



Statistics on Alcohol: England, 2010

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Executive Summary

Introduction

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 (aged 16 and over) and school children (aged 11 to 15), drinking-related mortality, affordability of alcohol and alcohol-related costs. Wherever possible in this compendium, figures are presented at an England level.

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. Some of the data presented here at England level, was previously published at Great Britain (GB) level.

Data on estimated alcohol consumption among adults is provided using the improved methodology introduced in 2006 for converting volumes of alcohol drunk into alcohol units. In 2008, there was a further improvement in methodology for measuring alcohol units for wine consumption. Respondents were asked whether they have consumed small (125ml), standard (175ml) or large (250ml) glasses of wine. Two data sets have been included for 2008, presenting the methodology used for 2006 and the improved 2008 methodology.

The report also includes new 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 NHS hospitals.

Updated information on Alcohol-related hospital admissions was not available at the time of publication. It is anticipated that these data will be made available later this year, on the Hospital Episode Statistics website, at the NHS Information Centre.

Definitions

Government recommendations at the time of publication 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.

Hazardous drinking is defined as a pattern of drinking which brings about the risk of physical or psychological harm. Harmful drinking, a subset of hazardous drinking, is defined as a pattern of drinking which is likely to cause physical or psychological harm.

Substance dependence is defined by the International Classification of Diseases and related health problems (ICD-10) as a cluster of behavioural, cognitive and physiological phenomena that can develop after repeated substance use.

Main findings:

Drinking behaviour among adults and children

In England, in 2008:

- 71% of men and 56% of women (aged 16 and over) reported drinking an alcoholic drink on at least one day in the week prior to interview. 11% of men and 6% of women reported drinking on every day in the previous week.
- 38% of men drank over 4 units on at least one day in the week prior to interview and 29% of women drank more than 3 units on at least one day in the week prior to interview. 22% of men reported drinking over 8 units and 15% of women reported drinking over 6 units on at least one day in the week prior to interview.
- The average weekly alcohol consumption was 16.8 units for men and 8.6 units for women.
- 28% of men reported drinking more than 21 units in an average week. For women, 19% reported drinking more than 14 units in an average week.
- 18% 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.
- 48% of pupils said they had never had a proper alcoholic drink, compared to 39% in 2003.
- Pupils who drank in the last week consumed an average of 14.6 units
- In 2006 to 2008, young people in London were less likely to have drunk alcohol in the last week (39%) than young people living in any other Government Office Region (51% to 63%)

Knowledge and attitudes to alcohol

- In 2009, 90% of Great Britain (GB) respondents reported that they had heard of measuring alcohol in units.
- There has been an increase from 54% in 1997 to 75% in 2009 in the proportion of people in GB who had heard of daily drinking limits. Throughout the period, differences between men and women have been slight.
- Pupils in England aged 11 to 15 are becoming less tolerant of drinking and drunkenness among their peers. For example, in 2008, 36% agreed that "it was OK for someone of their age to drink alcohol once a week", compared with 46% in 2003. Over

the same period, the proportion who thought “it was OK for someone of their age to get drunk once a week” also fell, from 20% to 12%.

Drinking related costs, ill health and mortality

In England:

- 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.
- In 2009, there were 150,445 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 12% since 2008 when there were 134,423 prescription items and 46% since 2003 when there were 102,741 prescription items.
- The Net Ingredient Cost (NIC) of these prescription items in 2009 was £2.38 million, an increase of 38% since 2003 when it was £1.7 million.
- In 2009, there was an average of 271 prescription items prescribed for alcohol dependency in England per 100,000 of the population.
- The number of prescription items varied by Strategic Health Authority (SHA). In four SHAs, the average number of prescription items dispensed was higher than the England average, North West SHA (473 prescription items per 100,000), North East SHA (429 prescription items per 100,000), Yorkshire and the Humber SHA (361 prescription items per 100,000) and East of England SHA (328 prescription items per 100,000).
- The average number of prescription items per 100,000 was lowest in London SHA (112 prescription items per 100,000).
- In 2008, there were 6,769 deaths directly related to alcohol. An increase of 24% from 2001. Of these alcohol related deaths, the majority (4,400) died from alcoholic liver disease.

1 Introduction

This statistical bulletin presents a range of information on drinking habits of adults and children, their knowledge and attitudes to drinking and 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 reports on adults' knowledge of alcohol 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 including the number of deaths that are linked to alcohol. 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.

Throughout the bulletin, references are given to sources for further information. The bulletin also contains four appendices; **Appendix A** describes the key sources used. **Appendix B** describes Government and NHS plans and guidelines on sensible drinking. **Appendix C** provides the editorial notes regarding the conventions used in presenting information. **Appendix D** provides a list of sources of further

information and useful contacts are presented in.

The term prevalence is used throughout 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, at the time of publication, 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 of measurement methodology was updated to take into account increased strengths of alcoholic drinks and larger glass sizes over recent years. In 2008, the units of measurement of wine were updated to

account for differences in wine glass size. Please see [Appendix A](#) for further details.

Amount consumed on the heaviest drinking day in the last week

Two of the indicators used in the 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 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 General Lifestyle Survey (GLF), formerly known as the General Household Survey (GHS) and published by the Office for National Statistics (ONS). This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GLF report¹ *Smoking and drinking among adults, 2008* is based on the survey which ran from January to December 2008. A wide range of topics are covered in the GLF 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 GLF, data on adults' drinking behaviour and knowledge is collected as part of the ONS Omnibus Survey. The latest information is reported in *Drinking: Adults' behaviour and knowledge in 2009*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 Living Costs and Food Survey (LCFS)³ (formally known as the Expenditure and Food

Survey⁴ (EFS)). The LCFS is commissioned by ONS and the Department for Environment, Food and Rural Affairs (DEFRA), and is a continuous household survey that provides data on weekly expenditure and purchase quantities including data on alcoholic drinks consumed both within and outside the home. In 2008, the LCFS became part of the Integrated Household Survey (IHS), with DEFRA having responsibility for the Family Food Module of the LCFS.

Data on alcohol price and retail price indices are taken from the ONS publication *Focus on Consumer Price Indices*⁵, while households' disposable income data are taken from the ONS publication *Economic and Labour Market Review*⁶ (formally known as Economic Trends). 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.

*Smoking, drinking and drug use among young people in England in 2008*⁷ (SDD), produced by the National Centre for Social Research (NatCen) and published by the NHS Information Centre, 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, 7,798 pupils from 264 schools in England completed questionnaires in the autumn term of 2008. Information on drinking prevalence among young people, by Government Office Region (GOR) is taken from *Smoking, drinking and drug use among young people in England findings by region 2006-2008*⁸, also produced by NatCen and published by the NHS Information Centre. Data from the SDD surveys from 2006 to 2008 were combined to produce for the first time drinking prevalence at GOR level.

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. From 2006 the GHS and from 2007 the Omnibus survey introduced an improved method of converting volumes of alcohol drunk into alcohol units. 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.

In the GLF 2008 a further revision in methodology was included for calculating the units of alcohol for wine. Respondents were asked whether they have consumed small (125ml), standard (175ml) or large (250ml) glasses of wine. It is assumed that a small glass contains 1.5 units of alcohol; a regular glass contains 2 units and a large glass 3 units. This is different from 2006 and 2007 when it was assumed that all respondents drank from an average size (170ml) glass containing 2 units. In the GLF, the updated method made little difference overall, but has slightly reduced the proportion of women exceeding 3 units on their heaviest drinking day in the week before interview. Further details of the updates in methodology are supplied in [Appendix A](#).

For tables where time series data are presented for alcohol consumption, two sets of data for 2006 are included providing both the original and the improved methods of converting volumes of alcohol into units. This allows for comparisons between 2006 and previous years. In addition, two sets of data are also supplied for 2008, presenting the method used in 2006 and also the revised methodology for calculating the units of alcohol consumed as wine. Updated estimates are used in all the 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.

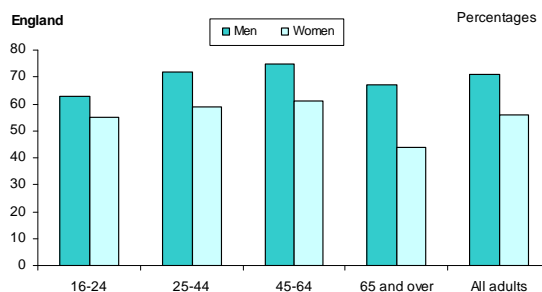
2.2 Alcohol consumption

2.2.1 Drinking in the last week

Respondents to the GLF were asked questions about their drinking in the week prior to interview. In England, in 2008, 71% of men and 56% 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 a fifth (20%) reporting drinking on five or more days compared with 12% of women. Similarly, men were more likely than women to have drunk alcohol every day during the previous week (11% compared with 6%).

[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 65) to report drinking during the previous week. Less than half (44%) of women aged 65 and over reported drinking alcohol during the previous week, compared with 67% of men in this age group.

Figure 2.1 Proportion of adults who drank in the last week, by age and gender, 2008



Source: General Lifestyles Survey 2008, 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; for example, 20% of men and 11% of women aged 65 and over had drunk every day during the previous week, compared to 2% of men and 1% of women aged 16 to 24. (Table 2.1)

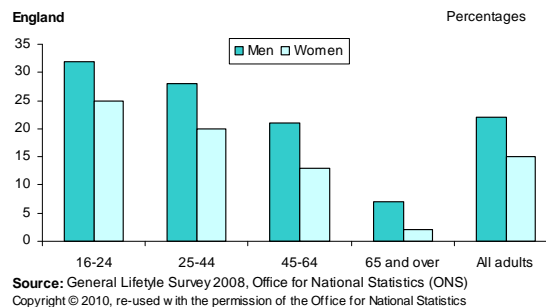
The proportion of adults who reported drinking in the week prior to interview has remained relatively stable since 1998 (for men the proportions were 75% in 1998 compared to 71% in 2008, for women the proportions were 59% in 1998 and 56% in 2008). Similarly, the proportion of adults drinking on 5 or more days in the previous week has also remained stable since 1998; in 1998 24% of men drank on 5 or more days in the previous weeks, compared to 20% in 2008, the equivalent figures for women were 13% and 12% respectively. (Table 2.2)

2.2.2 Heaviest drinking day in the last week

In 2008, the proportion of adults who reported drinking more than 4/3 units (men who drank more than 4 units and women who drank more than 3 units) on at least one day during the week prior to interview was higher for men (38%) than it was for women (29%). Those aged 65 and over were less likely than respondents in the other age groups to exceed 4/3 units on at least one day in the last week (21% of men and 10% of women).

Men were also more likely than women to report drinking more than 8/6 units a day (men who drank more than 8 units and women who drank more than 6 units) on at least one day in the week prior to interview (22% and 15% respectively). The proportion of adults reporting drinking over 8/6 units on at least one day in the previous week was greatest among the youngest age group (16 to 24); nearly a third (32%) of men and a quarter (25%) of women in this age group, compared with 7% of men and 2% of women 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, 2008



Between 1998 and 2006 the proportion of men reporting drinking over 8 units on at least one day in the week, using the original method of conversion to units fell from 22% to 18%. Using the improved method the proportion fell slightly from 23% in 2006 to 21% in 2008, however, using the updated methodology the proportion of men drinking over 8 units on at least one day in the week prior to interview was 22% in 2008. 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 drunk alcohol in the week prior to interview in the GLF 2008 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)

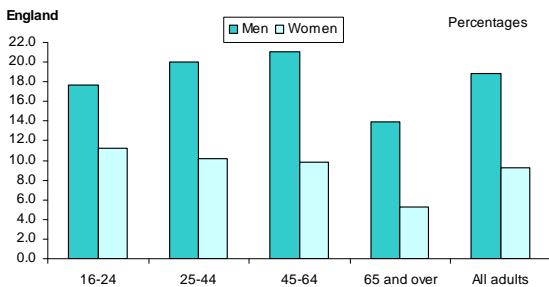
2.2.3 Average weekly consumption

In 2008, respondents to the GLF 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.

Table 2.4 shows that the average weekly consumption of alcohol over the 12 months prior to interview was recorded at 16.8 units for men and 8.6 units for women. 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 13.6 units for those aged 65 and over and 18.9 units for those aged 45 to 64. For women, the number of units consumed in an average week decreased with age; from an average of 11.0 units for those aged 16 to 24 to an average of 5.0 units a week for those aged 65 and over. (Figure 2.3)

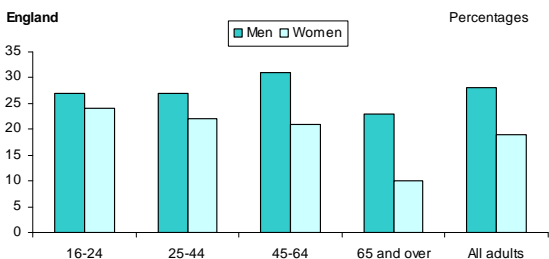
Figure 2.3 Average weekly units of alcohol consumed by adults, by age and gender, 2008



Source: General Lifestyle Survey 2008, Office for National Statistics (ONS) Copyright © 2010, re-used with the permission of the Office for National Statistics

In 2008, 28% of men reported drinking over 21 units in an average week and 19% 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 and women who drank more than 14 units) in a week was lower in the oldest age group for both men and women (23% of men and 10% of women aged 65 and over). (Table 2.4, 2.5, 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, 2008



Source: General Lifestyle Survey 2008, Office for National Statistics (ONS) Copyright © 2010, re-used with the permission of the Office for National Statistics

For men who usually drink in excess of over 21 units per week, around three quarters (76%) reported consuming more than 4 units on at least one day in the last week and half (50%) reported drinking more than 8 units on at least one in the week prior to interview,

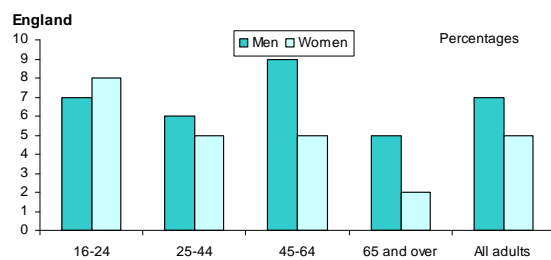
showing that men who drank more than 21 units a week tended to have higher daily consumption.

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 three quarters (75%) reporting drinking over 3 units and 45% drinking more than 6 units on at least one day in the previous week. (Table 2.6)

The 2008 GLF also reports on men who drank over 50 units in an average week and women who drank over 35 units in an average week. In England, in 2008, 7% of men reported drinking over 50 units a week on average and 5% of women reported drinking over 35 units in an average week.

Men aged 65 and over were less likely to drink over 50 units than any other age group with the exception of 25 to 44 year olds. There was little variation between any other age groups. Whereas, women in the 65 and over age group were the least likely to drink over 35 units in a week (2%), 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, 2008



Source: General Lifestyle Survey 2008, Office for National Statistics (ONS) Copyright © 2010, re-used with the permission of the Office for National Statistics

The change in measuring units of wine, to include a question about what size of glass of wine was being consumed, in the 2008 GLF made very little difference in the reported units of alcohol consumed among adults in 2008. (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 LCFS (named EFS prior to 2008), have increased overall since 1992, peaking in 2003/04, since when figures have fluctuated. However, among different types of alcohol, only purchases of cider and perry are higher in 2008 than in 2003/04. Purchases of wine showed the largest increase between 1992 and 2008 compared to other types of drink at 59%. 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 40% drop between 2001/02 and 2008. This reduction is mainly due to the fall in levels of purchases of beers for consumption outside the home which showed a 43% drop from 2001/02. (Table 2.7)

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. By 2008 this had fallen to 19%, but by 2009 this difference had again increased to 24%. However, Households' disposable income continues to increase in 2009. Using the most recently available data, alcohol in 2009 was 70% more affordable than it was in 1980, highlighting the trend of increasing alcohol affordability. (Table 2.8)

The NHS Information Centre continues to investigate new and improved measures for calculating indicators and may include revised methodologies in future publications.

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 2009 Omnibus Survey² reports on the average weekly alcohol consumption in Great Britain, 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.

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 (4.0 units for men and 5.4 units for women). Women's beer consumption was much lower than men's – an average of 1.9 units compared with 9.3 units.

Beers were the most popular drink among men of all ages, but decline with increasing age as a proportion of total alcohol consumed, from 68% of the alcohol consumed by those aged under 25 to 43% of that consumed by

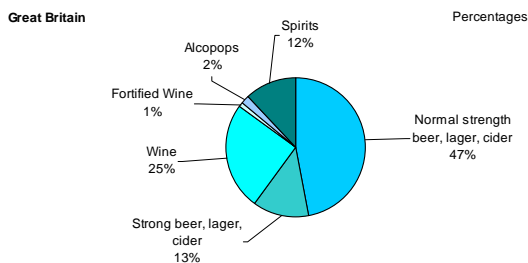
those age 65 and over. Most of this variation is contributed by strong beer, lager and cider, which accounted for 23% of the units consumed by young men, aged 16 to 24 but only 8% of alcohol drunk by men aged 65 and over.

The amount of spirits as a proportion of men's total consumption was highest among those aged 16 to 24 (19%) and 65 and over (18%). The amount of wine as a proportion of total consumption was highest among men aged 45 and over (32% of 45 to 64 year olds and 35% of those aged 65 and over).

The pattern of women's drinking in relation to age was slightly different to that of men. Among women aged 16 to 24, spirits were the most popular type of drink, followed by alcopops, whereas among older women wine was by far the most popular drink. Among women aged 45 to 64, wine accounted for 70% of average weekly alcohol consumption. The amount of fortified wine as a proportion of women's total consumption was highest (9%) among those aged 65 and over.

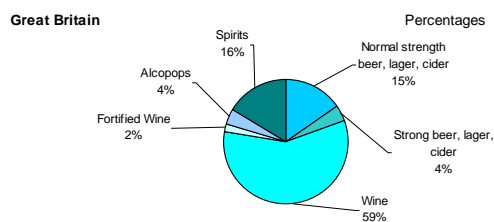
The consumption of alcopops showed the opposite association with age, accounting for a greater proportion of young people's alcohol consumption compared with that of older people: alcopops accounted for 16% of the alcohol consumption of women aged 16 to 24 compared with less than half a per cent for 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, 2009



Source: Drinking: Adults' behaviour and knowledge in 2009, Office for National Statistics (ONS)
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Figure 2.7 Average weekly consumption of different types of alcohol by women, 2009



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2.5 Alcohol consumption and socio-economic variables

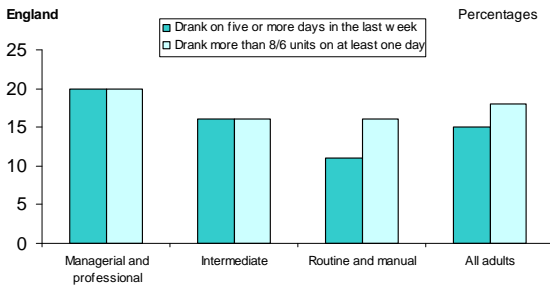
2.5.1 Socio-economic classification

The GLF 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 or professional had the highest proportions for both men and women who had an alcoholic drink in the last seven days (79% and 67% respectively), while men and women in routine and manual households had the lowest (64% and 46% respectively). There was a similar pattern in the proportions drinking on five or more days in the previous week. For example, 20% of adults in managerial and professional households had an alcoholic drink on five or more days in the past week compared to 11% of adults in routine and manual households.

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 (38%) than in routine and manual households (29%) and the proportion exceeding 8/6 units was also greater in managerial and professional households (20%) than in routine and manual households (16%). (Table 2.10, Figure 2.8)

Figure 2.8 Adults drinking in the last week by socio-economic classification, 2008



Source: General Household Survey 2008, 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, those in employment were most likely to have drunk alcohol during the previous week – 76% had done so compared to 58% who were unemployed and 57% who were economically inactive. Working men were more likely than economically inactive men to have drunk more than 4 units on any one day in the last week – 45%, compared with 30% respectively. Working men were also more likely to have drunk more than 8 units on one day – 27% compared with 18% for economically inactive men. Lower levels of drinking among economically inactive men are probably due in part to the large proportion of men in this group who are aged 60 to 64.

Among women, 65% of those who were working, 49% 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 – 39% compared with 24%. Working women were also more likely than the economically inactive to have drunk more than 6 units on one day – 21% compared with 12%. (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 drank more than 4/3 units on any one day also increases.

In households with a gross weekly income over £1,000, 81% of men and 71% of women reported drinking in the previous week, and 49% of men and 41% of women reported drinking over 4/3 units on at least one day. In households with an income of £200 or less, only 60% of men 38% of women reported drinking in the previous week and only 25% of men and 16% of women reported drinking more than 4/3 units on their heaviest drinking day.

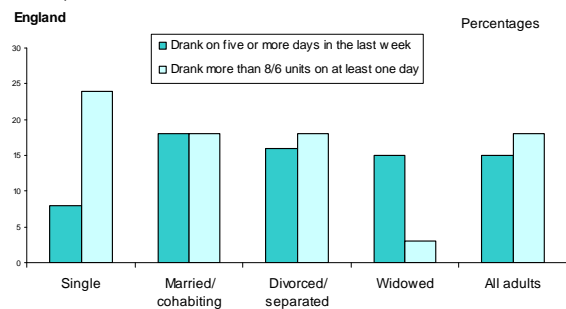
The proportion of adults who drank more than 8/6 units on at least one day in the previous week in households with a gross weekly income over £1,000 was over twice that in households with a gross weekly income of £200 or less (26% and 10% respectively).

2.6 Alcohol consumption and demographic characteristics

2.6.1 Drinking and marital status

Examining drinking by marital status shows that married people (including those cohabiting) were more likely to have drunk in the week prior to interview (67%) compared to those who are single, divorced/separated or widowed (58%, 59% 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 (18%) whilst single adults were the least likely (8%). (Table 2.13, Figure 2.9)

Figure 2.9 Adults drinking alcohol in the last week by marital status, 2008



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In contrast, a greater proportion of single people than married people reported drinking more than 4/3 units; 37% of single adults compared with 35% of married adults; widowed adults were the least likely to report drinking more than 4/3 units on their heaviest drinking day (12%). (Table 2.13)

2.6.2 Drinking and ethnicity

Information on ethnicity is not included within the GLF 2008 report. However, the *Statistics on Alcohol: England 2007*¹⁰ 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 in Britain were less likely to have drunk the week prior to interview (5% and 4% respectively) compared to those recording their ethnicity as White British or White Other (68% and 67% 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 website¹².

2.6.3 Drinking and pregnancy

Information on drinking during pregnancy is collected as part of the Infant Feeding Survey (IFS), the latest survey being *Infant Feeding Survey 2005*¹¹. The main focus of the survey is the prevalence of breast feeding, however the new mothers interviewed are also asked about their drinking behaviours before, during and after pregnancy.

Key findings from the IFS show that in the United Kingdom (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 all mothers in the UK who drank during pregnancy, decreased from 61%

in 2000 to 54% in 2005. Based on those mothers who drank before pregnancy, there has been an increase in the percentage of mothers who gave up drinking while they were pregnant, from 30% in 2000 to 34% in 2005.

Further details are provided within [Chapter 10 of the IFS 2005 report](#).

2.7 Geographic patterns of alcohol consumption

2.7.1 National comparisons of alcohol consumption

Findings from the GLF show that in 2008, men in England were more likely to have drunk alcohol on at least 5 days in the week prior to interview than men living in Scotland (20% compared with 14%), but were not significantly different from men in Wales.

A higher proportion of women living in England (12%) drank on 5 or more days in the week prior to interview than in either Scotland (9%) or Wales (8%).

There was no significant differences between the countries in the proportions of men and women drinking more than 4/3 units on their heaviest drinking day but heavy drinking is more common in England (18%) than it is in Wales (14%). (Tables 2.14 and 2.15)

2.7.2 Alcohol consumption by region

Looking at English Government Office Regions (GOR), adults were most likely to exceed 4/3 units on their heaviest drinking day in Yorkshire and the Humber (43% of men and 36% of women) and in the North West (42% of men and 36% of women). The lowest proportions were in London, where 32% of men had drunk more than 4 units and 23% of women had drunk more than 3 units.

The same broad pattern of regional variation in daily drinking has been evident since these questions were first introduced 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 website¹², 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 website¹³. Other models are available that predict the prevalence of drinking more than 8/6 units at a smaller geographical level.

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.

2.8 Drinking among children

The *Smoking, drinking and drug use among young people in England in 2008*⁸ (SDD08) report contains information on smoking in children aged 11 to 15 in secondary schools in England. The key findings are:

- Fifty-two percent of pupils said that they had drunk alcohol at least once. This proportion was similar among boys and girls. Younger pupils were less likely to have drunk alcohol than older pupils.
- The proportion of pupils who have never had an alcoholic drink has increased gradually in recent years. In 2008, 48% of pupils reported having never tried alcohol, compared with 39% in 2003.
- Eighteen per cent of pupils had drunk alcohol in the last week, similar proportions for boys and girls. This has decreased from 26% in 2001.
- The likelihood of having drunk alcohol in the last week is related to ethnicity; pupils from Black and Asian backgrounds are less likely than White pupils.
- Drinking alcohol is related to other risk-taking behaviours, including smoking, taking drugs, and playing truant from school.
- Pupils who drank in the last week had a mean intake of 14.6 units, and a median intake of 8.5 units. Boys drank more than girls and older pupils than younger ones.
- Beer accounted for half of pupils' weekly intake (7.6 units), followed by alcopops (2.8 units), and wine (1.8 units). Boys drank twice as much alcohol in the form of beer, lager or cider than girls did; 10.4 units compared with 4.7 units. Girls drank more wine and spirits than boys.
- Forty-two per cent of pupils had obtained alcohol in the last four weeks, most commonly by being given it by friends (24%) or parents (22%), or asking someone else to buy it (18%).
- Around half of current drinkers – pupils who said they drank at all – didn't usually buy alcohol (48%). Those who did were most likely to buy it from friends or relatives (24% of current drinkers, a substantial increase from 9% in 1998). Buying from some retail outlets has become less common in recent years. In 1996, 27% of current drinkers said they usually bought alcohol from an off-licence and 10% from a pub, compared with 15% and 6% respectively in 2008.
- Among pupils who drink alcohol, the proportion that drink in pubs or bars has

fallen from 13% in 1996 to 7% in 2008. There has been an increase over the same period in the proportion who usually drink at home or someone else's home (from 52% to 64%), at parties with friends (from 23% to 33%) or out of doors (from 21% in 1999 to 27% in 2008).

- Pupils were most likely to drink with groups of friends of both sexes (52% of current drinkers) or with their parents (41%). The proportion of pupils who usually drank with their parents decreased with age, and the proportion who drank with friends increased with age.
- About half of pupils (53%) who had drunk alcohol in the past four weeks reported feeling drunk. Girls who drank alcohol were more likely to become drunk than boys (58% of girls, 49% of boys who had drunk alcohol in the past four weeks). The likelihood of becoming drunk increased with age.

2.8.1 Regional comparisons of drinking among children

The SDD survey is not designed to be representative of schools within all regions and so reliable estimates by region cannot currently be derived from on any one year's data.

The *Smoking, drinking and drug use among young people in England, Findings by region, 2006 to 2008*⁹ report presents information on drinking among children aged 11 to 15 by Government Office Region (GOR).

The results are based on data from the 2006 to 2008 survey years, combined and weighted to be regionally representative. The key findings on drinking alcohol by GOR are:

- Young people in London are much less likely to have ever drunk alcohol than those living elsewhere. In London, 39% had ever drunk alcohol; otherwise this proportion varies between regions from 51% in the East Midlands to 63% in the North East.
- Young people in London are also much less likely to have drunk alcohol in the last week than those living in other regions. In London 12% of 11 to 15 year olds have drunk alcohol in the last week; elsewhere the proportion varies from 19% in the East Midlands and the South East to 26% in the North East.
- The mean consumption of alcohol (units of alcohol) of those who drank in the last week also varies by region. The amount consumed is lowest in London (11.3 units) and highest in the North East (17.7 units).

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Table 2.1 Number of drinking days in the week prior to interview, by gender and age¹ 2008²

England	Percentages				
	All ages	16-24	25-44	45-64	65 or over
Drinking days last week: All persons					
0	37	35	32	46	37
1	19	20	17	15	19
2	13	16	13	8	13
3	9	10	10	6	9
4	6	8	7	4	6
5	4	4	5	3	4
6	3	3	4	3	3
7	9	5	11	15	9
Drank on 5 or more days	15	5	11	21	21
Drank in the week prior to interview	63	59	65	68	54
Drinking days last week: Men					
0	29	37	28	25	33
1	19	26	21	16	16
2	15	18	17	14	10
3	10	9	11	11	9
4	8	5	9	9	5
5	5	4	4	6	4
6	4	1	4	5	3
7	11	2	7	14	20
Drank on 5 or more days	20	7	14	25	28
Drank in the week prior to interview	71	63	72	75	67
Drinking days last week: Women					
0	44	45	41	39	56
1	19	26	20	19	14
2	12	16	14	12	7
3	8	7	10	8	5
4	5	4	6	6	3
5	3	1	4	5	2
6	2	1	2	3	2
7	6	1	3	8	11
Drank on 5 or more days	12	3	9	16	15
Drank in the week prior to interview	56	55	59	61	44
<i>Weighted bases (000s)</i>					
<i>All persons</i>	36,147	4,369	12,501	11,672	7,604
<i>Men</i>	16,827	2,095	5,805	5,575	3,353
<i>Women</i>	19,320	2,275	6,696	6,097	4,251
<i>Unweighted bases³</i>					
<i>All persons</i>	12,530	1,140	3,850	4,440	3,100
<i>Men</i>	5,740	550	1,680	2,070	1,440
<i>Women</i>	6,790	590	2,170	2,360	1,660

1. Aged 16 and over.

2. Results for 2008 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 2008

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
2008 ³	71	63	72	75	67
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
2008 ³	20	7	14	25	28
Drank more than 4 units on at least one day					
1998	39	52	47	37	16
2000	38	49	44	37	16
2001	38	49	46	35	18
2002	37	48	45	37	15
2003	40	49	47	40	19
2004	39	48	48	37	19
2005 ²	34	42	42	34	16
2006 (original method) ^{3,4}	33	38	42	33	14
2006 (improved method) ^{3,4}	40	41	48	42	21
2007 ^{3,4}	41	44	48	45	22
2008 ^{3,4}	37	43	42	41	21
2008 (updated method) ^{3,5}	38	43	42	41	21
Drank more than 8 units on at least one day					
1998	22	39	29	17	4
2000	21	36	26	16	5
2001	21	35	28	15	5
2002	21	35	27	17	4
2003	23	35	30	19	5
2004	23	33	31	18	6
2005 ²	18	30	25	15	4
2006 (original method) ^{3,4}	18	27	25	15	4
2006 (improved method) ^{3,4}	23	29	31	21	6
2007 ^{3,4}	25	32	31	25	8
2008 ^{3,4}	21	32	27	20	7
2008 (updated method) ^{3,5}	22	32	28	21	7
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
2008	16,828	2,091	5,815	5,572	3,351
Unweighted bases⁶					
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
2008	5,740	550	1,680	2,070	1,440

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 onwards 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. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed as a update to the improvements to unit estimation made in 2006.

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.

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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
2008 ³	56	55	59	61	44
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
2008 ³	12	3	9	16	15
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 ^{3,4}	34	40	43	35	15
2008 ^{3,4}	32	38	38	35	13
2008 (updated method) ^{3,5}	29	37	37	32	10
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 ^{3,4}	16	25	22	13	3
2008 ^{3,4}	14	25	20	13	2
2008 (updated method) ^{3,5}	15	25	20	13	2
Weighted bases (000s)					
1998	18,512	2,182	6,855	5,376	4,099
2000	18,955	2,248	7,020	5,655	4,032
2001	18,845	2,181	7,070	5,577	4,018
2002	19,154	2,323	6,955	5,732	4,144
2003	18,627	2,174	6,688	5,697	4,068
2004	19,097	2,432	6,815	5,897	3,952
2005	19,070	2,364	6,788	5,884	4,035
2006	19,468	2,454	6,901	5,957	4,157
2007	19,401	2,247	6,863	6,097	4,193
2008	19,301	2,270	6,686	6,091	4,255
Unweighted bases⁶					
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
2008	6,780	590	2,170	2,360	1,660

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 onwards 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. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed as a update to the improvements made in 2006.

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.

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Table 2.3 Adults heaviest drinking day in the week prior to interview, by age^{1,2}, 2008³

England	Percentages				
	All ages	16-24	25-44	45-64	65 or over
Sunday	23	13	20	26	32
Monday	10	6	8	10	14
Tuesday	9	7	7	9	12
Wednesday	8	7	8	9	10
Thursday	7	6	7	7	9
Friday	14	23	16	12	8
Saturday	28	38	33	27	15
<i>Weighted bases (000s)</i>	<i>22,748</i>	<i>2,572</i>	<i>8,142</i>	<i>7,901</i>	<i>4,133</i>
<i>Unweighted bases⁴</i>	<i>8,060</i>	<i>690</i>	<i>2,540</i>	<i>3,080</i>	<i>1,760</i>

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 2008 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, 2008^{2,3}

England	Percentages / mean weekly units				
	All ages	16-24	25-44	45-64	65 and over
Men					
Non-drinker	11	16	9	11	15
Under 1 unit	8	6	6	7	11
1 - 10 units	33	33	36	29	33
11 - 21 units	20	19	22	21	18
22 - 35 units	13	11	14	15	12
36 - 50 units	7	8	7	8	5
51 units and over	7	7	6	9	5
More than 21 units	28	27	27	31	23
Mean weekly units	16.8	16.8	16.8	18.9	13.6
Women					
Non-drinker	19	18	16	16	27
Under 1 unit	14	8	12	14	23
1 - 7 units	33	36	34	34	29
8 - 14 units	14	13	17	15	11
15 - 25 units	10	11	12	10	6
26 - 35 units	5	5	5	6	3
36 units and over	5	8	5	5	2
More than 14 units	19	24	22	21	10
Mean weekly units	8.6	11.0	9.6	9.2	5.0
<i>Weighted bases (000s)³</i>					
<i>Men</i>	16,751	2,042	5,799	5,564	3,346
<i>Women</i>	19,260	2,253	6,683	6,080	4,244
<i>Unweighted bases</i>					
<i>Men</i>	5,710	530	1,680	2,070	1,440
<i>Women</i>	6,770	590	2,160	2,360	1,660

1. Aged 16 and over.

2. Results for 2008 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. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

Source:

General Household Survey, 2008. The Office for National Statistics (ONS)

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Table 2.5 Alcohol consumption (units per week) among adults¹, by gender, 1992 to 2008

England	Unweighted				Weighted						Percentages / mean weekly units		
	1992	1994	1996	1998 ²	1998 ²	2000	2001	2002	2005	2006 ^{3,4} original method	2006 ^{3,4} improved method	2008 ^{3,5} improved method	2008 ^{3,5} updated method
Men													
Non-drinker	7	7	7	7	7	9	9	9	11	11	11	11	11
Under 1 unit	10	9	8	8	7	8	11	8	8	8	7	7	8
1 - 10 units	36	35	35	37	36	34	31	33	36	36	30	33	33
11 - 21 units	21	22	23	22	22	22	22	22	21	22	21	21	20
22 - 35 units	13	14	15	14	14	14	14	14	12	12	15	13	13
36 - 50 units	7	6	7	6	7	7	6	6	6	6	7	7	7
51 units and over	6	6	6	6	7	7	7	7	6	5	9	7	7
More than 21 units	26	27	27	27	28	28	27	27	24	23	31	28	28
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	16.9	16.8
Women													
Non-drinker	12	14	13	14	14	14	15	15	18	17	17	19	19
Under 1 unit	22	21	20	19	19	17	22	16	17	18	15	14	14
1 - 7 units	39	37	37	37	37	36	32	37	37	39	33	33	33
8 - 14 units	15	15	16	16	16	16	15	15	14	14	15	15	14
15 - 25 units	8	9	9	10	10	11	9	10	8	8	10	10	10
26 - 35 units	2	2	3	3	3	3	3	3	3	2	5	5	5
36 units and over	2	2	2	2	2	3	3	3	2	2	6	4	5
More than 14 units	12	13	14	15	15	17	15	17	13	13	20	19	19
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	8.6	8.6
<i>Weighted bases (000s)³</i>													
<i>Men</i>	..	..	..	..	16,541	17,594	17,192	16,781	16,704	17,189	17,189	16,751	16,751
<i>Women</i>	..	..	..	..	18,518	18,912	18,847	19,160	19,131	19,468	19,468	19,260	19,260
<i>Unweighted bases</i>													
<i>Men</i>	7,265	6,603	6,145	5,621	5,621	5,704	6,124	5,906	7,158	6,607	6,607	5,710	5,710
<i>Women</i>	8,364	7,832	7,227	6,661	6,661	6,442	7,157	6,889	8,261	7,699	7,699	6,770	6,770

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 and 2008 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. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed as a update to the improvements to unit estimation made in 2006.

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General Household Survey, 2008. 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, 2008^{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	29	83	29	7	2	
Up to 4 units	33	15	52	44	21	
More than 4, up to 8 units	16	0	11	24	26	
More than 8, up to 12 units	11	0	5	14	22	
More than 12 units	11	1	3	10	29	
More than 4 units	38	2	19	49	76	
More than 8 units	22	1	8	24	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	44	81	36	9	5	
Up to 3 units	27	16	45	37	21	
More than 3, up to 6 units	15	3	13	30	29	
More than 6, up to 9 units	7	0	4	13	18	
More than 9 units	8	0	3	11	27	
More than 3 units	29	3	20	54	75	
More than 6 units	15	0	7	24	45	
<i>Weighted bases (000s)³</i>						
<i>Men</i>	16,828	1,260	5,506	3,430	4,623	
<i>Women</i>	19,301	2,776	6,407	2,786	3,686	
<i>Unweighted bases</i>						
<i>Men</i>	5,740	440	1,880	1,200	1,600	
<i>Women</i>	6,780	1,000	2,290	990	1,300	

1. Aged 16 and over.

2. Results for 2008 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. A further improvement was made in the 2008 survey by adding a wine glass question to more accurately estimate the number of units consumed by those drinking wine.

4. Total includes those who said they did not drink in the last 12 months and those who did not answer questions on their average weekly drinking.

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General Household Survey, 2008. The Office for National Statistics (ONS)

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Table 2.7 Household consumption of alcoholic drinks, 1992 to 2008¹

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	.
2008	706	350	69	242	38	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
2008	443	358	21	18	14	6	25

1. Data from 1992 to 2000 was collected from the National Food Survey and has been adjusted to allow comparisons to data collected from 2001/02 to 2007 from the Expenditure and Food Survey (EFS). In 2008 the EFS was renamed the Living Costs and Food Survey (LCFS) when it became part of the Integrated Household Survey. The data presented here comes from the Family Food Module of LCFS.

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:

Family Food Module of Living Costs and Food Survey (LCFS) 2008 (Defra/ONS)

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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 2009

	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	100.0
1981	116.9	111.9	104.5	99.6	99.6	95.3
1982	130.2	121.5	107.2	99.5	99.5	92.8
1983	140.0	127.1	110.1	101.6	101.6	92.2
1984	148.1	133.4	111.0	105.4	105.4	95.0
1985	157.4	141.5	111.2	109.1	109.1	98.1
1986	164.5	146.3	112.4	113.8	113.8	101.2
1987	171.2	152.4	112.3	115.6	115.6	102.9
1988	179.9	159.9	112.5	122.1	122.1	108.6
1989	190.1	172.3	110.3	128.0	128.0	116.1
1990	208.4	188.6	110.5	133.8	133.8	121.1
1991	234.3	199.7	117.3	136.4	136.4	116.3
1992	249.4	207.2	120.3	140.1	140.1	116.4
1993	260.4	210.5	123.7	144.4	144.4	116.7
1994	266.7	215.6	123.7	146.4	146.4	118.3
1995	276.8	223.1	124.1	150.2	150.2	121.0
1996	284.8	228.4	124.7	154.8	154.8	124.1
1997	292.7	235.6	124.2	161.3	161.3	129.8
1998	302.7	243.7	124.2	164.7	164.7	132.6
1999	310.6	247.4	125.5	169.4	169.4	135.0
2000	315.4	254.8	123.8	176.5	176.5	142.6
2001	322.0	259.3	124.2	184.3	184.3	148.4
2002	329.3	263.6	124.9	188.1	188.1	150.6
2003	336.3	271.2	124.0	193.7	193.7	156.2
2004	342.8	279.3	122.7	195.8	195.8	159.5
2005	349.6	287.2	121.7	199.7	199.7	164.1
2006	358.0	296.4	120.8	201.1	201.1	166.5
2007	368.6	309.1	119.3	202.1	202.1	169.4
2008	383.3	321.3	119.3	205.3	205.3	172.2
2009	397.3	319.7	124.3	212.0	212.0	170.6

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, 2009

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	15.6	17.5	15.0	16.8	12.5	9.5	11.0	10.2	10.5	5.8
Strong beer, lager, cider	2.0	4.1	1.6	2.0	1.0	0.4	1.2	0.4	0.3	0.2
Normal strength beer, lager, cider	7.3	7.9	8.2	7.7	4.4	1.5	1.3	1.9	1.7	0.5
Spirits	1.8	3.3	1.3	1.4	2.3	1.6	4.0	1.6	0.8	0.9
Fortified Wine	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.1	0.1	0.5
Wine	4.0	0.7	3.8	5.5	4.0	5.4	2.5	5.9	7.4	3.7
Alcopops	0.3	1.4	0.1	0.2	0.2	0.4	1.7	0.3	0.1	0.0
Percentages										
Strong beer, lager, cider	13	23	10	12	8	4	11	4	3	3
Normal strength beer, lager, cider	47	45	54	46	35	15	12	18	17	9
Spirits	12	19	9	8	18	16	37	16	8	15
Fortified Wine	1	0	0	1	1	2	2	1	1	9
Wine	25	4	25	32	35	57	22	58	70	63
Alcopops	2	8	1	2	2	4	16	3	1	0
<i>Weighted Bases (000s)³</i>	<i>23,414</i>	<i>3,633</i>	<i>8,182</i>	<i>7,419</i>	<i>4,181</i>	<i>24,641</i>	<i>3,484</i>	<i>8,290</i>	<i>7,681</i>	<i>5,186</i>
<i>Unweighted Bases⁴</i>	<i>960</i>	<i>80</i>	<i>300</i>	<i>340</i>	<i>240</i>	<i>1,150</i>	<i>80</i>	<i>380</i>	<i>390</i>	<i>300</i>

1. Aged 16 and over.

2. Includes 'other' drinks such as cocktails.

3. Weighted to population totals.

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

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of shaded figures must be accompanied by this disclaimer.

Source:

Drinking: Adults' behaviour and knowledge in 2009. 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, 2008^{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	63	71	56	33	38	29
Managerial and professional	73	79	67	38	42	35
Large employers and higher managerial	78	83	74	42	45	39
Higher professional	75	81	69	37	42	32
Lower managerial and professional	70	77	65	38	41	35
Intermediate	62	71	54	31	36	27
Intermediate	60	71	53	29	34	27
Small employers/own account	63	70	56	32	37	28
Routine and manual	54	64	46	29	34	24
Lower supervisory and technical	58	66	51	33	37	29
Semi-routine	53	61	47	27	32	23
Routine	52	64	42	28	34	22
			Drank on five or more days in the last week			Drank more than 8/6 units on at least one day
All adults⁵	15	20	12	18	22	15
Managerial and professional	20	24	16	20	24	17
Large employers and higher managerial	20	23	16	22	27	18
Higher professional	22	26	19	19	23	15
Lower managerial and professional	19	23	15	21	24	17
Intermediate	16	21	11	16	20	13
Intermediate	13	19	10	15	18	14
Small employers/own account	18	22	13	17	21	13
Routine and manual	11	15	8	16	20	12
Lower supervisory and technical	11	15	8	18	21	14
Semi-routine	11	14	9	15	20	12
Routine	11	15	7	15	20	11
<i>Weighted bases (000's)</i>						
<i>Managerial and professional</i>	15,309	7,379	7,930	15,310	7,390	7,930
<i>Intermediate</i>	6,688	3,038	3,650	6,680	3,040	3,640
<i>Routine and manual</i>	12,252	5,588	6,664	12,240	5,588	6,660
<i>All adults⁵</i>	36,147	16,827	19,320	36,129	16,828	19,301
<i>Unweighted bases⁶</i>						
<i>Managerial and professional</i>	5,440	2,580	2,860	5,440	2,580	2,860
<i>Intermediate</i>	2,320	1,030	1,290	2,320	1,030	1,290
<i>Routine and manual</i>	4,210	1,900	2,300	4,200	1,900	2,300
<i>All adults⁵</i>	12,530	5,740	6,790	12,520	5,740	6,780

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 2008 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. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

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.

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General Household Survey, 2008. 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, 2008^{2,3}

England	Percentages						
	All adults	Men	Women	All adults	Men	Women	
		Drank last week			Drank more than 4/3 Units on at		
All adults of working age⁴	66	72	60	39	42	36	
Total working ⁵	71	76	65	42	45	39	
Full time	73	77	67	44	46	41	
Part time	64	67	63	37	37	37	
Unemployed	54	58	49	34	35	33	
Economically inactive ⁶	49	57	44	27	30	24	
		Drank on five or more days in the last			Drank more than 8/6 Units on at		
All adults of working age⁴	14	18	10	22	26	19	
Total working ⁵	15	18	11	24	27	21	
Full time	16	18	12	26	28	24	
Part time	13	21	11	18	21	18	
Unemployed	9	12	5	23	25	21	
Economically inactive ⁶	11	16	8	14	18	12	
<i>Weighted bases (000s)</i>							
All adults of working age ⁴	27,150	13,470	13,680	27,130	13,480	13,660	
Total working ⁵	20,795	10,680	10,115	20,782	10,690	10,091	
Full time	14,948	9,384	5,564	14,941	9,389	5,552	
Part time	5,593	1,179	4,414	5,584	1,181	4,403	
Unemployed	1,430	800	631	1,428	800	629	
Economically inactive ⁶	4,927	1,994	2,933	4,924	1,988	2,936	
<i>Unweighted bases⁷</i>							
All adults of working age ⁴	8,800	4,300	4,500	8,790	4,300	4,490	
Total working ⁵	6,730	3,410	3,320	6,730	3,420	3,310	
Full time	4,770	3,000	1,770	4,760	3,000	1,770	
Part time	1,900	380	1,510	1,890	380	1,510	
Unemployed	410	220	190	410	220	190	
Economically inactive ⁶	1,660	670	990	1,660	670	990	

1. Adults of working age

2. Results for 2008 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.

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Table 2.12 Adults¹ drinking in the last week, by usual gross weekly household income and gender, 2008^{2,3}

England	Percentages					
	All adults	Men	Women	All adults	Men	Women
	Drank last week			Drank more than 4/3 units on at least one day		
All adults⁴	63	71	56	33	38	29
Up to £200.00	46	60	38	19	25	16
£200.01 - £400.00	55	61	50	24	27	22
£400.01 - £600.00	60	66	53	32	35	28
£600.01 - £800.00	67	75	59	37	40	35
£800.01 - £1000.00	69	76	62	37	41	33
£1000.01 or more	76	81	71	45	49	41
	Drank on five or more days in the last week			Drank more than 8/6 units on at least one day		
All adults⁴	15	20	12	18	22	15
Up to 200.00	13	18	9	10	15	6
200.01 - 400.00	14	18	11	11	13	10
400.01 - 600.00	16	20	11	17	21	14
600.01 - 800.00	15	19	12	20	23	17
800.01 - 1000.00	15	18	12	20	24	15
1000.01 or more	19	22	15	26	29	23
<i>Weighted bases (000's)</i>						
<i>All adults⁴</i>	<i>36,147</i>	<i>16,827</i>	<i>19,320</i>	<i>36,129</i>	<i>16,828</i>	<i>19,301</i>
<i>Up to 200.00</i>	<i>4,995</i>	<i>1,878</i>	<i>3,117</i>	<i>4,985</i>	<i>1,874</i>	<i>3,111</i>
<i>200.01 - 400.00</i>	<i>6,114</i>	<i>2,695</i>	<i>3,419</i>	<i>6,108</i>	<i>2,692</i>	<i>3,416</i>
<i>400.01 - 600.00</i>	<i>5,397</i>	<i>2,627</i>	<i>2,770</i>	<i>5,395</i>	<i>2,627</i>	<i>2,768</i>
<i>600.01 - 800.00</i>	<i>4,320</i>	<i>2,112</i>	<i>2,209</i>	<i>4,323</i>	<i>2,112</i>	<i>2,211</i>
<i>800.01 - 1000.00</i>	<i>3,695</i>	<i>1,824</i>	<i>1,871</i>	<i>3,698</i>	<i>1,827</i>	<i>1,871</i>
<i>1000.01 or more</i>	<i>8,895</i>	<i>4,459</i>	<i>4,436</i>	<i>8,887</i>	<i>4,458</i>	<i>4,429</i>
<i>Unweighted bases⁵</i>						
<i>All adults⁴</i>	<i>12,530</i>	<i>5,740</i>	<i>6,790</i>	<i>12,520</i>	<i>5,740</i>	<i>6,780</i>
<i>Up to 200.00</i>	<i>1,790</i>	<i>650</i>	<i>1,140</i>	<i>1,780</i>	<i>640</i>	<i>1,140</i>
<i>200.01 - 400.00</i>	<i>2,300</i>	<i>1,010</i>	<i>1,290</i>	<i>2,300</i>	<i>1,010</i>	<i>1,290</i>
<i>400.01 - 600.00</i>	<i>1,870</i>	<i>900</i>	<i>970</i>	<i>1,870</i>	<i>900</i>	<i>970</i>
<i>600.01 - 800.00</i>	<i>1,540</i>	<i>740</i>	<i>800</i>	<i>1,550</i>	<i>740</i>	<i>800</i>
<i>800.01 - 1000.00</i>	<i>1,220</i>	<i>610</i>	<i>620</i>	<i>1,220</i>	<i>610</i>	<i>620</i>
<i>1000.01 or more</i>	<i>2,900</i>	<i>1,430</i>	<i>1,470</i>	<i>2,890</i>	<i>1,430</i>	<i>1,470</i>

1. Aged 16 and over.

2. Results for 2008 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. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

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, 2008^{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	63	71	56	33	38	29
Single	58	63	53	37	39	34
Married/cohabiting	67	75	61	35	38	31
Divorced/separated	59	71	53	33	39	30
Widowed	44	64	37	12	20	9
			Drank on five or more days last week			Drank more than 8/6 units on at least one day
All adults	15	20	12	18	22	15
Single	8	10	5	24	26	22
Married/cohabiting	18	22	14	18	21	14
Divorced/separated	16	25	12	18	23	15
Widowed	15	26	11	3	6	2
<i>Weighted bases (000s)</i>						
<i>All adults</i>	<i>36,147</i>	<i>16,827</i>	<i>19,320</i>	<i>36,129</i>	<i>16,828</i>	<i>19,301</i>
<i>Single</i>	<i>7,532</i>	<i>4,052</i>	<i>3,480</i>	<i>7,523</i>	<i>4,051</i>	<i>3,473</i>
<i>Married/cohabiting</i>	<i>22,914</i>	<i>11,052</i>	<i>11,862</i>	<i>22,907</i>	<i>11,057</i>	<i>11,851</i>
<i>Divorced/separated</i>	<i>2,950</i>	<i>1,052</i>	<i>1,898</i>	<i>2,944</i>	<i>1,050</i>	<i>1,894</i>
<i>Widowed</i>	<i>2,751</i>	<i>671</i>	<i>2,081</i>	<i>2,755</i>	<i>671</i>	<i>2,084</i>
<i>Unweighted bases⁴</i>						
<i>All adults</i>	<i>12,530</i>	<i>5,740</i>	<i>6,790</i>	<i>12,520</i>	<i>5,740</i>	<i>6,780</i>
<i>Single</i>	<i>2,170</i>	<i>1,100</i>	<i>1,070</i>	<i>2,170</i>	<i>1,100</i>	<i>1,070</i>
<i>Married/cohabiting</i>	<i>8,360</i>	<i>4,050</i>	<i>4,310</i>	<i>8,360</i>	<i>4,060</i>	<i>4,310</i>
<i>Divorced/separated</i>	<i>1,030</i>	<i>340</i>	<i>680</i>	<i>1,020</i>	<i>340</i>	<i>680</i>
<i>Widowed</i>	<i>970</i>	<i>250</i>	<i>720</i>	<i>970</i>	<i>250</i>	<i>720</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 2008 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. A further improvement was made in the 2008 survey by adding a wine glass size question to more accurately estimate the number of units consumed by those drinking wine.

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, 2008²

Great Britain	Drank last week	Drank on 5 or more days last	Weighted bases (000s)	Percentages	
					Unweighted bases ³
All adults					
England	63	15	36,149		12,530
North East	63	14	1,707		650
North West	63	13	4,906		1,700
Yorkshire and the Humber	67	16	3,836		1,380
East Midlands	65	15	3,219		1,220
West Midlands	60	16	3,959		1,360
East of England	66	16	4,223		1,500
London	51	14	4,692		1,210
South East	67	17	5,868		2,080
South West	66	18	3,740		1,420
Wales	57	13	2,201		830
Scotland	56	11	3,751		1,310
Great Britain	62	15	42,102		14,670
Men					
England	71	20	16,827		5,740
North East	71	18	777		290
North West	69	16	2,291		770
Yorkshire and the Humber	75	19	1,794		630
East Midlands	75	19	1,556		580
West Midlands	69	20	1,824		620
East of England	74	21	2,049		710
London	58	18	2,056		530
South East	75	21	2,769		960
South West	75	24	1,712		640
Wales	66	18	1,055		390
Scotland	65	14	1,709		590
Great Britain	70	19	19,591		6,720
Women					
England	56	12	19,322		6,790
North East	57	11	930		360
North West	58	11	2,651		920
Yorkshire and the Humber	59	13	2,042		750
East Midlands	55	11	1,663		650
West Midlands	53	12	2,135		740
East of England	59	12	2,174		790
London	45	11	2,636		680
South East	60	12	3,099		1,120
South West	58	13	2,029		780
Wales	48	8	1,146		450
Scotland	49	9	2,042		720
Great Britain	55	11	22,511		7,950

1. Aged 16 and over.

2. Results for 2008 include longitudinal data (see Appendix A).

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

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Table 2.15 Maximum drunk on any one day last week¹, by gender and Government Office Region, 2008^{2,3}

Great Britain	Previous method ³		Updated method ⁴		Percentages	
	Drank more than 4/3 units on at least one day ⁵	Drank more than 8/6 units on at least one day ⁵	Drank more than 4/3 units on at least one day ⁵	Drank more than 8/6 units on at least one day ⁵	Weighted bases (000s)	Unweighted bases ⁶
All adults						
England	34	18	33	18	36,129	12,520
North East	37	19	36	18	1,703	640
North West	39	21	39	22	4,899	1,700
Yorkshire and the Humber	40	24	39	25	3,829	1,380
East Midlands	35	17	35	16	3,214	1,220
West Midlands	32	15	30	15	3,960	1,360
East of England	32	15	32	16	4,221	1,500
London	27	15	27	15	4,698	1,220
South East	34	17	33	18	5,876	2,090
South West	34	17	32	17	3,729	1,410
Wales	32	14	30	14	2,206	840
Scotland	32	16	31	16	3,747	1,310
Great Britain	34	17	33	18	42,082	14,670
Men						
England	37	21	38	22	16,828	5,740
North East	39	20	40	20	776	290
North West	41	25	42	26	2,290	770
Yorkshire and the Humber	43	28	43	29	1,792	630
East Midlands	39	19	39	19	1,556	580
West Midlands	34	19	35	19	1,824	620
East of England	37	20	38	21	2,049	710
London	31	19	32	20	2,059	540
South East	36	20	36	21	2,776	960
South West	37	20	37	21	1,707	640
Wales	35	16	35	16	1,055	390
Scotland	34	20	34	19	1,711	600
Great Britain	37	21	37	21	19,594	6,720
Women						
England	32	14	29	15	19,301	6,780
North East	36	18	33	16	928	360
North West	37	18	36	19	2,609	920
Yorkshire and the Humber	38	20	36	21	2,037	750
East Midlands	32	14	30	13	1,658	640
West Midlands	29	11	26	11	2,135	740
East of England	28	11	26	11	2,172	790
London	25	12	23	12	2,639	680
South East	33	14	30	14	3,101	1,120
South West	31	15	28	15	2,022	780
Wales	29	11	26	11	1,151	450
Scotland	31	13	29	13	2,036	720
Great Britain	32	14	29	14	22,488	7,950

1. Aged 16 and over.

2. Results for 2008 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. In the 2006 method there was no wine glass question and average size was assumed.

4. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed.

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

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

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3 Knowledge and attitudes to alcohol

3.1 Introduction

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

Three sources of information are used: The Office for National Statistics (ONS) Omnibus Survey Report *Drinking: adults' behaviour and knowledge in 2009*¹; the *Heath Survey for England 2007*²; and *Smoking, drinking and drug use among young people in England in 2008*³.

The 2009 Omnibus survey report has been presenting results from questions about drinking over several years, allowing comparisons to be made over time. The survey uses a small sample size and asks respondents about knowledge and attitudes. The survey gives Great Britain level data. *The Heath Survey for England 2007 (HSE07)* also asks questions of people's knowledge and attitudes towards alcohol. It uses a larger sample size and different population sample to the Omnibus survey report.

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.

In this chapter the Omnibus survey report on drinking and HSE07 are used to explore the knowledge and attitudes of people have towards alcohol. The Omnibus survey report on drinking also provides changes over time.

3.2 Adults knowledge and Attitudes to Alcohol

3.2.1 Knowledge of Units

Advice on the amount people should drink has to be provided in such a way that it applies to the wide range of different types of alcohol

people may drink, which can have very different alcohol contents. Advice on drinking is therefore given in terms of units, and for people to be able to monitor how much they drink, they need to understand what is meant by a unit of alcohol, and how many units different drinks contain.

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

The 2009 Omnibus survey report on drinking asked respondents whether they had heard of measuring alcohol consumption in units; 90% of respondents said that they had. This has steadily increased from 79% in 1997. Men and women were equally likely to have heard of alcohol units and the increase in knowledge since 1997 has occurred among both men and women. On the whole, the more people drank, the more likely they were to have heard of units: 95% of those with the highest average weekly consumption (22 units and over for men and 15 units and over for women) had heard of units, compared with only 71% of those who did not drink at all. (Table 3.1)

Those aged 65 and over were less likely to have heard of alcohol units: 80% had done so, compared with 96% of those aged 45 to 64 and 88% of the youngest age group (16 to 24). Although average weekly alcohol consumption is not strongly related to socio-economic classification, there were marked differences in awareness of units between those in different occupations. Those in managerial and professional occupational groupings were the most likely to have heard of measuring alcohol in units (96%), and those in routine and manual occupations the least likely to have done so (87%). (Table 3.2, 3.3)

In the HSE07 most adults (92% of men and 89% of women) had heard of units; this was most common among adults aged between 35 and 64.

3.2.2 Awareness of Units and Alcohol Content

It is especially important that people are aware of the alcohol content of drinks they themselves drink. Therefore, for each of the most common types of drink, the 2009 Omnibus survey asked respondents who had drunk that particular drink in the last year if they knew what a unit of that drink was.

Results found that those who frequently drink at least once a week a particular type of alcohol were aware of its alcohol content. Those who drank beer and those who drank wine at least once a week were much more likely to know what a unit of that drink was than were those who seldom drank these drinks, but even so, about a third (31%) of frequent beer drinkers and a sixth (17%) of frequent wine drinkers were not aware of the number of units in what they were drinking. Differences according to frequency of consumption were much less marked for those who drank spirits and fortified wine. (Table 3.4)

Further information on respondents awareness of units for different types of alcohol can be found in [Chapter 4 on pages 56 to 57 of the ONS Omnibus Survey Report Drinking: adults' behaviour and knowledge in 2009](#)¹

In the HSE07 results showed that accurate knowledge of the content of different drinks in units varied with age, being highest among 25 to 54 year olds. It was also related to what people actually drank. Seventy seven per cent of men and 73% of women who had drunk wine on the day they drank most in the last week said correctly that a 125ml glass of wine contained one or two units, compared with 65% of men and 60% of women who had not drunk wine on the day they drank most in the last week (though they may have drunk wine on other days). A similar, though less marked pattern was seen for beer and spirits. Further information can be found in [Chapter 7 on pages 177 to 218 of HSE07](#).

3.3 Knowledge of drinking limits

3.3.1 Alcohol consumption

The 2009 Omnibus survey report on drinking asked respondents whether or not they kept a check on the number of units they drank: 13% said that they did. It should be noted, however, that since by no means everyone who drank each type of drink knew what a unit of that drink was, it is likely that in some cases the check they were keeping was inaccurate.

Although men were more likely than women to drink heavily ([see Chapter 2 of this report for details](#)), they were not significantly more likely to keep a check in terms of units on how much they drank – overall, 12% of men and 14% of women who had heard of units did so. Women who did keep a check on units were slightly more likely to do so on a weekly basis (6%) than on the daily basis (2%) suggested by the government's current advice on sensible drinking, there was no difference among men.

The percentage of people who kept a daily or a weekly check on the number of units drunk has remained similar over the period covered by the surveys varying between 11% and 16% between 1997 and 2009.

Among men who had heard of units, those who drank less than 10 units a week were less likely than others to keep a daily or weekly check on the number of units drunk. Among women, those who drank less than 1 unit a week were least likely to keep a check. (Table 3.5, 3.6)

In the HSE07 results showed the majority of adults who drank in the last week exceeded recommendations on at least one day; 59% of men and 55% of women had done so. This was more likely in adults of working age than those aged 65 or over.

Among adults who drank in the last week, 35% of men and 27% of women had drunk more than twice the recommended levels on at least one day in the last week. This was most common among the youngest age group (56%

of men and 52% of women aged between 16 and 24), and decreased with age to 6% of men and 3% of women aged 75 and over.

3.3.2 Daily drinking limits

The current government advice on drinking (Department of Health, 1995 and Department of Health, 2004) is that daily intake should not regularly exceed 3 to 4 units a day for men and 2 to 3 units for women.

The 2009 Omnibus survey report on drinking asked respondents if they had ever heard of the recommended maximum number of alcohol units that people should drink in a day.

There has been an increase from 54% in 1997 to 75% in 2009 in the proportion of people who had heard of daily drinking limits. Throughout the period, differences between men and women have been slight.

Male non-drinkers and those who drank very little were less likely to have heard of daily drinking limits than were heavier drinkers. The percentage of men who drank less than 1 unit a week who had heard of daily drinking limits increased significantly from 49% in 2007 to 65% in 2009. Among women, non-drinkers were the least likely to have heard of daily drinking limits and heavier drinkers the most likely. For example, 70% of women who drank less than 1 unit a week had heard of daily consumption levels compared with 86% of those who drank 15 units or more a week. (Table 3.7, 3.8)

In the HSE07 results showed 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. Those who attempted to define the recommendations were more likely to be wrong than right. General awareness of units was higher among men and women who had drunk alcohol in the last week but most adults who drank more than the recommended amounts either did not know what these limits were or could not identify them correctly.

3.4 Children's attitudes to drinking alcohol

3.4.1 Perceptions of parents views on drinking alcohol and being drunk

In *Smoking, drinking and drug use among young people in England in 2008*³ pupils were asked how their parents felt about them drinking alcohol.

There was a clear relationship between perceived parental acceptance of drinking and age. Younger pupils were more likely to say that their parents did not like them drinking at all (71% of 11 year olds compared with 24% of 15 year olds). Conversely, older pupils were more likely to answer that their parents would not mind them drinking as long as it was not too much (28% of 11 year olds, increasing to 73% of 15 year olds). Younger girls were more likely than younger boys to answer that their parents did not like them drinking at all; by the age of 14 this gap had disappeared. Few pupils of any age said that their parents let them drink as much as they liked.

The key findings from SDD08³ showed that:

- Whether pupils drink alcohol is related to the number of drinkers pupils live with. The proportion of pupils who had drunk alcohol in the last week increased from 5% of those who lived in non-drinking households to 31% of those who lived with three or more people who drank alcohol.
- About half (53%) of pupils said their parents didn't mind them drinking as long as they didn't drink too much; a slightly smaller proportion (46%) said their parents would not like them to drink. Pupils' drinking tended to reflect what they believed their parents thought. For example, 80% of pupils who said their parents would not like them to drink had never drunk alcohol, compared with 24% of pupils who thought their parents did not mind them drinking within limits.
- About half of pupils (53%) who had drunk alcohol in the past four weeks reported feeling drunk. Girls who drank alcohol were more likely to become drunk than boys

(58% of girls, 49% of boys who had drunk alcohol in the last four weeks). The likelihood of becoming drunk increased with age.

- A third of pupils who had drunk alcohol in the last four weeks had tried to get drunk at least once. This was more common among older drinkers.
- The most likely adverse consequence of drinking alcohol was feeling ill or sick, reported by 29% of those who had drunk alcohol in the last four weeks. Smaller proportions had had arguments (16%), been sick (13%), damaged clothes (13%) or lost money (12%).
- Pupils are becoming less tolerant of drinking and drunkenness among their peers. For example, in 2008, 36% agreed that it was OK for someone of their age to drink alcohol once a week, compared with 46% in 2003. Over the same period, the proportion who thought it OK for someone of their age to get drunk once a week also fell, from 20% to 12%.
- Pupils were most likely to cite parents (74%), television (73%) and teachers (63%) as sources of helpful information about drinking alcohol.

In the HSE07 children aged 13 to 15 were asked about their perceptions of their parents' views on drinking alcohol. Those who stated that they ever drank alcohol were asked whether their parents knew about it, and if so what their parents thought about them drinking alcohol. Very few who drank thought that their parents were unaware of this (5% of boys and 3% of girls). Among the rest, a minority said that their parents did not like them drinking (21% of boys and 17% of girls), while a slightly greater proportion said that their parents did not mind (38% and 35% respectively), or that their parents' views on their drinking varied (26% and 33% respectively).

References

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Table 3.1 Percentage of respondents who said they had heard of measuring alcohol consumption in units: by gender and average weekly consumption, 1997 to 2009

Great Britain											Percentages		
	1997	1998	2000	2002	2004	2006	2007 original method	2007 updated method	2008 ¹	2008 ²	2009	2009 Weighted base (000s) ²	2009 Unweighted base (000s) ³
All													
Non-drinker	53	46	54	50	55	58	55	55	64	63	71	6,720	310
Less than 1 unit	71	61	74	70	74	81	80	78	81	81	85	8,495	380
1–10/1–7 units ⁴	82	78	83	87	88	90	90	89	91	90	94	14,253	610
11–21/8–14 units ⁴	89	85	88	89	93	94	95	95	94	94	96	8,014	340
22/15 units and over ⁴	90	88	90	90	92	93	94	95	95	95	95	10,551	470
Total	79	75	80	81	83	86	85	85	86	86	90	48,033	2,110
Men													
Non-drinker	55	53	56	51	55	56	56	56	66	67	79	2,291	110
Less than 1 unit	71	56	72	65	72	79	71	70	86	87	81	3,295	120
1–10 units	83	76	80	86	85	89	89	87	91	91	93	7,544	300
11–21 units	88	83	86	88	94	93	94	94	93	94	96	5,166	210
22 units and over	91	86	88	91	93	91	93	94	96	96	94	5,117	220
Total	82	76	80	82	84	86	85	85	89	89	91	23,414	960
Women													
Non-drinker	52	42	52	49	55	60	54	54	63	60	68	4,429	200
Less than 1 unit	71	64	75	72	75	81	84	82	79	79	87	5,200	260
1–7 units	81	80	86	88	91	91	92	90	90	90	95	6,709	300
8–14 units	90	86	91	91	93	94	97	97	94	94	96	2,847	140
15 units and over	89	90	92	90	91	95	95	96	94	94	96	5,433	250
Total	77	73	81	80	83	85	85	85	84	84	89	24,618	1,150

Bases for earlier years can be found in Opinions (Omnibus) reports for each year.

1997 to 2007 percentages weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

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.

4. Number of units drunk by men/women.

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Table 3.2 Percentage of respondents who said they had heard of measuring alcohol consumption in units: by gender and age, 1997 to 2009

Great Britain											Percentages	
											2009	2009
											Weighted base	Unweighted
											(000s) ²	base ³
	1997	1998	2000	2002	2004	2006	2007	2008 ¹	2008 ²	2009 ²		
All												
16-24	89	82	82	80	83	84	86	85	84	88	7,117	160
25-44	86	84	87	89	88	90	88	89	88	91	16,472	680
45-64	81	76	82	85	87	89	88	91	91	96	15,078	730
65 and over	56	50	62	60	68	73	75	76	76	80	9,366	540
Total	79	75	80	81	83	86	85	86	86	90	48,033	2,110
Men												
16-24	92	81	81	81	85	85	84	88	87	86	3,633	80
25-44	86	86	88	89	89	88	87	89	90	94	8,182	300
45-64	83	76	80	85	87	90	89	93	93	95	7,419	340
65 and over	63	55	66	65	70	76	76	81	82	81	4,181	240
Total	82	76	80	82	84	86	85	89	89	91	23,414	960
Women												
16-24	86	83	84	79	81	82	88	84	81	90	3,484	80
25-44	86	83	87	90	87	91	89	89	88	88	8,290	380
45-64	79	76	85	84	87	89	86	90	89	96	7,659	390
65 and over	50	47	59	55	66	71	74	71	71	78	5,186	300
Total	77	73	81	80	83	85	85	84	84	89	24,618	1,150

Bases for earlier years can be found in Opinions (Omnibus) reports for each year.

1997 to 2007 percentages weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

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.

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Table 3.3 Percentage of respondents who said they had heard of measuring alcohol consumption in units: by gender and socio-economic classification: 2009

Great Britain		Percentages			
	Total ¹	Managerial and professional	Intermediate	Routine and manual	
All	90	96	94	87	
Men	91	96	95	86	
Women	89	96	93	88	
<i>Weighted base (000s)²</i>					
All	48,033	15,960	8,423	17,659	
Men	23,414	8,447	3,446	9,131	
Women	24,618	7,513	4,977	8,528	
<i>Unweighted base³</i>					
All	2,110	720	390	810	
Men	960	360	150	380	
Women	1,150	360	240	430	

1. Those who could not be classified (full-time students, those who had never worked or were long-term unemployed, and those whose occupation was not stated or inadequately described) are not shown as separate categories, but are included in the total.

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.

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Table 3.4 Percentage of drinkers of each drink who knew what a unit of each type of drink was: by how often they drank that type of drink, 1997 to 2009

Those who drank each type of drink in the last year, Great Britain											Percentages	
	1997	1998	2000	2002	2004	2006	2007	2008 ¹	2008 ²	2009 ²	2009 Weighted base (000s) ²	2009 Unweighted base (000s) ³
Beer												
At least once a week	54	51	54	54	61	64	63	66	66	69	14,407	600
Less than once a week	41	40	46	48	54	53	59	59	59	59	9,271	380
Only once or twice a year	34	34	44	42	45	49	46	45	44	53	5,363	230
Total	47	45	50	50	56	58	59	60	60	63	29,040	1,210
Wine⁴												
At least once a week	67	63	69	70	75	77	77	77	77	83	14,713	670
Less than once a week	48	48	56	57	62	64	67	67	67	76	10,878	470
Only once or twice a year	31	36	35	42	48	48	57	50	49	65	4,639	200
Total	54	53	58	61	67	68	71	69	68	78	30,230	1,340
Spirits												
At least once a week	57	57	63	59	66	72	72	65	66	67	7,920	340
Less than once a week	60	57	62	66	65	70	69	70	70	70	12,338	520
Only once or twice a year	50	46	51	54	58	62	61	58	58	68	6,922	310
Total	57	55	60	61	64	69	68	65	66	69	27,180	1,160
Fortified wine												
At least once a week	50	44	51	51	59	56	68	57	55	65	1,204	60
Less than once a week	50	50	54	52	48	57	59	64	66	62	2,683	130
Only once or twice a year	44	44	50	52	51	60	59	54	54	61	4,542	210
Total	48	47	52	52	52	59	61	58	58	62	8,429	400
Alcopops⁵												
At least once a week	..	..	..	..	..	..	55	58	[25]	77	1,209	40
Less than once a week	..	..	..	..	..	..	62	50	50	63	2,720	80
Only once or twice a year	..	..	..	..	..	..	65	68	70	62	2,511	80
Total	..	..	..	..	..	..	61	58	58	65	6,441	210

Bases for earlier years can be found in Opinions (Omnibus) reports for each year. 1997 to 2007 percentages and bases weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

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.

4. From 2007, includes those who said it was a small glass, as well as those who said, correctly, that it was less than a small glass.

5. From 2007, includes those who said it was a small bottle, as well as those who said, correctly, that it was less than a small bottle.

.. Question introduced in 2007.

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.

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Table 3.5 Whether drinkers keep a check on units drunk: by gender, 1997 to 2009

Drinkers who had heard of units, Great Britain	Percentages									
	1997	1998	2000	2002	2004	2006	2007	2008 ¹	2008 ²	2009 ²
All										
Daily	4	3	4	2	4	3	4	4	4	3
Weekly	5	5	5	4	4	5	6	6	6	4
Both daily and weekly	2	2	2	1	2	2	2	1	1	2
Other	2	3	3	4	3	3	3	4	4	4
All who kept a check	13	12	13	11	13	13	15	15	16	13
Men										
Daily	5	3	5	2	4	4	5	5	5	4
Weekly	4	5	5	3	5	4	6	6	6	3
Both daily and weekly	2	2	1	2	1	1	2	1	1	1
Other	3	3	3	3	3	4	3	4	4	3
All who kept a check	14	13	14	10	13	12	16	15	15	12
Women										
Daily	3	3	2	2	4	3	3	3	4	2
Weekly	5	5	6	6	4	5	6	7	7	6
Both daily and weekly	2	2	2	1	2	2	2	2	2	2
Other	2	2	3	4	3	3	3	4	4	4
All who kept a check	12	12	13	13	13	13	14	16	16	14
<i>Weighted base¹</i>										
All	2,625	3,847	2,560	2,716	2,650	1,949	1,718	1,717		
Men	1,284	1,832	1,211	1,342	1,212	912	809	847		
Women	1,341	2,016	1,352	1,374	1,438	1,036	908	875		
<i>Weighted base (000s)²</i>										
All									35,645	38,342
Men									17,923	19,475
Women									17,721	18,867
<i>Unweighted base³</i>										
All									1,690	1,670
Men									790	790
Women									900	880

1997 to 2007 percentages and bases weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

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.

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Table 3.6 Whether drinkers keep a check on units drunk: by gender and average weekly alcohol consumption, 2009

Drinkers who had heard of units, Great Britain	Percentages				
	Average weekly alcohol consumption				
	Total	Less than 1 unit	1–10/1–7 units ¹	11–21/8–1 4 units ¹	22/15 units and over ¹
All					
Daily	3	2	2	4	5
Weekly	4	0	4	6	7
Both daily and weekly	2	1	2	3	1
Other	4	6	4	3	4
All who kept a check	13	9	12	14	16
Men					
Daily	4	2	2	4	7
Weekly	3	1	3	4	3
Both daily and weekly	1	2	1	3	0
Other	3	5	3	2	4
All who kept a check	12	10	9	13	15
Women					
Daily	2	2	2	3	3
Weekly	6	-	6	8	10
Both daily and weekly	2	0	3	2	2
Other	4	6	4	3	3
All who kept a check	14	9	15	17	18
<i>Weighted base (000s)²</i>					
<i>All</i>	38,342	7,220	13,404	7,664	10,054
<i>Men</i>	19,475	2,685	6,414	4,934	4,826
<i>Women</i>	18,867	4,535	6,374	2,730	5,228
<i>Unweighted base³</i>					
<i>All</i>	1,670	332	570	330	440
<i>Men</i>	790	100	280	200	210
<i>Women</i>	880	230	290	130	230

1. Number of units drunk by men/women.

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.

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Table 3.7 Percentage who had heard of daily drinking limits: by gender, 1997 to 2009

Great Britain	Percentages									
	1997	1998	2000	2002	2004	2006	2007	2008 ¹	2008 ²	2009 ²
All										
Yes	54	58	64	60	61	69	69	70	70	75
No	37	34	29	30	29	22	23	20	21	17
Not sure	8	8	7	10	9	9	8	10	10	9
Men										
Yes	54	59	62	59	62	68	68	72	72	74
No	38	32	32	30	29	22	24	18	18	17
Not sure	8	9	6	10	9	9	8	10	9	8
Women										
Yes	54	57	66	61	61	69	70	68	67	75
No	37	35	27	30	29	22	22	22	23	16
Not sure	9	8	8	9	9	10	8	10	10	9
<i>Weighted base¹</i>										
<i>All</i>	3,637	5,510	3,442	3,613	3,511	2,472	2,225	2,242		
<i>Men</i>	1,707	2,550	1,613	1,729	1,572	1,125	1,029	1,062		
<i>Women</i>	1,930	2,960	1,829	1,884	1,939	1,347	1,196	1,180		
<i>Weighted base (000s)²</i>										
<i>All</i>									46,596	48,055
<i>Men</i>									22,478	23,414
<i>Women</i>									24,119	24,641
<i>Unweighted base³</i>										
<i>All</i>									2,240	2,110
<i>Men</i>									1,000	960
<i>Women</i>									1,240	1,150

1997 to 2007 percentages and bases weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

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.

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Table 3.8 Percentage who had heard of daily drinking limits: by gender and average weekly alcohol consumption, 1997 to 2009

Great Britain	Percentages											Weighted base (000s) ²	2009 Unweighted base ³
	1997	1998	2000	2002	2004	2006	2007 original method	2007 updated method	2008 ¹	2008 ²	2009 ²		
Men													
Non-drinker	33	45	42	39	40	45	44	44	48	49	66	2,291	100
Less than 1 unit	41	39	56	43	51	61	49	49	70	71	65	3,295	120
1-10 units	54	58	62	60	62	70	70	69	71	72	72	7,544	300
11-21 units	62	66	65	67	70	73	79	77	78	78	80	5,166	210
22 units and over	64	67	70	66	71	75	74	75	81	81	83	5,117	220
Total	54	59	62	59	62	68	68	68	72	72	74	23,414	960
Women													
Non-drinker	43	36	43	39	37	46	45	45	46	44	58	4,429	200
Less than 1 unit	47	49	64	54	57	64	63	62	64	63	70	5,222	260
1-7 units	55	62	70	69	66	74	78	76	73	72	76	6,709	300
8-14 units	63	65	74	67	68	77	82	81	76	76	84	2,847	140
15 units and over	68	72	71	70	74	80	82	83	80	80	86	5,433	250
Total	54	57	66	61	61	69	70	70	68	67	75	24,641	1,150

Bases for earlier years can be found in Opinions (Omnibus) reports for each year. 1997 to 2007 percentages and bases weighted for unequal chance of selection.

1. Weighted for unequal chance of selection.

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.

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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 deaths that are linked to alcohol and information on prescription drugs used for the treatment of alcohol dependence. Information of the cost of alcohol misuse to the NHS is considered.

At the time of publication, updated information on alcohol-related hospital admissions were unavailable. It is anticipated that this information will be made available later in 2010 via the Hospital Episode Statistics website at the NHS Information Centre.

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*¹. This is a national survey based on adults aged 16 and over living in private households in England and is the third survey of its kind.

Information on prescription items for the treatment of alcohol dependence are presented from Prescription Services a division of the NHS Business Services Authority (NHS BSA) by the NHS Information Centre².

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

*2008*³. These are classified by the International Classification of Diseases (ICD-10) code and only causes of deaths that are defined by the 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*⁴, published in 2008, an update to the Cabinet Office study *Alcohol misuse: how much does it cost?*⁵

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, 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.

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.

The prevalence of alcohol dependence in men decreased 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 where the levels remained similar.

The 2007 APMS also shows hazardous, harmful and dependent drinking by a number of other characteristics such as ethnicity, region, marital status and income. These can be found in [Chapter 9, pages 151 to 174](#), of the APMS report¹.

4.3 Discussion of drinking with health professional and specialist treatment

4.3.1 Discussion of drinking with health professionals

Respondents to the Omnibus Survey *Drinking: adult's behaviour and knowledge in 2009*⁶, carried out by the ONS, were asked if, in the last year, they had had any discussions about drinking with their General Practitioner (GP), someone else at the surgery, another doctor or any other medical professional.

In 2009, one in ten male drinkers and a slightly lower proportion of female drinkers (7%) 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 discussions. ([Tables 4.17 to 4.19, pages 77 to 79 of the Drinking: adult's behaviour and knowledge in 2009](#)).

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 on the National Drug Treatment Monitoring System (NDTMS). The aim is to provide an ongoing published dataset 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 website⁷.

4.4 Alcohol-related hospital admissions

Information on the alcohol-related hospital admissions in England in 2008 were published in *Statistics on Alcohol, England 2009*⁸. At the time of production of this latest bulletin, updated information is currently unavailable for 2009. It is anticipated that this information will be made available later this year from the Hospital Episodes Statistics website at the NHS Information Centre⁹.

4.5 Prescribing

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

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

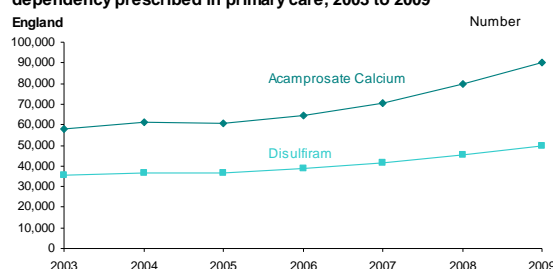
Presented here are data on prescription items and Net Ingredient Cost (NIC) for drugs used to treat alcohol dependence. Prescription items give a measure of how often a prescriber has decided to write a prescription for the treatment of alcohol dependence. The number of items is not a good measure of 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, dispensing costs, prescription charges or fees.

In 2009, there were 150,445 prescription items prescribed for the treatment of alcohol dependence in primary care settings or NHS hospitals and dispensed in the community. The majority (93%) of these prescription items were prescribed in a primary care setting (such as a GP surgery, pharmacist or clinic) with only 7% prescribed in NHS hospitals. Overall, this number has increased by 12% since 2008 when it was 134,423 and by 46% since 2003 when 102,741 items were prescribed in primary care and NHS hospitals. The Net Ingredient Cost (NIC) of these prescription items in 2009 was £2.38 million, an increase of 38% since 2003 when it was £1.7 million.

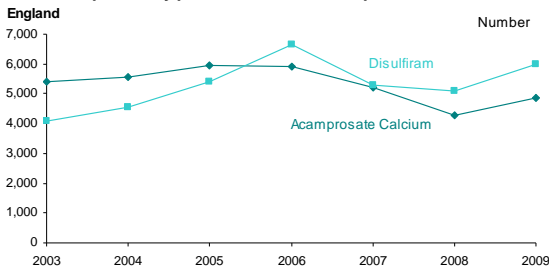
Out of the two main drugs prescribed for the treatment of alcohol dependence, Acamprosate Calcium continues to account for the majority of the prescription items, with 63% of the prescription items prescribed in primary care for alcohol dependence and NHS hospitals in 2009 being for this drug. However, in recent years there have been slightly more prescription items for Disulfiram than Acamprosate Calcium prescribed in NHS hospitals (55% of the items prescribed in hospitals in 2009 were for Disulfiram) (Table 4.1, Figure 4.1 and Figure 4.2).

Figure 4.1 Number of prescription items for the treatment of alcohol dependency prescribed in primary care, 2003 to 2009



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 4.2 Number of prescription items for the treatment of alcohol dependency prescribed in NHS hospitals, 2003 to 2009



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 (SHA), the North West SHA had the highest number of prescription items for both Acamprosate Calcium and Disulfiram (23,199 and 9,334 respectively). The East Midlands SHA had the lowest number of prescriptions for Acamprosate Calcium (3,882), but had a slightly larger number of prescriptions for Disulfiram (4,259 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 (1,789 items).

A slightly different pattern is seen when adjusting for the size of the population in each SHA. On average in England, there were 271 prescription items prescribed per 100,000 of the population in 2009. The number of prescription items varied by Strategic Health Authority (SHA). In four SHAs, the average number of prescription items dispensed was higher than the England average, North West SHA (473 prescription items per 100,000), North East SHA (429 prescription items per 100,000), Yorkshire and the Humber SHA (361 prescription items per 100,000) and East of England SHA (328 prescription items per 100,000). London SHA had the lowest average number of prescription items at 112 per 100,000 of the population.

The North West had the highest number of prescription items per 100,000 of the

population for Acamprosate Calcium (337 items per 100,000 population). While Yorkshire & the Humber SHA had the highest number of prescription items for Disulfiram (159 items per 100,000 population). London SHA had the lowest number of prescription items for both Acamprosate Calcium and Disulfiram when taking population sizes into account (81 and 31 items per 100,000 of the population respectively) (Table 4.2).

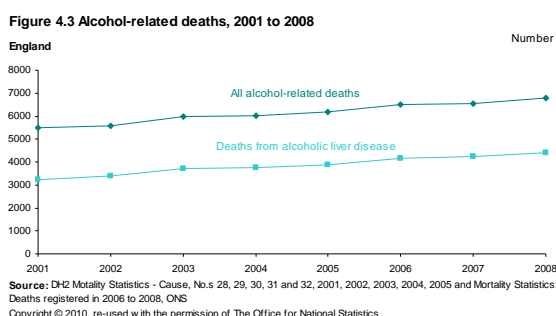
4.6 Deaths related to alcohol consumption

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 stroke. Table 4.3 shows deaths from causes directly related to alcohol consumption as defined in *Health Statistics Quarterly 41*¹⁰ by the Office for National Statistics (ONS). The ONS definition of alcohol-related deaths was updated in 2006 to ensure consistency across the UK^{11,12} 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 burden of alcohol-related disease, however until the work is completed, the ONS will continue to use the current methodology to examine trends and regional variation in alcohol-related deaths¹².

Using the current ONS definition, there were 6,769 deaths in England in 2008 that were directly related to alcohol. The most common cause of death linked to alcohol consumption was alcoholic liver disease

which accounted for 4,400 of the deaths in 2008. 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 1,367 deaths in 2008. More men than women died from each of the causes directly related to alcohol except for chronic hepatitis, where the reverse was true.

The total number of deaths directly related to alcohol consumption has increased since 2001, rising by 24% between 2001 and 2008. The main contributor to this increase is deaths from alcoholic liver disease which has risen by 36% over this period (from 3,236 in 2001 to 4,400 in 2008) (Figure 4.3).



In 2008, the North West Public Health Observatory (NWPHO) 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. 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*¹³. Applying this methodology to 2005 deaths data they estimated that in 2005 there were 14,982 deaths that were attributable to alcohol consumption.

4.7 Costs to the NHS

In 2004, *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?*⁵ estimated that alcohol misuse costs the health service £1.7 billion per year (in 2001 prices), while the costs associated with alcohol-related 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 report, *The cost of alcohol harm to the NHS in England*⁴, 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.

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- 4.1 Number of prescription items, net ingredient cost and average net ingredient cost per item of drugs prescribed for the treatment of alcohol dependence dispensed in the community, 2003 to 2009
- 4.2 Number of prescription items, net ingredient cost and average net ingredient cost per item of drugs for the treatment of alcohol dependence prescribed in primary care and dispensed in the community, by Strategic Health Authority, 2009
- 4.3 Alcohol-related deaths by gender, 2001 to 2008

Table 4.1 Number of prescription items¹, net ingredient cost² and average net ingredient cost per item of drugs prescribed³ for the treatment of alcohol dependence dispensed in the community, 2003 to 2009

England ^{4,5}	Numbers / £						
	2003 ⁶	2004	2005	2006	2007 ⁷	2008 ⁷	2009
Prescription items							
Acamprosate Calcium	63,387	66,863	66,851	70,216	75,842	83,983	94,921
Disulfiram	39,354	41,218	42,261	45,652	46,936	50,440	55,524
Total	102,741	108,081	109,112	115,868	122,778	134,423	150,445
Prescribed in primary care							
Acamprosate Calcium	57,987	61,310	60,912	64,322	70,615	79,708	90,051
Disulfiram	35,254	36,651	36,851	39,015	41,652	45,343	49,533
Total	93,241	97,961	97,763	103,337	112,267	125,051	139,584
Prescribed in NHS hospitals							
Acamprosate Calcium	5,400	5,553	5,939	5,894	5,227	4,275	4,870
Disulfiram	4,100	4,567	5,410	6,637	5,284	5,097	5,991
Total	9,500	10,120	11,349	12,531	10,511	9,372	10,861
Net Ingredient Cost (£ 000s)							
Acamprosate Calcium	1,302	1,370	1,362	1,456	1,532	1,634	1,589
Disulfiram	420	456	599	686	715	767	791
Total	1,722	1,516	1,960	2,142	2,247	2,400	2,380
Average Net Ingredient Cost per item (£)							
Acamprosate Calcium	21	20	20	21	20	19	17
Disulfiram	11	11	14	15	15	15	14
Total	17	14	18	18	18	18	16

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 and prescriptions written in hospitals /clinics that are dispensed in the community. Prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

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

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

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

7. Figures for 2007 and 2008 have been updated by the NHS Prescription Services of the Business Services Authority.

Source:

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

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Table 4.2 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, 2009

	Numbers / £					
	Prescription items			Prescription items per 100,000 of the population		
	Total	Acamprosate Calcium	Disulfiram	Total	Acamprosate Calcium	Disulfiram
England^{5,6}	139,584	90,051	49,533	271	175	96
North East	11,024	8,046	2,978	429	313	116
North West	32,533	23,199	9,334	473	337	136
Yorkshire and the Humber	18,820	10,546	8,274	361	202	159
East Midlands	8,141	3,882	4,259	184	88	96
West Midlands	14,513	9,617	4,896	268	178	91
East of England	18,752	11,650	7,102	328	204	124
London	8,591	6,225	2,366	112	81	31
South East Coast	6,342	4,553	1,789	147	106	42
South Central	8,834	5,113	3,721	218	126	92
South West	11,909	7,124	4,785	229	137	92

1. Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item.

2. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charge income.

3. This information was obtained from the Prescribing Analysis and Cost Tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in hospitals /clinics that are dispensed in the community, prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

4. For data at SHA level, prescriptions written by a prescriber located in a particular SHA but dispensed outside that SHA will be included in the SHA in which the prescriber is based.

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

6. Including unidentified Doctors (not possible for 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

Population figures are 2008 Mid-Year Population Estimates (revised version May 2010), supplied by the Office for National Statistics, Population Estimates Unit.

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Table 4.3 Alcohol-related deaths^{1,2}, by gender, 2001 to 2008

England		Numbers							
ICD 10 code ³		2001	2002	2003	2004	2005	2006	2007	2008
All persons		5,476	5,582	5,981	6,036	6,191	6,517	6,541	6,769
F10	Mental and behavioural disorders due to alcohol	484	430	433	462	539	506	484	637
I42.6	Alcoholic cardiomyopathy	108	122	99	94	75	83	75	80
K70	Alcoholic liver disease	3,236	3,392	3,697	3,759	3,874	4,160	4,249	4,400
K73	Chronic hepatitis - not elsewhere specified	70	72	58	63	58	68	68	62
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	1,367
K86.0	Alcoholic induced chronic pancreatitis	33	32	32	43	52	41	48	48
X45	Accidental poisoning by and exposure to alcohol	126	112	127	130	151	149	157	153
	Other causes ⁴	13	15	24	19	15	20	28	22
Men		3,576	3,631	3,970	3,922	4,096	4,272	4,236	4,473
F10	Mental and behavioural disorders due to alcohol	337	306	320	326	400	349	321	434
I42.6	Alcoholic cardiomyopathy	95	93	88	78	59	74	66	68
K70	Alcoholic liver disease	2,146	2,275	2,513	2,461	2,602	2,769	2,814	2,966
K73	Chronic hepatitis - not elsewhere specified	22	16	14	14	12	14	10	16
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	858	835	909	904	869	918	865	829
K86.0	Alcoholic induced chronic pancreatitis	19	24	22	34	43	33	35	39
X45	Accidental poisoning by and exposure to alcohol	90	70	86	91	100	96	106	110
	Other causes ⁴	9	12	18	14	11	19	19	11
Women		1,900	1,951	2,011	2,114	2,095	2,245	2,305	2,296
F10	Mental and behavioural disorders due to alcohol	147	124	113	136	139	157	163	203
I42.6	Alcoholic cardiomyopathy	13	29	11	16	16	9	9	12
K70	Alcoholic liver disease	1,090	1,117	1,184	1,298	1,272	1,391	1,435	1,434
K73	Chronic hepatitis - not elsewhere specified	48	56	44	49	46	54	58	46
K74	Fibrosis and cirrhosis of the liver (excluding K74.3-K74.5)	548	572	602	562	558	572	567	538
K86.0	Alcoholic induced chronic pancreatitis	14	8	10	9	9	8	13	9
X45	Accidental poisoning by and exposure to alcohol	36	42	41	39	51	53	51	43
	Other causes ⁴	4	3	6	5	4	1	9	11

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

General Lifestyle Survey

Health Survey for England

Infant Feeding Survey

International Classification of Diseases and related health problems (ICD)

Living Costs and Food Survey (LCFS)

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, if the price of alcohol increased by 283.3% between January 1980 and 2008 and inflation during this period was 221.3%, then alcohol prices increased by 19.3% in real terms; as shown by a 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, if alcohol prices were 283.3% higher in 2008 than in 1980 then, after

taking inflation of 221.3% and an increase in households' disposable income of say 105.3% during this period into account, alcohol would be considered 72.1% more affordable; as shown by an affordability index of 172.1.

Focus on Consumer Price Indices, Office for National Statistics. Available at:

www.statistics.gov.uk/statbase/product.asp?vlnk=867

Economic and Labour Market Review, 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.

The NHS Information Centre continues to investigate new and improved measures for calculating indicators and may include revised methodologies in future publications.

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

General Lifestyle Survey

From 2008, the General Household Survey (GHS) became a module of the Integrated Household Survey (IHS). In recognition, the survey was renamed the General LiFestyle Survey (GLF). Please refer to the IHS web page for further information

<http://www.statistics.gov.uk/CCI/nugget.asp?ID=936&Pos=1&ColRank=1&Rank=224>

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 GLF 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 consumption rather 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.

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>

In addition to the revised method, a new question about wine glass size was included in the GLF survey in 2008. Respondents are now asked whether they have consumed small (125 ml), standard (175 ml) or large (250 ml) glasses of wine. The data from this question are used when calculating the number of units of alcohol consumed by the respondent. It is now assumed that a small glass contains 1.5 units, a standard glass contains 2 units and a large glass contains 3 units. However, in 2006 and 2007 it was assumed that all respondents drank from a standard (175 ml) glass containing 2 units. The updated method has made little difference overall in the GLF, but has slightly reduced the proportion of women exceeding 3 units on their heaviest drinking day in the week before interview. There are two reasons for this. Firstly, when glass size was analysed by sex and age, for most groups the average size was close to the average assumed under the previous method but for women aged 45-64 average size was lower and for men and women aged 65 and over it was much lower. Secondly, approximately 60 per cent of the units of alcohol consumed by women come from wine whereas only around 25 per cent of men's units do so. This means that

any change to the calculation of units of alcohol coming from wine has a much greater effect on the total units for women than on the total for men.

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 2008 survey was 74 per cent, giving an achieved sample size of 8,729 households and 16,407 adults aged 16 and over, of whom 14,630 gave a full interview in person.

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.

The majority of information published using GLF 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.

General Lifestyle Survey 2008: Smoking and Drinking among Adults, 2008. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFSmoking&DrinkingAmongAdults2008.pdf

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 NHS Information Centre (the NHS 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 University College London 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 2007. 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 2007 are weighted. The unweighted bases show the number of participants involved, whereas, 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. Further details are provided within the HSE 2007.

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 NHS 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 (ICD-10) 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 (ICD-9). 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**.

Living Costs and Food Survey

In 2008 the Expenditure and Food Survey (EFS) was renamed as the Living Costs and Food Survey (LCFS) when it became part of the Integrated Household Survey (IHS) run by the Office for National Statistics (ONS). The Expenditure and Food Survey (EFS) was formed by bringing together the Family Expenditure Survey and the National Food Survey (FES and NFS). The LCFS provides data on food purchases and expenditure. Historical estimates based on NFS are available from 1940 to 2000. In 2008 the LCSF collected the diaries of 13,890 people within 5,845 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 LCSF and 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 LCSF 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 2008 LCFS can be found in the Family Food module of the LCFS 2008 published by the Department for Environment, Food and Rural Affairs (DEFRA) and the Office for National Statistics.

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

Family Food Module of Living Costs and Food Survey (LCFS) 2008 (Defra/ONS). Available at: <http://www.defra.gov.uk/evidence/statistics/foodfarm/food/familyfood/documents/familyfood-2008.pdf>

Mortality statistics

The Office for National Statistics (ONS) produces annual statistics on numbers of deaths by cause in England and Wales. Registered deaths in England and Wales are classified using ICD 9 to 2000 and by ICD 10 for both 1999, and from 2001 onwards. A list of 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 North West Public Health Observatory (NWPHO) report, Alcohol-attributable fractions for England, does include analysis of deaths that can be attributed to alcohol consumption based on the same methodology as that for alcohol-related hospital admissions (see above).

Mortality statistics: Deaths registered in 2008, Office for National Statistics. Available at: http://www.statistics.gov.uk/downloads/theme_health/DR2008/DR_08.pdf

Omnibus Survey

The Opinions Survey is a multi-purpose survey carried out by the Office for National Statistics for use by government departments and other public or non-profit making bodies. Interviewing is carried out every month and each month's questionnaire covers a variety of topics, reflecting different users' requirements. In 2009, interviews were conducted with around 1,200 adults aged 16 or over, throughout Great Britain each month, 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 2009, data on drinking was collected during April and May and included: Consumption of different types of drink; Drinking in the last week; Keeping a check on alcohol consumption; Knowledge of daily drinking limits; Frequency of Purchases and Awareness of unit labelling. In this bulletin information on Drinking-related knowledge and behaviour is reported in Chapter 3 – Knowledge and attitudes to alcohol.

Drinking: Adults' Behaviour and Knowledge in 2009, Office for National Statistics. Available at: http://www.statistics.gov.uk/downloads/theme_health/drink2009.pdf

Prescription data

There are two main drugs prescribed for the treatment of alcohol dependence; Acamprosate 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 are also included but prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

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.

The prescription data included in this report are not routinely available. National prescription data may be available on request. Available at:

<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions>

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 the Office for National Statistics (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 2008 (SDD08).

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 (SDD08) was carried out during the autumn term of 2008 and 264 schools agreed to take part in the survey, resulting in 7,798 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](#).

Information from SDD08 can be found in Chapter 3 – Knowledge and attitudes to alcohol.

Smoking, Drinking and Drug Use among Young People in England in 2008. The Information Centre. Available at:

<http://www.ic.nhs.uk/pubs/sdd08fullreport>

List of Tables

- A.1 Original and improved factors for converting alcohol volume to units
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- A.3 National Statistics definition of alcohol-related deaths
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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	Water transport accidents
V95-V97	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	Psoriasis
L40.5	

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: Cross-Departmental policy 2009/10

The NHS advises that¹:

- adult women should not regularly drink more than 2 to 3 units of alcohol a day;
- adult men should not regularly drink more than 3 to 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 minimise the risk to the baby they should not drink more than 1-2 units of alcohol once or twice a week and should not get drunk.

Cross-Departmental Alcohol Strategy

The cross-departmental strategy to tackle alcohol harm², including health harm, alcohol-related crime, and harm to children and young people from alcohol has been 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, for example

National Campaigns

In May 2008, the Department of Health (DH) launched a campaign on alcohol and health - 'Know Your Limits' to raise awareness of the number of units in drinks and the NHS guidelines. In January 2010 it launched the 'Alcohol Effects' campaign, which graphically shows the hidden harm regularly drinking too much can cause.

Alongside the advertising, there is a new campaign website³, an iphone application and a text service to support those trying to reduce their alcohol intake.

In January 2010, the Department for Education launched the 'Why Let Drink Decide?' Communication campaign⁴ aimed at parents and young people to communicate the risks of drinking, and based on the Chief Medical Officer's guidelines⁵ on young people and alcohol (published December 2009).

Improving Information

In May 2007, the Government reached a voluntary agreement with the alcohol industry to introduce labels on alcoholic drinks that incorporate unit and health information, including guidelines for consumption and advice on alcohol and pregnancy.

The results of independent monitoring of the industry uptake of this agreement were published in June 2008. A second monitoring exercise took place in 2009 and the results were published by the Department on 15 February 2010, alongside a public consultation⁶ on the possible next steps to improve alcohol labelling. The consultation closes on 31 May 2010.

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

Mandatory code of practice

Regulations under the Policing and Crime Act 2009 established a Mandatory Code for alcohol retailing to tackle irresponsible practices and reinforce good practice. The code comes into force in April and October 2010 and includes:

- Banning irresponsible promotions such as 'all you can drink for £10' offers, women drink free deals, speed drinking and dentists chairs.
- Ensuring that on trade premises make available small measures of beers, wine and spirits to customers.
- Ensuring that on-trade premises provide free tap water on request.
- Ensuring all those who sell alcohol have an age verification policy in place requiring them to check the ID of anyone who looks under-18

Affordability and pricing

The Department of Health commissioned the School of Health and Related Research (SchARR)⁷ 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 committed to research to develop further the evidence base in this area.

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

Identification and advice

The Department of Health is supporting the NHS to put in place high quality services to prevent, mitigate and treat effectively alcohol-related health harm. The relevant services range from identification and brief advice to specialist services to treat dependent drinkers.

Undergraduate medical training has been developed to help all new doctors identify and handle substance misuse problems, including alcohol. An E-learning module to aid delivery of IBA (Identification and Brief Advice) in primary care settings has also been completed. Two others are in development and will focus on community pharmacy and hospital settings.

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

Local accountability

The Department of Health has been providing Primary Care Trusts (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. This NHS Vital Signs Indicator has been 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.

To aid PCTs identify key actions for delivery of the PSA indicator, DH have identified seven High Impact Changes (HICs) on alcohol. The HICs are calculated to be the most effective actions for those local areas that have prioritised alcohol related harm. They include improving the effectiveness and capacity of specialist treatment and appointing alcohol health workers.

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 includes the following measures:

- Regional Alcohol Managers to coordinate the programme regionally.
- Data on local service provision and need. This includes the National Alcohol Treatment Monitoring System, which provides information for commissioners⁸ and providers on specialist alcohol treatment in each area, including waiting times for treatment.
- The Alcohol Learning Centre, an online resource which promotes sharing of best practice.
- Direct support and funding to 20 'Early Implementer' PCTs which have high levels of alcohol-related hospital admissions in areas of high health inequalities.
- A National Support Team for Alcohol, giving strategic support to areas with high rates of alcohol-related hospital admissions.

References

1. <http://www.drinking.nhs.uk/questions/recommended-levels/>
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. <http://www.drinking.nhs.uk/>
4. <http://whyletdrinkdecide.direct.gov.uk/>

5. Young People and Alcohol Consultation, Chief Medical Officer's Guidance on the Consumption of Alcohol by Children and Young People
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110258

6. Consultation on options for improving information on the labels of alcoholic drinks to support consumers to make healthier choices in the UK
http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_112472

7. The Effects of Alcohol Pricing and Promotion. December 2008, School of Health and Related Research, Sheffield University.
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_4001740

8. Including '**Signs for Improvement – Commissioning interventions to reduce alcohol-related harm**' (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_102813) and '**Guidance for Developing Alcohol Treatment Pathways**' (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110423).

Appendix C: 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 D: Further information

This annual report draws together statistics on alcohol. It is expected the next report will be published in 2011. This report forms part of a suite of statistical reports. Other reports cover smoking, drug use and obesity, nutrition and physical activity. All reports are currently updated annually and are available on the NHS Information Centre website.

We value your feedback and your constructive comments on this report would be welcomed. Questions concerning any data in this publication, or requests for further information, should be addressed to:

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LS1 6AE

Telephone: 0845 300 6016

Email: enquiries@ic.nhs.uk

The 2006, 2007, 2008 and 2009 reports, also published by the NHS Information Centre can be found at:

www.ic.nhs.uk/pubs/alcohol09

www.ic.nhs.uk/pubs/alcohol08

www.ic.nhs.uk/pubs/alcohol07

www.ic.nhs.uk/pubs/alcohol06

Earlier 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 British Crime Survey (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 2008/09. Home Office. Available at:

<http://rds.homeoffice.gov.uk/rds/crimeew0809.html>

Criminal Statistics England and Wales, 2008 – Supplementary tables volumes 1 and 3. The Home Office, 2010. 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.

Reported Road Casualties Great Britain 2008

This report provides more detailed information about accident circumstances, vehicle involvement and the consequent casualties in 2008, along with some of the key trends in accidents and casualties.

Reported Road Casualties Great Britain: 2008 - Annual Report. Department for Transport. Available at:

<http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesqbar/rrcgb2008>

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 2008

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. The survey in 2008

provides information at national level only. All secondary schools (both state and independent) were invited to take part in SALSUS, with a target sample of 34,000 pupils.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) - National Report 2008. The Scottish Executive. Available at:

http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national08.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

ISBN: 978-1-84636-413-6

This publication may be requested in large print or other formats.

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