TRENDS IN ALCOHOL

A compilation of data from across the UK

2017
INTRODUCTION

Background

The consumption of alcohol and more specifically the harmful use of alcohol and its impacts remain a key consideration in terms of public policy making at a local and national level. Given the diverse nature of harms, patterns of consumption and the nature of the industry, public policy on alcohol has the ability to impact on a range of stakeholders including alcohol producers, retailers and distributors, health professionals, the police and emergency services, the media, the third sector and national and local government and therefore requires comprehensive understanding of official government data.

To fulfil the demand for information and data about trends in these areas there are a wide variety of data sources that cover various different aspects of alcohol consumption and harms. As there is no universal source of data, statistics are often quoted in isolation without looking at the wider context in which they are set. As alcohol related harm remains an important issue to public policy, it is important that the facts on the scale of the problem are presented clearly and in the appropriate context to enable the debate to focus on the real issues that remain.
Methodology

This document aims to provide a single point of reference by pulling together the latest comparable data on alcohol consumption, underage issues, health harms, crime and regional and socioeconomic variations from official Government sources. While this does not include all available data and some data included has queries associated with it, this has been highlighted as appropriate.

For ‘consumption’, where possible, data has been shown for the whole of the UK but where data is only available for a smaller area e.g. Great Britain, then this has been clearly marked.

Due to the difficulties of comparing data across the UK, data for England has been used as a case study for subsequent sections including ‘underage’ and ‘harms - health and crime’. In some instances data is only available in aggregated form e.g. England and Wales. Geographic coverage has been specified on each chart.

For clarity on chart labels:

- United Kingdom includes data from England, Wales, Scotland and Northern Ireland
- Great Britain includes data from England, Scotland and Wales

Where possible data used is from a base year of 2000 to the most recent data available. If data collection started later than 2000 or data is no longer collected, the most recent data samples are labelled and included for information.

All data referenced is published by independent organisations and is not financed or commissioned by the alcohol industry. Where the BBPA Statistical handbook or the BBPA has been referenced this is analysis of existing data, for example HMRC customs clearance. All data is correctly reproduced to best knowledge of all associations. All data and narrative is intended to be used for illustrative purposes only and for all other purposes the original source should be used.
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Consumption

- Overall alcohol consumption in 2016 was 9.5 litres per capita (15+) – this is a fall of 17% since the 2004 peak and 8% lower than in 2000.
- 2016 consumption is twice as high as in the 1950s and 30% lower than the 1900s.
- According to the most recent OECD analysis of 25 European countries (2016) the average per capita consumption is 8.9 litres – the UK was just above this in 2016 at 9.5 litres per capita.
- The percentage of frequent drinkers fell from 2005-2016 – men from 22% to 12% and women from 13% to 7%
- The percentage of those binge drinking on their heaviest drinking day also fell from 2005-2016 - men from 23% to 18% and the women from 15% to 13%

Underage issues

- The proportion of young people in England (11-15 year olds) that have tried alcohol fell from 59% in 2004 to 38% in 2014.
- The proportion of young people in England (11-15 years olds) who think it is ok to drink alcohol once a week fell from 46% in 2003 to 24% in 2014.
- The proportion of young people in England (11-15 year olds) who think that everyone their age drinks has fallen from 9% to 2%.
- The proportion of young people in England (11-15 year olds) that do not think alcohol is used by their peers has increased from 12% to 22%.
- The South West has the highest proportion of 15 year olds that have tried an alcoholic drink (72%) compared to London, with the lowest proportion (41%).

Health harms

- In England, since 2003, alcohol-related hospital admissions (primary diagnosis plus mentions of alcohol-related external causes in secondary diagnosis fields) have risen by 43% from 236,770 to 339,280.
- As a proportion of total primary admissions this measure of alcohol-related admissions has increased since 2002/03 from 1.24% to 2.15% in 2014 (Public Health England caution against highlighting definite trends in admissions data due to changes in admissions coding methodology).
- Alcohol-related deaths in England and Wales make up 1.4% of total deaths.
- Persons under 18 admitted to hospital for alcohol-specific conditions has fallen 46% since 2006/07
- Admission episodes for alcohol-related conditions (Narrow) has fallen 7% for the under 40’s since 2008/09, however it has risen for the 40-64 and over 65 age groups by 8% and 9% respectively.
Crime

- The number of alcohol-related violent crimes in England and Wales (perceived) has fallen 41% since its peak in 2006/07.
- Convictions and cautions for drunkenness in England and Wales are down 61% since its peak in 2003.
- The percentage of respondents who found drink-related behaviour to be a very or fairly big problem in their area has fallen by 28% since its peak in 2006/07.
- Since 2011/12, the proportion of people that have witnessed drink related anti-social behaviour has fallen 15%.
- Since 2000 in England and Wales there has been a 41% reduction in drink driving conviction.

Regional Variation and Inequality

- Those in the South East and South West more likely to have drank in the last week, compared with London, the least likely.
- The highest proportions of Non-drinkers are in London and the North West, while over 20% of the drinking population of Yorkshire & the Humber, the North West and the South West drink more than 21 units a week on average.
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## Consumption

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Harms - Crime

Number of overall violent incidents where the victim believed the offender(s) to be under the influence of alcohol
Perceptions of anti-social behavior: People being drunk or rowdy in public places (aged 16+)
Perceptions of anti-social behaviour: all indicators (aged 16+)
Drunkenness offenders
Penalty Notices issued
Drink driving convictions
Killed and seriously injured casualties in reported accidents involving young drivers and riders (17-24 years old) over the legal alcohol limit

Harms - Regional variations and inequality

Frequency of drinking by region
Drinking patterns by region
Alcohol-related mortality (Persons)
Admission episodes for alcohol-related conditions (Broad)
Estimated weekly alcohol consumption
Alcohol-Specific Mortality by socioeconomic group
Alcohol-related Mortality by gender and socioeconomic group
Alcohol-related Mortality and Socioeconomic Indicators
Promoting responsible drinking, and reducing the harms related to alcohol misuse, requires a comprehensive understanding of how we drink in the UK. Today, about 40 million adults in the UK choose to drink, while around 10 million are teetotal.

That being said, since the recent peak in 2004 alcohol consumption per capita has consistently and significantly declined although remains higher than historic levels. HMRC data from 2016, shows that consumption has now declined by 17% since a peak in 2004.

**Alcohol consumption per adult (15+) - United Kingdom**

National estimates of alcohol consumption come from two sources; HMRC clearance data gives an accurate measure of the alcohol released onto the market, and the Opinions and Lifestyles Survey, which surveys people’s views about their patterns and styles of consumption.

It has been suggested that the falling rate of alcohol consumed per capita has been driven by increasing numbers of people choosing to avoid alcohol altogether. However, although the numbers of non-drinkers has increased slightly from 2005-2016 (from 19% to 21%), those that do drink are drinking less and less often.
Alcohol consumption: International Comparison

European alcohol consumption is generally higher than the rest of the world with countries such as the USA, Canada and Australia all showing lower levels of consumption in the OECD.

Within Europe the UK’s per capita consumption levels rank 16th, lower than some of our closest neighbours including France, Germany and Portugal.

**Alcohol consumption among adults 2016 (litres of pure alcohol per 15+)

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<th>Country</th>
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Source: OECD (.xls)

It is difficult to make comparisons of alcohol consumption between different countries due to differences in data collection and the ways in which consumption is measured. These estimates often end up with variations in the levels recorded for each country. However, the data above is supported by the data from the WHO which can be viewed [here](#).
While population level data is important for the context, it cannot give us a picture of patterns in alcohol consumption. To address this gap the Office of National Statistics conducts large surveys of the population that ask questions related to alcohol consumption by various age, gender, regional and socio-economic groups.

In the UK ‘binge drinking’ is defined by the ONS as consuming double the old daily guidelines in one day/session. For men this would be equivalent to 8 units of alcohol, and 6 units for women. Unfortunately the concept of ‘binge drinking’ lacks a standard definition and varies from country to country. For this reason robust international comparisons of binge drinking are not routinely published.

ONS data shows that the number of people defined as ‘binge drinking’ weekly has declined from 18% to 15% in the last decade with a peak of 20% in 2007.

Percentage of people binge drinking weekly - Great Britain

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016 (xls)

When this trend is broken down further we find that the groups who have made the largest declines in binge drinking are young people. The proportion of men aged 16-24 ‘binge drinking’ declined 49% between 2005 and 2016 while for women of the same age the drop was 32%. The proportion of adults aged 25-44 ‘binge drinking’ declined by 26%, while binge drinking amongst the older age groups ticked up marginally.
**CONSUMPTION**

**Binge drinking among men, by age group - Great Britain**

![Bar chart showing binge drinking among men by age group in Great Britain from 2005 to 2016.](chart)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)

**Binge drinking among women, by age group - Great Britain**

![Bar chart showing binge drinking among women by age group in Great Britain from 2005 to 2016.](chart)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)
Frequency of Drinking

Survey data also shows that among both men and women and across all age groups, the frequency of alcohol consumption has declined since 2005. The proportion of adults across all age groups who drank on 5 or more days declined by 43%.

**Men drinking on 5 or more days a week - Great Britain**

![Men drinking on 5 or more days a week - Great Britain](image)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)

**Women drinking on 5 or more days a week - Great Britain**

![Women drinking on 5 or more days a week - Great Britain](image)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)
Harmful drinking

‘Binge drinking’, as defined above, tends to focus on the amount of alcohol consumed in the heaviest drinking session per week. However another important indicator in alcohol consumption is ‘harmful drinking’ which is defined as more than 12 units of alcohol for men a day, or 9 for women.

The graphs below show that, the proportion of harmful drinkers has declined significantly for both men and women since 2005, and that the largest decreases have been among those aged 16-24.

Men drinking more than 12 units on heaviest drinking day in the last week- Great Britain

![Graph showing the percentage of men drinking more than 12 units on heaviest drinking day in the last week in Great Britain from 2005 to 2016.]

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)

Women drinking more than 9 units on heaviest drinking day in the last week- Great Britain

![Graph showing the percentage of women drinking more than 9 units on heaviest drinking day in the last week in Great Britain from 2005 to 2016.]

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)
Alcohol consumption by group

Because not everyone chooses to drink alcohol in the same way it is important to break down population level consumption statistics and examine drinking patterns among different age, gender, profession and income groups.

When we break consumption down by age group we find that those aged 16-24 were the least likely both to have drunk alcohol in the last week, and to have drunk on more than 5 days. For older people, almost a fifth drank alcohol on nearly every day of the week, compared to only 2% of the 16-24 age group. Overall the most likely group to consume alcohol in a given week are those aged 45-64.

Drinking patterns by age group - Great Britain

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)

Men continue to consume more alcohol than women, both in absolute numbers and average level of consumption, however there is some evidence that the gap is closing. The frequency of drinking is falling for both men and women, it is falling at a faster rate for men. Nearly two thirds of men drank alcohol in the last week, compared to a little over half of women.

Drinking patterns by gender - Great Britain

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)
Employment status also appears to have an impact on alcohol consumption with 62% of those employed reporting drinking in the last week compared to 56% of unemployed people.

**Drinking patterns by employment status - Great Britain**

![Bar chart showing drinking patterns by employment status](image1.png)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)

Furthermore, of those that are in employment, over 70% of those employed as managers and high-level professionals will drink in a given week compared to just over a half of those working in lower skilled manual roles.

**Drinking patterns by employment type - Great Britain**

![Bar chart showing drinking patterns by employment type](image2.png)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)
This translates into those with the highest levels of education drinking more often than those with lower or no formal education. Also there is an increased propensity for people on higher incomes to drink with more than three quarters of those earning more than £40,000 reporting drinking in the last week compared to less than half of those earning less than £10,000.

**Drinking patterns by level of education - Great Britain**

![Bar chart showing drinking patterns by level of education in Great Britain.](chart1.png)

*Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016 (xls)*

**Drinking patterns by weekly household income quintile - Great Britain**

![Bar chart showing drinking patterns by weekly household income quintile in Great Britain.](chart2.png)

*Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016 (xls)*
7 Underage Consumption

Measures of underage drinking rates are significant as young people are at an increased risk both in terms of alcohol's impact on developing bodies, and in relation to its link to risky behaviour.

As outlined in the graph below the proportion of children aged 11-15 who have ever tried alcohol has dropped from 61% to 38% since the early 2000s, the lowest proportion since the national survey began in 1988.

Not only are fewer children trying alcohol, but those who are consuming it are doing so less frequently. There has been a decline in the proportion of children who report drinking in the last week. Since its peak in 2003, the proportion of children drinking in the past week had dropped from 25% to 8%.

**Drinking among 11 - 15 year olds - England**

![Graph showing percentage of children who have ever had an alcoholic drink and during the last week from 2003 to 2014.](Source: Smoking, drinking and drug use among young people in England in 2014, ONS, HSCIC (.xls))

Whilst there is a significant degree of fluctuation from year to year, average consumption amongst those that do drink has continued on a downward traction for both boys and girls.

**Average consumption of 11-15 year olds (units per week) - England**

![Graph showing mean number of units consumed per week for boys and girls from 2007 to 2014.](Source: Smoking, drinking and drug use among young people in England in 2014, ONS, HSCIC (.xls))
Perceptions and attitudes

While alcohol consumption has been declining among young people for almost a decade, alongside this change in behaviour there appears to also have been a change in young people’s attitudes towards alcohol. The data shows that not only is underage drinking becoming less common, but that it is also perceived as less acceptable.

**Attitudes to drinking of pupils**

![Graph showing attitudes to drinking of pupils](image)

Source: Smoking, drinking and drug use among young people in England in 2014, ONS, HSCIC

Reduced consumption and acceptability is also having an impact on the perceived prevalence of drinking among young people’s peers. It has been established that overestimating alcohol consumption among a peer group may increase the tendency to drink and to drink more, so lower perceptions of alcohol consumption may reinforce downward trends. Since 2004 the proportion of young people who think that everyone their age drinks has fallen from 9% to 2%, while the proportion of those that do not think alcohol is used by their peers has increased from 12% to 22%.

**Perceptions of the prevalence of drinking among peers - England**

![Bar chart showing perceptions of the prevalence of drinking among peers](image)

Source: Smoking, drinking and drug use among young people in England in 2014, ONS, HSCIC
Access

The method by which young people obtain alcohol is also of importance to public policy makers and the graph below shows the ways that young people obtain alcohol. In the past four weeks 28% of pupils report obtaining alcohol.

**How young people obtain alcohol - England**

![Graph showing the methods by which young people obtain alcohol. The most common method is given alcohol by a family member, followed by proxy purchasing.](source)

As can be seen the most common means by which young people obtained alcohol was via a family member. Over one in three of all young people who drink report being given alcohol by a family member.

The graph below shows how young people have increasingly relied upon adults to obtain alcohol for them, a method known as proxy purchasing. The percentage of young people purchasing alcohol by proxy has risen from 25% in 2000 to a peak of 42% in 2010. However, this has fallen back to 33% in 2014.

**Percentage of pupils purchasing alcohol by proxy - England**

![Graph showing the percentage of pupils purchasing alcohol by proxy from 2000 to 2014.](source)
Of pupils that did drink the majority did so with their parents. The Horizon Scanning Report (Cabinet Office and Department of Health) identified that “over the last decade there is evidence to suggest a slow and steady decline in risk behaviours and negative outcomes, such as drinking, drug use, smoking, youth crime, suicide, and teenage pregnancy amongst children and young people.”
Alcohol related hospital admissions

Alcohol-related hospital admissions continue to be a source of attention and concern with much debate over the cost to the NHS. Statistics are often quoted citing over a million alcohol related hospital admissions. Figures putting the cost to the NHS of alcohol abuse at £3.5 billion are also frequently cited.

Public Health England (PHE) is the primary source of data on hospital admissions in England. There have been a number of changes in the way that hospital admissions are recorded and reported by local health delivery bodies. This means that trend data needs to be treated with caution. Public Health England says, ‘While a welcome development, the improvement in diagnostic coding over time means that figures produced using the current methodology cannot easily be used to get a picture of the trend in alcohol-related admissions.’

Admissions are categorised by a single primary diagnosis and up to nineteen secondary diagnoses to reflect other issues that may have been a factor in the incident. Estimates of the number of alcohol-related hospital admissions have been calculated by applying alcohol-attributable fractions (AAFs) to Hospital Episode Statistics data. Conditions may be wholly or partially attributable.

There are two measures used;
• 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
• Broad measure – where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis.

PHE suggest that the narrow measure is a better indicator of changes over time because it is less affected by improvements in recording of secondary diagnoses. The broad measure is a better indicator of the total burden that alcohol has on health because it uses both primary and secondary diagnoses.

However, we must note that whilst describing the process of attributable fractions by which alcohol-related admissions are estimated, the Gov.uk website states: “There will be people who don’t drink alcohol whose admission will be included in the figures; injuries and illnesses that are entirely the result of alcohol use that are not given appropriate recognition; and circumstances where the contribution of alcohol is simply too complex to quantify..."
As can be seen from the chart below the rate of alcohol-related admissions narrow measure has increased to 339,000 estimated admissions. This represents 2.1% of all hospital admissions which has changed little in the last 10 years.

**Alcohol-related hospital admissions - primary and secondary external cause - England (narrow measure)**

![Graph showing alcohol-related hospital admissions](source)

However, when secondary diagnoses are included, i.e., broad measure, the total number of admissions rises steeply bringing us to the figure of over 1.1 million admissions.

Whilst it has been argued that this broad measure captures a wider range of the factors involved in admissions the changes in methodology make it difficult to report trends in admissions accurately.

**Alcohol-related hospital admissions – primary and secondary diagnoses – England (broad measure)**

![Graph showing alcohol-related hospital admissions](source)

Source: Statistics on Alcohol – England, 2016 - Health & Social Care Information Centre (.xls)
10.1 Causes of alcohol-related hospital admissions

When looking at the narrow measure for alcohol-related admissions, it can be seen that the biggest cause of admissions is accidents and injuries, followed by cancer and mental and behavioural disorders due to use of alcohol.

**Causes of admissions - narrow measure - England**

[Diagram showing causes of admissions with percentages for various categories such as accidents and injuries (28%), mental and behavioural disorders (13%), alcoholic liver disease (5%), toxic effect of alcohol (0%), other wholly attributable (12%), infectious and parasitic diseases (0%), and others.]

Source: Statistics on Alcohol – England, 2016 - Health & Social Care Information Centre (.xls)

However, when looking at the broad measure, cardiovascular disease becomes the largest cause, reflecting the fact that this is a common condition in total admissions and has an alcohol attributable fraction.

**Causes of admissions - broad measure - England**

[Diagram showing causes of admissions with percentages for various categories such as cardiovascular disease (40%), cancer (8%), mental and behavioural disorders due to use of alcohol (19%), alcoholic liver disease (6%), toxic effect of alcohol (3%), other wholly attributable conditions (1%), infectious and parasitic diseases (0%), and others.]

Source: Statistics on Alcohol – England, 2016 - Health & Social Care Information Centre (.xls)
10.2. Alcohol-related hospital admissions by age

As would be expected the highest proportions of total admissions by age are older people with over 64% aged 55 and over. This should also be viewed alongside the data on the causes of hospital admissions. This reflects the fact that older people are more likely to be admitted with a secondary admissions code that is alcohol related, such as high blood pressure.

*Alcohol-related admissions (broad measure)- by age - England*

![Pie chart showing alcohol-related admissions by age in England](source.png)

*Primary and secondary admissions (broad measure)- by age - England*

![Bar chart showing primary and secondary admissions by age in England](source.png)
Persons under 18 admitted to hospital for alcohol-specific conditions has fallen 46% since 2006/07. The biggest reductions have been experienced in the North East and North West, the regions disproportionately affected by alcohol harms. Admission episodes for alcohol-related conditions (Narrow) has fallen 7% for the under 40’s since 2008/09, however they has risen for the 40-64 and over 65 age groups by 8% and 9% respectively.

**Persons under 18 admitted to hospital for alcohol-specific conditions**

![Graph showing hospital admissions for persons under 18 for alcohol-specific conditions from 2006/07 to 2013/14.](source: Local Alcohol Profiles of England (.xls))

**Admission episodes for alcohol-related conditions (Narrow)**

![Graph showing hospital admissions for alcohol-related conditions (Narrow) from 2008/09 to 2014/15.](source: Local Alcohol Profiles of England (.xls))
Alcohol-related deaths

Alcohol-related deaths in England and Wales have stabilised since peaking in 2008. The population adjusted alcohol-related death rate in England and Wales decreased slightly for men from 18.2 deaths per 100,000 people to 18.0 between 2014 and 2015. For women it was 9.2 deaths per 100,000 in 2015, the same as the previous year. Both the male and female rate remains below their respective peaks of 19.8 and 9.6 in 2008. Alcohol-related deaths in England and Wales make up 1.4% of total deaths.

**Alcohol-related deaths – England and Wales**

Consistently around double the number of men than women are dying from alcohol-related causes which include alcohol hepatitis, liver cirrhosis and alcohol poisoning.

**Causes of alcohol-related deaths – England and Wales**

Source: Alcohol related deaths in the United Kingdom, ONS 2015 (.xls)

Source: Alcohol related deaths in the United Kingdom, ONS 2015 (.xls)
From an international perspective, liver disease, one of the primary causes of alcohol related deaths, is relatively low in the UK and broadly in line with other nations in Europe.

**International liver disease, death rate per 100,000**

![Graph showing liver disease death rates per 100,000 across different countries.](image)


Alcohol related deaths rates vary widely by gender and age. Alcohol related deaths rates for men are double that for women. Those between the ages of 55 and 74 have the highest rate of alcohol related deaths.

**Alcohol related deaths – gender - UK**

![Graph showing alcohol related deaths by gender in the UK from 2000 to 2015.](image)

Source: Alcohol related deaths in the United Kingdom, ONS 2015 (.xls)
11.1 Drink Driving

Injuries and casualties from drink driving have seen a marked decline over the last decade, a likely result of increased enforcement of drink driving laws including tougher penalties alongside public awareness campaigns about the dangers. In the last decade, the number of slight and serious casualties have fallen 44%, while deaths have fallen 64% in that time.

*Drink driving casualties – Great Britain*
Alcohol-related crime

Although alcohol-related crime has made up a significant proportion of recorded violent crime over the last 10 years, statistics demonstrate a consistent downward trend. The widely accepted sources for national estimates of crime in England and Wales come from the Crime Survey for England and Wales (CSEW) and police-recorded crime statistics. Police-recorded crime statistics cover a wider variety of crimes, whilst CSEW surveys households and so is able to capture unrecorded crimes and perceptions. Although both measures may be subject to different methods of reporting, they are both demonstrating a steady fall in alcohol-related crime.

Violent crime - England and Wales

Alcohol-related violent crime fell by 94,000 between 2013/14 and 2014/15 and by over 400,000 since its peak in 2006/07. The proportion of violent incidents that are alcohol related has also shown an underlying downward trend, falling from 53% to 47% over the last year, however, over the last decade there has been fluctuations. These fluctuations are likely to be due to variations in the proportion of other violent crimes over the years.

Number of overall violent incidents where the victim believed the offender(s) to be under the influence of alcohol

Source: Crime Survey for England and Wales 2014/15 (xls)

Note: Base year chosen as data first consistently collected from 2005/2006

1. 'All violence' includes wounding, assault with minor injury, assault without injury and robbery
2. Questions asked only if the victim was able to say something about the offender(s), and if there was more than one offender, victims were asked if any of the offenders were perceived to be under the influence. Questions were not asked if any offender(s) were perceived to be under school age.
Anti-social behaviour - England and Wales

The table below shows the perceptions of drunken and rowdy behaviour in public places. It demonstrates that the percentage of respondents who found drink-related behaviour to be a very or fairly big problem in their area has fallen by 28% since its peak in 2006/07.

Perceptions of anti-social behavior: People being drunk or rowdy in public places (aged 16+)

![Graph showing percentage of people perceiving drink-related anti-social behaviour]

New questions about respondents’ actual experiences of ASB in their local area were added to the 2011/12 CSEW. These questions ask whether the respondent had personally experienced or witnessed ASB in their local area and, if so, what types. There is a difference between the numbers who perceive alcohol to be a problem in their area and those who have actually witnessed or were directly affected by drink-related problems, suggesting perception may differ from actual experience. Since 2011/12, the proportion of people that have witnessed drink related anti-social behaviour has fallen 15%.

If we look at perceptions of people being drunk or rowdy in the context of the other ASB indicators, it is seen as less of a problem than vandalism, litter, people using/dealing drugs or teenagers hanging around in streets, despite significant drops in the majority of these indicators.
**Perceptions of anti-social behaviour: all indicators (aged 16+)**


### 14 Alcohol-related convictions and cautions

Alongside a decrease in alcohol-related violent crimes and anti-social behaviour, the number of cautions and convictions given out by police for other alcohol-specific offences has also fallen.

#### 14.1 Drunkenness offenders - England and Wales

The number of cautions and convictions for drunkenness in England and Wales has fallen by 61% since its peak in 2003 and down 10% on the previous year. Some of this decline is likely to be due to the introduction of Penalty Notices.

Source: BBPA Statistical Handbook 2015, data from the Ministry of Justice and the Scottish Government
14.2 Penalty Notices issued – England & Wales

The chart below demonstrates the wide range of measures used to tackle alcohol-related issues. These give the authorities a wider range of tools to deal with alcohol-related crime. The data is only indicative and trends are difficult to establish. The low number of Penalty Notices for Disorder (PNDs) issued may be influenced by the different methods of enforcement used in different areas.

<table>
<thead>
<tr>
<th>Year</th>
<th>Drunkenness</th>
<th>Sale of alcohol to drunks</th>
<th>Underage selling</th>
<th>Supply of alcohol to a person under 18</th>
<th>Purchasing alcohol for a person under 18 for consumption on the premises</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>38,105</td>
<td>32</td>
<td>2,536</td>
<td>12</td>
<td>235</td>
</tr>
<tr>
<td>2007</td>
<td>44,879</td>
<td>60</td>
<td>3,171</td>
<td>56</td>
<td>444</td>
</tr>
<tr>
<td>2008</td>
<td>47,299</td>
<td>82</td>
<td>3,703</td>
<td>66</td>
<td>596</td>
</tr>
<tr>
<td>2009</td>
<td>44,388</td>
<td>72</td>
<td>3,010</td>
<td>93</td>
<td>461</td>
</tr>
<tr>
<td>2010</td>
<td>41,391</td>
<td>91</td>
<td>2,573</td>
<td>94</td>
<td>420</td>
</tr>
<tr>
<td>2011</td>
<td>37,139</td>
<td>62</td>
<td>2,027</td>
<td>54</td>
<td>297</td>
</tr>
<tr>
<td>2012</td>
<td>35,269</td>
<td>84</td>
<td>1,463</td>
<td>44</td>
<td>244</td>
</tr>
<tr>
<td>2013</td>
<td>31,639</td>
<td>94</td>
<td>1,304</td>
<td>54</td>
<td>142</td>
</tr>
<tr>
<td>2014</td>
<td>27,027</td>
<td>60</td>
<td>964</td>
<td>23</td>
<td>101</td>
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<tr>
<td>2015</td>
<td>22,286</td>
<td>51</td>
<td>753</td>
<td>14</td>
<td>64</td>
</tr>
<tr>
<td>2016</td>
<td>17,054</td>
<td>35</td>
<td>510</td>
<td>15</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Delivery of alcohol to a person under 18 or allowing such delivery</th>
<th>Drunk in a highway</th>
<th>DPPO breaches</th>
<th>Consumption of alcohol by a person under 18 on relevant premises</th>
<th>Allowing consumption of alcohol by a person under 18 on relevant premises</th>
<th>Buying or Attempting to buy alcohol by a person under 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>247</td>
<td>2,999</td>
<td>729</td>
<td>88</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>2007</td>
<td>319</td>
<td>2,588</td>
<td>1,148</td>
<td>78</td>
<td>14</td>
<td>102</td>
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<tr>
<td>2008</td>
<td>416</td>
<td>1,961</td>
<td>1,594</td>
<td>77</td>
<td>7</td>
<td>145</td>
</tr>
<tr>
<td>2009</td>
<td>252</td>
<td>1,314</td>
<td>1,829</td>
<td>28</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>2010</td>
<td>177</td>
<td>915</td>
<td>1,440</td>
<td>24</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>2011</td>
<td>117</td>
<td>740</td>
<td>1,143</td>
<td>18</td>
<td>4</td>
<td>43</td>
</tr>
<tr>
<td>2012</td>
<td>96</td>
<td>639</td>
<td>1,081</td>
<td>22</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>2013</td>
<td>50</td>
<td>469</td>
<td>528</td>
<td>6</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>2014</td>
<td>27</td>
<td>348</td>
<td>347</td>
<td>3</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>2015</td>
<td>19</td>
<td>285</td>
<td>310</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>2016</td>
<td>7</td>
<td>167</td>
<td>147</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Ministry of Justice

Note: Data recorded from when PNDs first introduced
**14.3 Drink Driving**

In the last 20 years policy has been focussed on reducing drink driving including greater penalties and tougher enforcement in conjunction with campaigns to reduce the social acceptance of drink driving.

Total drink driving convictions have fallen by 41% since 2000.

![Graph showing decrease in drink driving convictions from 2000 to 2014](image)

*Source: BBPA Statistical handbook 2015, data from the Home Office and the Scottish Government*

**Killed and seriously injured casualties in reported accidents involving young drivers and riders (17-24 years old) over the legal alcohol limit**

![Graph showing decrease in casualties from 2004 to 2014](image)

*Source: Department for Transport, 2014 (*xls*)*
People across the country drink differently, with those in the South East and South West more likely to have drank in the last week, compared with London, the least likely. The highest proportions of Non-drinkers are in London and the North West, while over 20% of the drinking population of Yorkshire & the Humber, the North West and the North West drink more than 14 units a week on average.

Frequency of drinking by region - England

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)

Source: ONS: Adult drinking habits in Great Britain: 2005 to 2016. (xls)
Recent data from Public Health England (2016) highlights significant regional differences within England in terms of both alcohol-related mortality and hospital admissions, with some of the most deprived communities seeing an increase in deaths. The areas with the best overall alcohol health outcomes were mainly found in the south of England, whereas the local authorities with the highest rates of alcohol-related mortality were situated predominantly within the North West.

**Alcohol-related mortality (Persons) - England**

![Graph showing regional variations in alcohol-related mortality in England](source)

**Admission episodes for alcohol-related conditions (Broad) - England**

![Graph showing regional variations in alcohol-related hospital admissions in England](source)
16 Inequality - Socioeconomic Groups

The alcohol harm paradox suggests that people from lower socioeconomic groups show a greater susceptibility to the harmful effects of alcohol, even though they drink less harmfully and drink less often. Over twice the proportion of people in the highest socioeconomic group drink at an increasing risk compared to the lowest socioeconomic group.

Estimated weekly alcohol consumption-Great Britain

Paradoxically, it’s the lowest socioeconomic group that is associated with an almost two fold greater risk of alcohol-related death compared with individuals in highest group. Persons from the lowest economic group have an 111% higher chance of mortality than those from the highest group.

Alcohol-Specific Mortality by socioeconomic group- England


Source: Local Alcohol Profiles of England.
Males from all socioeconomic groups are 2 to 2.5 times more likely to suffer an alcohol-related mortality than females. Both males and females from the lowest socioeconomic group are more likely to suffer an alcohol-related mortality than those of the highest, 68% and 46% respectively.

**Alcohol–related Mortality by gender and socioeconomic group - England**

![Graph showing alcohol-related mortality by gender and socioeconomic group in England.](source: Local Alcohol Profiles of England)
**Consumption**

- British Beer and Pub Association Statistical Handbook 2015
- Alcohol Consumption – OECD Statistics
- Opinions and Lifestyle Survey, Adult Drinking Habits in Great Britain, 2015-2016, ONS

**Underage**

- Smoking, drinking and drug use among young people in England in 2014, ONS, Health and Social Care Information Centre
- Cabinet Office, Department of Health: Horizon Scanning Report

**Health**

- Statistics on Alcohol – England, 2016 - Health & Social Care Information Centre
- Alcohol-related deaths in the United Kingdom, registered in 2016, ONS
- World Health Organisation Mortality Data and statistics, 2015
- Reported Drinking and Driving, Department for Transport, 2016

**Crime**

- Criminal Justice Statistics, Ministry of Justice
- Crime in England and Wales, Year ending March 2016, ONS
- Criminal Justice Statistics Quarterly, Ministry of Justice

**Regional Variations and Inequality**

- Local Alcohol Profiles for England - Public Health Profiles