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Appendix A: Key sources

The statistical sources used in this publication fall into one of three categories: National Statistics; Official Statistics or neither:

National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. It is a statutory requirement that National Statistics (NS) should observe the Code of Practice for Official Statistics. The United Kingdom Statistics Authority (UKSA) assesses all National Statistics for compliance with the Code of Practice.

Official Statistics should still conform to the Code of Practice for Statistics, although this is not a statutory requirement.

Those that are neither National Statistics nor Official Statistics may not conform to the Code of Practice for Statistics. However, unless otherwise stated, all sources contained within this publication are considered robust.

Further information on the sources used in this publication is provided below.

1. Sources used in this report

1.1 Alcohol-specific deaths [NS]

The Office for National Statistics (ONS) produces annual statistics on the number of registered deaths defined as being “alcohol-specific” according to the National Statistics (NS) definition introduced in 2017¹. This definition only includes conditions where each death is a direct consequence of alcohol misuse. The definition is primarily based on chronic (longer-term) conditions associated with continued misuse of alcohol and, to a lesser extent, acute (immediate) conditions.

Report:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/2018

Public Health England (PHE) produces estimates for both alcohol-specific and alcohol-related deaths at local authority level (see below: 1.7 Local Alcohol Profiles for England). Alcohol-related estimates, which include partially attributable deaths, are higher than the ONS figures for alcoholic specific deaths.

1.2 Alcohol-related prescriptions [NS]

Prescription data is extracted from a data warehouse hosted by NHS Prescription Services, which is part of the NHS Business Services Authority. NHS Prescription Services process prescriptions in order to reimburse dispensers. The data presented in this report includes prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK and prescriptions written in hospitals

¹ The definition is a change to previous NS definition of alcohol-related deaths. Alcohol-related deaths also included diseases where only a proportion of the deaths were caused by alcohol (that is, partially-attributable deaths), such as cancers of the mouth, oesophagus and liver. More information on the impact of the new definition is available on the ONS website:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/theimpactofusingthenewdefinitionofalcoholspecificdeaths/2017-10-27

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/clinics in England that are dispensed in the community in the UK. Prescriptions dispensed in hospitals and private prescriptions are not included in this data.

Prescriptions are prescribed either by a paper prescription form or via an Electronic Prescription Service (EPS) message. Each single item prescribed 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.

https://digital.nhs.uk/data-and-information/areas-of-interest/prescribing

In addition to CCGs, over 150 other ‘cost centres’, including trusts, councils and private company providers exist. These ‘cost centres’ (referred to as Non-CCG cost centres) are not linked to CCGs but are funded directly by Area Teams. Non-CCG data has been excluded from Commissioning Region figures in the data tables and the report chart.

1.3 Family Food [NS]

Family Food is published annually by Department for Environment, Food & Rural Affairs (DEFRA) and provides detailed statistical information on purchases and expenditure on food and drink within the household and eating out. Current estimates are based on data collected in the ‘Family Food’ Module of the Living Costs and Food Survey. This survey is run annually and provides UK-level estimates.

Report:

Survey:
http://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/livingcostsandfoodsurveylcf

1.4 Health at a Glance

This series of statistical publications provides the latest comparable data on different aspects of the performance of health systems in OECD countries.

Latest Report:
http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm

Series:
http://www.oecd.org/els/health-systems/health-statistics.htm

1.5 Health Survey for England [NS]

The Health Survey for England (HSE) is an important annual survey looking at changes in the health and lifestyles of people all over the country.

The survey provides estimates at national level with some regional analyses and has been running since 1991.

Information is collected through an interview, and if participants agree, a visit from a specially trained nurse.
1.6 Local Alcohol Profiles for England

Local Alcohol Profiles for England (LAPE) provides national level estimates of alcohol related hospital admissions by gender, age and condition. An explanation of how these are calculated is given in appendix B along with a link to the detailed methodology.

LAPE also provides a wide range of alcohol-related indicators at Local Authority level including mortality indicators.

http://fingertips.phe.org.uk/profile/local-alcohol-profiles

1.7 National Drug Treatment Monitoring System [NS]

The National Drug Treatment Monitoring System (NDTMS) records information about people receiving Tier 3 or 4 treatment for drug misuse in England (i.e. structured community-based services, or residential inpatient services), in order to monitor and assist the management of progress towards the Government’s targets for participation in drug treatment programmes.

https://www.ndtms.net/Publications/Annual

1.8 ONS economic data: affordability

The affordability of alcohol is described using two sources.

Information on alcohol price and retail price indices is taken from the ONS inflation and price indices which measure the rate of increase in prices for goods and services:


Information on the disposable income of households is taken from the Economic and Labour Market Review which is also produced by ONS:


More information on how the affordability statistics are calculated is available in appendix B.

1.9 Road accidents and safety statistics

The Department for Transport publishes information and statistics on road accidents, casualties and safety. Most of the statistics are based on road accidents reported to the police (Stats19 system). These provide detailed statistics about the circumstances of personal injury road accidents, including estimates of casualties arising from reported accidents involving at least one motor vehicle driver or rider over the legal alcohol limit for driving:

1.10 Smoking, Drinking and Drug Use among Young People in England [NS]

Smoking, Drinking and Drug Use among Young People in England surveys pupils in secondary schools across England to provide national estimates and information on the smoking, drinking and drug use behaviours of young people aged 11 - 15.

The survey provides estimates at national level with some regional analyses and has been running since 1982.

Information is collected through a questionnaire which is administered at school in exam conditions.


2. Other resources on alcohol

Readers may also find the following organisations and publications useful resources for further information on alcohol:

2.1 Adult drinking habits in Great Britain [NS]

This report used to include data collected by the Opinions and Lifestyle Survey (OPN) on alcohol use. This is an omnibus survey from the Office for National Statistics which still runs but it no longer contains questions about alcohol use so the series has been discontinued.

A link to the final report in the series is given here. It provided estimates at national level with some regional analyses.


Survey: https://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindependentsurveys/opinionsandlifestylesurveyopn

2.2 Adult Psychiatric Morbidity in England [NS]

This report presents prevalence estimates of hazardous and harmful drinking and of alcohol dependence in the adult general population.

The most recent survey was run in 2014 and published in September 2016.

2.3 Alcohol Concern
This charity seeks to help people through information and guidance and to help health professionals through training, projects and research. Their website contains statistics on alcohol and links to further reading.

http://www.alcoholconcern.org.uk/

2.4 Drinkaware
Drinkaware is an independent charity supported by voluntary donations from the drinks industry and from major UK supermarkets. They work to reduce alcohol misuse and harm in the UK. Their website contains facts about alcohol including the impact on health and drinking habits and behaviours.

https://www.drinkaware.co.uk/

2.5 Health Survey for England (HSE) - 2015 [NS]
HSE 2015 is the most recent HSE that contains a report dedicated to alcohol consumption.


2.6 Health Survey for England (HSE) – 2007 [NS]
HSE 2007 is the most recent HSE which asked questions of people’s knowledge and attitudes towards alcohol.

These questions have not been asked in HSE since 2007.


2.7 Home Office – Research and analysis series
The Home Office conducts research on alcohol, drugs, and antisocial behaviour to support policy development and operational activity.


2.8 Infant Feeding Survey [NS]
The Infant Feeding Survey (IFS) covers the population of new mothers in the United Kingdom and includes information on the drinking behaviours of women before, during and after pregnancy.

This survey was last run in 2010 and the series has now been discontinued.
2.9 National Institute for Health and Clinical Excellence (NICE)
The NICE has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol

2.10 NHS.UK – Drinking and alcohol
This website provides information the effects of binge drinking and tips on reducing alcohol intake and the associated health benefits.

http://www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx

2.11 Public Health England Alcohol Learning Resources
This website provides training resources for healthcare and social care professionals delivering services in the alcohol harm reduction field.

http://www.alcohollearningcentre.org.uk/eLearning/

2.12 Sustainable Development Goals
Monitoring the harmful use of alcohol consumption is a requirement under the Sustainable Development Goals (SDGs). Indicator 3.5.2 relates to ‘Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol’

https://sustainabledevelopment-uk.github.io/3-5-2/

2.13 What About YOUth?
What About YOUth? is a survey aimed specifically at 15 year olds. It was run for the first time in 2014 and it is hoped it will be repeated in the future. The survey included questions about subjects such as their health, diet, exercise, bullying, alcohol, drugs and smoking.

It provides estimates at national, regional and local authority level.

Information was collected through a questionnaire which was posted to the young person’s home address.

Appendix B: Technical notes

These notes help to explain some of the measurements used and presented in this report.

Alcohol-related hospital admissions

The number of hospital admissions, attributable to alcohol consumption, is estimated by applying alcohol-attributable fractions\(^2\) (AAFs) to Hospital Episode Statistics (HES) data. The methodology for these calculations is provided in the LAPE user guide which is available here:


The AAFs are dependent on the condition the patient is suffering from and their age and sex. Some conditions such as mental and behavioural disorders due to the use of alcohol have an AAF of 1 for all patients, i.e. all admissions are related to alcohol. Others have an AAF of less than 1 such as hypertensive disease which has a fraction of 0.25 for women aged 55-64. This means that 25 per cent of all admissions for women in that age group are related to alcohol.

The AAFs are updated on an ad-hoc basis to take account of new research evidence on the association between alcohol consumption and the development of acute and chronic conditions.


Within this publication, two measures of alcohol-related hospital admissions are presented:

1. A “broad” measure is derived by summing the alcohol attributable fraction associated with each admission based on the diagnosis most strongly associated with alcohol out of all diagnoses (both primary and secondary).

2. A “narrow” measure which is constructed in a similar way but counts only the fraction associated with the diagnosis in the primary position or alcohol-related external causes recorded in secondary diagnosis fields.

The “broad” measure is a better indicator of the total burden that alcohol has on health services as it takes more account of secondary diagnoses than the “narrow” measure. However, since secondary diagnosis fields have become better populated over time, this impacts upon time series comparisons for the “broad” measure as increases can be partly due to an improvement in data quality rather than a real effect. Consequently, the “narrow” measure is a better indicator of changes over time.

Within each of these measures, the data is broken down into admissions that are wholly and partially attributable to alcohol.

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\(^2\) An AAF is the proportion of a condition caused by alcohol. For example, an AAF of 1.0 indicates that 100% of cases are caused by alcohol whereas an AAF of 0.25 indicates that 25% of cases are caused by alcohol.
The number of admissions per 100,000 head of population has been calculated by using direct standardisation\(^3\) and the European Standard population\(^4\). This removes the impact of different age/gender compositions within local authorities and allows for more meaningful comparisons between local authorities.

**Affordability data**

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 per capita over the same period (with both allowing for inflation).

Relative changes in the price of alcohol are calculated using the relative alcohol price index (RAPI) which shows how the average price of alcohol has changed compared with the price of all other items and is calculated as follows:

\[
\text{RAPI} = \left( \frac{\text{alcohol price index}^5}{\text{Retail Prices Index}^6} \right) \times 100
\]

Changes in households’ disposable income are calculated using the Adjusted Real Households’ Disposable Income (ARHDI) index which tracks changes in real disposable income per capita.

The Relative Affordability index of alcohol is calculated as follows:

\[
\text{RAAI} = \left( \frac{\text{ARHDI}}{\text{RAPI}} \right) \times 100
\]

If the affordability index is above 100, then alcohol is relatively more affordable than in the base year, January 1987.

**Drugs used to treat alcohol dependency**

The two main drugs prescribed for the treatment of alcohol dependence are Acamprosate Calcium (Campral) and Disulfiram (Antabuse). In May 2013 a new drug Nalmefene (Selincro) was launched. Details of how these drugs work is provided below:

**Acamprosate Calcium (Campral)** – 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 (Antabuse)** – produces an acute sensitivity to alcohol resulting in a highly unpleasant reaction when the patient under treatment ingests even small amounts of alcohol.

**Nalmefene (Selincro)** – is the first medicine to be granted a licence for the reduction of alcohol consumption in people with alcohol dependence. It helps reduce the urge to drink in people accustomed to large amounts of alcohol but does not prevent the intoxicating effects of alcohol.

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\(^3\) The age-specific rates of the subject population are applied to the age structure of the standard population. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile.


\(^5\) The alcohol price index (API) shows how much the average price of alcohol has changed compared with the base price (1987).

\(^6\) The Retail Prices Index (RPI) shows by how much the prices of all items have changed compared with the base price (1987).
Naltrexone is also prescribed for alcohol dependence. It is not included in this report however, as it can also be used to treat drug dependence and the condition that Naltrexone is prescribed to treat is not available within the PACT data.
Appendix C: Cross-departmental policies

Modern Crime Prevention Strategy

In March 2016 the Government published its Modern Crime Prevention Strategy\(^7\). The chapter ‘Alcohol as a driver of crime’ focuses on the links between alcohol and violent crime and aims to make the night time economy safe so that people can socialise and consume alcohol without the risk of becoming victims of crime. The actions outlined in the strategy are based on evidence that reducing the availability of alcohol, providing targeted treatment and brief advice, and prevention approaches that build life skills and resilience can be effective in reducing alcohol harm.

Health-related actions set out in the strategy include:

- encouraging more NHS trusts to share information about alcohol-related violence to support licensing decisions taken by local authorities and police;
- working with the Local Government Association and Public Health England to ensure that local authorities have the right analytical tools and capability to make effective use of the information available to them;
- providing support to local authorities, the police and health partners to create safe spaces to reduce the burden of drunkenness on the police and A&E departments;
- influencing positive behaviour change among individuals, for example through the provision of brief interventions outside a traditional healthcare setting for both offenders and victims; and
- pursuing a life-course approach to prevent the onset of alcohol misuse, and its escalation, for example through placing a greater emphasis on building resilience and confidence among young people by empowering them to make informed and positive choices for their health and wellbeing.

On 27 January 2017, the Government launched the second phase of the Local Alcohol Action Area programme\(^8\) in 32 regions in England and Wales to tackle alcohol-related crime, reduce health harms and create a more diverse night-time economy.

Improving Information

Clear and easily understood information is central to ensuring that everyone is aware of the lower-risk guidelines and the risks of drinking above the guidelines, as many people who drink do not realise how much they are drinking.


The UK Chief Medical Officers’ low risk drinking guidelines

In January 2016, the four UK Chief Medical Officers issued new low risk drinking guidelines.9

There are three main recommendations which include:

- A weekly guideline on regular drinking which advises men and women that to keep health risks to a low level, they should not drink more than 14 units a week on a regular basis, with advice to spread their drinking over 3 or more days;
- Advice on single occasion drinking episodes (including eating, alternating with water, drinking more slowly); and
- A guideline on pregnancy which advises the safest approach is not to drink alcohol at all, to keep risks to the baby to a minimum.

The guidelines aim to give the public the most up to date scientific information so that they can make informed decisions about their own drinking and the level of risk they are prepared to take. There is a responsibility on Government to ensure this information is provided for citizens in an open way, so they can make informed choices.

In March 2017 guidance was issued setting out how the UK Chief Medical Officers’ low risk drinking guidelines can best be communicated on the labels of alcoholic drinks.10 This guidance, produced with the drinks industry, sets out the core elements of the guidelines that the Government would wish to see communicated to the public.

Support for Children of alcohol dependent parents

Work is underway on a new Children of Alcoholics Strategy including new funding to boost the availability of helpline support for children affected by alcoholism. A total of £500,000 will be invested to expand existing children’s helpline provision and comes amid concerns about the rising number of children who are being harmed or held back by a parent or guardian’s alcohol abuse.

Licensing

The Policing and Crime Act 201711 includes the following provisions which commenced on 6 April 2017:

- Amended the definition of alcohol to include powdered and vapourised alcohol
- Clarified the law on summary reviews of premises licences (reviews of premises associated with serious crime and/or serious disorder).
- Gave licensing authorities powers to revoke or suspend personal licences when the holder is convicted of a relevant offence.

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• Updated the list of relevant offences to the Licensing Act, which are taken into account when granting a personal licence and may be grounds for revoking or suspending a personal licence.
• Removed the requirement to lay the s182 guidance before Parliament.

Provisions in the Act placed cumulative impact policies on a statutory footing (provisions will commence on 6 April) and made changes to the late night levy designed to make it more flexible and fairer to businesses.

**Alcohol Interventions**

The Department of Health and Social Care 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. From April 2013, the Department of Health and Social Care has funded the inclusion of an alcohol risk assessment in the NHS Health Check; so that adults aged 40-75 will be given brief advice to help them cut down if they need to. The support given will depend on the individuals’ needs and might involve some brief advice or a referral to specialist alcohol service(s), if needed. Since April 2013, over 10 million people have been offered a check and nearly 5 million have had a check; a take up of about 48%.

**Local action**

Public Health England (PHE) is an executive agency of the Department of Health and Social Care with the role of supporting local authorities responsible for public health. PHE provides data, evidence and support to local authorities and NHS partners to enable them to reduce the harmful impact from alcohol in local communities.

PHE is focusing on helping people make better decisions about their own health and helping them change behaviour where necessary. This is important because the harms alcohol causes are compounded by other unhealthy behaviours. PHE encourages greater use of effective interventions, such as brief interventions, alcohol interventions in secondary NHS care and the treatment of dependent drinkers and they are working with NHS England and other partners, nationally and locally on a range of actions to reduce alcohol related harm.

• The NHS England national CQUIN programme\(^{12}\) incentivises the delivery of alcohol Identification and Brief Advice (and where appropriate referral to treatment) among inpatients in hospitals. From April 2017 it has covered all NHS community and mental health providers, with acute trusts joining in the second year.
• The NHS Health Check\(^{13}\), for adults in England aged 40 to 74, is an ideal opportunity for GPs and other healthcare professionals to offer advice to promote a healthier lifestyle.
• Making Every Contact Count\(^{14}\) is an approach to behaviour change developed by the NHS that utilises day to day interactions to support people in making positive changes to their physical and mental health and wellbeing, including alcohol use.

\(^{13}\) [http://www.healthcheck.nhs.uk/](http://www.healthcheck.nhs.uk/)
\(^{14}\) [http://www.makingeverycontactcount.co.uk/](http://www.makingeverycontactcount.co.uk/)
• The vast majority of Sustainability and Transformation Plans (STPs) footprints acknowledge the need to reduce alcohol harm.
• PHE’s One You campaign\textsuperscript{15} aims to motivate people to take steps to improve their health through action on the main risk factors such as smoking, inactivity, obesity, and alcohol consumption.
• PHE provides a Drinks Tracker app\textsuperscript{16} to help drinkers identify risky behaviour and lower their alcohol consumption. The app and further information and advice are available through the One You website.

From April 2013, upper tier and unitary local authorities received a ring-fenced public health grant. This includes funding for alcohol misuse prevention and treatment. Alcohol treatment is available and accessible across the country and it is effective in helping people to recover from alcohol dependence.

Health and Wellbeing Boards bring together councils, the NHS and local communities to understand local needs and priorities expressed in the Joint Strategic Needs Assessment (JSNA). In addition, they develop a joint Health and Wellbeing strategy, which sets out how they will work together to meet these needs. The boards promote integration of health and social care services with health-related services like criminal justice services, education or housing. This helps join up services around people’s needs and improve health and wellbeing outcomes for the local population.

\textsuperscript{15} https://www.nhs.uk/oneyou#wUQaU0XSzL56zowR.97
\textsuperscript{16} https://www.nhs.uk/oneyou/drinking#J0kdcAu6qTMDYk3E.97
Appendix D: How are the statistics used?

Users and uses of the report

From our engagement with customers, we have many known users of Statistics on Alcohol. However, since this publication is free to access through the NHS Digital website, there are also many unknown users of these statistics. We are continually aiming to improve our understanding of who our users are in order to enhance our knowledge on how they use our data. This is carried out via consultations and feedback forms available online.

In 2015 a consultation was carried out to gain feedback on how to make the report more user-friendly and accessible while also producing it in the most cost-effective way. The results of this consultation can be found at the below link and the format was changed for the 2016 report in direct response to the feedback received:


Below is listed our current understanding of the known users and uses of these statistics. Also included are the methods we use to attempt to engage with the unknown users.

Known Users and Uses

Department of Health and Social Care (DHSC) - frequently use these statistics to inform policy and planning as shown in Appendix C.

Public Health England display information in this report in their Local Alcohol Profiles.

Media - these data are used to underpin articles in newspapers, journals, etc. For example, the following articles appeared in response to the 2019 version of this report:

- The Guardian - Richer, older men more likely to drink to excess, figures show
- The Independent - Alcohol deaths in England at record high after 6 per cent rise in a year, NHS data shows
- The Times - Alcohol deaths rise despite drop in excessive drinking
- The Daily Telegraph - Baby boomers driving up hospital alcohol admission numbers as millennials turn their backs on drink
- Mail Online - Britain's sobering up: Number of younger adults consuming alcohol to danger levels PLUMMETS - but boozy baby boomers are still pushing up drink-related hospital admissions
- Yahoo! News - Alcohol related deaths in England and Wales rocket in past decade
- BT - Alcohol-related hospital admissions rise in England

Public - all information is accessible for general public use for any particular purpose.

Academia and Researchers - a number of academics cite the data from this report in their research papers.

NHS - frequently use the reports and tables for analyses, benchmarking and to inform decision making.

Public Health Campaign Groups - data are used to inform policy and decision making and to examine trends and behaviours.
**Ad-hoc requests** – the statistics are used by NHS Digital to answer Parliamentary Questions (PQs), Freedom of Information (FOI) requests and ad-hoc queries. Ad-hoc requests are received from health professionals; research companies; public sector organisations, and members of the public, showing the statistics are widely used and not solely within the profession.

**Unknown Users**

This publication is free to access via the NHS Digital website [https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles](https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles) and consequently the majority of users will access the report without being known to NHS Digital. Therefore, it is important to have mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make these data more useful to them. On the webpage for the publication there is a telephone number and link to contact centre email address.

Any queries which the contact centre cannot answer are passed to the team responsible for the report to consider.

We also capture information on the web activity the reports generate, although we are unable to capture who the users are from this. *Statistics on Alcohol 2018* generated approximately 1089 unique page views and 383 downloads (for the report and/or associated files) within 14 days of publication on 1 May 2018.