

## Institute of Alcohol Studies response to consultation on HSCIC Lifestyles Compendia Reports

**3. Please rank the following options for each compendia report. See the [consultation document](#) for a full description of each option and where data could be obtained if these reports were discontinued in their current format.**

Current format

**4. Are there any other formats of presentation you would like to see? Can you provide a link to an example?**

We support the intention to reduce the amount of text in the report, and replace it with more visually attractive infographics. We think the 'Focus on Young People' report is a good model to seek to emulate. However, it is critical to us that data from other sources remains available in excel format alongside HSCIC's original research.

**5. How frequent would you like to see the reports published?**

Annually

**6. For hospital admissions data within all four reports and deaths data within the smoking and alcohol reports, would you be content for the HSCIC to include data from the Local Tobacco and Alcohol profiles or from the HSCIC Admitted Patient Care reports rather than create similar results directly from the raw HES data which have a slightly different definition?**

We would be content with the Local Tobacco and Alcohol profiles, as we would prefer greater consistency in the hospital admissions and deaths data, as multiple sets of numbers with multiple definitions can be confusing to users and readers.

**7. Do you find the affordability statistics for smoking and alcohol useful?**

Yes

**8. Do you have any comments on the methodology used for the affordability statistics which is outlined in annex B of the consultation document?**

We support the methodology currently used to calculate affordability. It is particularly important and useful to have a consistent measure over time to ensure comparability. Higher levels of affordability are linked to higher levels of alcohol-related harm, so this is a vital indicator to monitor as a measure of the progress of alcohol policy. Moreover, since these statistics are not available from any other source, it is critical that HSCIC continues to produce them.

**9. Is there anything you would like to see added to these reports?**

Data on crime associated with alcohol e.g. assaults, arrests, drink driving

**10. What would be the implications for you if the HSCIC stopped producing these reports? In particular, what mandatory activities would you no longer be able to carry out?**

This would appreciably reduce the efficiency with which we can work because of the extra time and effort that will be involved in a) accessing statistics for our own internal use, and b) directing interested parties to the relevant statistics. This is bound to have a negative impact on our capacity to carry out research and projects to inform the public and policymakers of the evidence around alcohol harm. It is extremely important to be able to monitor the effects of alcohol policies, particularly at a regional/local authority level, and HSCIC's reports are critical to this end.

**11. What other activities will you no longer be able to carry out?**

See above – the distinction between mandatory and non-mandatory activities does not apply to our organization.

**12. What policies will you be unable to inform?**

We will be less quick and efficient in responding to queries, assisting policymakers and producing our own research in support of Government policies, committee and parliamentary inquiries and parliamentary questions. We anticipate this issue will be particularly acute in advising on questions of alcohol price and affordability.

**13. What additional costs will you or others incur?**

We do not anticipate ending the HSCIC will directly lead to any additional costs.

**14. Any other impact?**

None.