



Statistics on Alcohol: England, 2009



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Executive 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.

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

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.

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

Main findings:

Drinking behaviour among adults and children

- In 2007, 73% of men and 57% of women reported drinking an alcoholic drink on at least one day in the week prior to interview. 13% of men and 7% of women reported drinking on every day in the previous week.
- In 2007, 41% of men drank over 4 units on at least one day in the week prior to interview and 34% of women drank more than 3 units on at least one day in the week prior to interview. 25% of men reported drinking over 8 units and 16% of women reported drinking over 6 units on at least one day in the week prior to interview.
- The method used for calculating the number of alcoholic units drunk changed in recent years, so a complete time series is not available. Using the original method, among men between 1998 and 2006 the proportion drinking more than 8 units on at least one day of the week prior to interview fell from 22% to 18%, among women drinking more than 6 units on at least one day of the week prior to interview, no such reduction was seen.
- In 2006, 31% of men reported drinking more than 21 units in an average week. For women, 20% reported drinking more than 14 units in an average week.
- Using the original method of unit conversion, among men between 1998 and 2006 the proportion drinking more than 21 units a week on average fell from 28% to 23%, the percentage of women drinking more than 14 units in an average week fell from 15% to 13% in the same time period.

- In 2007, 20% of school pupils aged 11 to 15 reported drinking alcohol in the week prior to interview; this figure is lower than 2001, when 26% of pupils reported drinking in the last week.
- In 2007, 46% of pupils said they had never had a proper alcoholic drink, compared to 39% in 2003.
- In 2007, pupils who drank in the last week consumed an average of 12.7 units

Knowledge and attitudes to alcohol

In 2007:

- 92% of men and 89% of women reported that they had heard of measuring alcohol in units. There was less knowledge of the recommended maximum daily intake; 35% of men and 47% of women had heard of units but said they didn't know what the recommendations were for men, and 39% of men and 43% of women similarly knew about units but said they did not know the recommendations for women.
- 16% of men and 14% of women who had drunk in the last year said they would like to drink less.
- 41% of pupils thought it was OK to drink alcohol once a week and 17% thought it was OK to get drunk at least once a week.
- 73% of girls and 66% of boys agree that 'People of my age drink to be sociable with friends'

Drinking related costs, ill health and mortality

- In 2007, 33% of men and 16% of women (24% of adults) were classified as hazardous drinkers. This includes 6% of men and 2% of women estimated to be harmful drinkers, the most serious form of hazardous drinking, which means that damage to health is likely. Among adults aged 16 to 74, 9% of men and 4% of women showed some signs of alcohol dependence. The prevalence of alcohol dependence is slightly lower for men than it was in 2000 when 11.5% of men showed some signs of dependence. There was no significant change for women between 2000 and 2007.
- In 2007/08 there were 863,300 alcohol related admissions to hospital. This is an increase of 69% since 2002/03 when there were 510,200 alcohol related admissions.
- In 2007/8 62% of alcohol related admissions were for men. Among both men and women there were more admissions in the older age groups than in the younger age groups.
- In England in 2007, there were 134,429 prescription items for drugs for the treatment of alcohol dependency prescribed in primary care settings or NHS hospitals and dispensed in the community. This is an increase of 31% since 2003 when there were 102,741 prescription items.
- In 2007, in England, there were 6,541 deaths directly related to alcohol this has increased by 19% since 2001. Of these alcohol related deaths, the majority (4,249) died from alcoholic liver disease.
- It is estimated that the cost of alcohol related harm to the NHS in England is £2.7 billion in 2006/07 prices.

1 Introduction

This statistical bulletin presents a range of information on drinking habits of adults and children, their knowledge and attitudes towards drinking and the health related effects of alcohol misuse, drawn together from a variety of sources. The 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 and children, looking at how much and how often people drink, drinking patterns among different groups, the type of alcohol consumed and the affordability of alcohol.

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

Chapter 4 looks at the health risks associated with alcohol misuse. Information on the prevalence of alcohol dependence, the number of hospital admissions and the number of deaths that are linked to alcohol is presented. Information on prescription drugs used for the treatment of alcohol addiction is also included and the cost of alcohol misuse to the NHS is considered.

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

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

Appendix C provides technical notes on alcohol-related hospital admissions.

Appendix D provides the editorial notes regarding the conventions used in presenting

information. A list of sources of further information and useful contacts are presented in **Appendix E**.

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

Drinking recommendations and consumption indicators

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

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

Below we clarify the terminology to be used.

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

Amount consumed on the heaviest drinking day in the last week

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

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

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

Amount of alcohol consumed in an average week

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

Drinking an average of 21/14 units a week:

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

Drinking an average of 50/35 units a week:

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

2 Drinking behaviour among adults and children

2.1 Introduction

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

The main source of data for drinking prevalence among adults is the ONS 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 *Smoking and Drinking among adults* is based on the 2007 survey which ran from January to December 2007. A wide range of topics are covered in the GHS, to provide a comprehensive picture of how we live and the social change we experience. Each year there are questions on alcohol consumption and drinking habits in the week prior to interview and in some years there are questions on average alcohol consumption in a typical week during the last 12 months.

In addition to the 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 2008*². For this chapter, the Omnibus Survey provides information on the types of alcohol consumed by adults and some information on weekly consumption.

Data on expenditure on alcohol are taken from the Expenditure and Food Survey³ (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 purchased quantities 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 Indices*⁴, while households' disposable income data are taken from the ONS publication *Economic Trends*⁵. The availability of alcohol is shown as the volumes of alcohol released for home consumption, taken from Her Majesty's Revenue and Customs statistical fact sheets.

The NHS Information Centre's report, *Drug use, smoking and drinking among young people in England 2007*⁶ is the main source of data for drinking prevalence among children. This report contains results from an annual survey of secondary school pupils in years 7 to 11 (mostly aged 11 to 15). Overall, 7,831 pupils in 273 schools in England completed questionnaires in the autumn term of 2007.

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 from 2006 the GHS and from 2007 the Omnibus survey introduced an improved method of

converting volumes of alcohol drunk into alcohol units. This methodology is explained in more detail in [Appendix A](#).

In the GHS 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 between 2006 and previous years. Improved estimates are used in all other tables.

2.1.2 Drinking guidelines

Drinking guidelines and indicators used to measure consumption are described in chapter 1 and used throughout this chapter.

2.2 Alcohol consumption

2.2.1 Drinking in the last week

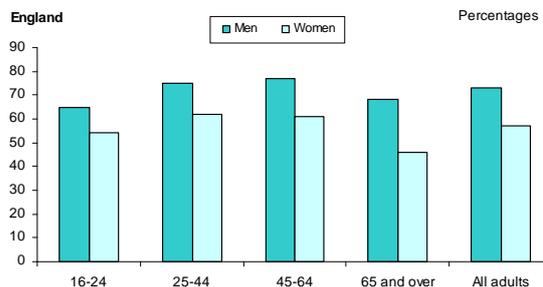
Respondents to the GHS were asked questions about their drinking in the week prior to interview. In England, in 2007, 73% of men and 57% of women (aged 16 and over) reported drinking an alcoholic drink on at least one day in the week prior to interview. Men were more likely to drink on more days of the week than women, with 23% reporting drinking on five or more days compared to 13% of women. Similarly, men were more likely than women to have drunk alcohol every day during the previous week (13% compared with 7%).

In 2007, 73% of men and 57% of women reported drinking an alcoholic drink on at least one day 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. Less than half (46%) of women aged 65 and over reported drinking alcohol in the previous

week, compared to 68% of men in this age group.

Figure 2.1 Proportion of adults who drank in the last week, by age and gender, 2007



Source: General Household Survey 2007, Office for National Statistics (ONS)
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Those aged 65 and over were also more likely than any other age group to have drunk on everyday of the previous week; 22% of men and 12% of women aged 65 and over had drunk every day during the previous week, compared to 3% of men and 2% of women aged 16 to 24. ([Table 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. ([Table 2.2](#))

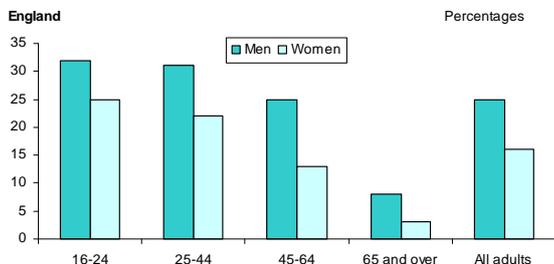
2.2.2 Heaviest drinking day in the last week

In 2007 the proportion of adults who reported drinking more than 4/3 units (men who drank more than 4 units or women who drank more than 3 units) on at least one day during the previous week was higher for men (41%) than it was for women (34%). Those aged 65 and over were significantly less likely than respondents in the other age groups to exceed 4/3 units on at least one day in the last week, (15% of women and 22% of men).

Men were also more likely than women to report drinking more than 8/6 units a day (men who drank more than 8 units or women who drank more than 6 units) on at least one day in the week prior to interview (25% and 16% respectively). The proportion of adults reporting drinking over 8/6 units on at least one day in the last week was greatest among the youngest age group (16 to 24); 32% of men in this age range reported drinking over 8

units compared to 8% of those aged 65 and over. For women, 25% of those aged 16 to 24 reported drinking over 6 units compared to only 3% of those aged 65 and over. (**Table 2.2, Figure 2.2**).

Figure 2.2 Adults whose maximum daily amount of alcohol in the last week was more than 8 units (men) or 6 units (women), by age and gender, 2007



Source: General Household Survey 2007, Office for National Statistics (ONS) Copyright © 2009, re-used with the permission of the Office for National Statistics

Between 1998 and 2006 the proportion of men reporting drinking over 8 units on at least one day in the last week, using the original method of conversion to units, fell from 22% to 18%. Using the improved method, the proportion of men reporting drinking over 8 units on at least one day in the last week rose slightly from 23% in 2006 to 25% in 2007. No such changes in drinking over 6 units on at least one day in the last week was experienced amongst women. (**Table 2.2**)

Respondents who said they had drunk alcohol in the week prior to interview in the GHS 2007 were asked on what day of the week they had drunk the most. Saturday was reported to be the heaviest drinking day among adults (28%), followed by Sunday (23%) and then Friday (14%). (**Table 2.3**)

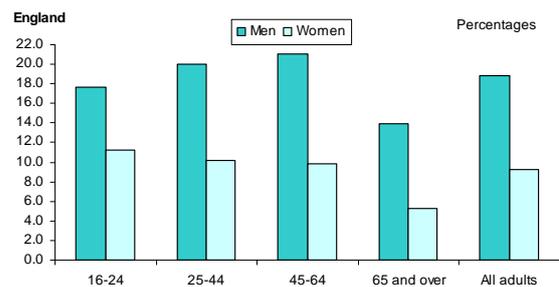
2.2.3 Average weekly consumption

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 the respondents' average weekly alcohol consumption was derived. This information is not available for 2007.

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 the variation between age groups, the average weekly consumption of alcohol over the 12 months prior to interview among men ranged from 13.9 units for those aged 65 and over to 21.1 units for 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 2.3**).

Figure 2.3 Average weekly units of alcohol consumed by adults, by age and gender, 2006

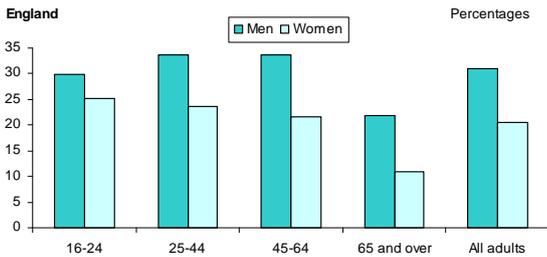


Source: General Household Survey 2006, Office for National Statistics (ONS) Copyright © 2009, re-used with the permission of the Office for National Statistics

Using the original method of conversion to 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 had decreased to 6.3 units in 2006 (**Table 2.5**).

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. The proportion of people reporting drinking more than 21/14 units (men who drank more than 21 units or women who drank more than 14 units) in a week was lower among the oldest age group for both men and women (**Table 2.4, Figure 2.4**).

Figure 2.4 Adults whose average weekly alcohol consumption was more than 21 units (men) or more than 14 units (women), by age and gender, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS)
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Using the original method of conversion, among men between 1998 and 2006 the proportion drinking more than 21 units a week on average fell from 28% to 23%, the percentage of women drinking more than 14 units in an average week fell from 15% to 13% in the same time period. (Table 2.5)

For men who usually drink in excess of over 21 units per week, 76% reported consuming more than 4 units on at least one day in the last week and 50% reported drinking more than 8 units on at least one day in the week prior to interview, showing that men who drank more than 21 units a week tended to have higher daily consumption.

For women a similar pattern exists. Those whose average consumption exceeded 14 units a week were more likely to exceed 3 units on at least one day in the previous week, with 78% reporting drinking over 3 units and 46% drinking more than 6 units on at least one day in the previous week (Table 2.6).

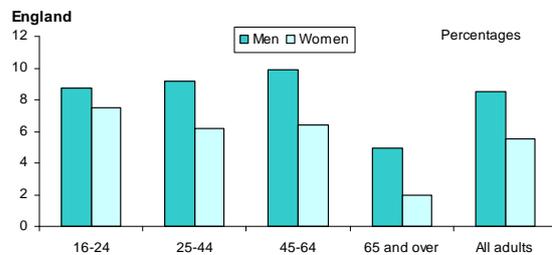
Although the 2007 GHS did not collect information on the amount of alcohol drunk in the last week the 2008 Omnibus survey does report on weekly drinking in Great Britain. Using the updated estimates and the new weighting system, the 2008 survey found that men were drinking 18.0 units of alcohol a week on average. This is just under nine pints of beer or the equivalent in other types of drink. Women's consumption was much lower, at 7.7 units, on average. The 2008 estimates using the original weighting system of 17.8 units for men were not significantly different from the results from the 2007 Omnibus survey using the updated method (18.6 units), and are broadly similar to the latest data available from the General Household Survey.

However, the amount of alcohol consumed a week by women, appears to have fallen from 9.9 units in 2007 to 7.7 units in 2008.

The 2006 GHS also reports on men who drunk over 50 units in an average week and women who drunk over 35 units in an average 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.

Both men and women in the 65 and over age group were the least likely to drink over 50/35 units a week (5% of men and 2% of women). There was little variation between the other age groups (Table 2.4, Figure 2.5).

Figure 2.5 Adults whose average weekly alcohol consumption was more than 50 units (men) or more than 35 units (women), by age and gender, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS)
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Using the original method of unit conversion, 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).

2.3 Purchases, availability and affordability of alcohol

Purchases of alcoholic drinks brought into the home in the UK, as reported by the EFS, have increased overall since 1992, peaking in 2003/04, since when figures have fluctuated. However, among different types of alcohol, only purchases of beers and alcopops are lower in 2007 than in 2003/04. Purchases of wine showed the largest increase between 1992 and 2007 compared to other types of drink at 73%. It should be noted that alcopops didn't really exist pre 1997 and therefore are excluded.

Volumes of alcoholic drinks purchased for consumption outside the home have decreased overall since this type of data was first collected, a 31% drop between 2001/02 and 2007. This reduction is mainly due to the fall in levels of purchases of beers for consumption outside the home which showed a 36% drop from 2001/02. (**Table 2.7**)

Overall, household expenditure on alcoholic drinks increased by 86% between 1992 and 2007. Expenditure on wine experienced the greatest increase (a rise of 143%), reflecting findings from the purchases data.

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 2008 this had fallen to 19%. However, households' disposable income continues to increase in 2008. Using the most recently available data, alcohol in 2008 was 75% more affordable than it was in 1980, highlighting the trend of increasing alcohol affordability (**Table 2.8**)

Volumes of alcoholic drinks purchased for consumption outside the home decreased by 31% between 2001/02 and 2007

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

While the overall volume of alcohol released has increased slightly since 1990/91⁷, 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 beer released has shown a slight decrease since 1990/91, wine and spirits have shown increases, and cider and perry have remained relatively constant over the same period.

2.4 Types of alcohol consumed

The 2008 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 type of drink is usually consumed. From this information average weekly alcohol consumption is broken down into the number of units consumed by alcohol type.

The change in the method of converting volumes of alcohol into units has inevitably altered the apparent relative popularity of different types of drink. Of the total average weekly alcohol consumption in Great Britain of 12.7 units, over two fifths was beer and a similar proportion was wine or fortified wine. Spirits accounted for 13%, and alcopops for 2% of all alcohol consumed.

There were marked differences in the drink preferences of men and women. Compared with men, women were proportionately less likely to drink beers and more likely to drink wine, fortified wine, spirits and alcopops. In terms of amounts drunk, even though women drink much less than men overall, they drank about the same amount of wine (4.6 units compared with 5.1 units for men). Women's beer consumption, however, was very much lower than men's - an average of 1.3 units a week, compared with 10.3 units.

Beer accounts for 64% of the weekly alcohol consumption by men aged 25 or under

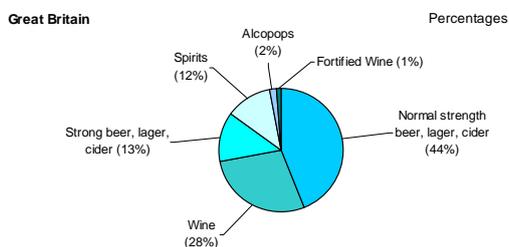
Beers are the most popular drink among men of all ages, but decline with increasing age as a proportion of total alcohol consumed, from 64% of the alcohol drunk by those aged under 25 to 44% of that drunk by those aged 65 and over. Most of this variation is due to strong beer, lager and cider, which accounted for 23% of alcohol drunk by young men aged 16 to 24 but only 9% of alcohol drunk by men aged 65 and over.

The amount of spirits as a proportion of men's total consumption was highest, at 20%, among those aged 65 and over. The amount of wine as a proportion of total consumption was highest among men aged 45 and over (34%).

The pattern of women's drinking in relation to age was slightly different to that of men. Among women aged 16-24, wine and spirits were the most popular type of drink, followed by alcopops. The amount of fortified wine as a proportion of women's total consumption was highest, at 7%, among those aged 65 and over. Among women aged 45 to 64, wine accounted for 71% of average weekly alcohol consumption.

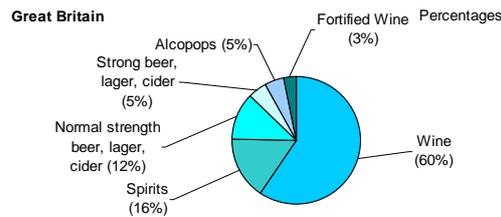
The consumption of alcopops showed the opposite association with age, accounting for a greater proportion of young people's alcohol consumption compared with that of older people: alcopops accounted for 18% of the alcohol consumption of women aged 16 to 24 compared with less than half a per cent for those aged 65 and over. (**Table 2.9, Figures 2.6 and 2.7**)

Figure 2.6 Average weekly consumption of different types of alcohol by men, 2008



Source: Drinking: Adults' behaviour and knowledge in 2008, Office for National Statistics (ONS)
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Figure 2.7 Average weekly consumption of different types of alcohol by women, 2008



Source: Drinking: Adults' behaviour and knowledge in 2008, Office for National Statistics (ONS)
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2.5 Alcohol consumption and socio-economic variables

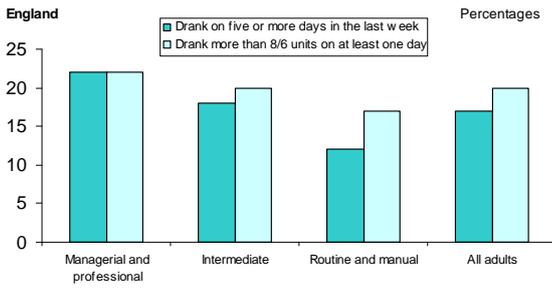
2.5.1 Socio-economic classification

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

Households in England where the household reference person was classified as managerial and professional had the highest proportions of both men and women who had an alcoholic drink in the last seven days (80% and 68% respectively), while men and women in routine and manual households had the lowest (66% and 46% respectively). There was a similar pattern in the proportions drinking on five or more days in the previous week. For example, 22% of adults in managerial and professional households had an alcoholic drink on five or more days in the previous week. In households where the reference person was in an occupation in the routine and manual classification, this proportion was much lower, at 12%.

Overall the proportion of adults exceeding 4/3 units on at least one day in the last week was greater in managerial and professional households (43%) than in routine and manual households (32%) and the proportion exceeding 8/6 units was also greater in managerial and professional households (22%) than in routine and manual households (17%). (**Table 2.10, fig 2.8**)

Figure 2.8 Adults drinking in the last week by socio-economic classification, 2007



Source: General Household Survey 2007, Office for National Statistics
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2.5.2 Economic activity status

Table 2.11 shows information on drinking among adults of working age (men aged 16 to 64 and women aged 16 to 59). Among men aged 16 to 64, those in employment were most likely to have drunk alcohol during the previous week – 79% had done so compared with 59% who were unemployed and 56% of those who were economically inactive. Working men were more likely than unemployed and economically inactive men to have drunk more than 4 units on any one day in the last week – 49%, compared with 37% and 33% respectively. Working men were also more likely than economically inactive men to have drunk more than 8 units on one day – 31% compared with 21%. Lower levels of drinking among economically inactive men are probably due in part to the large proportion of this group who are aged 60 to 64.

Among women aged 16 to 59, 67% of those who were working, 55% of those who were unemployed, and 44% of those who were economically inactive had drunk alcohol in the previous week. Working women were more likely than the economically inactive to have drunk more than 3 units on one day – 45%, compared with 29%. Working women were also more likely than the economically inactive to have drunk more than 6 units on one day – 22%, compared with 13%. (**Table 2.11**)

2.5.3 Household income

Table 2.12 presents information on drinking among adults by gross weekly household income. As the level of income increases the proportion of men and women who drank

alcohol in the previous week and drunk more than 4/3 units on any one day also increases.

In households with a gross weekly income over £1,000, 84% of men and 71% of women reported drinking in the previous week, and 55% and 48% reported drinking over 4/3 units on at least one day. In households with an income of £200 or less, only 59% of men and 39% of women reported drinking in the previous week and only 27% and 18% reported drinking more than 4/3 units on their heaviest drinking day.

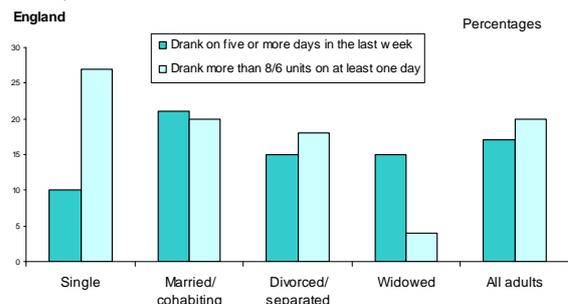
The proportion of adults who drank more than 8/6 units on at least one day in the previous week in households with a gross weekly income over £1,000 was over twice that in households with a gross weekly household income of £200 or less (28% and 11% respectively).

2.6 Alcohol consumption and demographic characteristics

2.6.1 Drinking and marital status

Considering drinking by marital status shows that married people (including those cohabiting) were more likely to have drunk in the week prior to interview (69%) compared to those who are single, divorced/separated or widowed (61%, 60% and 44% respectively). Married/cohabiting men and women were also the most likely to report drinking on five or more days in the previous week (21%) and single adults least likely (10%) (**Table 2.13**, **Figure 2.9**).

Figure 2.9 Adults drinking alcohol in the last week by marital status, 2007



Source: General Household Survey 2007, Office for National Statistics (ONS)
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In contrast, a greater proportion of single than married people reported drinking more than 4/3 units; 43% of single men reported drinking over 4 units and 40% 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 drinking these amounts (23% of widowed men and 12% of widowed women). Single people were also more likely to drink more than 8/6 units on at least one day in the previous week with 29% of single adults reporting this (**Table 2.13**).

2.6.2 Drinking and ethnicity

Information on ethnicity is not included within the GHS 2007 report on smoking and drinking. However, the *Statistics on Alcohol: England, 2007*⁸ publication included some information which combined data from the GHS 2001 to 2005 for Great Britain in order to facilitate analysis by ethnic group. This analysis found that respondents from Pakistani or Bangladeshi origin were less likely to have drunk in the week prior to interview (5% and 4% respectively) compared to those recording their ethnicity as White British or White Other (67% and 68% respectively).

Model-based estimates produced by the NHS Information Centre showing prevalence of drinking among ethnic groups at a sub national level are available from the Neighbourhood Statistics website¹⁰.

2.6.3 Drinking and pregnancy

Information on drinking during pregnancy is collected as part of the Infant Feeding Survey⁹. The main focus of the survey is the prevalence of breast feeding, however the new mothers interviewed are also asked questions about their drinking behaviours before, during and after pregnancy.

In the UK, of the women who drank before pregnancy, 34% gave up while they were pregnant and 61% said they drank less during their pregnancy while 4% reported no change to their drinking patterns.

The percentage of mothers 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.

2.7 Geographical patterns of alcohol consumption

2.7.1 National comparisons of alcohol consumption

Findings from the GHS show that in 2007, 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 (15%, 23% and 21% respectively for men, 8%, 13% and 12% respectively for women). Men in Scotland were no less likely to have drunk more than four units or more than 8 units on at least one day in the previous week than those in England and Wales. The proportion of women drinking more than 6 units was lower in Scotland (12%) than it was in England and Wales (both 16%). (**Table 2.14 and 2.15**)

2.7.2 Alcohol consumption by region

Looking at the English regions, adults were most likely to report drinking more than 4/3 units on their heaviest drinking day in the North West (50% of men and 41% of women) and Yorkshire and the Humber (45% and 39% respectively). The lowest proportions doing so were in the West Midlands, where 36% of men had drunk more than four units, and 28% of women had drunk more than three units.

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

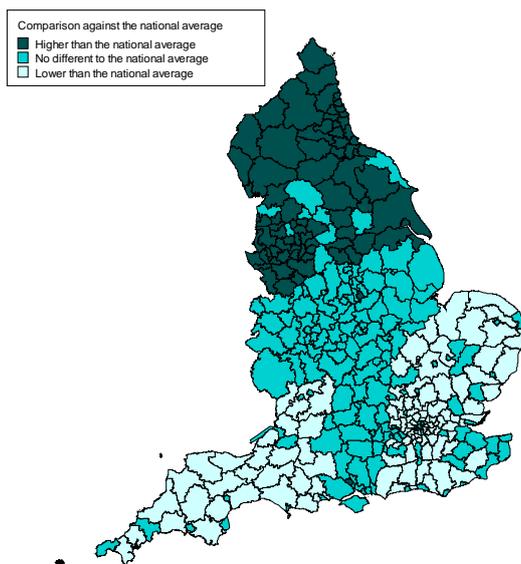
2.7.3 Alcohol consumption and sub-regional comparisons

While survey estimates can provide information on regional variation, it is not possible to look at a smaller geographical level due to small sample sizes. To address this information gap, the National Centre for Social Research was commissioned by the NHS

Information Centre, to test and produce model-based estimates for a range of healthy lifestyle behaviours. Estimates based on 2003-05 data at Local Authority (LA), Medium Super Output Area and at a Primary Care Organisational level are available on the NHS Information Centre website¹¹, and includes estimates of drinking more than 8/6 units. Results for the whole range of healthy lifestyle behaviours considered are published on the ONS Neighbourhood Statistics website¹⁰. Other models are available that predict the prevalence of drinking more than 8/6 units at a smaller geographical level. Examples of these can be found in **Appendix E**.

Almost one in four LAs were estimated to have significantly higher proportions of adults drinking more than 8/6 units on at least one day in the previous week than England as a whole. These were highly concentrated in the North with 98% of these LAs located in three GORs; North East, North West and Yorkshire and the Humber. LAs who were estimated to have a significantly lower rate than the national estimate, (approximately 3 in 10 in England) were only found within four GORs; East of England, London, South East and South West (**Figure 2.10**).

Figure 2.10 Comparison of model based estimated alcohol rates of Local Authorities to the national average, 2003-2005



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

2.8 Drinking among children

The *Drug Use, Smoking and Drinking among young people in England 2007*⁶ report contains information on the drinking patterns of school children aged 11-15.

The key points were:

Over half of 11 to 15 year old pupils had drunk at least one alcoholic drink in their lifetimes. The likelihood of having drunk alcohol increased with age, from 20% of 11 year olds to 81% of 15 year olds. Boys and girls were equally likely to have ever drunk alcohol.

The proportion of pupils who have never drunk alcohol has risen since 2003, from 39% to 46% in 2007.

One in five pupils (20%) had drunk alcohol in the last seven days, a proportion which has declined from 26% in 2001. The proportion of pupils who had drunk alcohol in the last seven days increased with age, from 3% of 11 year olds to 41% of 15 year olds. Girls and boys were equally as likely to have drunk alcohol in the last seven days.

The amount of alcohol consumed by pupils within the last week has varied in recent years, with no clear pattern. In 2007, average consumption among pupils who drank alcohol in the last week was lower than in 2006.

The method of calculating pupils' alcohol consumption in units has been revised this year in line with other surveys. Using the revised method of calculating consumption, pupils who drank in the last week consumed an average of 12.7 units in 2007, equivalent to over six pints of normal strength beer or nearly one and a half bottles of wine.

Boys who drank in the last week drank more units of alcohol than girls who drank in the last week (13.1 units compared with 12.4 units).

Older pupils who drank in the last week drank more than younger pupils (14.7 units on average for 15 year olds, compared with 8.2 units for 11 to 13 year olds).

Among pupils who drank alcohol in the last week, boys were most likely to have drunk beer, lager or cider (86%), spirits (54%) or alcopops (49%), and girls were most likely to have drunk alcopops (70%), spirits (69%) or beer, lager or cider (60%).

Beer, lager and cider contributed to half of pupils' alcohol consumption (50% of units consumed in the last week).

Pupil characteristics associated with increased odds of having drunk alcohol in the last week included increasing age, being a regular or occasional smoker, having taken drugs, and a history of truancy or exclusion from school.

Pupils in all minority ethnic groups had reduced odds of having drunk alcohol in the last seven days compared with white pupils.

Compared with pupils in London schools, those in Yorkshire and the Humber had increased odds of having drunk alcohol in the last week. Pupils in secondary modern and grammar schools had increased odds of drinking compared with pupils in comprehensive schools. There was little or no relationship between the odds of having drunk alcohol in the last week and other school characteristics.

Summary: Drinking behaviour among adults and children

The data presented in this chapter have shown that in general in 2007, men drank more frequently and in greater volumes than women. Men were also more likely to exceed 4/3 units a day. Adults in the youngest and oldest age groups were less likely than other age groups to report drinking alcohol during the previous week, although those in the oldest age group who did drink were more likely to drink every day.

The average weekly alcohol consumption among men ranged from 13.9 units among those aged 65 and over to 21.1 units among 45 to 64 year olds. For women the weekly consumption of alcohol decreased with age, from 11.3 units for those 16 to 24 to 5.3 units for those aged 65 and over.

Beer, lager and cider are the most popular drinks among men and wine was found to be the most popular drink among women.

Drinking behaviour is shown to vary when measured by different socio-demographic variables, for instance adults who are married or cohabiting were likely to drink more frequently while single people were more likely to exceed 4/3 units a day.

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

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 more than 3 or 4 units on at least one day in the previous week. Across England, drinkers in the North West and Yorkshire and Humber regions were more likely to drink more than 3 or 4 units on at least one day in the previous week.

More than half of pupils aged between 11 and 15 have had at least one alcoholic drink in their lifetimes.

The proportion of children who had drunk in the last seven days has declined in recent years.

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Table 2.1 Number of drinking days in the week prior to interview, by gender and age¹, 2007²

England	Percentages				
	All ages	16-24	25-44	45-64	65 or over
Drinking days last week: All persons					
0	35	41	32	32	44
1	18	21	20	16	17
2	13	16	15	14	7
3	10	10	12	10	7
4	6	5	6	7	4
5	5	3	5	6	4
6	3	1	3	3	2
7	10	2	7	13	16
Drank on 5 or more days	17	7	15	21	22
Drank in the week prior to interview	65	59	68	68	56
Drinking days last week: Men					
0	27	35	25	23	32
1	18	19	19	16	18
2	14	19	16	15	8
3	12	12	14	11	8
4	7	6	7	8	4
5	6	4	6	7	5
6	3	2	4	4	3
7	13	3	9	17	22
Drank on 5 or more days	23	10	19	27	30
Drank in the week prior to interview	73	65	75	77	68
Drinking days last week: Women					
0	43	46	38	39	54
1	18	23	20	16	16
2	12	14	14	13	7
3	9	9	11	10	5
4	5	3	5	7	3
5	4	2	5	4	2
6	2	0	2	2	2
7	7	2	5	9	12
Drank on 5 or more days	13	4	12	16	16
Drank in the week prior to interview	57	54	62	61	46
<i>Weighted bases (000s)</i>					
<i>All persons</i>	36,527	4,441	12,961	11,650	7,474
<i>Men</i>	17,126	2,208	6,098	5,545	3,275
<i>Women</i>	19,401	2,233	6,863	6,105	4,199
<i>Unweighted bases³</i>					
<i>All persons</i>	13,330	1,320	4,280	4,560	3,180
<i>Men</i>	6,180	650	1,900	2,150	1,490
<i>Women</i>	7,160	670	2,380	2,410	1,700

1. Aged 16 and over

2. Results for 2007 include longitudinal data (see Appendix A).

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

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Table 2.2 Drinking in the week prior to interview among adults¹, by age and gender, 1998 to 2007

England					Percentages
	All ages	16-24	25-44	45-64	65 and over
Men					
Drank last week					
1998	75	71	79	78	65
2000	75	70	78	77	68
2001	74	71	78	76	68
2002	73	68	76	76	66
2003	75	70	77	77	69
2004	74	67	76	78	70
2005 ²	73	64	75	77	67
2006 ³	72	60	74	77	68
2007 ³	73	65	75	77	68
Drank on 5 or more days					
1998	24	14	22	30	26
2000	22	12	20	26	29
2001	22	14	20	26	27
2002	23	12	19	27	29
2003	23	15	20	27	29
2004	24	8	21	30	30
2005 ²	22	10	19	28	27
2006 ³	21	9	18	26	28
2007 ³	23	10	19	27	30
Drank more than 4 units on at least one day					
1998	39	52	47	37	16
2000	38	49	44	37	16
2001	38	49	46	35	18
2002	37	48	45	37	15
2003	40	49	47	40	19
2004	39	48	48	37	19
2005 ²	34	42	42	34	16
2006 (original method) ^{3,4}	33	38	42	33	14
2006 (improved method) ^{3,4}	40	41	48	42	21
2007 ³	41	44	48	45	22
Drank more than 8 units on at least one day					
1998	22	39	29	17	4
2000	21	36	26	16	5
2001	21	35	28	15	5
2002	21	35	27	17	4
2003	23	35	30	19	5
2004	23	33	31	18	6
2005 ²	18	30	25	15	4
2006 (original method) ^{3,4}	18	27	25	15	4
2006 (improved method) ^{3,4}	23	29	31	21	6
2007 ³	25	32	31	25	8
Weighted bases (000s)					
1998	16,527	2,047	6,529	5,017	2,934
2000	17,604	2,263	6,955	5,378	3,007
2001	17,205	2,139	6,773	5,261	3,031
2002	16,783	2,103	6,185	5,346	3,149
2003	16,680	2,120	6,059	5,336	3,166
2004	16,818	2,210	6,090	5,385	3,133
2005	16,798	2,181	5,998	5,433	3,185
2006	17,182	2,242	6,191	5,503	3,246
2007	17,077	2,190	6,087	5,532	3,269
Unweighted bases⁵					
1998	5,620	600	2,070	1,810	1,140
2000	5,710	670	2,020	1,900	1,120
2001	6,130	670	2,260	1,970	1,230
2002	5,910	660	2,060	1,980	1,210
2003	7,040	810	2,490	2,240	1,490
2004	5,870	680	2,060	1,940	1,200
2005	8,650	950	2,970	2,890	1,830
2006	6,600	670	2,160	2,270	1,500
2007	6,170	640	1,890	2,150	1,480

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 and 2007 include longitudinal data (see Appendix A)

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

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

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Table 2.2 continued...

England	Percentages				
	All ages	16-24	25-44	45-64	65 and over
Women					
Drank last week					
1998	59	62	65	62	46
2000	60	62	67	62	44
2001	60	59	67	61	46
2002	60	59	65	63	47
2003	60	61	65	64	46
2004	59	60	62	63	46
2005 ²	58	56	63	62	45
2006 ³	57	55	61	61	45
2007 ³	57	54	62	61	46
Drank on 5 or more days					
1998	13	9	12	15	14
2000	13	7	12	16	15
2001	14	8	12	18	16
2002	14	7	12	18	16
2003	14	4	11	18	18
2004	13	5	10	19	17
2005 ²	13	5	11	18	15
2006 ³	12	3	10	15	16
2007 ³	13	4	12	16	16
Drank more than 3 units on at least one day					
1998	21	42	27	16	4
2000	22	39	30	18	4
2001	22	39	30	18	5
2002	22	40	30	19	5
2003	22	38	30	19	4
2004	22	39	29	20	5
2005 ²	20	36	26	18	4
2006 (original method) ^{3,4}	20	35	26	17	4
2006 (improved method) ^{3,4}	33	39	39	35	15
2007 ³	34	40	43	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
2007 ³	16	25	22	13	3
Weighted bases (000s)					
1998	18,512	2,182	6,855	5,376	4,099
2000	18,955	2,248	7,020	5,655	4,032
2001	18,845	2,181	7,070	5,577	4,018
2002	19,154	2,323	6,955	5,732	4,144
2003	18,627	2,174	6,688	5,697	4,068
2004	19,097	2,432	6,815	5,897	3,952
2005	19,070	2,364	6,788	5,884	4,035
2006	19,468	2,454	6,901	5,957	4,157
2007	19,401	2,247	6,863	6,097	4,193
Unweighted bases⁵					
1998	6,660	680	2,480	2,010	1,500
2000	6,460	700	2,370	2,030	1,360
2001	7,160	780	2,660	2,170	1,540
2002	6,890	780	2,430	2,220	1,460
2003	7,960	840	2,870	2,480	1,770
2004	6,820	800	2,450	2,210	1,360
2005	9,930	1,100	3,500	3,190	2,140
2006	7,700	810	2,620	2,530	1,740
2007	7,160	670	2,380	2,410	1,690

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 and 2007 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 original method and one with the improved method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the improved method is our best estimate of current alcohol consumption

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

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Table 2.3 Adults heaviest drinking day in the week prior to interview, by age^{1,2}, 2007³

England	Percentages				
	All ages	16-24	25-44	45-64	65 or over
Sunday	23	12	20	26	31
Monday	10	6	9	10	14
Tuesday	9	7	8	9	14
Wednesday	8	7	7	8	11
Thursday	7	6	5	7	9
Friday	14	22	17	12	7
Saturday	28	40	33	27	14
<i>Weighted bases (000s)</i>	23,611	2,636	8,820	7,976	4,179
<i>Unweighted bases⁴</i>	8,880	800	2,970	3,230	1,880

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 2007 include longitudinal data (see Appendix A)

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

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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>	<i>17,189</i>	<i>2,247</i>	<i>6,191</i>	<i>5,504</i>	<i>3,246</i>	
<i>Women</i>	<i>19,468</i>	<i>2,454</i>	<i>6,901</i>	<i>5,957</i>	<i>4,157</i>	
<i>Unweighted bases</i>						
<i>Men</i>	<i>6,607</i>	<i>673</i>	<i>2,159</i>	<i>2,271</i>	<i>1,504</i>	
<i>Women</i>	<i>7,699</i>	<i>809</i>	<i>2,622</i>	<i>2,531</i>	<i>1,737</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 was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks.

Source:

General Household Survey, 2006. The 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}	
	1992	1994	1996	1998 ²	1998 ²	2000	2001	2002	2005	original method	improved method
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	8	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 was updated in the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks. Two sets of data are included in the table for 2006; one is calculated using the original method and one with the improved method of calculating units. The earlier method is presented to allow for comparisons with 2006 data to previous years, and the improved method is our best estimate of current alcohol consumption

Source:

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

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Table 2.6 Maximum daily amount drunk last week among adults¹, by average weekly consumption, 2006^{2,3}

England		Percentages			
		Average weekly consumption (Men)			
	Total ⁴	Less than 1 unit	1-10 units	11-21 units	22 or more units
Men					
Drank nothing last week	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
		Average weekly consumption (Women)			
	Total ⁴	Less than 1 unit	1-7 units	8-14 units	15 or more units
Women					
Drank nothing last week	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)³</i>					
<i>Men</i>	<i>17,162</i>	<i>1,228</i>	<i>5,195</i>	<i>3,605</i>	<i>5,303</i>
<i>Women</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>Men</i>	<i>6,596</i>	<i>465</i>	<i>2,022</i>	<i>1,418</i>	<i>2,045</i>
<i>Women</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. The Office for National Statistics (ONS)

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Table 2.7 Household consumption of alcoholic drinks, 1992 to 2007¹

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	.	
2007	772	384	75	263	42	8	.	
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	
2007	503	400	28	19	17	8	31	

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

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 2.8 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 2008

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
2008	383.3	321.3	119.3	208.8	175.0

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). The Office for National Statistics

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

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Table 2.9 Average weekly consumption of different types of drink, by gender and age¹, 2008

	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	18.0	23.4	15.7	21.1	12.5	7.7	8.2	8.4	8.3	5.5
Strong beer, lager, cider	2.4	5.4	2.2	2.1	1.1	0.4	0.1	0.6	0.4	0.1
Normal strength beer, lager, cider	7.9	9.5	7.4	9.6	4.4	0.9	0.7	1.5	0.8	0.2
Spirits	2.1	3.3	1.2	2.1	2.5	1.2	2.5	1.1	0.9	1.1
Fortified Wine	0.2	0.3	0.1	0.2	0.3	0.2	0.1	0.1	0.1	0.4
Wine	5.1	3.2	4.5	7.1	4.2	4.6	3.3	4.6	5.9	3.7
Alcopops	0.3	1.4	0.2	0.0	0.0	0.4	1.5	0.5	0.1	0.0
Percentages										
Strong beer, lager, cider	13	23	14	10	9	5	1	7	5	2
Normal strength beer, lager, cider	44	41	47	45	35	12	9	18	10	4
Spirits	12	14	8	10	20	16	30	13	11	20
Fortified Wine	1	1	1	1	2	3	1	1	1	7
Wine	28	14	29	34	34	60	40	55	71	67
Alcopops	2	6	1	0	0	5	18	6	1	0
<i>Bases</i>	<i>1,000</i>	<i>100</i>	<i>330</i>	<i>330</i>	<i>240</i>	<i>1,240</i>	<i>110</i>	<i>400</i>	<i>380</i>	<i>350</i>

1. Aged 16 and over

2. Includes 'other' drinks such as cocktails

Source:

Drinking: Adults' behaviour and knowledge in 2008. The Office for National Statistics (ONS)

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Table 2.10 Adults¹ drinking in the last week, by socio-economic classification² and gender, 2007^{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	65	73	57	38	41	34	
Managerial and professional	74	80	68	43	46	41	
Large employers and higher managerial	81	85	78	50	50	49	
Higher professional	77	83	69	45	47	42	
Lower managerial and professional	70	77	65	40	44	37	
Intermediate	65	73	58	37	40	35	
Intermediate	63	74	56	36	41	33	
Small employers/own account	66	73	60	38	39	37	
Routine and manual	55	66	46	32	38	26	
Lower supervisory and technical	60	69	50	36	41	29	
Semi-routine	53	64	45	30	35	26	
Routine	54	66	43	30	36	25	
		Drank on five or more days in the last week			Drank more than 8/6 units on at least one day		
All adults⁵	17	23	13	20	25	16	
Managerial and professional	22	28	18	22	27	18	
Large employers and higher managerial	29	33	25	25	29	21	
Higher professional	24	30	18	25	31	19	
Lower managerial and professional	19	25	15	20	25	16	
Intermediate	18	24	14	20	23	17	
Intermediate	16	22	12	19	25	16	
Small employers/own account	20	25	15	20	22	18	
Routine and manual	12	16	8	17	23	12	
Lower supervisory and technical	14	18	9	19	25	12	
Semi-routine	12	18	8	16	21	13	
Routine	10	14	6	16	22	11	
<i>Weighted bases (000's)</i>							
<i>Managerial and professional</i>	36,527	17,126	19,401	36,479	17,077	19,401	
<i>Intermediate</i>	15,360	7,422	7,937	15,335	7,406	7,930	
<i>Routine and manual</i>	6,611	3,020	3,591	6,602	3,013	3,589	
<i>All adults⁴</i>	12,594	5,823	6,772	12,587	5,808	6,779	
<i>Unweighted bases⁶</i>							
<i>Managerial and professional</i>	13,330	6,180	7,160	13,320	6,170	7,160	
<i>Intermediate</i>	5,870	2,800	3,070	5,870	2,800	3,070	
<i>Routine and manual</i>	2,380	1,080	1,300	2,370	1,070	1,300	
<i>All adults⁴</i>	4,480	2,050	2,430	4,480	2,040	2,440	

1. Aged 16 and over

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

3. Results for 2007 include longitudinal data (see Appendix A)

4. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks

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

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

Source:

General Household Survey, 2007. Office for National Statistics (ONS)

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Table 2.11 Adult's¹ drinking in the last week, by economic activity status and gender, 2007^{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	67	74	61	43	46	41
Total working⁵	73	79	67	47	49	45
Full time	75	80	68	50	50	49
Part time	66	72	65	40	41	39
Unemployed	57	59	55	37	37	38
Economically inactive ⁶	49	56	44	30	33	29
	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	16	21	12	24	29	20
Total working⁵	18	22	13	27	31	22
Full time	19	22	14	29	31	25
Part time	14	20	12	19	25	18
Unemployed	12	12	11	28	27	30
Economically inactive ⁶	12	16	9	16	21	13
<i>Weighted bases (000s)</i>						
<i>All adults of working age⁴</i>	<i>27,746</i>	<i>13,851</i>	<i>13,894</i>	<i>27,709</i>	<i>13,808</i>	<i>13,901</i>
<i>Total working⁵</i>	<i>21,098</i>	<i>11,032</i>	<i>10,066</i>	<i>21,054</i>	<i>10,996</i>	<i>10,059</i>
<i>Full time</i>	<i>15,416</i>	<i>9,785</i>	<i>5,630</i>	<i>15,387</i>	<i>9,761</i>	<i>5,625</i>
<i>Part time</i>	<i>5,566</i>	<i>1,169</i>	<i>4,398</i>	<i>5,551</i>	<i>1,157</i>	<i>4,394</i>
<i>Unemployed</i>	<i>815</i>	<i>466</i>	<i>349</i>	<i>810</i>	<i>461</i>	<i>349</i>
<i>Economically inactive⁶</i>	<i>5,830</i>	<i>2,353</i>	<i>3,476</i>	<i>5,842</i>	<i>2,351</i>	<i>3,491</i>
<i>Unweighted bases⁷</i>						
<i>All adults of working age⁴</i>	<i>9,560</i>	<i>4,690</i>	<i>4,870</i>	<i>9,560</i>	<i>4,680</i>	<i>4,870</i>
<i>Total working⁵</i>	<i>7,300</i>	<i>3,750</i>	<i>3,550</i>	<i>7,290</i>	<i>3,740</i>	<i>3,550</i>
<i>Full time</i>	<i>5,290</i>	<i>3,340</i>	<i>1,950</i>	<i>5,290</i>	<i>3,340</i>	<i>1,950</i>
<i>Part time</i>	<i>1,970</i>	<i>380</i>	<i>1,590</i>	<i>1,970</i>	<i>380</i>	<i>1,590</i>
<i>Unemployed</i>	<i>260</i>	<i>140</i>	<i>120</i>	<i>260</i>	<i>140</i>	<i>120</i>
<i>Economically inactive⁶</i>	<i>2,000</i>	<i>800</i>	<i>1,200</i>	<i>2,000</i>	<i>800</i>	<i>1,200</i>

1. Adults of working age

2. Results for 2007 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 nor unemployed by the International Labour Organisation (ILO) measure. For example, this would include those who were looking after a home or retired

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

Source:

General Household Survey, 2007. The 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, 2007^{2,3}

England				Percentages		
	All adults	Men	Women	All adults	Men	Women
	Drank last week			Drank more than 4/3 units on at		
All adults⁴	65	73	57	38	41	34
Up to £200.00	47	59	39	22	27	18
£200.01 - £400.00	57	63	52	27	28	26
£400.01 - £600.00	63	71	56	38	40	36
£600.01 - £800.00	69	75	63	41	42	40
£800.01 - £1000.00	72	79	65	43	48	38
£1000.01 or more	78	84	71	51	55	48
	Drank on five or more days in the last week			Drank more than 8/6 units on at least one day		
All adults⁴	17	23	13	20	25	16
Up to 200.00	13	18	10	11	15	7
200.01 - 400.00	15	19	11	13	16	10
400.01 - 600.00	16	20	13	22	25	18
600.01 - 800.00	19	23	16	23	24	21
800.01 - 1000.00	18	24	12	24	30	18
1000.01 or more	22	29	16	28	34	22
<i>Weighted bases (000's)</i>						
<i>All adults⁴</i>	<i>36,527</i>	<i>17,126</i>	<i>19,401</i>	<i>36,479</i>	<i>17,077</i>	<i>19,401</i>
<i>Up to 200.00</i>	<i>5,164</i>	<i>2,005</i>	<i>3,160</i>	<i>5,154</i>	<i>1,991</i>	<i>3,163</i>
<i>200.01 - 400.00</i>	<i>6,033</i>	<i>2,712</i>	<i>3,321</i>	<i>6,029</i>	<i>2,712</i>	<i>3,317</i>
<i>400.01 - 600.00</i>	<i>5,327</i>	<i>2,565</i>	<i>2,762</i>	<i>5,319</i>	<i>2,557</i>	<i>2,762</i>
<i>600.01 - 800.00</i>	<i>4,779</i>	<i>2,394</i>	<i>2,385</i>	<i>4,780</i>	<i>2,394</i>	<i>2,385</i>
<i>800.01 - 1000.00</i>	<i>3,732</i>	<i>1,875</i>	<i>1,856</i>	<i>3,729</i>	<i>1,873</i>	<i>1,856</i>
<i>1000.01 or more</i>	<i>7,852</i>	<i>3,914</i>	<i>3,938</i>	<i>7,834</i>	<i>3,897</i>	<i>3,938</i>
<i>Unweighted bases⁵</i>						
<i>All adults⁴</i>	<i>13,330</i>	<i>6,180</i>	<i>7,160</i>	<i>13,320</i>	<i>6,170</i>	<i>7,160</i>
<i>Up to 200.00</i>	<i>1,870</i>	<i>720</i>	<i>1,150</i>	<i>1,860</i>	<i>710</i>	<i>1,150</i>
<i>200.01 - 400.00</i>	<i>2,340</i>	<i>1,040</i>	<i>1,300</i>	<i>2,330</i>	<i>1,040</i>	<i>1,300</i>
<i>400.01 - 600.00</i>	<i>1,940</i>	<i>920</i>	<i>1,020</i>	<i>1,930</i>	<i>920</i>	<i>1,020</i>
<i>600.01 - 800.00</i>	<i>1,740</i>	<i>860</i>	<i>880</i>	<i>1,740</i>	<i>860</i>	<i>880</i>
<i>800.01 - 1000.00</i>	<i>1,350</i>	<i>670</i>	<i>680</i>	<i>1,350</i>	<i>670</i>	<i>680</i>
<i>1000.01 or more</i>	<i>2,830</i>	<i>1,400</i>	<i>1,430</i>	<i>2,830</i>	<i>1,390</i>	<i>1,430</i>

1. Aged 16 and over

2. Results for 2007 include longitudinal data (see Appendix A)

3. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks

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

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

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Table 2.13 Drinking in the last week, by marital status¹ and gender, 2007^{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	65	73	57	38	41	34
Single	61	66	56	41	43	40
Married/cohabiting	69	77	62	40	42	37
Divorced/separated	60	70	54	35	39	33
Widowed	44	62	39	14	23	12
	Drank on five or more days last week			Drank more than 8/6 units on at least one day		
All adults	17	23	13	20	25	16
Single	10	13	7	27	29	24
Married/cohabiting	21	26	15	20	24	16
Divorced/separated	15	21	11	18	24	14
Widowed	15	24	12	4	9	3
<i>Weighted bases (000s)</i>						
<i>All adults</i>	<i>36,527</i>	<i>17,126</i>	<i>19,401</i>	<i>36,479</i>	<i>17,077</i>	<i>19,401</i>
<i>Single</i>	<i>7,649</i>	<i>4,107</i>	<i>3,542</i>	<i>7,632</i>	<i>4,077</i>	<i>3,554</i>
<i>Married/cohabiting</i>	<i>22,990</i>	<i>11,206</i>	<i>11,784</i>	<i>22,967</i>	<i>11,190</i>	<i>11,776</i>
<i>Divorced/separated</i>	<i>3,099</i>	<i>1,122</i>	<i>1,977</i>	<i>3,095</i>	<i>1,119</i>	<i>1,977</i>
<i>Widowed</i>	<i>2,789</i>	<i>691</i>	<i>2,099</i>	<i>2,785</i>	<i>691</i>	<i>2,094</i>
<i>Unweighted bases⁴</i>						
<i>All adults</i>	<i>13,330</i>	<i>6,180</i>	<i>7,160</i>	<i>13,320</i>	<i>6,170</i>	<i>7,160</i>
<i>Single</i>	<i>2,350</i>	<i>1,200</i>	<i>1,160</i>	<i>2,350</i>	<i>1,190</i>	<i>1,160</i>
<i>Married/cohabiting</i>	<i>8,860</i>	<i>4,320</i>	<i>4,540</i>	<i>8,850</i>	<i>4,320</i>	<i>4,540</i>
<i>Divorced/separated</i>	<i>1,100</i>	<i>380</i>	<i>720</i>	<i>1,100</i>	<i>380</i>	<i>720</i>
<i>Widowed</i>	<i>1,020</i>	<i>280</i>	<i>750</i>	<i>1,020</i>	<i>280</i>	<i>740</i>

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. Results for 2007 include longitudinal data (see Appendix A)

3. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks.

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

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Table 2.14 Drinking last week among adults by gender¹ and Government Office Region, 2007²

Great Britain	Drank last week	Drank on 5 or more days last week	Weighted bases (000s)	Percentages
				Unweighted bases
All adults				
England	65	17	36,527	13,330
North East	64	13	1,717	650
North West	68	16	4,905	1,800
Yorkshire and the Humber	67	18	3,851	1,450
East Midlands	66	20	3,275	1,340
West Midlands	62	17	3,855	1,360
East of England	65	18	4,347	1,660
London	53	17	4,720	1,280
South East	67	18	6,112	2,300
South West	68	18	3,745	1,500
Wales	65	16	2,244	860
Scotland	57	11	3,843	1,430
Great Britain	64	17	42,614	15,630
Men				
England	73	23	17,126	6,180
North East	71	18	794	290
North West	76	20	2,296	830
Yorkshire and the Humber	76	21	1,761	650
East Midlands	76	27	1,559	630
West Midlands	72	22	1,808	630
East of England	70	22	2,129	800
London	64	23	2,158	580
South East	75	23	2,859	1,070
South West	78	23	1,761	700
Wales	71	21	1,105	420
Scotland	65	15	1,773	650
Great Britain	72	22	20,003	7,240
Women				
England	57	13	19,401	7,160
North East	58	9	924	360
North West	62	12	2,609	970
Yorkshire and the Humber	60	15	2,089	800
East Midlands	57	14	1,716	710
West Midlands	53	12	2,047	730
East of England	61	13	2,218	860
London	44	13	2,562	700
South East	61	14	3,253	1,230
South West	60	12	1,984	800
Wales	60	12	1,139	450
Scotland	51	8	2,071	780
Great Britain	57	12	22,611	8,380

1. Aged 16 and over

2. Results for 2007 include longitudinal data (see Appendix A)

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Table 2.15 Maximum drunk on any one day last week¹, by gender and Government Office Region, 2007^{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	38	20	36,479	13,320
North East	37	16	1,714	650
North West	45	27	4,900	1,800
Yorkshire and the Humber	42	25	3,842	1,440
East Midlands	38	21	3,275	1,340
West Midlands	32	16	3,824	1,350
East of England	35	17	4,351	1,660
London	33	18	4,715	1,270
South East	38	19	6,112	2,300
South West	37	19	3,745	1,500
Wales	37	18	2,235	860
Scotland	36	17	3,838	1,430
Great Britain	37	20	42,552	15,620
Men				
England	41	25	17,077	6,170
North East	43	22	789	290
North West	50	33	2,281	820
Yorkshire and the Humber	45	30	1,757	650
East Midlands	43	26	1,559	630
West Midlands	36	21	1,784	620
East of England	38	22	2,133	800
London	39	24	2,153	580
South East	40	23	2,859	1,070
South West	39	22	1,761	700
Wales	39	20	1,096	410
Scotland	41	23	1,767	650
Great Britain	41	24	19,940	7,230
Women				
England	34	16	19,401	7,160
North East	32	11	925	360
North West	41	21	2,619	970
Yorkshire and the Humber	39	21	2,086	790
East Midlands	34	16	1,716	710
West Midlands	28	12	2,039	730
East of England	33	13	2,218	860
London	28	12	2,561	700
South East	36	15	3,253	1,230
South West	35	17	1,984	800
Wales	35	16	1,139	450
Scotland	31	12	2,071	780
Great Britain	34	15	22,611	8,380

1. Aged 16 and over

2. Results for 2007 include longitudinal data (see Appendix A)

3. The method used for calculating the number of units drunk was updated for the 2006 survey. The change is designed to take into account changes in the way drinks are served and the changing strength of drinks

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

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3 Knowledge and attitudes to alcohol

3.1 Introduction

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

Three sources of information are used: The *Health Survey for England 2007*¹; the ONS Omnibus report *Drinking: adults' behaviour and knowledge in 2008*²; and *Drug use, smoking and drinking among young people in England, 2007*³.

In 2007 the Health Survey for England (HSE07) asked respondents about their knowledge of recommendations on alcohol consumption and their attitudes towards drinking. The Omnibus survey also asks about knowledge and attitudes. The report *Drinking: adults' behaviour and knowledge in 2008* has a smaller sample size, but has been asking the questions for several years, allowing comparisons over time to be made. In this chapter the HSE07 is used to explore the knowledge and attitudes people have towards alcohol. The Omnibus survey report on drinking is used for looking at changes over time.

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

3.2 Adults' knowledge of alcohol

3.2.1 Knowledge of recommendations for sensible drinking

For recommendations about sensible drinking to be effective, adults who drink alcohol need

to know what they are. They also need to be able to relate their consumption of actual drinks to the equivalent in units of alcohol; the terms in which current recommendations are expressed.

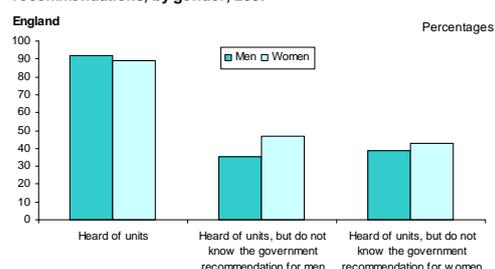
Government recommendations are that adult men should not regularly drink more than 3–4 units of alcohol a day and adult women should not regularly drink more than 2–3 units a day⁴.

The HSE07 asked respondents whether they had heard of daily recommendations. Where a respondent had heard of the recommendations they were asked to estimate what the recommended maximum alcohol intake in units per day was for both men and women.

Around 9 in 10 adults have heard of measuring alcohol in units

Most adults in England (92% of men and 89% of women¹), had heard of units; this was most common among those aged between 35 and 64. There was less knowledge of the recommended maximum daily intake; 35% of men and 47% of women had heard of units but said they didn't know what the recommendations were for men, and 39% of men and 43% of women similarly knew about units but said they did not know the recommendations for women.

Figure 3.1 Knowledge of alcohol units and government recommendations, by gender, 2007



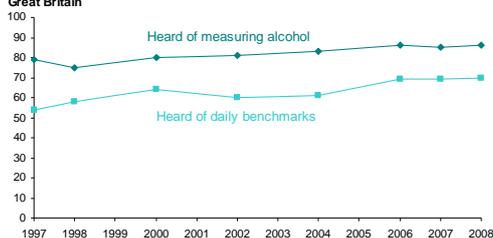
Source: Health Survey for England 2007, the NHS Information Centre

Those who attempted to define the recommendations were more likely to be wrong than right. Overall, 14% of men and 9% of women stated the recommended daily maximum for men was four units and 11% of men and 6% of women stated the recommended maximum for women was three units. Men and women aged below 55 were more likely to know these limits than older adults. Forty two per cent of men and 33% of women gave incorrect answers about recommendations for men, and 41% of men and 40% of women gave incorrect answers about recommendations for women. There was a greater tendency to under-estimate than to over-estimate the recommended maximum consumption; in particular, 23% of both men and women thought that the maximum recommended intake for women was two units a day (**Tables 3.1, 3.2, Figure 3.1**).

Further information on knowledge of recommendations and knowledge of alcohol content of different drinks can be found in HSE07.

The ONS report *Drinking: adults' behaviour and knowledge in 2008* also looked at adults' knowledge of units. The survey on which this report is based has a smaller sample size than HSE07; however the Omnibus survey has been asking questions on alcohol knowledge for several years which allows comparisons over time to be made.

Figure 3.2 Knowledge of measuring alcohol in units and of recommendations, 1997 to 2008
Great Britain



Source: Drinking: Adults' behaviour and knowledge in 2008. Office for National Statistics (ONS)

When asked whether they had heard of measuring alcohol consumption in units, 86% of respondents in Great Britain in 2008 said they had. This compares with 79% in 1997, the first year in which the survey was carried out. There has been an increase from 54% in 1997 to 70% in 2008 in the proportion who had heard of daily recommendations (**Figure 3.2**).

3.2.2 Awareness of unit labelling

In the Omnibus survey, drinkers who said previously that they had heard of measuring alcohol in units were asked if they had seen any alcoholic drinks with the units of alcohol on the label, and if so, where.

About two fifths (41%) of drinkers who had heard of units had seen unit labelling on alcohol in 2008. Men were more likely than women to say they had seen unit labelling (49% compared with 33%). In 2008, the way in which the survey data are weighted to ensure the figures are representative was changed. Using the old weighting scheme for comparability, 40% of drinkers who had heard of units had seen unit labelling on alcohol, a significant increase from 32% in 2006 and 23% in 2000. Awareness of unit labelling has increased more among men than among women since 2000. In 2000, 24% of men and 23% of women had seen unit labelling; in 2008 (using the old weighting system for comparability) 48% of men and 33% of women had seen unit labelling (**Table 3.3**).

The most frequently mentioned place where unit labelling had been seen was a supermarket; reported by 87% of adults. Off-licences were mentioned by 23% and pubs by 20%. Men were more likely than women to mention off-licences. The proportions were similar for men and women for other places (**Table 3.4**).

3.2.3 Awareness of health risks of drinking

In 2008 some new questions were introduced into the Omnibus drinking survey to evaluate awareness of the effect of drinking. Respondents were asked whether or not they thought that drinking increased the risk of a range of health risks and medical conditions known, or thought to be caused or exacerbated, by drinking.

Of all the health problems covered in the survey, people appeared to be the most aware of the effect of drinking on the risk of accidents or liver disease (both 96%). These were also the two health problems for which the percentage who could not answer was lowest

– 2%. Ninety one per cent were aware of the risk of alcohol poisoning, with only 5% saying they did not know. The majority of people were aware that alcohol increases the risk of depression (82%), hypertension (78%), coronary heart disease (73%), stroke (66%) and pancreatitis (59%).

People appeared to be least aware of the effect of alcohol on the risk of arthritis and deafness. Only a sixth (16%) of people thought that the risk of arthritis would be increased by drinking and a further 45% were unable to say whether it would or not. Similarly, only 9% of people thought alcohol increased the risk of deafness, and a further 28% said they did not know.

Women were more likely than men to be aware that drinking alcohol increases the risk of accidents, liver disease, pancreatitis, depression and stroke (**Table 3.5**).

3.3 Adults' attitudes to drinking

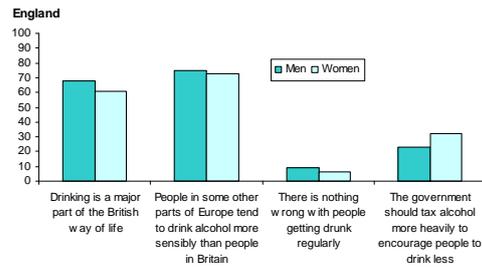
HSE07 asked adults whether they would like to drink less.

16% of men and 14% of women who had drunk alcohol in the last year said they would like to drink less.

Among adults who had drunk alcohol in the last year, 16% of men and 14% of women in England in 2007 said they would like to drink less. This was most common among men and women aged below 55, less common among older adults (**Table 3.6**).

Men who had reported drinking over 8 units and women who had reported drinking over 6 units on at least one day in the last week were more likely than other drinkers to want to drink less (24% of men and 25% of women who drank at this level) (**Table 3.7**).

Figure 3.3 Proportion of adults agreeing with attitudes to drinking, by gender, 2007



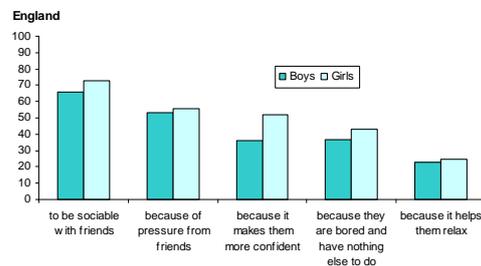
Source: Health Survey for England 2007, the NHS Information Centre

As part of HSE07, adults were also asked about their attitudes to drinking in general. The majority of adults (68% of men and 61% of women) believed that 'Drinking is a major part of the British way of life'. There was also agreement that 'People in some other parts of Europe tend to drink more sensibly than people in Britain' with 75% of men and 73% of women agreeing. Only a minority of adults (9% of men and 6% of women) agreed that 'there is nothing wrong with people getting drunk regularly'. Similarly, only a minority agreed with one possible remedy, that 'The government should tax alcohol more heavily to encourage people to drink less' (23% of men and 32% of women) (**Table 3.8, Figure 3.3**).

3.4 Children's attitudes to drinking

In the HSE07 all children aged 13 to 15 were asked about their attitudes to why young people their age may drink alcohol.

Figure 3.4 Proportion of children aged 13-15 agreeing with reasons people their age drink, by gender, 2007



Source: Health Survey for England 2007, the NHS Information Centre

Girls were slightly more likely than boys to agree that 'People of my age drink to be sociable with friends' (73% and 66% respectively). More than half of both boys and girls agreed that young people drink because of pressure from friends (56% of girls and 53% of boys). Girls were more likely than boys to

agree that young people drink because it gives them confidence (52% and 36% respectively) and because they are bored (43% and 37% respectively). Only around a quarter agreed that young people drink because it helps them relax (25% of girls and 23% of boys) (**Table 3.9, Figure 3.4**).

There were some variations in attitudes by age. Nearly three fifths (56%) of boys aged 13 agreed with the statement 'People my age drink to be sociable with friends', rising to nearly four fifths (78%) of boys aged 15. The proportion of girls in agreement with this statement followed a similar pattern, ranging from 62% of girls aged 13 to 80% of girls aged 15. This pattern was also apparent for two further statements: agreement that drinking gave young people confidence (ranging from 26% of boys aged 13 to 49% of those aged 15, and 39% of girls aged 13 to 61% of those aged 15); and agreement that young people 'drink because they are bored', where the

pattern was stronger for boys than girls (**Table 3.10**).

The HSE07 also contains information on whether the children thought their parents knew they drank and what they thought about their drinking. Similar questions were asked in SDD06⁵.

The SDD07³, asked pupils aged 11 to 15 some questions about their attitudes towards drinking. Six in ten (61%) thought it was OK for someone of their age to try alcohol at least once and four in ten (41%) that it was OK to drink alcohol once a week.

There was a distinction between drinking and getting drunk; less than half of those who thought drinking was OK also thought it was OK for someone of their age to get drunk. 25% of pupils thought it was OK to try getting drunk, 17% thought it was OK to get drunk once a week.

Summary: Knowledge and attitudes to alcohol

The figures presented in this chapter show that, in general, knowledge of measuring alcohol in units is high, as is knowledge of the existence of government recommendations and that knowledge of both has increased in recent years. However, knowledge of what the recommendations are is less widespread.

Around two-fifths of adults have seen unit labelling on alcoholic drinks, a proportion which has been increasing in recent years.

Around 3 in 20 people would like to drink less; those who reported drinking the most on a

single day in the last week were most likely to want to drink less.

Around 4 in 10 children thought it was OK to drink alcohol once a week, while 6 in 10 thought it was OK for someone their age to try alcohol at least once. The majority agreed that young people their age drink to be sociable with friends and that young people drink because of pressure from friends.

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Table 3.1 Estimation of recommended maximum¹ alcohol intake in units per day for men², by age and gender, 2007

England								Percentages
	All ages	16-24	25-34	35-44	45-54	55-64	65-74	75+
Men								
One	1	1	0	1	2	1	1	1
Two	13	10	15	14	13	14	10	9
Three	15	14	15	16	14	17	15	10
Four	14	18	13	17	15	12	12	4
Five or more	13	14	15	17	16	11	10	4
Don't know	35	32	30	29	36	41	42	55
Not heard of units	8	11	11	6	4	5	10	17
Women								
One	1	1	1	1	0	1	0	-
Two	9	5	12	11	12	10	6	3
Three	12	8	13	13	15	14	9	6
Four	9	9	9	11	12	9	4	3
Five or more	11	16	12	13	14	8	8	4
Don't know	47	47	40	44	41	51	60	56
Not heard of units	12	14	13	7	5	8	12	29
<i>Bases (weighted)</i>								
<i>Men</i>	3,047	445	502	604	508	463	312	214
<i>Women</i>	3,230	426	530	612	531	474	339	318
<i>Bases (unweighted)</i>								
<i>Men</i>	2,775	312	384	519	456	453	390	261
<i>Women</i>	3,477	341	536	647	599	551	449	354

1. Recommended daily maximum for men in units is 4

2. Aged 16 and over

Source:

Health Survey for England 2007. The NHS Information Centre

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Table 3.2 Estimation of recommended maximum¹ alcohol intake in units per day for women², by age and gender, 2007

England								Percentages
	All ages	16-24	25-34	35-44	45-54	55-64	65-74	75+
Men								
One	8	8	8	9	8	8	7	3
Two	23	21	25	27	24	23	20	17
Three	11	13	12	14	10	10	7	2
Four or more	10	13	10	13	14	7	8	3
Don't know	39	34	34	32	40	45	47	58
Not heard of units	8	11	11	6	4	5	10	17
Women								
One	7	3	11	9	8	7	3	3
Two	23	16	25	26	30	28	18	10
Three	6	10	5	7	7	5	4	2
Four or more	10	12	11	12	12	7	9	5
Don't know	43	45	3	40	38	45	55	52
Not heard of units	11	14	13	7	5	8	12	29
<i>Bases (weighted)</i>								
<i>Men</i>	3,034	445	500	600	508	462	308	209
<i>Women</i>	3,241	426	530	612	531	481	343	319
<i>Bases (unweighted)</i>								
<i>Men</i>	2,760	312	383	515	456	452	386	256
<i>Women</i>	3,490	341	536	646	599	559	454	355

1. Recommended daily maximum for women in units is 3

2. Aged 16 and over

Source:

Health Survey for England 2007

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Table 3.3 Drinkers^{1,2} who had seen unit labelling, by gender, 2000 to 2008

Great Britain	Percentages						
	2000	2002	2004	2006	2007	2008 ³	2008 ⁴
All Adults	23	27	31	32	38	40	41
Men	24	28	35	36	41	48	49
Women	23	26	28	30	36	33	33
<i>Bases (weighted)⁴ (000s)</i>							
All adults							35,645
Men							17,923
Women							17,721
<i>Bases (weighted)³</i>							
All adults	2,555	2,170	2,646	1,946	1,713	1,718	
Men	1,210	1,340	1,211	912	809	845	
Women	1,345	1,370	1,435	1,034	904	873	
<i>Bases (unweighted)</i>							
All adults							1,690
Men							790
Women							900

1. Aged 16 and over
2. Data relate to only those who said they had heard of alcohol units
3. Weighted for unequal chance of selection
4. Weighted to population totals. Weighted bases in thousands.

Source:

Drinking: Adults' behaviour and knowledge in 2008. The Office for National Statistics (ONS)

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Table 3.4 Where drinkers^{1,2} had seen unit labelling in the last week, by gender, 2000 to 2008

Great Britain	Percentages ³						
	2000	2002	2004	2006	2007	2008 ⁴	2008 ⁵
All adults							
Supermarket	77	76	71	86	81	87	87
Off-licence	17	14	12	21	23	22	23
Public house	16	25	21	22	24	20	20
Restaurant	4	5	6	6	10	7	7
Nightclub/club	3	5	4	6	8	6	6
Can't remember/Don't know	10	4	10	3	3	2	2
Men							
Supermarket	78	74	74	85	80	86	86
Off-licence	19	16	14	25	28	28	28
Public house	14	25	20	23	24	20	20
Restaurant	4	5	6	6	11	7	7
Nightclub/club	3	5	5	6	8	6	6
Can't remember/Don't know	11	4	10	5	3	3	3
Women							
Supermarket	76	78	68	88	82	88	87
Off-licence	15	12	10	17	19	14	16
Public house	19	24	23	22	24	19	20
Restaurant	3	5	6	6	8	7	7
Nightclub/club	3	5	3	6	9	4	5
Can't remember/Don't know	10	5	10	2	2	2	2
<i>Bases (weighted)⁵ (000s)</i>							
All adults							14,383
Men							8,533
Women							5,850
<i>Bases (weighted)⁴</i>							
All adults	580	697	806	625	649	681	
Men	278	354	409	322	326	392	
Women	302	343	396	303	323	289	
<i>Bases (unweighted)</i>							
All adults							650
Men							350
Women							290

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
4. Weighted for unequal chance of selection
5. Weighted to population totals. Weighted bases in thousands.

Source:

Drinking: Adults' behaviour and knowledge in 2008. The Office for National Statistics (ONS)

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Table 3.5 Adults¹ views on whether or not drinking increases the risk of certain medical conditions, by gender, 2008

England	Percentages		
	Total	Men	Women
Percentage saying drinking alcohol increased the risk of the complaint			
Accidents	96	95	97
Liver disease	96	95	97
Alcohol poisoning (overdose)	91	91	92
Depression	82	78	84
Hypertension (high blood pressure)	78	77	79
Coronary heart disease	73	73	73
Stroke	66	63	68
Pancreatitis	59	53	65
Arthritis	16	16	17
Deafness	9	10	9
Percentage saying drinking alcohol did not increase the risk of the complaint			
Accidents	2	3	1
Liver disease	2	2	1
Alcohol poisoning (overdose)	4	6	2
Depression	11	14	8
Hypertension (high blood pressure)	10	12	9
Coronary heart disease	14	15	13
Stroke	15	18	12
Pancreatitis	8	10	7
Arthritis	39	41	36
Deafness	63	64	61
Percentage who did not know whether drinking alcohol increased the risk of the complaint or not			
Accidents	2	2	2
Liver disease	2	3	2
Alcohol poisoning (overdose)	5	3	6
Depression	8	7	8
Hypertension (high blood pressure)	12	11	12
Coronary heart disease	13	12	14
Stroke	20	20	20
Pancreatitis	32	37	28
Arthritis	45	43	47
Deafness	28	26	30
<i>Bases (weighted (000s))²</i>	46,438	22,387	24,051
<i>Bases (unweighted)³</i>	2,240	1,000	1,240

1. Aged 16 and over

2. Weighted to population totals

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

Source:

Drinking: Adults' behaviour and knowledge in 2008. The Office for National Statistics (ONS)

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Table 3.6 Adults¹ attitudes to own drinking, by age and gender, 2007

England	Percentages							
	All ages	16-24	25-34	35-44	45-54	55-64	65-74	75+
Men								
Would like to drink less	16	21	20	18	18	14	10	7
Does not want to drink less	84	79	80	82	82	86	90	93
Women								
Would like to drink less	14	19	19	18	17	11	8	3
Does not want to drink less	86	81	81	82	83	89	92	97
<i>Bases (weighted)</i>								
<i>Men</i>	2,612	207	449	558	483	440	282	192
<i>Women</i>	2,640	212	440	549	477	426	293	242
<i>Bases (unweighted)</i>								
<i>Men</i>	2,434	146	346	482	438	432	355	235
<i>Women</i>	2,902	175	448	582	540	497	391	269

1. Aged 16 and over, who had drunk in the last year

Source:

Health Survey for England 2007

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Table 3.7 Adults¹ attitude to own drinking (age-standardised), by maximum drunk on one day in the last week and gender, 2007

England	Percentages			
	Did not drink in last week	Less than 4/3 units	More than 4/3 units, but less than 8/6	More than 8/6 units
Men				
Would like to drink less	13	10	20	24
Does not want to drink less	87	90	80	76
Women				
Would like to drink less	9	10	17	25
Does not want to drink less	91	90	83	75
<i>Bases (weighted)</i>				
<i>Men</i>	447	894	505	762
<i>Women</i>	819	815	527	477
<i>Bases (unweighted)</i>				
<i>Men</i>	411	884	474	661
<i>Women</i>	904	918	580	498

1. Aged 16 and over

Source:

Health Survey for England 2007

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Table 3.8 Adults¹ attitudes to drinking: summary of agreement and disagreement, by gender, 2007

England						Percentages	
	Agree strongly	Agree	Neither ²	Disagree	Disagree strongly	Total agree	Total disagree
Men							
Drinking is a major part of the British way of life	12	56	20	10	2	68	13
People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain	19	55	17	7	1	75	8
There is nothing wrong with people getting drunk regularly	2	7	15	42	34	9	76
The government should tax alcohol more heavily to encourage people to drink less	7	16	19	35	23	23	58
Women							
Drinking is a major part of the British way of life	10	51	22	14	3	61	17
People in some other parts of Europe tend to drink alcohol more sensibly than people in Britain	17	56	20	6	1	73	7
There is nothing wrong with people getting drunk regularly	2	4	14	40	40	6	80
The government should tax alcohol more heavily to encourage people to drink less	10	22	23	33	11	32	45

1. Aged 16 and over

2. 'Neither' includes those who chose the answer categories 'Neither agree nor disagree' and 'Can't choose'.

Bases for the first statement are:

Weighted: Men 3,056, Women 3,197

Unweighted: Men 2,783, Women 3,440

Bases for other statements vary but are of similar size.

Source:

Health Survey for England 2007

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Table 3.9 Children's¹ attitudes to drinking: summary of agreement and disagreement, by gender, 2007

England						Percentages	
	Agree strongly	Agree	Neither ²	Disagree	Disagree strongly	Total agree	Total disagree
Boys							
People of my age drink...							
to be sociable with friends	18	49	20	9	5	66	14
because of pressure from friends	16	38	22	16	9	53	25
because it makes them more confident	5	31	31	24	9	36	33
because they are bored and have nothing else to do	10	27	30	21	12	37	34
because it helps them relax	3	19	34	30	13	23	43
Girls							
People of my age drink...							
to be sociable with friends	22	51	14	9	3	73	13
because of pressure from friends	19	37	20	17	7	56	24
because it makes them more confident	10	42	23	18	7	52	25
because they are bored and have nothing else to do	13	30	27	20	9	43	30
because it helps them relax	2	23	34	30	11	25	40

1. Aged 13 to 15

2. 'Neither' includes those who chose the answer categories 'Neither agree nor disagree' and 'Can't choose'.

Bases for the first statement are:

Weighted: Boys 711, Girls 672

Unweighted: Boys 770, Girls 731

Bases for other statements vary but are of similar size.

Source:

Health Survey for England 2007

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Table 3.10 Proportion of children¹ agreeing with attitudes about drinking, by age and gender, 2007

England	Percentages			
	All Ages	13	14	15
Boys				
People of my age drink...				
to be sociable with friends	66	56	65	78
because of pressure from friends	53	57	56	46
because it makes them more confident	36	26	35	49
because they are bored and have nothing else to do	37	27	38	45
because it helps them relax	23	16	22	31
Girls				
People of my age drink...				
to be sociable with friends	73	62	78	80
because of pressure from friends	56	63	58	49
because it makes them more confident	52	39	57	61
because they are bored and have nothing else to do	43	41	42	46
because it helps them relax	25	25	25	26
<i>Bases (weighted)²</i>				
<i>Boys</i>	711	239	250	222
<i>Girls</i>	672	226	232	214
<i>Bases (unweighted)²</i>				
<i>Boys</i>	770	279	257	234
<i>Girls</i>	731	275	238	218

1. Aged 13 to 15

2. Bases vary but are of similar sizes; those shown are for the first statement.

Source:

Health Survey for England 2007

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4 Drinking-related costs, ill health and mortality

4.1 Introduction

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

Data on hazardous or harmful drinking and alcohol dependence are presented from the findings of the report, *Adult psychiatric morbidity in England: results of a household survey, 2007* published by the NHS Information Centre¹. This is a national survey based on adults aged 16 and over living in private households in England, it is the third survey of its kind.

This chapter presents an estimate of alcohol-related NHS hospital admissions. These figures use a new methodology reflecting a substantial change in the way the impact of alcohol on hospital admissions is calculated. In previous versions of this report the calculation counted only admissions for reasons wholly-attributable to alcohol. The new calculation includes a proportion of the admissions for reasons that are not always related to alcohol, but can be in some instances (such as accidental injury). Data on NHS hospital admittance are available from the Hospital Episode Statistics (HES) databank². These data are based on the tenth revision of the International Classification of Diseases (ICD-10) for diseases, injuries or conditions that are attributable in some way to alcohol, such as alcoholic liver disease (wholly attributable) or a fall injury (partly attributable). The full list of diseases, injuries and conditions and the attributable fractions that are applied to the HES data have been developed by the North West Public Health Observatory³. The most recent data available is for the financial year 2007/08.

Information on prescription items for the treatment of alcohol dependence are presented from Prescription Services a division of the Business Services Authority (BSA) and published by the NHS Information Centre⁴.

The latest data on deaths from causes directly linked to alcohol consumption in England and Wales are produced by the Office for National Statistics (ONS) in *Mortality statistics - Deaths registered in 2007*⁵. 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.

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

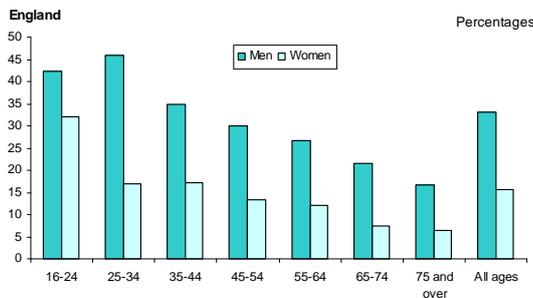
4.2 Hazardous, harmful and dependent drinking

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

In 2007, a quarter of adults in England were classified as hazardous drinkers

In 2007, a quarter of adults, aged 16 and over, in England (24%) were classified as hazardous drinkers. Men were twice as likely as women to be hazardous drinkers (33% of men compared to 16% of women). Younger men and women were more likely to be hazardous drinkers than older adults. A similar pattern was seen for harmful drinking. Six per cent of men and 2% of women were classified as harmful drinkers and the proportions were lower in older age groups (Table 4.1, Figure 4.1).

Figure 4.1 Prevalence of hazardous drinking, by age and gender, 2007



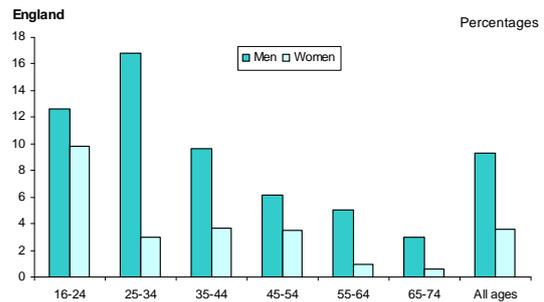
Source: Adults psychiatric morbidity survey, 2007. The NHS Information Centre

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

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

to 3.6% of women) and was also higher among younger adults (Figure 4.2).

Figure 4.2 Prevalence of alcohol dependence, by age and gender, 2007



Source: Adults psychiatric morbidity survey, 2007. The NHS Information Centre

The prevalence of alcohol dependence in men declined slightly between 2000 and 2007, with 11.5% of men aged 16 to 74 in 2000 dependent on alcohol, mostly at the mild level. This decreased to 9.3% in 2007, again mostly at the mild level. The same pattern was not seen among women (Table 4.2).

The 2007 APMS also shows hazardous, harmful and dependent drinking by a number of other characteristics such as ethnicity, region, marital status and income, for further details see the report¹.

4.3 Discussion of drinking with health professionals and specialist treatment

4.3.1 Discussion of drinking with health professionals

Respondents to the Omnibus Survey 2008⁸, carried out by the office for National Statistics, were asked if, in the last year, they had had any discussions about drinking with their GP, someone else at the surgery, another doctor or any 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, when this question was first asked, in the proportions having such discussions⁸.

4.3.2 Specialist alcohol treatment

From April 2008, the Department of Health started collecting and monitoring data on specialist alcohol treatment, requiring providers of specialist treatment for alcohol misuse to submit data to the National Drug Treatment Monitoring System (NDTMS). The aim is to provide an ongoing published data set on specialist alcohol treatment in England similar to that already available for drug misuse treatment. Further details can be found on the National Treatment Agency Website⁹.

4.4 Alcohol-related hospital admissions

4.4.1 Definitions

This section describes trends in finished admission episodes with diseases, injuries and conditions that can be attributed to alcohol consumption. Work in this area has been carried out by the North West Public Health Observatory (NWPHO), on commission by the Department of Health, using Hospital Episode Statistics data from the NHS Information Centre and best international practices. This is used to determine the proportions of a wide range of diseases and injuries that can be partly attributed to alcohol as well as those that are, by definition, wholly attributable to alcohol. This data is used in three national indicators used by government, primary care trusts and local authorities:

- National Indicator 39
- Vital signs Indicator 26
- Public Service Agreement Indicator 25.2

Further details about these indicators can be found in **Appendix A**.

Finished Admission Episodes represent the first period of inpatient care under one healthcare provider and are referred to here as 'hospital admissions'

Hospital admissions data are based on the tenth revision of the International Classification of Diseases (ICD-10). The list of the ICD-10 codes for diseases, injuries and conditions found to be wholly or partly attributable to

alcohol can be found in the tables. For the purpose of this report, the diseases, injuries and conditions have been split into those which are wholly attributable to alcohol ('alcohol-specific') such as alcoholic liver disease or mental and behavioural disorders due to the use of alcohol, and those which are partly attributable to alcohol such as some cancers, accidents and injuries.

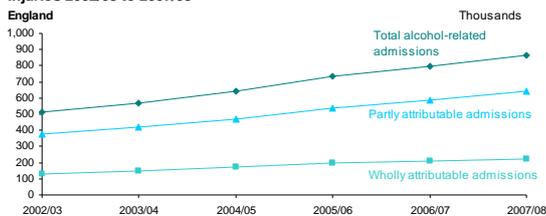
Where more than one alcohol-related ICD-10 code is recorded in a given admission episode, the one with the highest attributable fraction is selected to avoid double counting of the admissions. Where there are two or more codes with equally high attributable fractions the one which appears earliest in the diagnostic fields is selected. For further details on the methodology used to develop the attributable fractions see the NWPHO report *Alcohol-attributable fractions for England – alcohol-attributable deaths and hospital admissions*³. For details of the age-specific attributable fractions and how they are applied see the NWPHO technical report *Hospital admissions for alcohol-related harm: Technical Information and Definition*¹⁰.

4.4.2 All alcohol-related admissions

Overall, in 2007/08 there were around 863,300 admissions related to alcohol consumption whether an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis. This represents a 69% increase since 2002/03 when there were around 510,200 such admissions. In 2007/08, males were more likely to be admitted to hospital with alcohol-related diseases, injuries and conditions than females, with 62% of the overall admissions being male patients (**Tables 4.3 and 4.4, Figure 4.3**).

In 2007/08, there were 863,300 hospital admissions with alcohol-related conditions

Figure 4.3 Number of hospital admissions for alcohol-related diseases or injuries 2002/03 to 2007/08



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

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Overall, the number of alcohol-related admissions increased with age in 2007/08, rising from 49,300 admissions among 16 to 24 year olds to 195,300 admissions of people aged 75 and over (**Table 4.5**).

Among SHAs, in 2007/08, the North East and North West SHAs had the highest number of admissions with alcohol-related diseases, injuries and conditions, with around 2,000 and 1,900 admissions per 100,000 of the population respectively. South Central SHA had the lowest number of admissions per 100,000 of the population (around 1,000) (**Table 4.6**).

4.4.3 Wholly attributable admissions

Out of the 863,300 alcohol-related admissions in 2007/08, approximately 222,600 were for diseases or injuries that were wholly attributable to alcohol consumption or 'alcohol-specific' (i.e. had an attributable fraction of 1). Of this group, mental and behaviour disorders due to the use of alcohol (ICD-10 code F10) was the most common alcohol-related diagnosis counted against, accounting for almost two-thirds of the admissions (144,700).

Additionally, there were around 38,300 admissions with alcoholic liver disease (ICD-10 code K70) and 30,100 admissions with the toxic effects of alcohol types which are common in alcoholic drinks (ICD-10 codes T51.0, T51.1 and T51.9) (**Table 4.3**).

4.4.4 Partly attributable admissions

Out of the 863,300 admissions in 2007/08, around 640,700 admissions were for reasons that are partly attributable to alcohol consumption (i.e. have an attributable fraction of less than 1)

Nearly half of these partly attributable admissions were with hypertensive diseases (ICD-10 codes I10 – I15), accounting for approximately 292,700 admissions. For around 146,300 admissions, it was cardiac arrhythmias (abnormal electrical activity in the heart). Admissions with other partly attributable diseases, injuries or conditions were much lower in comparison (**Table 4.3**).

4.4.4 Primary diagnosis only

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

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

In 2007/08, there were around 62,400 admissions where the primary diagnosis was wholly attributable to alcohol. This has increased by 39% since 2002/03 when there were around 45,000 admissions of this type.

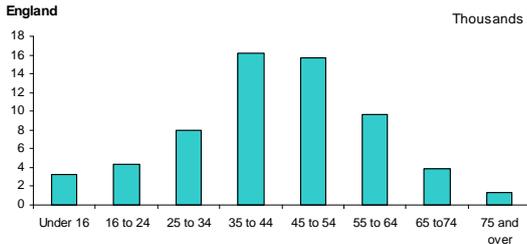
Mental and behavioural disorders due to alcohol and alcoholic liver disease were the two most common primary reasons for hospitalisation (around 41,200 and 14,300 admissions respectively) (**Table 4.7**).

The most common primary diagnosis for alcohol-specific hospital admissions is mental and behavioural disorders due to alcohol

Overall, more than twice as many males were admitted to hospital with a primary diagnosis of a condition that is wholly attributable to alcohol than females. Among different age groups,

those aged 75 and over had the lowest number of such admissions and there was a peak in admissions among those aged 35 to 54. Among SHAs the North West and the North East SHAs had the highest rate of admissions per 100,000 of the population and the South Central and East of England SHAs had the lowest rate of admissions (**Tables 4.8 and 4.9, Figure 4.4**)

Figure 4.4 Number of hospital admissions where there was a primary diagnosis of a disease or condition wholly attributable to alcohol, by age, 2007/08



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

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

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

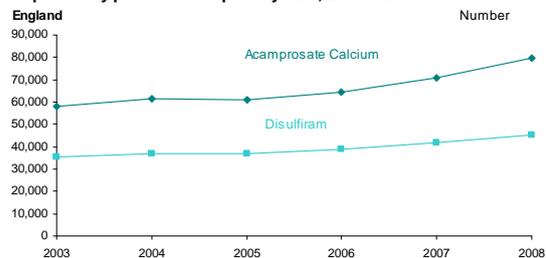
Presented here are data on prescription items and Net Ingredient Cost (NIC) for drugs used to treat alcohol dependence. Prescription items give a measure of how often a prescriber has decided to write a prescription for the treatment of alcohol dependence. The number of items is not a good measure of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

In 2008, there were 134,429 prescription items prescribed for the treatment of alcohol dependence in primary care settings or NHS

hospitals and dispensed in the community. The majority of these prescription items were prescribed in a primary care setting (such as a GP surgery or clinic) with only 7% prescribed in NHS hospitals. Overall, this number has increased by 31% since 2003 when 102,741 items were prescribed in primary care or NHS hospitals. The Net Ingredient Cost (NIC) of these prescription items in 2008 was £2.4 million, an increase of 39% since 2003 when it was £1.7 million. In contrast, the NIC per item has shown some stability over the same time period, remaining at around £18 per item.

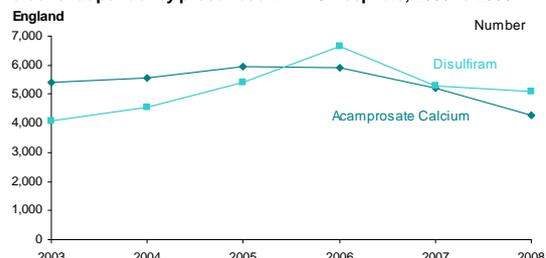
Out of the two main drugs prescribed for the treatment of alcohol dependence, Acamprosate Calcium continues to account for the majority of the prescription items, with 62% of the prescription items prescribed in primary care and NHS hospitals in 2008 being for this drug. However, in recent years there have been slightly more prescription items for Disulfiram than Acamprosate Calcium prescribed in NHS hospitals (54% of the items prescribed in hospitals in 2008 were for Disulfiram) (**Table 4.10, Figure 4.5 and Figure 4.6**)

Figure 4.5 Number of prescription items for the treatment of alcohol dependency prescribed in primary care, 2003 to 2008



Source: Prescribing Analysis and Cost Tool (PACT) from NHS Prescription Services of the NHS Business Services Authority. The NHS Information Centre
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Figure 4.6 Number of prescription items for the treatment of alcohol dependency prescribed in NHS hospitals, 2003 to 2008



Source: Prescription Cost Analysis (PCA) from NHS Prescription Services of the NHS Business Services Authority. The NHS Information Centre
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Among strategic health authorities (SHAs), the North West SHA had the highest number of prescription items for both Acamprosate Calcium and Disulfiram (19,084 and 7,911 respectively). The East Midlands SHA had the

lowest number of prescription items for Acamprosate Calcium (3,708 items), but had a slightly larger number of prescription items for Disulfiram (3,989 items) and was the only SHA to prescribe more Disulfiram than Acamprosate Calcium. The South East Coast SHA had the lowest number of prescription items for Disulfiram (1,952 items) and also the second lowest number of items for Acamprosate Calcium (4,472 items).

A different pattern is seen when adjusting for the size of the population in each SHA. The North East SHA had the highest number of prescription items per 100,000 of the population for Acamprosate Calcium (309 item per 100,000 population). While Yorkshire & the Humber SHA had the highest number of prescription items for Disulfiram (132 items per 100,000 population). London SHA had the lowest number of prescription items for both Acamprosate Calcium and Disulfiram when taking population size into account (71 and 33 items per 100,000 of the population respectively) (**Table 4.11**).

4.6 Deaths related to alcohol consumption

Alcohol misuse can be directly related to deaths from certain types of diseases, such as cirrhosis of the liver, and in some cases, it may be associated with other causes of death, such as a stroke.

Table 4.12 shows deaths from causes directly related to alcohol consumption as defined in *Health Statistics Quarterly 41*¹¹ by the Office for National Statistics (ONS). The ONS definition of alcohol-related deaths was recently updated to ensure consistency across the UK^{12, 13} and currently only includes deaths where the cause is specifically related to alcohol consumption and is also the underlying or main cause of death. ONS are considering future analysis and reporting where any mention of an alcohol-related cause on the death certificate is included in the count of alcohol-related deaths to provide a wider picture of the burden of alcohol-related disease. However ONS will continue to use current methodology to examine trends and regional variation in alcohol-related deaths¹³.

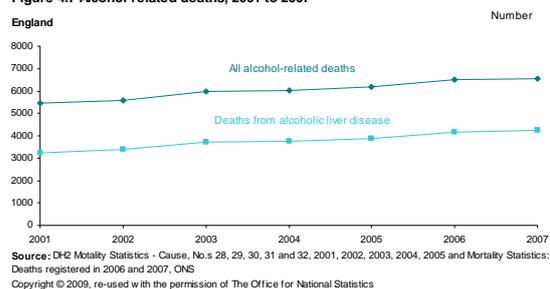
Using the current ONS definition, there were 6,541 deaths in England in 2007 that were directly related to alcohol. The most common

cause of death linked to alcohol consumption is alcoholic liver disease which accounted for 4,249 of the deaths in 2007. The number of deaths from alcohol-related fibrosis and cirrhosis of the liver were also high among the causes directly related to alcohol consumption, with 1,432 deaths in 2007. More men than women died from each of the causes directly related to alcohol except for chronic hepatitis, where the reverse was true.

In 2007, 6,541 deaths in England were directly related to alcohol consumption

The total number of deaths directly related to alcohol consumption has increased since 2001, rising by 19% between 2001 and 2007. The main contributor to this increase is deaths from alcoholic liver disease which has risen by 31% over this period (from 3,236 in 2001 to 4,249 in 2007) (**Figure 4.7**).

Figure 4.7 Alcohol-related deaths, 2001 to 2007



In 2008, the North West Public Health Observatory estimated the number of deaths that can be attributed in some way to alcohol using similar attributable fractions methodology to that for alcohol-related hospital admissions. Applying this methodology to 2005 deaths data they estimated that in 2005, there were 14,982 deaths that were attributable to alcohol consumption³.

4.7 Costs to the NHS

*The Alcohol Harm Reduction Strategy for England*¹⁴ set out the government's strategy for tackling the harms and costs of alcohol misuse in England. In 2003, the Cabinet Office report *Alcohol misuse: how much does it cost?*⁷ estimated that alcohol misuse costs the health service £1.7 billion per year (in 2001 prices), while the costs associated with alcohol-related

crime and anti-social behaviour was estimated to be £7.3 billion each year. It also estimated that workplace costs of alcohol misuse are £6.4 billion per year through loss in productivity.

In 2008, the government produced an update to the 2003 report. The new report, *The cost of alcohol harm to the NHS in England*⁶, takes into account increases in unit costs as well as more recent and accurate data on alcohol consumption and harm. Using similar methods to the 2003 report, it is estimated that the cost of alcohol harm to the NHS in England is £2.7 billion in 2006/07 prices. **Figure 4.8** gives a breakdown of the cost estimates.

Figure 4.8 Estimates of the annual cost of alcohol misuse to the NHS in England (2006/07 prices)

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

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

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Summary: Drinking-related ill health and mortality

This chapter has shown that in 2007, men were more likely to put themselves at risk of causing harm or actually 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 likely to be causing themselves harm by drinking and to be exhibiting mild dependence on alcohol. Between 2000 and 2007 there was a slight decrease in the prevalence of alcohol dependence among men.

Males were more likely to be admitted to hospital with a disease, condition or injury that can be attributed to alcohol than females. The overall number of admissions for a disease, condition or injury attributable to alcohol in 2007/08 has increased since 2002/03.

The North West and the North East SHAs had the highest rate of alcohol-related hospital admissions.

In 2008 there were over 134 thousand prescription items for drugs for the treatment of alcohol dependency prescribed in primary care settings and NHS hospitals in England at a cost of over £2.4 million to the NHS.

The number of deaths related to alcohol consumption has increased since 2001. As with previous years, alcoholic liver disease was the most common cause of deaths linked to alcohol consumption in 2007. Overall, more males died from causes linked to alcohol consumption than females.

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Table 4.1 Prevalence of hazardous or harmful drinking in the past year¹, by gender and age, 2007

England		Percentages						
Audit score ²	All ages ³	16-24	25-34	35-44	45-54	55-64	65-74	75 and over
All adults								
Non hazardous	75.8	62.8	68.7	74.0	78.4	80.7	85.9	89.5
Hazardous	20.4	30.4	24.7	21.2	19.0	17.7	13.0	10.1
Harmful	3.8	6.8	6.6	4.8	2.6	1.6	1.1	0.4
Hazardous or harmful drinking (score 8 and over)	24.2	37.2	31.3	26.0	21.6	19.3	14.1	10.5
Men								
Non hazardous	66.8	57.7	54.0	65.1	70.0	73.3	78.5	83.4
Hazardous	27.4	33.6	34.4	28.3	26.8	23.8	19.8	15.6
Harmful	5.8	8.8	11.6	6.6	3.2	2.9	1.7	1.0
Hazardous or harmful drinking (score 8 and over)	33.2	42.3	46.0	34.9	30.0	26.7	21.5	16.6
Women								
Non hazardous	84.3	68.0	83.2	82.9	86.6	87.9	92.6	93.6
Hazardous	13.8	27.2	15.2	14.2	11.3	11.8	6.8	6.4
Harmful	1.9	4.8	1.6	2.9	2.0	0.3	0.5	-
Hazardous or harmful drinking (score 8 and over)	15.7	32.0	16.8	17.1	13.4	12.1	7.4	6.4
<i>Bases (weighted)</i>								
All adults	7,384	1,047	1,218	1,428	1,193	1,097	759	642
Men	3,588	530	602	708	590	539	362	256
Women	3,796	517	616	720	603	558	397	386
<i>Bases (unweighted)</i>								
All adults	7,392	568	1,033	1,412	1,130	1,279	1,027	943
Men	3,193	271	412	613	495	573	462	367
Women	4,199	297	621	799	635	706	565	576

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

2. An AUDIT score of 0-7 indicates drinking that is not hazardous, a score of 8-15 indicates drinking that is hazardous but not harmful and a score of 16-40 indicates harmful drinking

3. Aged 16 and over living in private households

Source:

Adults psychiatric morbidity survey, 2007. The NHS Information Centre

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Table 4.2 Prevalence of alcohol dependence¹ in the past six months, by gender and age, 2000 and 2007

England														Percentages	
SADQ-C score ²	All ages ³		16-24		25-34		35-44		45-54		55-64		65-74		
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	
All adults															
No dependence	92.8	93.6	87.0	88.8	89.8	90.2	91.4	93.4	95.8	95.2	97.0	97.1	98.5	98.3	
Mild	6.7	5.9	12.5	10.6	9.8	8.9	7.8	5.7	3.8	4.6	2.9	2.8	1.5	1.7	
Moderate	0.4	0.4	0.5	0.6	0.4	0.9	0.7	0.8	0.3	0.0	0.1	0.0	-	-	
Severe	0.1	0.1	-	-	0.0	-	0.1	0.2	0.1	0.1	0.1	0.0	-	-	
Any dependence	7.2	6.4	13.0	11.2	10.2	9.8	8.6	6.6	4.2	4.8	3.0	2.9	1.5	1.7	
Men															
No dependence	88.5	90.7	80.2	87.4	84.2	83.2	85.9	90.4	93.2	93.9	94.4	95.0	97.3	97.0	
Mild	10.8	8.3	18.8	11.6	15.1	15.0	12.6	7.7	6.1	5.9	5.3	4.8	2.7	3.0	
Moderate	0.6	0.9	1.0	1.0	0.6	1.8	1.2	1.6	0.5	0.1	0.1	0.1	-	-	
Severe	0.1	0.1	-	-	0.1	-	0.2	0.2	0.2	0.1	0.1	0.1	-	-	
Any dependence	11.5	9.3	19.8	12.6	15.8	16.8	14.1	9.6	6.8	6.1	5.6	5.0	2.7	3.0	
Women															
No dependence	97.2	96.4	93.9	90.2	95.5	97	97.1	96.3	98.5	96.5	99.4	99.1	99.5	99.4	
Mild	2.7	3.6	6.1	9.6	4.3	3.0	2.8	3.7	1.4	3.3	0.6	0.9	0.5	0.6	
Moderate	0.1	0.0	-	0.3	0.1	-	0.2	-	-	-	-	-	-	-	
Severe	0.0	0.0	-	-	-	-	-	0.1	0.1	0.2	-	-	-	-	
Any dependence	2.8	3.6	6.1	9.8	4.5	3.0	2.9	3.7	1.5	3.5	0.6	0.9	0.5	0.6	
<i>Bases (weighted)</i>															
All adults	7,386	6,741	1,086	1,047	1,523	1,217	1,534	1,428	1,368	1,193	1,043	1,097	831	759	
Men	3,683	3,331	546	530	775	602	776	708	686	590	510	539	391	362	
Women	3,702	3,410	540	517	748	616	759	720	682	603	534	588	440	397	
<i>Bases (unweighted)</i>															
All adults	7,210	6,448	664	568	1,437	1,032	1,532	1,412	1,328	1,130	1,191	1,279	1,058	1,027	
Men	3,223	2,825	317	271	615	411	671	613	647	495	524	573	499	462	
Women	3,987	3,623	347	297	822	621	861	799	681	635	667	706	609	565	

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. A SADQ-C score of 0-3 indicates no dependence, a score of 4-19 indicates mild dependence, a score of 20-34 indicates moderate dependence and a score of 35-60 indicates severe dependence

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

Source:

Adults psychiatric morbidity survey, 2007. The NHS Information centre

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Table 4.3 Alcohol-related¹ NHS² hospital admissions³, 2002/03 to 2007/08^{4,5}

England	Number of admissions (rounded to nearest hundred)					
ICD-10 Code ⁶	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Total	510,200	569,400	644,200	735,500	799,100	863,300
Total - Wholly attributable⁷	131,100	150,600	173,600	196,700	210,300	222,600
F10 Mental and behavioural disorders due to use of alcohol	83,400	97,000	113,000	128,100	136,900	144,700
F10.0 Acute intoxication	22,400	28,100	34,500	41,200	43,300	45,300
F10.1 Harmful use	18,300	20,700	24,500	27,600	30,500	31,900
F10.2 Dependence syndrome	29,500	33,200	37,200	40,300	42,400	45,100
F10.3 Withdrawal state	9,200	10,700	12,600	14,400	16,400	18,000
F10.4 Withdrawal state with delirium	1,200	1,300	1,300	1,400	1,400	1,200
F10.5 Psychotic disorder	600	500	600	600	500	500
F10.6 Amnesic syndrome	600	600	600	700	800	800
F10.7 Residual and late-onset psychotic disorder	500	500	500	500	500	500
F10.8 Other mental and behavioural disorders due to use of alcohol	100	100	100	100	100	100
F10.9 Unspecified mental and behavioural disorders due to use of alcohol	1,100	1,200	1,100	1,300	1,200	1,400
K70 Alcoholic liver disease	25,700	28,600	31,500	34,400	37,700	38,300
K70.0 Alcoholic fatty liver	400	400	600	600	600	700
K70.1 Alcoholic hepatitis	1,600	1,800	1,900	2,100	2,200	2,200
K70.2 Alcoholic fibrosis and sclerosis of liver	200	200	200	200	200	100
K70.3 Alcoholic cirrhosis of liver	7,200	8,000	9,100	10,200	11,600	12,500
K70.4 Alcoholic hepatic failure	1,100	1,200	1,300	1,500	1,700	1,800
K70.9 Alcoholic liver disease, unspecified	15,300	17,000	18,400	19,900	21,200	20,900
T51⁸ Toxic effect of alcohol	16,000	18,400	21,400	25,800	26,600	30,100
T51.0 Toxic effect of ethanol	12,300	14,200	16,800	21,200	22,200	25,600
T51.1 Toxic effect of methanol	100	0	100	100	0	100
T51.9 Toxic effect of alcohol, unspecified	3,600	4,200	4,400	4,600	4,300	4,500
Other wholly - attributable conditions	6,000	6,700	7,700	8,500	9,200	9,500
E24.4 Alcohol-induced pseudo-Cushing's syndrome	0	0	0	0	0	0
G31.2 Degeneration of nervous system due to alcohol	400	400	400	500	500	600
G62.1 Alcoholic polyneuropathy	200	200	300	300	300	300
G72.1 Alcoholic myopathy	100	100	0	100	100	100
I42.6 Alcoholic cardiomyopathy	800	800	900	900	900	1,000
K29.2 Alcoholic gastritis	1,200	1,200	1,500	1,600	1,600	1,500
K86.0 Chronic pancreatitis (alcohol induced)	3,100	3,800	4,400	5,000	5,700	5,900
X45 Accidental poisoning by and exposure to alcohol	200	100	200	200	100	100
Total - partly attributable⁹	379,100	418,800	470,600	538,800	588,800	640,700
Accidents and injuries	20,000	21,000	21,900	23,300	23,600	23,800
W78-W79 Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	200	200	200	300	300	400
W00-W19 Fall injuries	17,400	18,300	19,200	20,400	20,700	20,900
W24-W31 Work/machine injuries	1,400	1,500	1,500	1,600	1,600	1,500
W32-W34 Firearm injuries	200	200	200	200	200	200
W65-W74 Drowning	0	0	0	0	0	100
X00-X09 Fire injuries	600	600	700	700	700	700
X31 Accidental excessive cold	100	100	100	100	100	100
Violence	21,700	24,000	26,100	28,500	29,000	28,000
X50-X84, Y10-Y33 Intentional self-harm/Event of undetermined intent	14,200	16,000	17,500	19,400	19,200	19,100
X85-Y09 Assault	7,500	8,100	8,700	9,200	9,800	8,900
Transport accidents	5,700	5,800	5,800	6,200	6,000	5,700
V02-V04 (1, -9), V06.1, V09.2, V09.3 Pedestrian traffic accidents	1,100	1,100	1,100	1,200	1,200	1,200
for codes see footnote 10 Road traffic accidents - non-pedestrian	4,500	4,600	4,600	4,900	4,800	4,300
V90-V94 Water transport accidents	100	100	100	100	100	100
V95-V97 Air/space transport accidents	0	0	0	0	0	0
Spontaneous abortion	8,700	8,700	9,000	9,600	9,000	9,000
O03 Spontaneous abortion	8,700	8,700	9,000	9,600	9,000	9,000
Digestive	13,400	14,100	14,800	16,500	17,600	19,200
K22.6 Gastro-oesophageal laceration-haemorrhage syndrome	1,100	1,100	1,100	1,200	1,200	1,200
K73, K74 Unspecified liver disease	5,200	5,700	6,300	7,500	8,200	9,500
K85, K86.1 Acute and chronic pancreatitis	3,300	3,400	3,400	3,500	3,600	3,600
I85 Oesophageal varices	3,700	3,900	3,900	4,200	4,600	4,900
Cancer	29,400	30,300	31,100	33,100	35,200	35,800
C00-C14 Malignant neoplasm of lip, oral cavity and pharynx	5,200	5,500	6,000	6,600	7,600	8,000
C15 Malignant neoplasm of oesophagus	7,800	7,900	7,900	8,500	8,400	8,000
C32 Malignant neoplasm of larynx	1,200	1,300	1,300	1,400	1,500	1,500
C18 Malignant neoplasm of colon	2,800	2,700	2,800	2,700	2,500	2,400
C20 Malignant neoplasm of rectum	2,800	2,700	2,500	2,700	2,400	2,200
C22 Malignant neoplasm of liver and intrahepatic bile ducts	500	500	500	600	600	600
C50 Malignant neoplasm of breast	9,100	9,700	10,300	10,800	12,200	13,000
Hypertensive diseases	136,000	159,400	191,200	228,700	262,800	292,700
I10-I15 Hypertensive diseases	136,000	159,400	191,200	228,700	262,800	292,700
Cardiac arrhythmias	87,000	95,700	106,200	121,600	132,700	146,300
I47-I48 Cardiac arrhythmias	87,000	95,700	106,200	121,600	132,700	146,300
Other partly-attributable conditions	57,200	59,700	64,300	71,300	72,800	80,100
G40-G41 Epilepsy and Status epilepticus	48,800	51,300	56,700	63,100	67,600	71,800
I60-I62, I69.0-I69.2 Haemorrhagic stroke	2,900	2,800	2,700	2,700	2,600	2,400
I63-I66, I69.3, I69.4 Ischaemic stroke	1,600	1,500	1,400	1,400	1,200	1,100
L40 excluding cirrhosis L40.5 Psoriasis	4,000	4,100	3,400	4,200	1,400	4,800

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

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

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

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

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

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

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

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

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

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

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

Sources:

Figures provided by The Department of Health based on:

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

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

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Table 4.4 Alcohol-related¹ NHS² hospital admissions³, by gender, 2007/08^{4,5}

England		Number of admissions (rounded to nearest hundred)		
ICD-10 Code ⁶		All persons	Males	Females
Total		863,300	537,400	325,900
Total - Wholly attributable⁷		222,600	152,400	70,200
F10	Mental and behavioural disorders due to use of alcohol	144,700	104,900	39,800
F10.0	Acute intoxication	45,300	31,900	13,400
F10.1	Harmful use	31,900	23,200	8,700
F10.2	Dependence syndrome	45,100	32,700	12,400
F10.3	Withdrawal state	18,000	13,800	4,100
F10.4	Withdrawal state with delirium	1,200	900	300
F10.5	Psychotic disorder	500	400	100
F10.6	Amnesic syndrome	800	600	200
F10.7	Residual and late-onset psychotic disorder	500	400	100
F10.8	Other mental and behavioural disorders due to use of alcohol	100	100	0
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	1,400	900	400
K70	Alcoholic liver disease	38,300	26,400	11,800
K70.0	Alcoholic fatty liver	700	400	200
K70.1	Alcoholic hepatitis	2,200	1,500	800
K70.2	Alcoholic fibrosis and sclerosis of liver	100	100	0
K70.3	Alcoholic cirrhosis of liver	12,500	8,800	3,700
K70.4	Alcoholic hepatic failure	1,800	1,200	600
K70.9	Alcoholic liver disease, unspecified	20,900	14,400	6,500
T51⁸	Toxic effect of alcohol	30,100	13,400	16,700
T51.0	Toxic effect of ethanol	25,600	11,300	14,300
T51.1	Toxic effect of methanol	100	0	0
T51.9	Toxic effect of alcohol, unspecified	4,500	2,100	2,400
Other wholly - attributable conditions		9,500	7,600	1,900
E24.4	Alcohol-induced pseudo-Cushing's syndrome	0	0	0
G31.2	Degeneration of nervous system due to alcohol	600	400	200
G62.1	Alcoholic polyneuropathy	300	200	100
G72.1	Alcoholic myopathy	100	100	0
I42.6	Alcoholic cardiomyopathy	1,000	900	100
K29.2	Alcoholic gastritis	1,500	1,100	400
K86.0	Chronic pancreatitis (alcohol induced)	5,900	4,800	1,200
X45	Accidental poisoning by and exposure to alcohol	100	100	0
Total - partly attributable⁹		640,700	385,000	255,700
Accidents and injuries		23,800	14,800	9,000
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	400	200	200
W00-W19	Fall injuries	20,900	12,700	8,200
W24-W31	Work/machine injuries	1,500	1,200	300
W32-W34	Firearm injuries	200	100	0
W65-W74	Drowning	100	0	0
X00-X09	Fire injuries	700	500	200
X31	Accidental excessive cold	100	0	0
Violence		28,000	15,100	12,900
X60-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	19,100	7,600	11,500
X85-Y09	Assault	8,900	7,500	1,400
Transport accidents		5,700	4,800	900
V02-V04 (.1, .9), V06.1, V09.2, V09.3	Pedestrian traffic accidents	1,200	1,000	200
for codes see footnote 10	Road traffic accidents - non-pedestrian	4,300	3,700	700
V90-V94	Water transport accidents	100	100	0
V95-V97	Air/space transport accidents	0	0	0
Spontaneous abortion		9,000	11	9,000
O03	Spontaneous abortion	9,000	11	9,000
Digestive		19,200	12,100	7,100
K22.6	Gastro-oesophageal laceration-haemorrhage syndrome	1,200	700	600
K73, K74	Unspecified liver disease	9,500	5,700	3,900
K85, K86.1	Acute and chronic pancreatitis	3,600	2,400	1,200
I85	Oesophageal varices	4,900	3,400	1,500
Cancer		35,800	18,000	17,800
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	8,000	6,300	1,700
C15	Malignant neoplasm of oesophagus	8,000	6,500	1,600
C32	Malignant neoplasm of larynx	1,500	1,300	200
C18	Malignant neoplasm of colon	2,400	1,700	700
C20	Malignant neoplasm of rectum	2,200	1,700	500
C22	Malignant neoplasm of liver and intrahepatic bile ducts	600	400	200
C50	Malignant neoplasm of breast	13,000	11	13,000
Hypertensive diseases		292,700	193,100	99,700
I10-I15	Hypertensive diseases	292,700	193,100	99,700
Cardiac arrhythmias		146,300	86,900	59,400
I47-I48	Cardiac arrhythmias	146,300	86,900	59,400
Other partly-attributable conditions		80,100	40,200	39,900
G40-G41	Epilepsy and Status epilepticus	71,800	34,900	36,900
I60-I62, I69.0-I69.2	Haemorrhagic stroke	2,400	1,700	800
I63-I66, I69.3, I69.4	Ischaemic stroke	1,100	1,100	0
L40 excluding cirrhosis	Pсориаз	4,800	2,500	2,200
L40.5				

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

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

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

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

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

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

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

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

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

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

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

11. Not applicable

Sources:

Figures provided by The Department of Health based on:

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

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

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Table 4.5 Alcohol-related¹ NHS² hospital admissions³, by age, 2007/08^{4,5}

England	Number of admissions (rounded to nearest hundred)								
	Total	Under 16 ⁶	16 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over
Total	863,300	4,700	49,300	60,100	98,400	128,000	165,400	162,000	195,300
Wholly-attributable ⁷	222,600	4,700	20,600	29,400	51,900	51,600	37,200	18,700	8,400
Partly-attributable ⁸	640,700	. ⁹	28,700	30,700	46,500	76,400	128,100	143,300	186,900

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

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

2. The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector
3. A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year
4. Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed)
5. Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown
6. The attributable fractions are not applicable to children under 16, therefore data is only shown for wholly-attributable admissions for this age group, where the attributable fraction is one
7. Wholly-attributable conditions are alcohol-specific by definition and so have an attributable fraction of one
8. Partially-attributable conditions are those where some but not all cases are a result of alcohol consumption and so have an attributable fraction of less than one
9. Not applicable

Sources:

Figures provided by The Department of Health based on:

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

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

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Table 4.6 Alcohol-related¹ NHS² hospital admissions³, by Strategic Health Authority, 2007/08^{4,5}

England	Number of admissions (rounded to nearest hundred)					
	Total		Wholly-attributable ⁶		Partly-attributable ⁷	
	Admissions	Number of admissions per 100,000 of population ⁸	Admissions	Number of admissions per 100,000 of population ⁸	Admissions	Number of admissions per 100,000 of population ⁸
East England SHA	84,700	1,235	15,700	270	69,000	965
East Midlands SHA	74,300	1,452	17,300	389	57,000	1,063
London SHA	102,000	1,386	27,200	378	74,800	1,009
North East SHA	60,800	2,046	17,400	674	43,300	1,371
North West SHA	151,400	1,944	48,500	695	102,900	1,249
South Central SHA	48,200	1,049	11,600	282	36,600	767
South East Coast SHA	66,000	1,264	14,800	342	51,200	922
South West SHA	88,400	1,365	20,100	378	68,300	987
West Midlands SHA	91,500	1,479	21,600	399	69,900	1,080
Yorkshire & Humber SHA	83,400	1,413	20,900	400	62,600	1,014

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

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

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

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

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

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

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

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

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

Sources:

Figures provided by The Department of Health based on:

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

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

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Table 4.7 NHS¹ hospital admissions² with a primary diagnosis³ wholly-attributable⁴ to alcohol, 2002/03 to 2007/08^{5,6,7}

England		Number of admissions (rounded to nearest hundred)					
ICD-10 Code ⁸		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Total - Wholly attributable⁴		45,000	49,500	55,200	59,600	61,400	62,400
F10	Mental and behavioural disorders due to use of alcohol	28,500	31,800	36,000	39,500	40,300	41,200
F10.0	Acute intoxication	7,500	9,800	12,200	15,400	15,900	15,800
F10.1	Harmful use	2,400	2,500	2,900	2,900	2,500	2,700
F10.2	Dependence syndrome	10,100	10,200	10,300	9,300	8,800	8,500
F10.3	Withdrawal state	5,900	6,800	8,000	9,300	10,700	11,800
F10.4	Withdrawal state with delirium	900	1,000	1,000	1,100	1,100	900
F10.5	Psychotic disorder	500	400	500	500	400	400
F10.6	Amnesic syndrome	300	300	200	200	300	200
F10.7	Residual and late-onset psychotic disorder	200	200	200	200	100	200
F10.8	Other mental and behavioural disorders due to use of alcohol	100	100	100	100	100	0
F10.9		600	600	600	600	500	600
	Unspecified mental and behavioural disorders due to use of alcohol						
K70	Alcoholic liver disease	11,500	12,200	13,100	13,800	14,500	14,300
K70.0	Alcoholic fatty liver	100	200	200	200	200	200
K70.1	Alcoholic hepatitis	1,100	1,200	1,200	1,300	1,400	1,400
K70.2	Alcoholic fibrosis and sclerosis of liver	100	100	100	100	100	100
K70.3	Alcoholic cirrhosis of liver	3,100	3,400	3,800	4,200	4,800	4,800
K70.4	Alcoholic hepatic failure	800	800	900	1,000	1,100	1,100
K70.9	Alcoholic liver disease, unspecified	6,300	6,500	6,800	7,000	7,000	6,700
T51⁹	Toxic effect of alcohol	1,300	1,400	1,600	1,400	1,400	1,700
T51.0	Toxic effect of ethanol	800	900	1,000	1,000	900	1,100
T51.1	Toxic effect of methanol	0	0	0	0	0	0
T51.9	Toxic effect of alcohol, unspecified	500	500	500	400	500	500
Other wholly - attributable conditions		3,800	4,100	4,500	4,900	5,200	5,200
E24.4	Alcohol-induced pseudo-Cushing's syndrome	0	0	0	0	-	0
G31.2	Degeneration of nervous system due to alcohol	200	300	300	300	300	300
G62.1	Alcoholic polyneuropathy	100	100	100	100	100	100
G72.1	Alcoholic myopathy	0	100	0	100	0	0
I42.6	Alcoholic cardiomyopathy	200	200	200	200	200	200
K29.2	Alcoholic gastritis	900	1,000	1,200	1,300	1,300	1,300
K86.0	Chronic pancreatitis (alcohol induced)	2,200	2,500	2,700	3,000	3,200	3,300
X45	Accidental poisoning by and exposure to alcohol	_10	_10	_10	_10	_10	_10

- The data include activity in English NHS hospitals and English NHS commissioned activity in the independent sector
- A finished admission episode is the first period of inpatient care under one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year
- The number of alcohol-related admissions is based on methodology developed by the North West Public Health Observatory (NWPHO). Finished admission episodes are identified where an alcohol-related diagnosis is recorded in the first of the 20 (14 from 2002/03 to 2006/07 and 7 prior to 2002/03) primary and secondary diagnosis fields in a Hospital Episode Statistics record
- Wholly attributable conditions are alcohol-specific by definition and so have an attributable fraction of one
- Figures have not been adjusted for shortfalls in data (i.e. the data are ungrossed)
- Data includes only ordinary, day cases and maternity admissions, where the age and sex of the patient was known and where the region of residence was one of the English regions or no fixed abode or unknown
- Figures for 2002/03 to 2006/07 are slightly different to those published in previous *Statistics on Alcohol: England* reports as more ICD-10 codes have been included in the group of wholly-attributable diseases, conditions and injuries and these data only include those records where age and sex were known, whereas previous data included records where age and/or sex was not specified
- See Appendix A for further information about International Classification of Diseases
- The totals shown for T51 - Toxic effect of alcohol, do not include the full breakdown for ICD-10 code T51, only T51.0, T51.1 and T51.9 as these cover types of alcohol most commonly found in alcoholic drinks
- A '-' indicates that there were no observations. X45 is an external cause code and these types of code rarely get recorded as a primary diagnosis

Sources:

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

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Table 4.8 NHS¹ hospital admissions² with a primary diagnosis³ wholly-attributable⁴ to alcohol, by gender, 2007/08^{5,6}

England		Number of admissions (rounded to nearest hundred)		
ICD10-Code ⁷		All persons	Males	Females
Total - Wholly attributable⁴		62,400	42,900	19,500
F10	Mental and behavioural disorders due to use of alcohol	41,200	28,300	12,900
F10.0	Acute intoxication	15,800	9,900	5,900
F10.1	Harmful use	2,700	1,800	900
F10.2	Dependence syndrome	8,500	5,800	2,800
F10.3	Withdrawal state	11,800	9,100	2,800
F10.4	Withdrawal state with delirium	900	700	200
F10.5	Psychotic disorder	400	300	100
F10.6	Amnesic syndrome	200	200	100
F10.7	Residual and late-onset psychotic disorder	200	100	0
F10.8	Other mental and behavioural disorders due to use of alcohol	0	0	0
F10.9	Unspecified mental and behavioural disorders due to use of alcohol	600	400	200
K70	Alcoholic liver disease	14,300	9,600	4,700
K70.0	Alcoholic fatty liver	200	100	100
K70.1	Alcoholic hepatitis	1,400	900	500
K70.2	Alcoholic fibrosis and sclerosis of liver	100	0	0
K70.3	Alcoholic cirrhosis of liver	4,800	3,400	1,500
K70.4	Alcoholic hepatic failure	1,100	800	400
K70.9	Alcoholic liver disease, unspecified	6,700	4,500	2,200
T51⁸	Toxic effect of alcohol	1,700	900	700
T51.0	Toxic effect of ethanol	1,100	600	500
T51.1	Toxic effect of methanol	0	0	0
T51.9	Toxic effect of alcohol, unspecified	500	300	200
Other wholly - attributable conditions		5,200	4,100	1,100
E24.4	Alcohol-induced pseudo-Cushing's syndrome	0	0	0
G31.2	Degeneration of nervous system due to alcohol	300	200	100
G62.1	Alcoholic polyneuropathy	100	100	0
G72.1	Alcoholic myopathy	0	0	0
I42.6	Alcoholic cardiomyopathy	200	200	0
K29.2	Alcoholic gastritis	1,300	1,000	300
K86.0	Chronic pancreatitis (alcohol induced)	3,300	2,600	700
X45	Accidental poisoning by and exposure to alcohol	- ⁹	- ⁹	- ⁹

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

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

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

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

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

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

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

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

9. A '-' indicates that there were no observations. X45 is an external cause code and these types of code rarely get recorded as a primary diagnosis

Sources:

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Table 4.9 NHS¹ hospital admissions² with a primary diagnosis³ wholly-attributable⁴ to alcohol, by Strategic Health Authority, 2007/08^{5,6}

England	Number of admissions (rounded to nearest hundred)	
	Wholly-attributable	
	Admissions	Number of admissions per 100,000 of population ⁷
East England SHA	4,500	79
East Midlands SHA	4,800	108
London SHA	8,900	122
North East SHA	3,500	139
North West SHA	13,300	193
South Central SHA	3,400	82
South East Coast SHA	4,100	96
South West SHA	4,900	94
West Midlands SHA	6,800	127
Yorkshire & Humber SHA	5,500	108

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

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

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

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

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

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

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

Sources:

Figures provided by The Department of Health based on:

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

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

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Table 4.10 Number of prescription items¹, net ingredient cost² and average net ingredient cost per item of drugs prescribed for the treatment of alcohol dependence dispensed in the community, 2003 to 2008

England ^{3,4}	Numbers / £					
	2003 ⁵	2004	2005	2006	2007	2008
Prescription items						
Acamprosate Calcium	63,387	66,863	66,851	70,216	75,841	83,984
Disulfiram	39,354	41,218	42,261	45,652	46,943	50,445
Total	102,741	108,081	109,112	115,868	122,784	134,429
Prescribed in primary care⁶						
Acamprosate Calcium	57,987	61,310	60,912	64,322	70,615	79,708
Disulfiram	35,254	36,651	36,851	39,015	41,652	45,343
Total	93,241	97,961	97,763	103,337	112,267	125,051
Prescribed in NHS hospitals⁷						
Acamprosate Calcium	5,400	5,553	5,939	5,894	5,226	4276
Disulfiram	4,100	4,567	5,410	6,637	5,291	5102
Total	9,500	10,120	11,349	12,531	10,517	9,378
Net Ingredient Cost (£ 000s)						
Acamprosate Calcium	1,302	1,370	1,362	1,456	1,532	1,634
Disulfiram	420	456	599	686	715	767
Total	1,722	1,516	1,960	2,142	2,248	2,401
Average Net Ingredient Cost per item (£)						
Acamprosate Calcium	21	20	20	21	20	19
Disulfiram	11	11	14	15	15	15
Total	17	14	18	18	18	18

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. Prescriptions written in England but dispensed outside England are included

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

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

6. 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

7. This information is taken from the Prescription Cost Analysis (PCA) system, supplied by NHS Prescription Services 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

Source:

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

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Table 4.11 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, 2008

England	Numbers					
	Prescription items			Prescription items per 100,000 of the population ⁵		
	Total	Acamprosate Calcium	Disulfiram	Total	Acamprosate Calcium	Disulfiram
England^{6,7}	125,051	79,708	45,343	243	155	88
North East	10,703	7,933	2,770	417	309	108
North West	26,995	19,084	7,911	391	276	114
Yorkshire and the Humber	16,159	9,269	6,890	309	177	132
East Midlands	7,697	3,708	3,989	173	83	90
West Midlands	12,498	8,562	3,936	231	158	73
East of England	16,855	9,821	7,034	295	172	123
London	7,923	5,416	2,507	104	71	33
South East Coast	6,424	4,472	1,952	149	104	45
South Central	8,513	4,915	3,598	210	121	89
South West	10,894	6,314	4,580	209	121	88

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. Prescription items per 100,000 of the population uses estimated resident population mid-2008 figures based on 2001 ONS census published by the Office for National Statistics (ONS)

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

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

Source:

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

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Table 4.12 Alcohol-related deaths^{1,2}, by gender, 2001 to 2007

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

1. Deaths occurring in each calendar year

2. Data may include non-residents

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

4. Some causes linked to alcohol consumption as defined by ONS resulted in a small number of deaths per year (less than ten). These have been grouped together and listed as 'other causes'. This includes the following ICD 10 codes: G31.2, G62.1, K29.2, X65 and Y15

Source:

DH2 Mortality Statistics - Cause, No.s 28, 29, 30, 31 and 32, 2001, 2002, 2003, 2004, 2005 and Mortality statistics: Deaths registered in 2006, 2007, Office for National Statistics

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Appendix A: Key sources

Affordability data

Availability of alcohol

Expenditure and Food Survey

General Household Survey

Hospital Episode Statistics

Health Survey for England

Infant Feeding Survey

International Classification of Diseases and related health problems (ICD)

Mortality statistics

Omnibus Survey

Prescription data

Psychiatric Morbidity Surveys

Smoking, Drinking & Drug Use among Young People in England

Affordability data

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

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

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

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

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 2008, the price of alcohol increased by 283.3 %. After considering inflation (at 221.3%), alcohol prices increased by 19.3% over the period, as shown by the relative index of 119.3.

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 2008 alcohol prices were 283.3% higher than in 1980 but, after taking inflation and households' disposable income into account, alcohol was 75.0% more affordable, as shown by the affordability index of 175.0.

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 2 – Drinking behaviour among adults and children.

Availability of alcohol

The availability of alcohol, shown as the volumes of alcohol released for home consumption, is taken from HM 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.

HMRC data can be found in Chapter 2 - Drinking behaviour among adults and children

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

Expenditure and Food Survey

The Expenditure and Food Survey (EFS) was formed by bringing together the Family Expenditure Survey and the National Food Survey (FES and NFS). The EFS provides data on food purchases and expenditure. Historical estimates based on NFS are available from 1940 to 2000. In 2007 the Expenditure and Food Survey collected the diaries of 14,647 people within 6,141 households across the United Kingdom. Each household member over the age of seven years kept a diary of all their expenditure over a 2 week period. Note that the diaries record expenditure and quantities of purchases of food and drink rather than consumption of food and drink.

Historical estimates of household purchases between 1974 and 2000 have been adjusted to align with the level of estimates from the Family Expenditure Survey in 2000. These estimates of household purchases are broadly comparable with estimates of household purchases from the 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 2007 EFS can be found in two publications; Family Food 2007 published by the Department for Environment, Food and Rural Affairs (DEFRA), and Family Spending 2007, published by the Office for National Statistics and also available to download on the DEFRA website.

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

Family Food 2007. Department for Environment, Food and Rural Affairs, 2008. Available at:

<https://statistics.defra.gov.uk/esq/publications/efs/2007/complete.pdf>

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

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

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

Updated method of converting volumes drunk to units

GHS 2007 presents an updated method of converting what respondents say they drink into standard alcohol units. In recent years, new types of alcoholic drink have been introduced, the

alcohol content of some drinks has increased, and alcoholic drinks are now sold in more variable quantities than used to be the case. The GHS, in common with other surveys, has partially taken this into account: since 1998, alcopops and strong beer, lager and cider have been included as separate categories. However, it has recently also become necessary to reconsider the assumptions made in obtaining estimates of alcohol consumption, taking into account the following:

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

For wine, it was decided to adopt a method which requires a question to be asked about glass size, which has the advantage that future changes in the average size of glass will be taken into account automatically. 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 2007 survey was 75 per cent, giving an achieved sample size of 9,080 households and 17,123 adults aged 16 and over, of whom 15,687 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 2007: Smoking and Drinking among Adults, 2007. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_compendia/GHS07/GHSSmokingandDrinkingAmongAdults2007.pdf

Hospital Episode Statistics

NHS hospital admissions in England have been recorded using Patient Administration System (PAS) that is used to form the Hospital Episode Statistics (HES) database since April 1987. Figures presented in Chapter 4 – Drinking-related costs, ill health and mortality, represent finished admission episodes for alcohol-related admissions. 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.

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 alcohol related diagnoses or conditions, as local choice might favour outpatient treatment, for which detailed information is not available.

HES data are used in the calculation of alcohol related admissions in chapter 4 - Drinking-related costs, ill health and mortality.

Health Survey for England

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

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

This statistical report uses data from HSE 07. The primary focus of the 2007 HSE report was knowledge, attitudes and behaviour in respect of healthy lifestyles. The report investigated associated lifestyle factors such as physical activity, diet, smoking and drinking, and also assessed the immediate impact of the smoking ban in public places introduced in England in July 2007 as a secondary focus.

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2007 data in the HSE 07 are weighted. Both weighted and unweighted bases are given in each table. The unweighted bases show the number of participants involved. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportions in the English population, so that data from different columns can be combined in their correct proportions. The absolute size of the weighted bases has no particular significance, since they have been scaled to the achieved sample size.

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

Data from the HSE are used in Chapter 3.

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

Main report:

www.ic.nhs.uk/pubs/HSE07healthylifestyles

Trend tables:

www.ic.nhs.uk/pubs/HSE07trends

Infant Feeding Survey

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

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

Infant Feeding 2005. The 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. Hospital Episode Statistics (HES) have been classified using ICD 10 for 1995/96 onwards.

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

Mortality statistics

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

In 2006, ONS revised their definition of alcohol-related deaths to include a number of extra diseases that are wholly attributable to alcohol consumption. They do not currently consider deaths from causes that can be partly attributable to alcohol, however the NWPHO report, Alcohol-

attributable fractions for England, does include analysis of deaths can that be attributed to alcohol consumption based on the same methodology as that for alcohol-related hospital admissions (see above).

Mortality statistics: Deaths registered in 2007. 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 Office for National Statistics in most months of the year on behalf of a range of Government departments, and other bodies. In 2008, interviews were conducted with around 1,200 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 2008, data on drinking was collected during March and April 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 what type of alcohol they drink is reported on in Chapter 2 – Drinking behaviour among adults and children

Drinking: Adults' Behaviour and Knowledge in 2008. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_health/Drinking_2008.pdf

Prescription data

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

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

Hospital prescription information is taken from the Prescription Cost Analysis (PCA) system, supplied by the NHS Prescription Services 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 Department of Health, 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. In 2007 The NHS Information Centre commissioned the National Centre for Social Research (NatCen) to carry out a third Adult psychiatric morbidity survey (APMS) covering adults living in private households in England.

The survey assessed the prevalence of hazardous and harmful drinking using the Alcohol Use Disorders Identification Test (AUDIT). This is a questionnaire consisting of ten questions, which can each score a maximum of four points. For the purpose of the survey anyone who scored a total of over eight on the AUDIT test was considered to be a hazardous drinker, while those scoring over 16 were considered to be harmful drinkers. The questions included in the AUDIT questionnaire can be found in [Table A4](#).

The AUDIT test was designed by the World Health Organisation as a tool to identify hazardous, harmful and dependent drinkers. [Table A.5](#) shows which questions are designed to identify hazardous, harmful and dependent drinking. The AUDIT manual for primary care workers suggests that a cut-off score of eight will capture most of the drinkers who can be classed as hazardous or harmful. The identification of these types of drinking behaviours is based on which of the ten questions in the test the respondent scored points on. Therefore it would be possible to score less than 16 points on the test, yet score most of the points on the harmful drinking questions.

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

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

www.ic.nhs.uk/pubs/psychiatricmorbidity07

Smoking, Drinking & Drug Use among Young People in England

Between 1982 and 2003, surveys of secondary school children in England were carried out for the Department of Health. This was done by the Office of Population Census and Surveys (OPCS) between 1982 and 1994, by the Office for National Statistics (ONS) between 1994 and 1999 and by

the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) between 2000 and 2003. Since 2004, the survey has been run by NatCen and NFER on behalf of the NHS Information Centre.

From 1982 to 1988, the survey was solely concerned with monitoring trends of young people and smoking. In 1988, questions on alcohol consumption were added and have been included in the survey ever since. The 1998 survey was also expanded to include questions on drug use. The core of the questionnaire comprises of questions about the prevalence of drug use, smoking and drinking and, since 2000, the remainder of the questionnaire focuses, in alternate years, on either smoking and drinking or drug taking. The most recent survey in the series is Smoking, Drinking and Drug Use among Young People in England in 2007 (SDD07).

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 (SDD07) was carried out during the autumn term of 2007 and 273 schools agreed to take part in the survey, resulting in more than 7,831 completed questionnaires.

Changes to questions on alcohol

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

The cognitive work on alcohol consumption found that:

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

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

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

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

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

Converting consumption of alcohol into units

Since 1990, the multipliers used to convert drinks into units of alcohol have been based on those first used in the 1990 General Household Survey (GHS). In the intervening years, there have been significant changes to the way English people drink. The average alcohol content of beer and wine has increased, and standard glass sizes in pubs, bars and restaurants are now more diverse. In response, the 2006 GHS and the Health Survey for England (HSE) both published in January 2008, introduced changes in the method by which reported alcohol consumption by adults is converted into units of alcohol. To conform with changes to these surveys, the way in which estimates of alcohol consumption are calculated in this survey has also been revised this year. The original and revised equivalents used in Smoking, Drinking and Drug Use among Young People in England to estimate the number of units drunk are shown in [Table A.6](#).

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 outcomes of interest: regular smoking, having drunk alcohol in the last week, and having taken drugs in the last year and having taken drugs in the last month. The models included a variety of explanatory 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 explanatory 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 explanatory 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 explanatory 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 SDD07 can be found in Chapter 2 – Drinking behaviour among adults and children.

Smoking, Drinking and Drug Use among Young People in England in 2007. The Information Centre. Available at:

www.ic.nhs.uk/pubs/sdd07fullreport

List of Tables

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- A.6 Approximations used in Smoking, Drinking and Drug use among Young People, 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 alcohol-related hospital admissions

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

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

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

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

Table A4 Alcohol use disorders identification test (AUDIT)

Question and responses	Score	Question and responses	Score
How often do you have a drink containing alcohol?		How often during the last year have you needed a drink first thing in the morning to get you going after a heavy drinking session?	
Never	0	Never	0
Monthly or less	1	Less than monthly	1
Two to four times a month	2	Monthly	2
Two to three times a week	3	weekly	3
Four or more times a week	4	Daily or almost daily	4
How many standard¹ drinks containing alcohol do you have on a typical day when you are drinking?		How often during the last year have you had a feeling of guilt or remorse after drinking?	
1 or 2	0	Never	0
3 or 4	1	Less than monthly	1
5 or 6	2	Monthly	2
7 to 9	3	weekly	3
10 or more	4	Daily or almost daily	4
How often do you have six or more drinks on any one occasion?		How often during the last year have you been unable to remember what happened the night before because you had been drinking?	
Never	0	Never	0
Less than monthly	1	Less than monthly	1
Monthly	2	Monthly	2
weekly	3	weekly	3
Daily or almost daily	4	Daily or almost daily	4
How often during the last year have you found that you were unable to stop drinking once you had started?		Have you or someone else been injured because of your drinking?	
Never	0	No	0
Less than monthly	1	Yes, but not in the last year	2
Monthly	2	Yes, during in the last year	4
weekly	3		
Daily or almost daily	4		
How often during the last year have you failed to do what was expected of you because of drinking?		Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you should cut down?	
Never	0	No	0
Less than monthly	1	Yes, but not in the last year	2
Monthly	2	Yes, during in the last year	4
weekly	3		
Daily or almost daily	4		

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

Table A.5 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.6 Approximations used in Smoking, Drinking and Drug use among Young People, to calculate alcohol consumption

Types of drink and measures asked about	Alcohol units (original)	Alcohol units (revised)
Beer, Lager, Cider		
Less than half pint	0.5 units	0.5 units
Half pint	1 unit	1 unit
Small can	1 unit	1.5 units
Bottle	1 unit	1.5 units
Large can	1.5 units	2 units
Pint	2 units	2 units
Shandy		
Less than half pint	0.25 units	0.25 units
Half pint	0.5 units	0.5 units
Small can	0.5 units	0 units
Bottle	0.5 units	0 units
Large can	0.75 units	0 units
Pint	1 unit	1 unit
Wine¹		
Less than 1 glass	0.5 units	0.5 units
Glass	1 unit	2 units
Martini and Sherry		
Less than 1 glass	0.5 units	0.5 units
Glass	1 unit	1 unit
Spirits (e.g. whisky, vodka, gin) and liquers		
Less than 1 glass	0.5 units	0.5 units
Glass	1 unit	1 unit
Alcopops (e.g. hooch etc.) or pre-mixed alcoholic drinks (e.g. Barcardi Breezer, Metz, Smirnoff Ice etc.)		
Less than 1 bottle	0.5 units	0.75 units
Can	1 unit	1.5 units
Bottle	1 unit	1.5 units

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

Appendix B: Government policy and targets

Government Recommendations

The Government advises that¹:

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

Government Alcohol Strategy

The Government has a comprehensive strategy to tackle alcohol harm², including health harm, alcohol-related crime, and harm to children and young people from alcohol. This is based on:

- Informing and supporting people to make healthier and more responsible choices.
- Creating an environment in which the healthier and more responsible choice is the easier choice.
- Providing advice and support for people most at risk.
- A delivery system that effectively prioritises and delivers action on alcohol misuse.

Government action in these areas includes the following key elements:

(I) Informing and supporting people to make healthier and more responsible choices

National Campaigns

The Government is seeking to help people make healthier choices about alcohol through national advertising and social marketing campaigns. A programme has been developed, jointly funded by the Department of Health and the Home Office, with an overall budget of £10 million in 2008/09 and comprises two central strands:

- a ‘units’ campaign to raise general awareness of alcohol units and the risks to health of regularly exceeding recommended guidelines
- a ‘binge drinking’ campaign that challenges the public acceptability of drunkenness by highlighting the attendant personal and social consequences.

The Department for Children, Schools & Families (DCSF) is also planning a new social marketing campaign in 2009, aimed at young people and their parents. This campaign is funded for the next 3 years with a total of £12.5m. This campaign will take account of responses to the recent *Young People and Alcohol Consultation*. The Chief Medical Officer’s *Guidance on the Consumption of Alcohol by Children and Young People*³ forms part of this

consultation and will be reflected in DCSF's plans for the campaign. Following consideration of the responses to the consultation, the Chief Medical Officer's guidance will be released for publication.

Improving Information

In May 2007, the Government reached a voluntary agreement with the alcohol industry to introduce labels that incorporate unit and health information, including guidelines for consumption and advice on alcohol and pregnancy. Independent monitoring of industry uptake of this agreement will report in June 2009. This report will help Government determine the next steps, including whether a move from a voluntary approach to legislation is required.

The Government is also supporting the development of a range of new kinds of information and advice including web-based support and advice and an enhanced helpline available nationally.

(II) Creating an environment in which the healthier and more responsible choice is the easier choice

Mandatory code of practice

The Home Secretary and the Secretary of State for Health jointly announced in December 2008 the Government's intention to:

- put in place a new mandatory code of practice to target the most irresponsible retail practices, and
- take powers:
 - to create new mandatory national licence conditions
 - for local licence conditions applicable to groups of premises

The mandatory national conditions will ban the most irresponsible practices and promotions, which encourage people to drink excessively, or promote a binge-drinking culture. This should not affect the majority of businesses, small or large, who behave responsibly.

Affordability and pricing

The Department of Health commissioned the School of Health and Related Research (SchARR)⁴ from the University of Sheffield to carry out an independent review of the evidence on the effects of the pricing and promotion of alcohol. This was published in December 2008.

The Government has decided not to proceed with any national or local measures around minimum unit price⁵. While there is good evidence that cheap alcohol is linked to people drinking more and subsequent harm to their health, it is important that any Government interventions reduce harm without impacting unduly on the majority of responsible drinkers. The Government is now looking to develop further the evidence base in this area.

(III) Providing advice and support for people most at risk:

Identification and advice

The Government's goal is to ensure that it has in place high quality services to prevent, mitigate and treat effectively alcohol-related health harms and that the NHS should move progressively from treating the consequences of alcohol misuse to preventing these. The relevant services range from identification and brief advice to specialist services to treat dependent drinkers.

The Government has also developed undergraduate medical training to help all new doctors identify and handle substance misuse problems, including alcohol and an E-learning programme, available from February 2009, for those GPs who wish to develop 'brief interventions'.

(IV) A delivery system that effectively prioritises and delivers action on alcohol misuse:

Local accountability

The Department of Health aims to provide PCTs with the support, tools and incentives they need to provide services in their own areas effectively according to local needs.

In April 2008, the Department of Health put in place a new Vital Signs Indicator for the NHS to measure change in the rate of hospital admissions for alcohol related conditions, the first ever commitment to monitor how the NHS is tackling alcohol harm. This NHS Vital Signs Indicator is included in the Home Office Public Service Agreement (PSA 25) to reduce drug and alcohol harm and in the Department for Communities and Local Government list of indicators for local authorities and their partners.

World Class Commissioning (WCC)

All PCTs are now assessed on their progress against WCC competencies and on the calibre of their governance. As part of the WCC commissioning assurance system, PCTs are required to demonstrate skills in prioritisation and strategic planning.

The Alcohol Improvement Programme

This programme was launched on 5 November 2008 and includes:

- Data on local service provision and need. This includes the National Alcohol Treatment Monitoring System, which provides information for commissioners and providers on specialist alcohol treatment in each area including the length of time people have to wait.
- Sharing best practice through the Alcohol Learning Centre.

- Direct support and funding to a group of 20 'Early Implementer' PCTs with high levels of alcohol-related hospital admissions in areas of high health inequalities, which will receive additional funding between 2008 and 2011.
- A National Support Team for Alcohol, from September 2008, giving strategic support to areas with high rates of alcohol-related hospital admissions.

The Department has also provided new funding from 2008-09 for Regional Alcohol Managers to coordinate the Alcohol Improvement Programme in each region.

References

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

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

2. House of Commons, Health Committee, Alcohol, Written evidence, Session 2008-09.

<http://www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/368/368we02.htm>

3. Young People and Alcohol Consultation, Chief Medical Officer's Guidance on the Consumption of Alcohol by Children and Young People

<http://www.dcsf.gov.uk/consultations/index.cfm?action=conResults&external=no&consultationId=1579&menu=1>

4. The Effects of Alcohol Pricing and Promotion. December 2008, School of Health and Related Research, Sheffield University.

<http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH-4001740>

5. Safe. Sensible. Social. Selling alcohol responsibly: A consultation on the new code of practice for alcohol retailers. Home Office.

<http://www.homeoffice.gov.uk/documents/cons-2009-alcohol/cons-2009-alcohol-doc?view=Binary>

Appendix C: Alcohol-related hospital admissions

The data in this report showing alcohol-related hospital admissions have been obtained using a new methodology published by the North West Public Health Observatory (NWPHO) in *Alcohol-attributable fractions for England*¹, which, following international best practice, includes a wide range of diseases, injuries or conditions in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol.

The number of finished admission episodes for each of these diseases, injuries or conditions is obtained from the Hospital Episode Statistics (HES) databank. The data obtained from HES only include records for ordinary admissions, day cases, and maternity admissions where the gender and age of the patient are known and where the region of residence was one of the English regions, of no fixed abode or unknown.

Some of these diseases, injuries or conditions are, by definition, wholly-attributable to alcohol consumption and therefore all the admissions for these are counted. Some, however are only partly-attributable to alcohol consumption (i.e. some but not all of the admissions are related to alcohol consumption) and for these an age and gender specific attributable fraction is applied to the HES data, to estimate the number of admissions from these conditions in which alcohol is a contributory factor. The list of alcohol-related diseases, conditions and injuries and their ICD-10 codes can be found in **Appendix A**

To avoid double counting the admissions, the following method is applied:

- Where there is more than one alcohol-related condition listed in the 20 diagnostic fields of the HES record, the admission is counted against the condition with the highest attributable fraction
- Where there are two or more conditions with equally high attributable fractions the admission is counted against the condition which appears earliest in the 20 diagnostic fields.

The attributable fractions for each disease, injury or condition have been identified through research carried out by NWPHO and can be found in their technical report², along with further technical details on the methodology used to produce the data. This data on alcohol-related hospital admissions is also used in three national indicators:

- National Indicator NI39 – which forms part of a new performance framework for local authorities and local authority partnerships
<http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators/>
- Vital Signs Indicator VSC26 – a framework which provides a series of indicators from which PCTs may select a number that reflect the priorities for health in that area
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542
- Public Service Agreement (PSA) indicator 25.2 – PSAs set out the key priority outcomes the government wants to achieve in the next spending period
http://www.hm-treasury.gov.uk/pbr_csr07_psacommunities.htm#index.cfm

1. Alcohol attributable fractions for England – alcohol-attributable mortality and hospital admissions, North West Public Health Observatory, 2008. Available here:

www.nwph.net/nwpho/publications/forms/dispsform.aspx?ID=186

2. Hospital admissions for alcohol-related harm: Technical Information and Definition for Vital Signs Indicator VSC26, National Indicator Set NI39 and Public Service Agreement Indicator 25.2, North West public Health Observatory, 2008. Available here:

www.nwph.net/alcohol/lape/NI39Technical_Dec2008.pdf

Appendix D: Editorial notes

Editorial Notes

For the purpose of clarity, prevalence figures in the bulletin are shown in accordance with the 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.

Appendix E: Further information

This annual report draws together statistics on alcohol. It is expected the next report will be published in 2010. 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 2009.

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

www.ic.nhs.uk/pubs/alcohol08

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/

Crime in England and Wales 2007/08

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.

Crime in England and Wales 2007/08. Home Office. Available at:

<http://www.homeoffice.gov.uk/rds/crimeew0708.html>

Criminal Statistics England and Wales, 2007 – Supplementary tables volumes 1 and 3. The Home Office, 2008. Home Office Statistical Bulletin. Available at:

<http://www.justice.gov.uk/publications/criminalannual.htm>

Department for Transport

The Department for Transport website contains material for local government, the transport sector, passengers and motorists.

www.dft.gov.uk/

HM Revenue and Customs

HM Revenue & Customs (HMRC) is the department responsible for the business of the former Inland Revenue and HM Customs and Excise.

www.hmrc.gov.uk/

Home Office

Further information and other research and development statistics (RDS) Home Office publications can be found on the internet at:

www.homeoffice.gov.uk/rds/index.html

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

Mental Health of Children and Young People in Great Britain, 2004 carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive provides information about the prevalence of mental disorders among young people aged 5 to 16 in Great Britain living in private households. The survey examines the relationship between mental disorder and aspects of children's lives, including alcohol consumption. It was carried out between March and June 2004 and a sample size of around 8,000 children and young people aged 5 to 16 was achieved. It also provides profiles of children in each of the main disorder categories; emotional, conduct, hyperkinetic and autistic spectrum disorders, including comparisons with alcohol consumption.

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

Available at:

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

Office for National Statistics

Information about National Statistics can be found at:

www.statistics.gov.uk/

Public Health Observatories

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

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

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

www.nwph.net/alcohol/

The Institute of Alcohol Studies

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

www.ias.org.uk

The Portman Group

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

www.portman-group.org.uk/

Psychiatric morbidity surveys

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

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

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

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.

Road Casualties Great Britain 2007

This report provides more detailed information about accident circumstances, vehicle involvement and the consequent casualties in 2007, along with some of the key trends in accidents and casualties.

Road Casualties Great Britain: 2007 - Annual Report. Department for Transport. Available at:

<http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesqbar/roadcasualtiesqbaratbritain20071>

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.

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

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

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

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

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

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

World Health Organisation

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

Available at:

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

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