Key facts

Hospital admissions – broad measure
- In 2014/15 there were 1.1 million estimated admissions where an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis. This is 3% more than 2013/14.
- Men accounted for nearly two-thirds of the admissions.
- Salford had the highest rate at 3,570 per 100,000 population. Wokingham had the lowest rate at 1,270.

Hospital admissions – narrow measure
- There were 333 thousand estimated admissions where an alcohol-related disease, injury or condition was the primary diagnosis or there was an alcohol-related external cause. This is similar to 2013/14 and 32% higher than 2004/05.
- Blackpool had the highest rate at 1,220 per 100,000 population. Wokingham the lowest rate at 380.

Deaths
- In 2014, there were 6,831 deaths which were related to the consumption of alcohol. This is an increase of 4% on 2013 and an increase of 13% on 2004.

Prescriptions
- 196 thousand prescription items were dispensed in England in 2015, which is 1% higher than in 2014 and nearly double the level ten years ago.
- The total Net Ingredient Cost (NIC) for items prescribed for alcohol dependence in 2015 was £3.93 million which is 15% higher than in 2014.

Drinking Prevalence
- 28.9 million people in Great Britain report drinking alcohol in the previous week. This equates to 58% of the population.
- In 2014, 38% of secondary school pupils had ever drunk alcohol, the lowest proportion since the survey began when it was 62%.
The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

• meet identified user needs;
• are well explained and readily accessible;
• are produced according to sound methods; and
• are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Slide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Facts</td>
<td>2</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Part 1 - Alcohol-related hospital admissions</td>
<td>6</td>
</tr>
<tr>
<td>Estimated alcohol-related hospital Admissions - broad measure</td>
<td>7</td>
</tr>
<tr>
<td>Estimated alcohol-related hospital Admissions - narrow measure</td>
<td>9</td>
</tr>
<tr>
<td>Part 2: Alcohol-related deaths</td>
<td>11</td>
</tr>
<tr>
<td>Alcohol-related deaths</td>
<td>12</td>
</tr>
<tr>
<td>Part 3 - Alcohol-related prescriptions</td>
<td>13</td>
</tr>
<tr>
<td>Alcohol-related prescription items</td>
<td>14</td>
</tr>
<tr>
<td>Cost of alcohol-related prescription items</td>
<td>16</td>
</tr>
<tr>
<td>Part 4 - Drinking behaviours among adults</td>
<td>17</td>
</tr>
<tr>
<td>Drinking prevalence for adults</td>
<td>18</td>
</tr>
<tr>
<td>Adult substance misuse</td>
<td>22</td>
</tr>
<tr>
<td>Part 5 - Drinking behaviours among children</td>
<td>23</td>
</tr>
<tr>
<td>Drinking prevalence for children</td>
<td>24</td>
</tr>
<tr>
<td>Drinking prevalence for 15 year olds</td>
<td>29</td>
</tr>
<tr>
<td>Part 6 - Expenditure and affordability</td>
<td>31</td>
</tr>
<tr>
<td>Purchases and expenditure on alcohol</td>
<td>32</td>
</tr>
<tr>
<td>Affordability of alcohol</td>
<td>34</td>
</tr>
<tr>
<td>Expenditure on alcohol consumed Outside the home</td>
<td>35</td>
</tr>
<tr>
<td>Provide feedback</td>
<td>36</td>
</tr>
</tbody>
</table>
This statistical report\(^1\) presents a range of information on alcohol use and misuse by adults and children, drawn together from a variety of sources for England. Some of this is new information whilst some has been published previously.

More information can be found in the source publications which contain a wider range of data and analysis.

Newly published data includes:
- New information from the Prescribing team at the HSCIC.
- New analyses of data on deaths and affordability of alcohol, both from ONS.

The latest information from already published sources includes:
- Analyses published by Public Health England (PHE) in their Local Alcohol Profiles for England (LAPE) which uses data from the Health and Social Care Information Centre (HSCIC) Hospital Episode Statistics (HES).
- Smoking, Drinking and Drug Use (SDD).
- Opinions and Lifestyles Survey (OPN).
- Health Survey for England (HSE).
- What About Youth (WAY).
- Family Food report from the Living Costs and Food Survey (LCFS).

\(^1\) Most figures quoted in this report have been rounded. Unrounded data may be found in the associated data sources.
Part 1: Alcohol-related hospital admissions

This section presents information on the number of hospital admissions for diseases, injuries and conditions that can be attributed to alcohol consumption.

Estimates of the number of alcohol-related hospital admissions have been calculated by applying alcohol-attributable fractions (AAFs)\(^1\) to Hospital Episode Statistics data.

Two measures for alcohol-related hospital admissions have been used:

- **Broad measure** – where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis;

- **Narrow measure** – where an alcohol-related disease, injury or condition was the primary reason for a hospital admission or an alcohol-related external cause was recorded in a secondary diagnosis field.

The broad measure is a better indicator of the total burden that alcohol has on health because it uses both primary and secondary diagnoses.

The narrow measure is a better indicator of changes over time because it is less affected by improvements in recording of secondary diagnoses.

1. An AAF is the proportion of a condition assessed to have been caused by alcohol. See appendix B for more details.
There were 1.1 million estimated admissions related to alcohol consumption.
This is 3% more than 2013/14 and nearly double the level in 2004/05.
(The change from 2004/05 will be partly due to improvements in recording of secondary diagnoses).

44% of patients were aged between 55 and 74.

65% 35%

For more information: Tables 1.1 and 1.2 of LAPE Statistical tables for England
Estimated alcohol-related hospital admissions - broad measure
Local Alcohol Profiles for England (LAPE), 2014/15

Admissions per 100,000 population
Salford had the highest rate at 3,570 per 100,000 population.
Wokingham had the lowest rate at 1,270.

Admissions by diagnosis
Nearly half of admissions were for CVD.
19% were for mental and behavioural disorders due to alcohol.

For more information: Tables 1.2 and 1.3 of LAPE Statistical tables for England
There were 333 thousand estimated admissions related to alcohol consumption.

This is similar to 2013/14 although it is 32% higher than 2004/05.

39% of patients were aged between 45 and 64.

For more information: Tables 1.4 and 1.5 of LAPE Statistical tables for England
Admissions per 100,000 population
Blackpool had the highest rate at 1,220 per 100,000 population.
Wokingham the lowest rate at 380.

Admission by diagnosis
Nearly a quarter of admissions were for cancer.
22% were for unintentional injuries.

For more information: Tables 1.5 and 1.6 of LAPE Statistical tables for England, 2014/15
Part 2: Alcohol-related deaths

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

This section presents information on the number of deaths that can be attributed to alcohol consumption.

The data source is the Office for National Statistics (ONS) which uses the National Statistics (NS) definition of alcohol-related deaths\(^1\) which only includes causes regarded as being most directly related to alcohol consumption. Diseases where alcohol has been shown to have a causal relationship, such as cancers of the mouth, are not included.

Public Health England (PHE) also produces estimates on the number of alcohol-related deaths\(^2\). These estimates are higher than the ONS figures since they include conditions which are partially caused by alcohol.

1. Alcohol-related deaths by sex, age group and individual cause of death – Office for National Statistics
2. Local Alcohol Profiles for England (LAPE) – Public Health England
In 2014, there were 6,831 deaths which were related to the consumption of alcohol. This is 1% of all deaths.

This is an increase of 4% on 2013 and an increase of 13% on 2004.

Alcoholic liver disease accounted for nearly two-thirds (63%) of all alcohol-related deaths.

For more information: Alcohol-related deaths by sex, age group and individual cause of death – Office for National Statistics
Part 3: Alcohol-related prescriptions

This section presents information on the number of prescriptions for drugs used to treat alcohol dependence and the Net Ingredient Cost (NIC) of these prescriptions. The data source is Prescription Analysis and Cost (PACT) data from NHS Prescription Services.

The number of prescriptions 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.

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.
The number of prescription items dispensed in England in 2015 was 196 thousand which is nearly double the level ten years ago when it was 109 thousand.

There has been a steady rise year on year but the increase from 2014 to 2015 was smaller at 1%.

139 thousand items of Acamprosate Calcium were dispensed in 2015, more than twice the number dispensed ten years ago.

52 thousand items of Disulfiram were dispensed in 2015 compared to a peak of 61 thousand in 2012.

Prescription items for Nalmefene, which were introduced in 2013, have risen to 4,400 in 2015.

For more information: Table 1, Statistics on Alcohol, England, 2016
Alcohol-related prescription items
Prescription Analysis and Cost (PACT) data, 2014/15

Prescription items dispensed by region
North of England dispensed almost half the prescription items, with 84 thousand. This is similar to the combined total of 87 thousand for Midlands and East of England and South of England. London dispensed the lowest number of items (17 thousand).

For more information: Table 2, Statistics on Alcohol, England, 2016
The total Net Ingredient Cost (NIC)\(^1\) for items prescribed for alcohol dependence in 2015 was £3.93 million. This is 15% higher than in 2014 when the total NIC was £3.42 million and more than double the level ten years ago.

The average NIC per item for all pharmacotherapy items was £20. The average per item was £18 for Acamprosate Calcium, £22 for Disulfiram and £63 for Nalmefene.

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1. The Net Ingredient Cost NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, prescription charges or fees. 
For more information: [Table 1, Statistics on Alcohol, England, 2016](#)
Part 4: Drinking behaviours among adults

This section presents a range of information on drinking behaviours among adults including drinking prevalence, consumption and trends among different groups of society and geographical areas.

The main source of data for drinking behaviours among adults is the *Opinions and Lifestyle Survey (OPN): Drinking Habits Amongst Adults* carried out by the Office for National Statistics. This is an annual survey covering adults aged 16 and over living in private households in Great Britain.

Information is also summarised from the *Health Survey for England (HSE)* which is published by HSCIC and has been carried out since 1994. The survey is designed to measure health and health-related behaviours in adults and children in England.

Adult substance misuse statistics from the *National Drug Treatment Monitoring System (NDTMS)* provides information on the number of people being treated for alcohol problems.

*Health at a Glance*, published by the Organisation for Economic Co-operation and Development (OECD), provides international comparisons on alcohol consumption.
28.9 million people in Great Britain report drinking alcohol in the previous week. This equates to 58% of the population.

### Drinking on heaviest drinking day

2.5 million people drink more than 14 units of alcohol on their heaviest drinking day.

### Drinking more than 14 units in one day, by region and country

A higher percentage of drinkers in Wales and Scotland drink over the recommended weekly guideline [for low risk drinking], in one day.

For more information: [Opinions and Lifestyle Survey: Adult drinking habits in Great Britain 2014](#)
Drinking prevalence for adults
Adult drinking habits in Great Britain 2014 - Opinions and Lifestyle Survey

Type of drink
Just under half (47%) of people who had drunk alcohol in the week before interview chose to drink wine (including champagne) on their heaviest drinking day.

Drinking by annual income
Almost 1 in 5 (18%) higher earners drink alcohol on at least 5 days a week.

For more information: Opinions and Lifestyle Survey: Adult drinking habits in Great Britain 2014
Drinking prevalence for adults
Health Survey for England, 2014

Drinking by age

The proportion of adults who drank alcohol on more than 5 days in the last week prior to being surveyed increased up to age 65-74 before levelling off.

The proportion who drank alcohol at all increased with age up to 55-64 before dropping quite sharply.

Drinking by ethnicity

The proportion of adults who drank alcohol varied between ethnic groups.

White men and women were most likely to be drinkers whilst Asian men and women were least likely to be.

For more information: Tables 8.7 and 8.9, HSE 2014: Vol 1 | Chapter 8: Adult Alcohol Consumption
UK alcohol consumption is higher than the average for all OECD countries although it has decreased between 2000 and 2013.
Adult substance misuse
National Drug Treatment Monitoring System (NDTMS) 2014-2015

Number presenting for alcohol problems

151 thousand people presented for alcohol problems in 2014/15.

89 thousand were treated for problematic drinking alone.

62 thousand were treated for alcohol problems alongside other substances.

The 2014/15 report presents further analyses of these two groups.

1. Due to methodology changes it is not possible to compare information in 2014/15 NDTMS report to previous years.

For more information: Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), 2014-2015
Part 5: Drinking behaviours among children

This section presents a range of information on drinking behaviours among children including drinking prevalence, consumption, age of first alcoholic drink, prevalence and frequency of drunkenness, and consequences of drinking. This information has been taken from two HSCIC publications.

Information is provided from *Smoking, Drinking and Drug use among Young People in England (SDD)* which 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.

Information is also summarised from *What About YOUth? (WAY)* which surveys 15 year olds with questions about their health, diet, exercise, bullying, alcohol, drugs and smoking.

It should be noted that the SDD survey is completed at school in exam conditions without the involvement of parents or teachers but WAY is completed at home and therefore could involve parents. This will affect comparability between the two surveys.
Drinking prevalence for children
Smoking, drinking and drug use among young people, England, 2014

Drinking prevalence
The proportion of 11 to 15 year olds who have ever had an alcoholic drink has been declining since 2003.

In 2014, 38% of pupils had drunk alcohol, the lowest proportion since the survey began when it was 62%.

Drinking prevalence by age
The prevalence of drinking increased with age.

Drinking prevalence by sex
There was little difference between boys and girls.

For more information: Tables 5.1a, 5.1.b, 5.2 of Smoking, drinking and drug use among young people in England in 2014
Regular drinking prevalence

4% of 11 to 15 year olds said they drank alcohol at least once a week (regular) and a further 5% said they drank once a fortnight.

Two-thirds (67%) said they have either never drunk or don’t drink now (not on chart).

Of current drinkers, 91% said their family was aware they drank alcohol.

Regular drinking prevalence by age

Regular drinking prevalence increased with age, from less than 0.5% of 11 year olds to 10% of 15 year olds.

For more information: Tables 5.7 and 6.19 of Smoking, drinking and drug use among young people in England in 2014
Drinking prevalence for children
Smoking, drinking and drug use among young people, England, 2014

**Drunkenness**

Nearly half (49%) of pupils that had drank alcohol in the last four weeks had been drunk.

Of those pupils who had been drunk, 63% had deliberately tried to get drunk.

**Consequences of drunkenness**

Of pupils who had been drunk in the last four weeks, 39% of girls and 27% of boys said they had felt ill or sick. 28% of girls and 16% of boys had been involved in an argument.

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Boys</th>
<th>Girls</th>
</tr>
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<tbody>
<tr>
<td>Felt ill or sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had argument</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomited</td>
<td></td>
<td></td>
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<tr>
<td>Clothes or other items damaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lost money or other items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had fight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taken to hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information: [Tables 6.14 and 6.15 and 6.16 of Smoking, drinking and drug use among young people in England in 2014](#)
Drinking prevalence for children
Smoking, drinking and drug use among young people, England, 2014

Type of drink
Boys who had drunk in the last week were more likely than girls to have drunk beer, lager or cider.
Girls were more likely to have drunk spirits, alcopops or wine, martini or sherry.

For more information: Tables 5.16.b and 6.9 of Smoking, drinking and drug use among young people in England in 2014
**Drinking prevalence for children**

**Smoking, drinking and drug use among young people, England, 2014**

**Drinking attitudes**

Since 2003, secondary school pupils’ attitudes towards someone of their age drinking or getting drunk have become less tolerant.

**Reasons to drink**

The most common reason pupils thought people of their own age drank alcohol was to look cool in front of their friends (79%).

For more information: [Tables 7.9 and 7.13 of Smoking, drinking and drug use among young people in England in 2014](#)
Drinking prevalence for 15 year olds
What About YOUth? Survey 2014

Drinking prevalence
62% of 15 year olds in England had ever had an alcoholic drink.
6% drank at least once a week (regular) and 8% drank once a fortnight.

Age started drinking
Most of those who had ever had an alcoholic drink reported that they had their first one between the ages of 13 and 15.
10% of young people had their first alcoholic drink before they were 12.

For more information: Tables 6.1, 6.2 and 6.15, Chapter 6 of WAY Survey 2014
Drinking prevalence for 15 year olds
What About YOUth? Survey 2014

Drinking prevalence by LA

Barnsley District (77.6%), Devon (76.9%) and Cornwall (76.6%) had the highest prevalence of drinking.

The Borough of Tower Hamlets (14.6%) had the lowest.

Drunkenness by LA

Brighton and Hove (27.0%), North Tyneside (24.6%) and Richmond upon Thames (24.5%) had the highest prevalence of drunkenness.

Tower Hamlets (2.6%) and Newham (3.1%) had the lowest.

For more information: Tables 6.13 and 6.36, Chapter 6, WAY Survey 2014
Part 6: Expenditure and affordability

Information on purchases and expenditure on alcohol have been taken from *Family Food* which published by Department for Environment, Food & Rural Affairs (DEFRA) and is based on data collected by the Living Costs and Food Survey.

The affordability of alcohol is described using information on alcohol price and retail price indices taken from the ONS publication: *Focus on Consumer Price Indices* and households’ disposable income data published by ONS in the *Economic and Labour Market Review*. 
£42 per person was spent on food and drink (including alcoholic drinks and food eaten out) per week in 2014 in the UK. Taking inflation into account, this was 2.8% less than 2013, and 3.5% less than 2011.

In real terms, between 2011 and 2014 household spending on food and drink fell by 3.0% and eating out expenditure by 4.5%. Household spending on alcoholic drinks fell by 1.6% over the same period, whilst that bought for consumption outside the home fell by 13%.

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1. ‘Household’ covers all food that is brought into the household. ‘Eating out’ covers all food that never enters the household.
2. There is a range of evidence to suggest that self reported alcohol consumption in surveys is less than actual consumption.

For more information: DEFRA: Family Food 2014
Alcohol intake rose 0.1% in 2014 to 8.9 grams per person per day. Eating out purchases accounted for 19% of total alcohol intake in 2014.

In 2014, eating out intakes of alcohol were 24% lower than in 2010 and up until 2014 showed a significant downward trend. Alcohol intake from eating out purchases declined 54% between 2001-02 and 2014.

1. Quantities in millilitres
For more information: DEFRA: Family Food 2014
Affordability of alcohol
Her Majesty’s Revenue and Customs (HMRC), UK, 1980 to 2015

Long term trend

In the UK since 1980 (an arbitrarily chosen base year) alcohol has become 60% more affordable.

Last ten years (2005 to 2015)

Over the last ten years the price of alcohol has increased by 36%\(^2\).

The price of alcohol increased by 1%\(^3\) relative to retail prices, whilst real households’ disposable income (adjusted) increased by 11% over the same period.

As a result, alcohol has become 2% more affordable since 2005\(^4\).

1) For more information see Appendix B: Technical Notes
2) Based on Alcohol Price Index
3) Based on Alcohol Price Index Relative to Retail Price Index (all items)
4) Based on Affordability of Alcohol Index

For more information: [Table 4 of Statistics on Alcohol, England, 2016](#)
Expenditure on off-trade\(^1\) alcohol purchases
Office for National Statistics (ONS), 2015

Expenditure on alcohol compared to total expenditure\(^2\)

UK household expenditure on alcohol has nearly doubled to £17.2 billion in 2015, from £8.9 billion in 1985.

However, alcohol expenditure as a proportion of total household expenditure has fallen to 1.5% over the same period, from 4.1% in 1985.

Average weekly expenditure on alcohol\(^3\)

Average weekly household expenditure on alcohol was £7.90 in 2014.

People in the 50-64 age group spent the most, with an average of £10.00 a week.

The lowest weekly expenditure was by those aged under 30, with an average of £5.10.

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1. Includes purchases at supermarkets, off licences etc. Excludes purchases in pubs, bars, restaurants etc.
2. Current Prices
3. Across all households.

For more information: Table 5 Statistics on Alcohol, England, 2016, Table A11: ONS Family Spending 2015
Provide feedback

This publication has been reformatted following feedback gathered from a user consultation¹. We would welcome further feedback from users on the new format.

We would also welcome feedback on the content but please consider that one of the drivers for the consultation was to produce these reports in the most cost-effective way so any suggestions for including a new data source would have to be considered against this criteria.

Please send your feedback to enquiries@hscic.gov.uk and quote “Feedback on Statistics on Alcohol Report” in the subject heading.

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