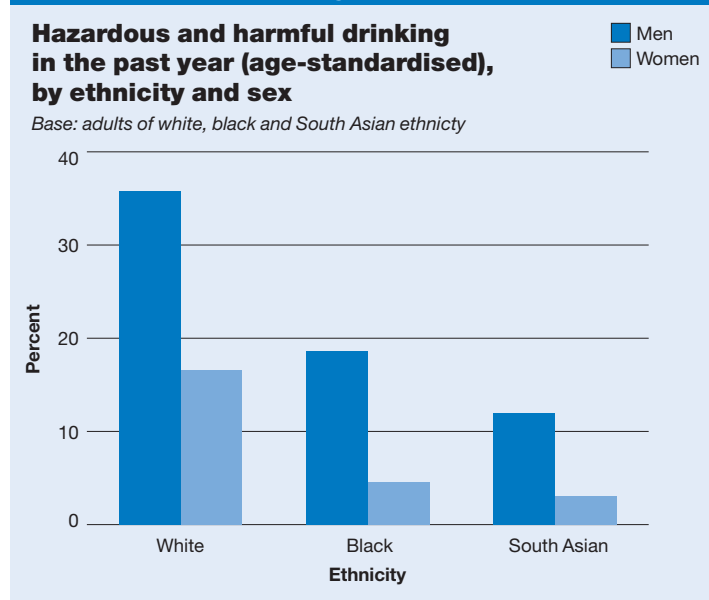


Figure 9B



Region

The likelihood of being a hazardous drinker varied between regions. The proportion of hazardous drinkers ranged from 27.8% of men in the East Midlands to 42.4% of men in the North East, and from 12.2% of women in the East of England to 21.1% of women in Yorkshire and the Humber. This regional distribution fits with the patterns identified by other studies.²⁰

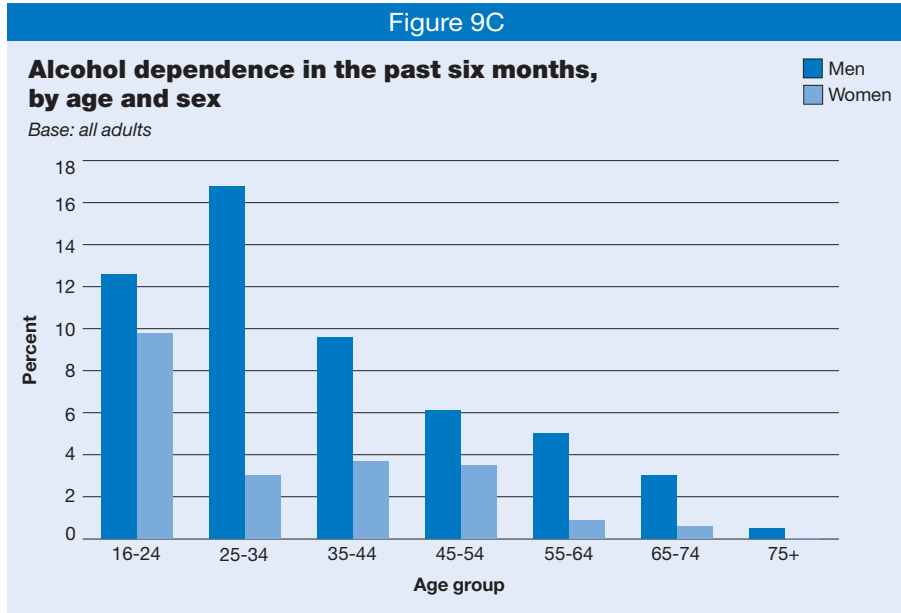
Table 9.3

9.3.3 Prevalence of alcohol dependence by age and sex

The prevalence of alcohol dependence was measured by the SADQ-C, and defined in terms of mild, moderate and severe dependence (see Section 9.2.2). Alcohol dependence was higher in men than in women and varied with age in a similar way to hazardous and harmful drinking. 8.7% of men showed some degree of alcohol dependence: 7.8% with mild dependence, 0.8% with moderate dependence, and 0.1% with severe dependence. In women, 3.3% showed some dependence: 3.2% with mild dependence, and less than 0.1% with either moderate or severe dependence. For men, the highest rates of dependence were in 25 to 34 year olds (15.0% mildly dependent, 1.8% moderately dependent), and for women in 16 to 24 year olds (9.6% mildly dependent, 0.3% moderately dependent). However, all cases of severe dependence were found in adults aged between 35 and 64.

Table 9.4, Figure 9C

Figure 9C



9.3.4 Change in alcohol dependence since 2000

The prevalence of alcohol dependence declined slightly between 2000 and 2007; this decline was seen in men, but not in women. 11.5% of men in England aged 16 to 74 in 2000 were dependent on alcohol, mostly at the mild level; in 2007, the corresponding figure was 9.3%. The proportion of women dependent on alcohol stayed at a similar level over this period; 2.8% in 2000 and 3.6% in 2007.

The decline in dependence levels in men was most marked in those aged between 16 and 24, the group with the highest level of dependence in 2000; the proportion of young men of this age dependent on alcohol fell from 19.8% in 2000 to 12.6% in 2007. Alcohol dependence was also significantly lower in 2007 for men aged between 35 and 44 and women aged between 25 and 34. Variations over time for other age groups were not significant.

Table 9.5

9.3.5 Alcohol dependence by other characteristics

Ethnicity

White men and women were more likely to be dependent on alcohol (9.6% and 3.7% respectively, age-standardised) than those in minority ethnic groups. No cases of alcohol dependence were identified in black or South Asian women, and no cases of severe alcohol dependence were found in any minority ethnic adult.¹⁹

Table 9.6

Marital status

The likelihood of alcohol dependence was related to marital status. Levels of dependence were lower in married men (5.2%) and widowers (1.2%) than in cohabiting (13.6%), single (13.6%), divorced (14.5%) or separated (13.7%) men. In women, there were smaller differences according to marital status, with single (9.2%) women most likely to be dependent on alcohol, and widows the least likely (0.8%). It should be noted however that the age profiles of these groups were not standardised (see the Glossary for an explanation of why), and these patterns of dependence will reflect, for example, that single people are likely to be younger than the population as a whole, and widows and widowers are likely to be older than average.

Table 9.7

Income and region

There was no significant variation in the prevalence of alcohol dependence by income or region.²¹

Tables 9.8, 9.9

9.3.6 Treatment and service use by level of alcohol problem

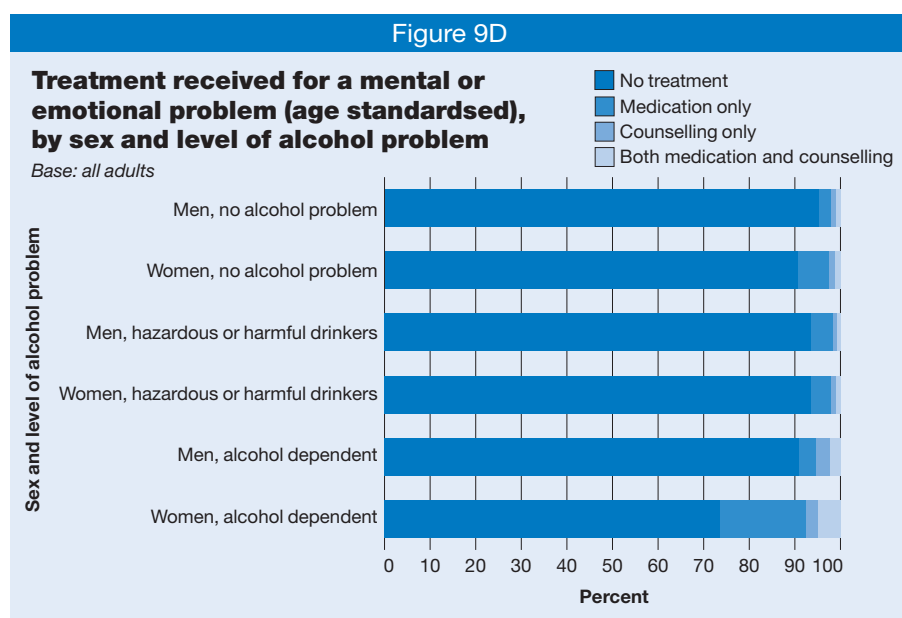
Because alcohol dependence has a relatively high prevalence (compared with some of the disorders considered in this report) and because it is strongly associated with age, the relationship of treatment and service use with the level of alcohol problem has been age-standardised to help identify real differences between groups.

7% of adults without alcohol problems were receiving treatment – such as counselling or medication – for a mental or emotional problem. Hazardous drinkers (7% of men and 6% women) and even men with alcohol dependence (9%), were no more likely to receive such treatment than adults without alcohol problems. However, women who were dependent on alcohol were much more likely to be receiving treatment (26%), predominantly medication. This treatment contact was not necessarily related to their drinking, which respondents may well not regard as an emotional or mental problem, and might reflect treatment for comorbid psychiatric conditions.

Table 9.10

6% of adults without alcohol problems were taking psychoactive medicine. As with treatment as a whole, the proportions of hazardous drinkers and alcohol dependent men taking medication were at similar levels to people without alcohol problems, whereas the proportion of alcohol dependent women taking medication (24%) was much higher. 6% of alcohol dependent adults were in counselling or therapy; compared with 2% of adults without dependency.

Tables 9.11, 9.12, Figure 9D



A similar pattern to that observed for treatment was also evident for use of health care services for a mental or emotional problem and for use of community care services in the past year. Health care service use did not vary between people with no alcohol problem (11%) and those with hazardous use but no dependency (10%). However, it was somewhat higher in those identified as alcohol dependent (21%).

Table 9.13

90% of alcohol dependent adults had had no contact with any community or day care service in the past year, a rate similar to non-dependent adults (93%). Just 2% of alcohol dependent adults had accessed a self help or support group and 3% had attended a community day care centre.

Table 9.14

9.4 Discussion

The prevalence of hazardous drinking identified by the AUDIT is broadly similar by age and sex to the levels of drinking at more than twice the daily recommended limits as identified by the Health Survey for England (HSE).¹ The prevalence of hazardous and harmful drinking was highest in young adults, men aged 25 to 34 and women aged 16 to 24, and declined

with increasing age. This corresponds to patterns of drinking recorded in recent years by the HSE and other surveys, and it also supports the theory that many young drinkers 'mature out' of heavy drinking as they grow older and settle down into family and career responsibilities.²²

The pattern of alcohol dependence is similar; men are more likely to be alcohol dependent than women, and alcohol dependence is higher in younger age groups, and declines with age. Alcohol dependence is relatively unusual in adults in minority ethnic groups. Its prevalence varies with marital status, with single, cohabiting, separated and divorced men and single women being most at risk.

Few alcohol dependent adults within this survey were more than mildly dependent. The age profile of moderately and severely dependent adults indicates that higher levels of dependence may take time to develop (perhaps corresponding to the chronic pattern of alcohol misuse identified in the 2004 *Alcohol Harm Reduction Strategy for England*⁴ – see Section 9.1). However, it is likely that the true prevalence of severe alcohol problems is understated here. As with disorders such as psychosis, a survey of the household population of this kind is likely to under-represent dependent adults, who in the case of alcohol dependence are more likely to be homeless or in an institutional setting. Moreover, problematic drinkers who do live in private households may, like problematic drug users, be relatively less likely to respond to surveys, as they may lead chaotic lives which make them less available, able or willing to answer survey questions.

Overall the prevalence of alcohol dependence declined slightly between the 2000 and 2007 surveys. There is also some evidence that the profile of alcohol dependent adults may be changing. The decline in rate of dependence was seen in men (but not in women) and was most marked in men aged between 16 and 24, the group with the highest level of dependence in 2000.

Alcohol dependence, but not hazardous drinking, is associated with somewhat higher levels of use of services for mental or emotional problems. At the same time, only a minority of alcohol dependent adults make use of such services. Encouraging the early identification of alcohol problems and the timely provision of appropriate support and treatment is a central policy goal;^{3,13} these findings suggest that this objective is far from being met.

References and notes

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- 19 The 'other' category shown in Tables 9.2 and 9.6 has been omitted from this analysis as it is based on a small and heterogeneous sample.
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Tables

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Table 9.1

Prevalence of hazardous and harmful drinking in the past year, by age and sex								
<i>All adults</i>								2007
AUDIT score ^a	Age group							All
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Men								
0-7: not hazardous	57.7	54.0	65.1	70.0	73.3	78.5	83.4	66.8
8-15: hazardous, not harmful	33.6	34.4	28.3	26.8	23.8	19.8	15.6	27.4
16-40: harmful	8.8	11.6	6.6	3.2	2.9	1.7	1.0	5.8
8 or more: hazardous or harmful drinking	42.3	46.0	34.9	30.0	26.7	21.5	16.6	33.2
Women								
0-7: not hazardous	68.0	83.2	82.9	86.6	87.9	92.6	93.6	84.3
8-15: hazardous, not harmful	27.2	15.2	14.2	11.3	11.8	6.8	6.4	13.8
16-40: harmful	4.8	1.6	2.9	2.0	0.3	0.5	-	1.9
8 or more: hazardous or harmful drinking	32.0	16.8	17.1	13.4	12.1	7.4	6.4	15.7
All adults								
0-7: not hazardous	62.8	68.7	74.0	78.4	80.7	85.9	89.5	75.8
8-15: hazardous, not harmful	30.4	24.7	21.2	19.0	17.7	13.0	10.1	20.4
16-40: harmful	6.8	6.6	4.8	2.6	1.6	1.1	0.4	3.8
8 or more: hazardous or harmful drinking	37.2	31.3	26.0	21.6	19.3	14.1	10.5	24.2
<i>Bases (unweighted)</i>								
<i>Men</i>	271	412	613	495	573	462	367	3193
<i>Women</i>	297	621	799	635	706	565	576	4199
<i>All</i>	568	1033	1412	1130	1279	1027	943	7392
<i>Bases (weighted)</i>								
<i>Men</i>	530	602	708	590	539	362	256	3588
<i>Women</i>	517	616	720	603	558	397	386	3796
<i>All</i>	1047	1218	1428	1193	1097	759	642	7384

^a The Alcohol Use Disorders Identification Test (AUDIT) is described in Section 9.2.2.

Table 9.2

Prevalence of hazardous and harmful drinking in the past year (age-standardised), by ethnicity and sex

All adults

2007

AUDIT score ^a	Ethnicity			
	White	Black	South Asian	Other ^b
	%	%	%	%
Men				
0-7: not hazardous	64.2	81.4	88.0	84.1
8-15: hazardous, not harmful	29.6	15.6	9.9	13.8
16-40: harmful	6.2	3.0	2.1	2.1
8 or more: hazardous or harmful drinking	35.8	18.6	12.0	15.9
Women				
0-7: not hazardous	83.4	95.4	96.9	84.5
8-15: hazardous, not harmful	14.5	4.6	3.1	13.9
16-40: harmful	2.0	-	-	1.6
8 or more: hazardous or harmful drinking	16.6	4.6	3.1	15.5
<i>Bases (unweighted)</i>				
<i>Men</i>	2911	77	109	72
<i>Women</i>	3889	111	90	87
<i>Bases (weighted)</i>				
<i>Men</i>	3179	103	170	112
<i>Women</i>	3443	121	114	102

^a The Alcohol Use Disorders Identification Test (AUDIT) is described in Section 9.2.2.

^b Includes Chinese and mixed ethnic groups.

Table 9.3

Prevalence of hazardous and harmful drinking in the past year (age-standardised), by region^a and sex

All adults

2007

AUDIT score ^b	Government Office Region									Strategic Health Authority	
	North East	North West	Yorkshire & the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South East Coast	South Central
	%	%	%	%	%	%	%	%	%	%	%
Men											
0-7: not hazardous	57.6	61.9	59.4	72.2	67.0	65.9	70.0	68.9	71.2	71.6	71.0
8-15: hazardous, not harmful	32.2	31.7	34.4	23.8	26.2	27.9	25.6	25.5	23.4	23.5	23.3
16-40: harmful	10.2	6.4	6.2	4.0	6.7	6.2	4.4	5.7	5.4	4.8	5.7
8 or more: hazardous or harmful drinking	42.4	38.1	40.6	27.8	33.0	34.1	30.0	31.1	28.8	28.4	29.0
Women											
0-7: not hazardous	79.2	80.6	78.9	82.9	84.5	87.8	86.2	85.7	87.7	89.8	85.6
8-15: hazardous, not harmful	17.0	17.1	18.4	15.0	13.5	11.5	12.5	12.7	10.4	9.3	11.8
16-40: harmful	3.7	2.3	2.7	2.2	2.0	0.6	1.3	1.7	1.9	0.9	2.7
8 or more: hazardous or harmful drinking	20.8	19.4	21.1	17.1	15.5	12.2	13.8	14.3	12.3	10.2	14.4
<i>Bases (unweighted)</i>											
<i>Men</i>	181	478	332	330	347	377	321	330	497	256	241
<i>Women</i>	258	622	466	350	443	478	471	418	693	370	323
<i>Bases (weighted)</i>											
<i>Men</i>	172	491	359	340	377	402	512	373	562	280	282
<i>Women</i>	206	507	389	296	398	417	580	373	630	336	294

^a This table provides data for regional analysis both by Government Office Region (GOR) and Strategic Health Authority (SHA). The first eight columns represent GORs and SHAs of the same name, while the South East GOR (column nine) is divided into South East Coast SHA and South Central SHA, shown in the final two columns.

^b The Alcohol Use Disorders Identification Test (AUDIT) is described in Section 9.2.2.

Table 9.4

Prevalence of alcohol dependence in the past six months, by age and sex

All adults

2007

SADQ-C score ^a	Age group							All
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Men								
0-3: no dependence	87.4	83.2	90.4	93.9	95.0	97.0	99.5	91.3
4-19: mild dependence	11.6	15.0	7.7	5.9	4.8	3.0	0.5	7.8
20-34: moderate dependence	1.0	1.8	1.6	0.1	0.1	-	-	0.8
35-60: severe dependence	-	-	0.2	0.1	0.1	-	-	0.1
Any dependence	12.6	16.8	9.6	6.1	5.0	3.0	0.5	8.7
Women								
0-3: no dependence	90.2	97.0	96.3	96.5	99.1	99.4	100.0	96.7
4-19: mild dependence	9.6	3.0	3.7	3.3	0.9	0.6	-	3.2
20-34: moderate dependence	0.3	-	-	-	-	-	-	0.0
35-60: severe dependence	-	-	0.1	0.2	-	-	-	0.0
Any dependence	9.8	3.0	3.7	3.5	0.9	0.6	-	3.3
All adults								
0-3: no dependence	88.8	90.2	93.4	95.2	97.1	98.3	99.8	94.1
4-19: mild dependence	10.6	8.9	5.7	4.6	2.8	1.7	0.2	5.4
20-34: moderate dependence	0.6	0.9	0.8	0.0	0.0	-	-	0.4
35-60: severe dependence	-	-	0.2	0.1	0.0	-	-	0.1
Any dependence	11.2	9.8	6.6	4.8	2.9	1.7	0.2	5.9
<i>Bases (unweighted)</i>								
<i>Men</i>	271	411	613	495	573	462	367	3192
<i>Women</i>	297	621	799	635	706	565	576	4199
<i>All</i>	568	1032	1412	1130	1279	1027	943	7391
<i>Bases (weighted)</i>								
<i>Men</i>	530	602	708	590	539	362	256	3587
<i>Women</i>	517	616	720	603	558	397	386	3796
<i>All</i>	1047	1217	1428	1193	1097	759	642	7383

^a The Severity of Alcohol Dependence Questionnaire (SADQ-C) is described in Section 9.2.2.

Table 9.5

Prevalence of alcohol dependence in the past six months in 2000 and 2007, by age and sex

Aged 16-74 and living in England

2000, 2007

SADQ-C score ^a	Age group													
	16-24		25-34		35-44		45-54		55-64		65-74		All 16-74 ^b	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Men														
0-3: no dependence	80.2	87.4	84.2	83.2	85.9	90.4	93.2	93.9	94.4	95.0	97.3	97.0	88.5	90.7
4-19: mild dependence	18.8	11.6	15.1	15.0	12.6	7.7	6.1	5.9	5.3	4.8	2.7	3.0	10.8	8.3
20-34: moderate dependence	1.0	1.0	0.6	1.8	1.2	1.6	0.5	0.1	0.1	0.1	-	-	0.6	0.9
35-60: severe dependence	-	-	0.1	-	0.2	0.2	0.2	0.1	0.1	0.1	-	-	0.1	0.1
Any dependence	19.8	12.6	15.8	16.8	14.1	9.6	6.8	6.1	5.6	5.0	2.7	3.0	11.5	9.3
Women														
0-3: no dependence	93.9	90.2	95.5	97.0	97.1	96.3	98.5	96.5	99.4	99.1	99.5	99.4	97.2	96.4
4-19: mild dependence	6.1	9.6	4.3	3.0	2.8	3.7	1.4	3.3	0.6	0.9	0.5	0.6	2.7	3.6
20-34: moderate dependence	-	0.3	0.1	-	0.2	-	-	-	-	-	-	-	0.1	0.0
35-60: severe dependence	-	-	-	-	-	0.1	0.1	0.2	-	-	-	-	0.0	0.0
Any dependence	6.1	9.8	4.5	3.0	2.9	3.7	1.5	3.5	0.6	0.9	0.5	0.6	2.8	3.6
All adults														
0-3: no dependence	87.0	88.8	89.8	90.2	91.4	93.4	95.8	95.2	97.0	97.1	98.5	98.3	92.8	93.6
4-19: mild dependence	12.5	10.6	9.8	8.9	7.8	5.7	3.8	4.6	2.9	2.8	1.5	1.7	6.7	5.9
20-34: moderate dependence	0.5	0.6	0.4	0.9	0.7	0.8	0.3	0.0	0.1	0.0	-	-	0.4	0.4
35-60: severe dependence	-	-	0.0	-	0.1	0.2	0.1	0.1	0.1	0.0	-	-	0.1	0.1
Any dependence	13.0	11.2	10.2	9.8	8.6	6.6	4.2	4.8	3.0	2.9	1.5	1.7	7.2	6.4
<i>Bases (unweighted)</i>														
Men	317	271	615	411	671	613	647	495	524	573	449	462	3223	2825
Women	347	297	822	621	861	799	681	635	667	706	609	565	3987	3623
All	664	568	1437	1032	1532	1412	1328	1130	1191	1279	1058	1027	7210	6448
<i>Bases (weighted)</i>														
Men	546	530	775	602	776	708	686	590	510	539	391	362	3683	3331
Women	540	517	748	616	759	720	682	603	534	558	440	397	3702	3410
All	1086	1047	1523	1217	1534	1428	1368	1193	1043	1097	831	759	7386	6741

^a The Severity of Alcohol Dependence Questionnaire (SADQ-C) is described in Section 9.2.2.^b Based only on those aged 16 to 74 and living in England to retain comparability across survey years.

Table 9.6

Prevalence of alcohol dependence in the past six months (age-standardised), by ethnicity and sex

All adults

2007

SADQ-C score ^a	Ethnicity			
	White	Black	South Asian	Other ^b
	%	%	%	%
Men				
0-3: no dependence	90.4	97.0	99.0	96.5
4-19: mild dependence	8.7	-	1.0	3.5
20-34: moderate dependence	0.8	3.0	-	-
35-60: severe dependence	0.1	-	-	-
Any dependence	9.6	3.0	1.0	3.5
Women				
0-3: no dependence	96.3	100.0	100.0	98.6
4-19: mild dependence	3.6	-	-	1.4
20-34: moderate dependence	0.0	-	-	-
35-60: severe dependence	0.0	-	-	-
Any dependence	3.7	-	-	1.4
<i>Bases (unweighted)</i>				
<i>Men</i>	2911	77	109	72
<i>Women</i>	3443	111	90	87
<i>Bases (weighted)</i>				
<i>Men</i>	3179	103	170	112
<i>Women</i>	3889	121	114	102

^a The Severity of Alcohol Dependence Questionnaire (SADQ-C) scale is described in Section 9.2.2.

^b Includes Chinese and mixed ethnic groups.

Table 9.7

Prevalence of alcohol dependence in the past six months (observed), by marital status and sex

All adults

2007

SADQ-C score ^a	Marital status					
	Married %	Cohabiting %	Single %	Widowed %	Divorced %	Separated %
Men						
0-3: no dependence	94.8	86.4	86.4	98.8	85.5	86.3
4-19: mild dependence	4.9	12.0	11.7	1.2	13.4	12.5
20-34: moderate dependence	0.3	1.1	1.9	-	0.4	1.3
35-60: severe dependence	-	0.4	-	-	0.7	-
Any dependence	5.2	13.6	13.6	1.2	14.5	13.7
Women						
0-3: no dependence	98.6	97.0	90.8	99.2	96.2	94.9
4-19: mild dependence	1.4	3.0	8.9	0.8	3.3	5.1
20-34: moderate dependence	-	-	0.2	-	-	-
35-60: severe dependence	-	-	0.1	-	0.4	-
Any dependence	1.4	3.0	9.2	0.8	3.8	5.1
<i>Bases (unweighted)</i>						
<i>Men</i>	1671	279	698	233	232	79
<i>Women</i>	1846	335	727	709	438	144
<i>Bases (weighted)</i>						
<i>Men</i>	1951	398	915	116	151	56
<i>Women</i>	1919	376	762	395	258	86

^a The Severity of Alcohol Dependence Questionnaire (SADQ-C) is described in Section 9.2.2.

Table 9.8

Prevalence of alcohol dependence in the past six months (age-standardised), by equivalised annual household income and sex

All adults 2007

SADQ-C score ^a	Equivalised household income ^b				
	Highest	2nd	3rd	4th	Lowest
	%	%	%	%	%
Men					
0-3: no dependence	88.4	91.0	91.7	95.5	91.5
4-19: mild dependence	11.1	7.9	7.7	4.1	6.0
20-34: moderate dependence	0.5	1.1	0.6	0.3	1.8
35-60: severe dependence	-	-	-	-	0.7
Any dependence	11.6	9.0	8.3	4.5	8.5
Women					
0-3: no dependence	94.0	98.3	98.0	95.4	97.0
4-19: mild dependence	6.0	1.7	2.0	3.9	3.0
20-34: moderate dependence	-	-	-	0.3	-
35-60: severe dependence	-	-	-	0.3	0.1
Any dependence	6.0	1.7	2.0	4.6	3.0
<i>Bases (unweighted)</i>					
<i>Men</i>	629	549	509	446	422
<i>Women</i>	562	601	733	675	744
<i>Bases (weighted)</i>					
<i>Men</i>	716	612	524	456	461
<i>Women</i>	531	545	624	539	627

^a The Severity of Alcohol Dependence Questionnaire (SADQ-C) is described in Section 9.2.2.

^b See the Glossary for a definition of equivalised household income.

Table 9.9

Prevalence of alcohol dependence in the past six months (age-standardised), by region^a and sex

All adults

2007

SADQ-C score ^b	Government Office Region									Strategic Health Authority	
	North East	North West	Yorkshire & the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South East Coast	South Central
	%	%	%	%	%	%	%	%	%	%	%
Men											
0-3: no dependence	92.3	87.4	88.8	91.9	92.1	90.9	93.9	93.1	92.1	92.2	92.0
4-19: mild dependence	6.9	11.9	10.4	8.1	6.0	7.6	5.5	5.2	7.5	7.0	8.0
20-34: moderate dependence	0.9	0.6	0.8	-	1.9	1.0	0.5	1.7	0.3	0.5	-
35-60: severe dependence	-	0.1	-	-	-	0.5	-	-	0.1	0.2	-
Any dependence	7.7	12.6	11.2	8.1	7.9	9.1	6.1	6.9	7.9	7.8	8.0
Women											
0-3: no dependence	93.3	95.9	96.9	94.9	96.7	98.3	97.8	97.0	97.2	96.7	97.5
4-19: mild dependence	6.5	4.1	3.1	5.1	3.1	1.4	2.1	3.0	2.8	3.3	2.5
20-34: moderate dependence	-	-	-	-	-	0.3	-	-	-	-	-
35-60: severe dependence	0.2	-	-	-	0.1	-	0.1	-	-	-	-
Any dependence	6.7	4.1	3.1	5.1	3.3	1.7	2.2	3.0	2.8	3.3	2.5
<i>Bases (unweighted)</i>											
<i>Men</i>	181	478	332	330	347	377	321	330	496	279	282
<i>Women</i>	258	622	466	350	443	478	471	418	693	336	294
<i>Bases (weighted)</i>											
<i>Men</i>	172	491	359	340	377	402	512	373	561	255	241
<i>Women</i>	206	507	389	296	398	417	580	373	630	370	323

^a This table provides data for regional analysis both by Government Office Region (GOR) and Strategic Health Authorities (SHAs). The first eight columns represent GORs and SHAs of the same name, while the South East GOR (column nine) is divided into South East Coast SHA and South Central SHA, shown in the final two columns.

^b The Severity of Alcohol Dependence Questionnaire (SADQ-C) is described in Section 9.2.2.

Table 9.10

Treatment currently received for a mental or emotional problem (age-standardised), by level of alcohol problem and sex^a

All adults

2007

Current treatment for a mental or emotional problem	Level of alcohol problem		
	No hazardous alcohol use %	Hazardous use but no dependence %	Alcohol dependent %
Men			
No treatment	95	93	91
Medication only	2	5	4
Counselling or therapy only	1	1	3
Both medication and counselling	1	1	2
Women			
No treatment	91	94	74
Medication only	7	4	19
Counselling or therapy only	2	1	3
Both medication and counselling	1	1	5
All adults			
No treatment	93	94	86
Medication only	5	5	8
Counselling or therapy only	1	1	3
Both medication and counselling	1	1	3
<i>Bases (unweighted)</i>			
Men	2527	410	250
Women	3810	258	115
All	6337	668	365
<i>Bases (weighted)</i>			
Men	2795	478	310
Women	3420	242	121
All	6214	720	432

^a The treatment tables in this chapter present data for men and women separately, as well as for all adults. This was done because of the large size of the dependent group and because of the notable variation in treatment rates by sex.

Table 9.11

Psychoactive medication currently taken (age-standardised), by level of alcohol problem and sex

All adults

2007

Type of medication	Level of alcohol problem		
	No hazardous alcohol use	Hazardous use but no dependence	Alcohol dependent
	%	%	%
Men			
Hypnotics	0	1	1
Anxiolytics	0	1	2
Antidepressants	2	4	4
Drugs used in the treatment of psychosis	1	1	0
Drugs used in treatment of ADHD	0	-	-
Any psychoactive medication	3	6	6
Women			
Hypnotics	1	1	-
Anxiolytics	1	0	7
Antidepressants	6	4	15
Drugs used in the treatment of psychosis	1	0	3
Drugs used in treatment of ADHD	0	-	-
Any psychoactive medication	8	5	24
All adults			
Hypnotics	0	1	0
Anxiolytics	1	1	3
Antidepressants	5	4	7
Drugs used in the treatment of psychosis	1	1	1
Drugs used in treatment of ADHD	0	-	-
Any psychoactive medication	6	6	11
<i>Bases (unweighted)^a</i>			
<i>Men</i>	<i>2527</i>	<i>410</i>	<i>250</i>
<i>Women</i>	<i>3810</i>	<i>258</i>	<i>115</i>
<i>All</i>	<i>6337</i>	<i>668</i>	<i>365</i>
<i>Bases (weighted)</i>			
<i>Men</i>	<i>2795</i>	<i>478</i>	<i>310</i>
<i>Women</i>	<i>3420</i>	<i>242</i>	<i>121</i>
<i>All</i>	<i>6214</i>	<i>720</i>	<i>432</i>

^a Bases shown are for those responding to questions about psychoactive medication. Bases for each type of medication may vary slightly.

Table 9.12

Current counselling or therapy treatment for a mental or emotional problem (age-standardised), by level of alcohol problem

<i>All adults</i>		<i>2007</i>		
Type of counselling or therapy	Level of alcohol problem			
	No hazardous alcohol use	Hazardous use but no dependence	Alcohol dependent	
	%	%	%	
All adults				
Psychotherapy	1	0	2	
Behaviour or cognitive therapy	0	0	1	
Art, music, drama therapy	0	0	-	
Social skills training	0	-	-	
Marital or family therapy	0	0	1	
Sex therapy	0	-	-	
Counselling	1	1	2	
Other therapy	0	1	1	
Any counselling or therapy	2	2	6	
<i>Bases (unweighted)^a</i>				
	6356	668	367	
<i>Bases (weighted)</i>				
	6228	720	435	

^a Bases shown are for those responding to question about counselling or therapy.

Table 9.13

Health care services used for a mental or emotional problem (age-standardised), by level of alcohol problem

<i>All adults</i>		<i>2007</i>		
Type of health care service	Level of alcohol problem			
	No hazardous alcohol use	Hazardous use but no dependence	Alcohol dependent	
	%	%	%	
All adults				
Inpatient stay in the past quarter	0	0	0	
Outpatient visit in the past quarter	1	1	2	
Spoken with GP in the past 2 weeks	2	2	5	
Spoken with GP in the past year	11	10	21	
Any health care service	11	10	21	
<i>Bases (unweighted)^a</i>				
	6355	667	367	
<i>Bases (weighted)</i>				
	6228	719	435	

^a Bases shown are for those responding to whether spoken with GP in past two weeks.

Table 9.14

Community and day care services used in past year (age-standardised), by level of alcohol problem

All adults

2007

Type of community or day care service	Level of alcohol problem		
	No hazardous alcohol use	Hazardous use but no dependence	Alcohol dependent
	%	%	%
All adults			
Psychiatrist	1	0	3
Psychologist	1	0	1
Community Psychiatric Nurse	1	1	1
Community learning difficulty nurse	0	-	-
Other nursing services	3	3	2
Social worker	1	1	1
Self help/support group	1	0	2
Home help/home care worker	1	1	0
Outreach worker	1	0	1
Community day care centre ^a	1	1	3
Any community or day care service	7	7	10
<i>Bases (unweighted)^b</i>	6353	668	367
<i>Bases (weighted)</i>	6226	720	435

^a Includes community mental health centre, day activity centre, sheltered workshop and other day service.

^b Bases shown are for those responding to question about psychiatrist in the past year.