

1. Alcohol

(2021 version)

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Introduction

Pure alcohol is a colourless liquid with a burning taste. It looks like water but is actually a poison. The word 'alcohol' is used to describe a group of chemical substances, which can be anything from a colourless liquid to a waxy solid. Alcohol usually appears as a liquid, in a variety of colours. The type of alcohol that is produced for human consumption is ethanol (C₂H₅OH).

Ethanol is made using a process called fermentation. This is the process by which yeast breaks down sugar into alcohol and carbon dioxide. The carbon dioxide bubbles out of the fermenting solution leaving behind a mixture of alcohol and water. In producing spirits another process called distillation is involved, by which the alcohol is purified by evaporating and re-condensing the mixture.

There are other types of alcohol, which are produced from synthetic processes using natural gas, oil or coal. These are used in making perfumes and other toiletries, shoe polish, window cleaning products and skin rubs. Due to alcohol having a lower freezing point than water, it is also used to make de-icing sprays for car windows. Alcohol is also used in medicines such as cough and cold mixtures.

Alcohol has been around for a long time. One of the earliest references to it is in 4300 BC, where recipes for beer have been discovered on ancient tablets written by the Babylonians. The earliest mention of wine making was in 3500 BC, which was written on an Egyptian papyrus. The ancient Greeks and Romans went so far as to invent a god of wine – Bacchus and Dionysus respectively. In the Middle Ages it was safer to drink alcohol than it was to drink the local water in many large towns and in the 1500s witches were often blamed when a bad batch of alcohol occurred. They were frequently put to death for such a crime!

How It Is Taken

Alcohol can be drunk in a variety of drinks that vary enormously in type, taste, colour and strength, which means there is a lot of information for the consumer to learn in order to know what they are 'taking' at any given time. The following are the approximate alcohol contents by volume (%ABV) of the more common alcoholic drinks:

Beers, lagers and cider	3-9%
Wines	9-14% (Fortified wines 16-23%)
Spirits	Up to 40%
Liqueurs	Up to 60%

However, these percentages vary and can be quite confusing. For example, whisky has higher alcohol content than beer but is drunk in smaller quantities. Half a pint of strong beer can contain more alcohol than a single whisky.

The strength of drinks is calculated by using a 'unit of alcohol' as a standard measure. One unit is 10ml or 8g of pure alcohol. The government's 'safe' drinking levels suggest up to 14 units a week for adult men and women (spread over several days, not all at once). There are no 'safe' drinking levels for young people. So, how many units do drinks contain?

- One pint of normal strength lager (3-5%) is equivalent to 2 units.
- One 275 ml bottle of alcopop (5.5%) is 1.5 units.
- A 175ml glass of 12% wine is 2 units.
- A single measure (25ml) of spirits (40%) is 1 unit.

This can be used only as a rough guide because extra strength beers, ciders and lagers may be up to three times stronger than ordinary beers, and at home people tend to pour more generous glasses than a 'standard measure'.

Some of the street names for alcohol are:

- Booze
- Drink
- Beverage
- Bevvv

Health

Alcohol in the body

Alcohol passes into the stomach and on into the small intestine where it is then absorbed into the blood. The bloodstream will transport the alcohol to the brain, where it starts to affect the brain functions. If the stomach or the small intestine contains partly digested food this will slow down the rate of alcohol absorption into the blood and therefore the effect of alcohol on the brain will be delayed.

Spirits are absorbed more rapidly into the body than wine and beer. This means that the same amount of alcohol taken in spirits leads more quickly to a higher concentration of alcohol in the blood than if it was taken as wine or beer. This does not mean that beer or wines are less potent than spirits, just slower to act.

Only between 6% and 10% of alcohol leaves the body through urine, breath or sweat. The rest is oxidised by the liver, which takes about 1 hour per unit of alcohol in the body, so someone drinking three glasses of wine will have to wait at least six hours until his or her body is alcohol-free. This process is NOT speeded up by exercise, cold showers or drinking coffee without milk.

Alcohol is a depressant drug because it slows down the physical functions of the brain and the activity of the central nervous system; it acts on the brain like an

anaesthetic. From the first drink there will be some interference with normal brain activity and this in turn affects the rest of the body depending on how much is drunk.

Short-term effects can include:

- a reduction in reasoning ability and the capacity to make judgements
- feeling pleasantly relaxed, euphoria and impaired inhibitions
- loss of self-control which easily turns to anger
- slurred speech, staggering walk, double vision and loss of memory
- loss of balance
- inability to think or feel properly
- vomiting
- hangover
- harm to an unborn child
- unconsciousness and death

Small doses of alcohol cause a small increase in blood pressure and heart rate whereas large doses may cause the blood pressure to fall to the point where the person faints.

Alcohol is a powerful vasodilator, which means that it causes considerable heat loss through the skin and a fall in core body temperature. Although alcohol may induce a pleasant warm glow, it can be potentially lethal in a cold environment – a real risk to people who drink a lot and then go out in the cold wearing minimal clothing.

As mentioned above, the government has developed guidelines for 'safe' drinking but because alcohol affects people differently, a safe level for one person could be extremely unsafe for someone else. Factors that influence the effect of alcohol on an individual include the weight of the person, their gender, age, mood, expectations and the way the alcohol is taken. Women are more susceptible than men because of their physiological make-up, and young people are even more vulnerable.

Long-term health risks from alcohol:

• Loss of appetite	• Menstrual problems
• Malnutrition/over-nutrition	• Depression
• Skin problems	• Suicidal tendencies
• Sexual impotence	• Loss of memory (Wernicke-Korsakoff's Syndrome)
• Heart disease/muscle damage leading to heart failure	• Cancer
• High blood pressure	• Diabetes
• Strokes	• Reduced resistance to infection

<ul style="list-style-type: none"> · Inflammation of the lining of the stomach (gastritis) and pancreas (pancreatitis) 	<ul style="list-style-type: none"> · Liver damage (cirrhosis of the liver)
<ul style="list-style-type: none"> · Strain on the kidneys (diuresis) 	<ul style="list-style-type: none"> · Inflammation of the pancreas

Wernicke-Korsakoff syndrome is a condition that arises from chronic alcohol misuse and is treated with a multivitamin injection called PABRINEX. The main problem is malabsorption of vitamin B1 (thiamin). It would be classified as a dementia like Alzheimer's disease although the cause is almost entirely alcohol.

Alcohol and women

Usually women weigh less than men and have proportionately less body water in which alcohol may be diluted. The same quantity of alcohol produces higher concentration of alcohol in the female body than the male. This means women will:

- tend to get drunk faster than men on the same amount of alcohol.
- feel the effects for longer.
- be more likely to risk liver damage with heavy drinking.

Alcohol and pregnancy

Alcohol drunk by an expectant mother is passed on to the baby in the womb, which is extremely dangerous for unborn babies because of alcohol's toxic nature. The damaging effects on the child are collected under the term Foetal alcohol spectrum disorder, which includes Foetal Alcohol Syndrome (FAS), or in less severe cases as Foetal Alcohol Effects (FAE).

The Chief Medical Officer recommends that there is NO safe level of alcohol consumption for pregnant women.

Long-lasting effects of FAS/FAE:

- Facial abnormalities: small eyes, thin upper lip, flat mid-face, short upturned nose.
- Malformation of joints, limbs and teeth.
- Auditory and visual problems.
- Growth deficiency (height/weight), which continues during childhood.
- Mental health problems ranging from mild to severe/lower IQ.
- Delayed development, especially at key ages.

Alcohol, DNA and cancer

Researchers have discovered some of the exact ways that alcohol causes genetic damage that may trigger the development of cancer. Experiments done on mice showed that acetaldehyde, which our bodies produce when processing alcohol, has

the potential to damage DNA and rearrange chromosomes to permanently alter DNA sequences.

Professor Ketan Patel of the MRC Laboratory of Molecular Biology, Cambridge, UK, reported that these findings will help understanding of how drinking alcohol increases the risk of developing seven types of cancer – mouth, upper throat, laryngeal, oesophageal, breast, liver and bowel.

He says: "Some cancers develop due to DNA damage in stem cells. While some damage occurs by chance, our findings suggest that drinking alcohol can increase the risk of this damage."

"Our study highlights that not being able to process alcohol effectively can lead to an even higher risk of alcohol-related DNA damage and therefore certain cancers. But it's important to remember that alcohol clearance and DNA repair systems are not perfect and alcohol can still cause cancer in different ways, even in people whose defence mechanisms are intact."

Professor Linda Bauld of the charity Cancer Research UK says: "This thought-provoking research highlights the damage alcohol can do to our cells, costing some people more than just a hangover.

"We know that alcohol contributes to over 12,000 cancer cases in the UK each year, so it's a good idea to think about cutting down on the amount you drink."

Should we be drinking for our health?

A study of middle-aged Chinese men has shown that those who consumed 1-14 drinks a week had a 19% lower death rate than non-drinkers. Light to moderate drinking (up to 28 drinks per week) was also associated with a 36% reduction in death from coronary heart disease (CHD). (Follow up 'Study of Moderate Alcohol Intake and Mortality among middle aged men in Shanghai', China, BMJ 1997)

Professor Jean-Marc Orgogozo of Bordeaux University Hospital, France, found that 'moderate' drinking among people over 65 reduced the risk of developing Alzheimer's Disease.

However, it is always important to look behind the apparent facts:

- In China, CHD accounts for only 9% of deaths in comparison to Western countries where CHD causes roughly 33% of all deaths.
- Harry Cayton, Director of the Alzheimer's Disease Society said that it was generally accepted that alcohol consumption played a part in destroying brain cells. 'Any protective effect could be due to other compounds in the wine' he said 'but there is no doubt doing something you enjoy, like drinking the occasional glass of wine, is bound to make you feel better'.
- Professor Shaper, when studying 8,000 middle aged men, found that many of the people in the non-drinking category were 'sick quitters'; in other words, people who had been told by their doctor to stop drinking for the sake of their health. There is also a dynamic process going on because people move in and out of the various drinking categories at various times

of their life. He pointed out in a talk to Hope UK staff that blood pressure goes up as alcohol intake increases, and it has been known since 1915 that 10% of middle-aged men with high blood pressure have it as an alcohol-related condition.

- He also pointed out that there are many other factors, such as physical fitness and age, when considering health. Light drinkers tend to have other healthy characteristics such as social class and a good general approach to fitness. As teetotallers include heavy drinkers who have given up it is not surprising that teetotallers are seen to be at risk.
- Professor Shaper concluded 'Drink for pleasure, but not for health'.
- Dr. Peter Anderson of the Health, Alcohol, Drugs and Tobacco Unit of the World Health Authority said in September 1996: 'There is no safe level of consumption of alcohol'. Mr Peter Mitchell, Strategic Affairs Director for Guinness, referred him to the studies, which show that moderate drinking had been shown to be beneficial. Dr. Anderson responded that these studies were relevant only to those aged over 50 and that alcohol was also responsible for cirrhosis and cancer of the liver, breast cancer, haemorrhagic stroke etc.
- The intake of up to 2 units a day can have a moderate protective effect against heart disease for men over 40 and post-menopausal women. (GSU, 2004)
- Research has shown that low alcohol consumption may reduce the risk of CHD for middle-aged men and women: but are the possible benefits greater than the potential risks? Heavier levels of drinking can increase blood pressure and lead to heart failure.
- 'There is no minimum threshold below which alcohol can be consumed without any risk.' (Hans Emblad, World Health Organisation)

Dependence

The word 'dependence', when used in relation to drug taking, describes the situation where an individual has no control over their consumption of the drug. There are two types of dependence, physical and psychological. These are explained below.

We speak of people as dependent when they lose control over their drinking, when it is the drug that makes them want to have another drink. At this point an individual will usually need help to deal with their drinking.

A dependent person is:

- unable to stop drinking once they have started.
- unable to keep away from alcohol for any length of time.

- unable to control behaviour towards drinking.

A dependent person has to:

- make a drink top priority in life.
- increase the amount of alcohol in order to feel the effect.

Physical dependence

The body of a dependent person needs to keep the alcohol at a specific level in the blood stream. They tend to get withdrawal symptoms as soon as they stop drinking their usual amount and the level in their blood drops.

The other type of drinker may go on drinking bouts with times in between when they either do not drink or can control their drinking. Their excessive drinking occurs periodically. Often described as a 'bender', this heavy drinking session may only end when they are too ill to drink any more or have spent all their money. However, being able to stop drinking for a while doesn't necessarily mean that someone is not a dependent drinker.

Psychological dependence

Drinking is very habit forming. Long before an excessive drinker develops a physical dependence they may well develop dependence in other ways. For example they may:

- need a drink to relax.
- need a drink to have a good time.
- need a drink to face their boss/wife/husband or difficult situations.
- be unable to think positively of any activity that does not involve drinking.

Tolerance

Tolerance to a drug differs from dependence. Tolerance means that a person needs increasing quantities of a drug in order to achieve the same effects that it had before.

For someone tolerant to alcohol this means that they will find that each drink has less effect than it used to as the cells in their body get used to the presence of alcohol. However, after a period of time the body changes, becoming more sensitive to drink because of liver damage due to this excessive alcohol consumption.

Withdrawal symptoms

When an individual dependent on alcohol cuts down or stops their drinking altogether they can experience withdrawal symptoms that can include severe anxiety, perspiring, vomiting, convulsions and hallucinations (delirium tremens). These symptoms vary in extent according to the stage of dependency. Sometimes they can be very dangerous and even lethal.

Detoxification

This is the word used to describe the period after the user has stopped drinking, when the drug is passing out of the body and the body is being allowed to adjust to coping without alcohol.

The detox for alcohol usually lasts about five days. However, because of the unpredictable withdrawal symptoms it should/must be done under medical supervision. In most rehabilitation centres detox is a basic entry requirement.

Why do young people drink?

Alcohol is a drug that has become widely accepted in society and it is readily available, relatively cheap, and legal for adults to consume. Children and young people grow up watching the majority of adults drinking alcohol in many situations, such as with dinner, to relax, to feel more confident, to socialise and have fun, and to celebrate. This constant presence combined with alcohol advertising makes a high level of consumption inevitable by those who are under age.

Even children growing up in families that have alcohol problems often copy the same patterns of behaviour and develop drinking problems themselves. For many others, the peer pressure to drink is very strong and choosing not to drink can result in not being accepted by friends. The pressure to fit into society, along with alcohol's addictive properties, can lead to young people getting caught into alcohol use, and they may end up with a problem they are unable to acknowledge.

The Law

Age limits:

- Under 5: May not be given alcohol except on medical orders.
Children and Young Person's Act 1933
- 5 and over: May consume alcohol, e.g. at home. It is only illegal for those aged 5-18 to drink alcohol on licensed premises.
- Under 16: Can access any part of licensed premises but only if they are accompanied by an adult (even in pub garden), but cannot have alcoholic drinks. Licensing Act 2005
- 16 and 17: Can drink beer, wine or cider with a meal if it is bought by an adult and they are accompanied by an adult. It is illegal for this age group to drink spirits in pubs even with a meal. (In Scotland, 16 and 17 year olds can buy beer, wine and cider so long as it's served with a meal and consumed in an area used solely for eating meals.)

Under 18: Generally speaking it is against the law for anyone under 18 to attempt to buy alcohol or for anyone to buy alcohol for someone under 18 to consume in a pub or a public place. Police have increased powers to confiscate alcohol from people under 18 in any public place. This now includes alcohol in sealed containers. Licensing Act 2005 (www.direct.gov.uk)

Fines

A person under 18 found guilty of buying, attempting to buy or consuming alcohol in a bar can be fined a sum of up to £50.

A person found guilty of knowingly selling alcohol to a person under 18 can be fined a sum of up to £200. A licensee found guilty of a second or subsequent offence may be ordered to forfeit his licence.

Offence	Maximum Penalty
Unfit to drive through drink or drugs.	£5,000 fine plus 6 months' jail sentence. Disqualification for at least 12 months.
Driving with alcohol in the blood.	£5,000 fine plus 6 months' jail sentence. Disqualification for at least 12 months.
In charge of a vehicle while having above the prescribed limit of alcohol in the blood.	£2,500 fine plus 3 months' jail sentence. 10 penalty points or disqualification.

Drivers who have received any of these penalties may also find that it becomes very expensive to insure themselves to drive once their period of disqualification has finished.

The legal limit for driving is 80 milligrams of alcohol in 100 millilitres of blood (80mg%). Even lower amounts of alcohol than this can affect reaction times to a considerable extent and increase the likelihood of accidents.

As you can see, the legal limit from driving after drinking is NOT measured in units yet most drinkers would be measuring their intake in units, not in milligrams of alcohol in the blood. The reason the legal measurement is taken in milligrams of blood is because the same amount of alcohol drunk will have a different concentration in the blood, depending on the size, weight and sex of the person, as mentioned earlier.

Random Breath Testing

Police officers can breath test drivers if they have reasonable cause to suspect:

- that their driving is impaired by alcohol.
- that they have been involved in a traffic accident.

If officers stop a car for any reason they may breath test drivers only if they suspect that they have been drinking.

Some countries allow Random Breath Testing, which means that the police have the power to set up roadside checkpoints where they can stop all or randomly-selected samples of drivers and test them. This can help deter drink-driving through highly visible policing and maximum publicity, but it is questionable whether this is a successful deterrent as the odds against being tested are at least 250:1. However, Random Breath Testing is not currently part of UK law.

Advertising

There is a voluntary code stating that alcohol advertisements must not feature a famous personality whose example young people might follow, nor must they show someone drinking who appears to be under 25 years of age. On October 1st 2005 new rules on advertising were introduced regulated by the Advertising Standards Authority (ASA), alcohol ads should not show social or sexual success.

Community

Alcohol and the workplace

Approximately 75% of people with a drink problem are in employment and not on the streets. The issue about alcohol in the workplace is very important. Up to 17 million working days are lost annually in the UK through excessive drinking but it is impossible to make a more precise assessment here. There is no way of saying that problems with alcohol are restricted to employees or workers. They exist at all levels in the workplace. The Health and Safety at Work Act 1974 encourages employers to introduce alcohol and no smoking policies as part of their responsibility to ensure a safe and healthy environment in the workplace.

A workplace policy can include:

- drug education programmes.
- distribution of information material (leaflets, posters, etc.).
- training of senior staff.
- a ban on alcohol during normal working hours.
- a wider range of non-alcoholic drinks in the canteen.

There are various ways of identifying problem drinkers at work:

- Frequent lateness, repeated brief periods of absence for trivial or inadequate reasons, poor work performance, impaired concentration and memory.
- Absenteeism – uncertified, especially related to weekends, holidays etc.
- Mood changes, irritability, lethargy.
- Deterioration of relationship with fellow workers, borrowing money.
- Hand tremor, slurred speech, poor personal hygiene.

However, it is important to remember that other diseases or emotional problems can also cause most of these symptoms.

Help Available

Community based

Drug and alcohol action teams (DAATs) are partnerships combining representatives from local authorities (education, social services, housing) health, probation, the prison service and the voluntary sector.

The DAATs ensure that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. Their main tasks are;

- Commissioning services, including supporting structures
- Monitoring and reporting on performance
- Communicating plans, activities and performance to stakeholders

Day centres were the most common provision for drug users in the early 1970s but now only a few remain. In addition, there are a number of projects run by groups like Turning Point (a voluntary organisation which co-ordinates drug misuse and alcoholism projects). These facilities will offer a range of activities such as workshops, individual counselling, group work and assistance with difficulties like homelessness, legal and Social Security problems. Other projects have workers who go out into a locality from a central base.

Information on what is available locally should be obtainable from one of the councils of alcoholism that have become well established throughout the UK. Although such councils now have a range of different titles, such as Alcohol Counselling or Advisory Services, they all offer information and advice. In addition, Drug Advisory Centres exist in a number of areas and these organisations usually include alcohol with the other drugs. Their telephone numbers will be in local directories or available from a Citizens Advice Bureau.

Group meetings for addicts are not confined to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). One Christian group, which works with alcoholics in a similar way, is the Stauros Foundation, which places a strong emphasis on the Christian message of salvation. They link their groups with a worker who supports the person with an alcohol use disorder.

Residential

Hospitals and social service hostels provide basic care within the welfare services. Halfway houses provide a safe environment while someone is in the transitional phase from alcohol dependency to taking up life in the community again. Therapeutic communities offer long-term residential support. Christian charity Teen Challenge UK also run a number of rehab centres in England, Wales and Scotland (www.teenchallenge.org.uk).

Telephone counselling and information

Some areas may have a local telephone counselling service which offers advice about alcohol or other drugs as one of its functions. The Samaritans offer a telephone support service for people in crisis (116 123). Other organisations offer written material, which may come as specialist advice from groups like Alcohol Concern or be part of a general programme.

Despite the wide range of services available there is insufficient provision in Britain to meet the needs of everyone who has an alcohol or drug problem. In obtaining services, the important factor is knowing where to go to get information.

Drinkaware: www.drinkaware.co.uk Drinkline 0300 123 1110

Drinkaware works to reduce alcohol misuse and harm in the UK. An independent charity, they are supported by voluntary donations from the drinks industry(!) and from major supermarkets. They provide people with evidence-based information about alcohol and they work with the medical community, third sector organisations, government and the drinks industry.

FRANK: www.talktofrank.com

They have a 24/365 helpline on 0300 123 6600. They also have confidential, live online chat between 2pm and 6pm every day. You can also send questions by text/SMS to 82111.

Alcohol Statistics

Last updated December 2020

Alcohol and death

There is a new definition of alcohol-specific deaths, further to a consultation on which causes of death are appropriate to include as those that are related to the misuse of alcohol.

In 2018, there were 5,698 alcohol-specific deaths registered in England. In 2008, there were 6,769 deaths directly related to alcohol.

In the 10 years from 2008 to 2018, 67% of alcohol-specific deaths were men, 33% were women.

(Statistics on Alcohol, England 2020)

How much do people drink?

In 2017, 57% of those asked had drunk alcohol in the previous week. This equates to 29.2 million adults. In 2008, this figure was 64%.

In 2018, 65% of men and 50% of women had drunk alcohol in the last week. Drinking more than 14 units of alcohol a week was most common among men and women aged 55 to 64 (36% and 20% respectively). In 2008, 38% of men and 29% of women exceeded the recommended daily intake of alcohol.

(ONS, 2020; Statistics on Alcohol, 2010)

Young people and alcohol

PLEASE NOTE: The statistics about young people have not been updated in 2020 because the survey that was due to take place has been postponed until 2021.

Young people aged 16-24 are less likely to drink than any other age group. In 2018, 48% of those aged 16-24 said they had drunk in the last week. When they do drink their consumption on their heaviest day of drinking is often higher than any other age group. This could be because the data captured those who drink excessively at the weekend but don't drink during the week. 10 years ago, in 2007, 59% of young people aged 16-24 said they had drunk alcohol in the last week.

(ONS, 2019)

The proportion of 11-15-year olds who had drunk alcohol in the last week (in 2018) was 10%. In 2008, this figure was 18%.

(Smoking, drinking and drug use, 2019; Smoking, drinking and drug use, 2009)

Alcohol and the family

Alcohol plays a part in 25 - 33% of known cases of child abuse.

The national confidential inquiry into suicide and homicide by people with mental illness found that there was a history of alcohol misuse in 45% of suicides among the patient population during the period 2002 to 2011.

(Health matters: harmful drinking and alcohol dependence, 2016)

Alcohol and hospital

In 2018/19, there were an estimated 358,000 million admissions to hospital in England related to alcohol consumption where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis. This is 19% higher than in 2008/09.

The Net Ingredient Cost (NIC) of alcohol-related prescription items in 2018 was £4.32 million, which is more than double the level of NIC 10 years ago.

(digital.nhs.uk, 2020)

Effects on others

The government regularly cites the number £21 billion in relation to alcohol costs to society in England and Wales imposed by drinkers upon others, excluding any personal impact. This is broken down into £11bn in England for crime, £7.3bn in lost productivity in the UK, and £3.5bn for the NHS in England. However, this number was calculated in 2010 and so it is seen as controversial and there are calls for it to be updated or revised.

(Institute for Alcohol Studies, 2020)

Academic analysis done in 2012 by the University of Aberdeen indicates that the cost of alcohol to Scotland is 7.2bn, with 20% of the most deprived suffering from 40% of the harms.

In Northern Ireland, the government calculates the cost of alcohol to be 679.8 million annually, although the base range is from 501-881 million, with charities and the government often citing 900 million.

These figures equate to 3.4% of Scotland's GDP, 2.2% of Northern Ireland's GDP, and 1.7% of England and Wales' GDP.

(IAS, 2020)