



BRIEFING PAPER

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Statistics on Alcohol: England

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Summary

The proportion of men and women drinking in the past week in Great Britain has followed a declining trend since 2005, with the exception of drinking among men increasing slightly in 2018, the last year of available data.

Men continue to be more likely to drink than women and young adults drink less frequently than older age groups. However, young adults are more likely to exceed daily benchmarks regarding alcohol consumption.

In 2018, 9% of children aged 11-15 in England had drunk alcohol in the last week; this figure has remained stable since 2013, following a decline from a peak of 27% in 1996. Most pupils who drank in the last week had done so on one or two days (59% and 24% respectively). On the days they did drink, 40% drank five or more units of alcohol on average.

Alcohol-related conditions were responsible for 357,660 hospital admissions in England in 2018/19, according to the narrow measure (2.1% of all admissions). This figure increases to 1.26 million admissions, according to the broad measure (7.4%).

There were 7,524 alcohol-specific deaths in the UK in 2018. Alcoholic liver disease was the most common cause, accounting for 76% of alcohol-specific deaths.

1. Background

The 1997-2001 Labour Government's Public Health White Paper [Saving Lives: Our Healthier Nation](#), set out plans to publish a strategy to tackle alcohol misuse. In March 2004, the Government published the [Alcohol Harm Reduction Strategy for England](#), which contained a series of measures intended to reduce the harm caused by alcohol misuse.

[Safe. Sensible. Social. The next steps in the National Alcohol Strategy](#) was published on 5 June 2007, containing a detailed programme of work to minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

The Coalition Government published [The Government's Alcohol Strategy](#) in 2012. The strategy set out proposals to crackdown on 'binge drinking' culture, alcohol fueled violence and disorder, and substantially reduce the number of people drinking to damaging levels.

The strategy included commitments to:

- consult on a minimum unit price for alcohol;
- consult on a ban on the sale of multi-buy alcohol discounting;
- introduce stronger powers for local areas to control the density of licensed premises including making the impact on public health a consideration for this; and
- pilot innovative sobriety schemes to challenge alcohol-related offending.

In 2016, official alcohol consumption guidelines were revised for the first time since the publication of the [Sensible Drinking report](#) in 1995. The recommended daily limit of up to 3-4 units of alcohol for men and 2-3 units for women was replaced by a new weekly limit of up to 14 units for all adults. It was also recommended that, should an individual consume up to the 14 unit limit, this should be spread out over three days or more.¹

In July 2018, the then Parliamentary Under Secretary for the Department of Health and Social Care, Steve Brine, said that the Government was working on an alcohol strategy that was being led by the Home Office.² In response to a May 2019 Parliamentary Question asking when the Government would publish its new alcohol strategy, Parliamentary Under Secretary of State at the Home Office, Victoria Atkins, said that the Government was "considering the precise timing of next steps across Government".³ This new strategy is now likely to be postponed as priorities are redirected elsewhere due to COVID-19.

¹ Department of Health, [UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines](#), 8 January 2016

² HC Deb, 24 July 2018: [Alcohol dependency](#)

³ [PQ 247661](#), 1 May 2019

2. Alcohol consumption: adults

The main source of data on drinking among adults in England is the *Health Survey for England*, commissioned by NHS Digital. This is an annual survey covering adults aged 16 and over living in private households in England.

The [most recent publication](#) found that, in 2018, 57% of adults reported drinking alcohol in the last week.

Men were more likely to drink than women (60% of men and 50% of women drank alcohol during the previous week). Men also drank more frequently than women: 17% of men compared with 8% of women had drunk on at least five days in the previous week.

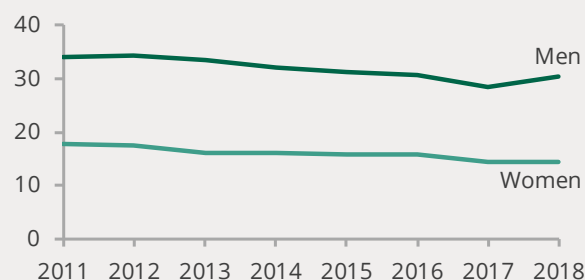
Since 2011, the proportion of men and women drinking more than the weekly recommended limit of 14 units of alcohol has declined. Although, in 2018 this increased slightly among males - by 2% on the previous year. A far greater proportion of men consistently exceed the recommended weekly limit: in 2018, 30% of men exceeded the limit, more than twice the proportion of women (14%).

According to the survey, young adults were the least likely to have consumed alcohol; fewer than two fifths (39%) of 16 to 24 year-olds reported drinking alcohol in the previous week, compared with 56% of those aged 45 to 64. They also drank less frequently; 5% of men and 2% of women aged 16-24 had drunk on 5 or more days during the previous week compared with 23% of men and 16% of women aged 65 and over.

Young adults were more likely to exceed the daily benchmarks, with 22% of men and 15% of women aged 16-24 binge drinking in the last week, compared with 8% of men and 4% of women aged 65 and over.⁴

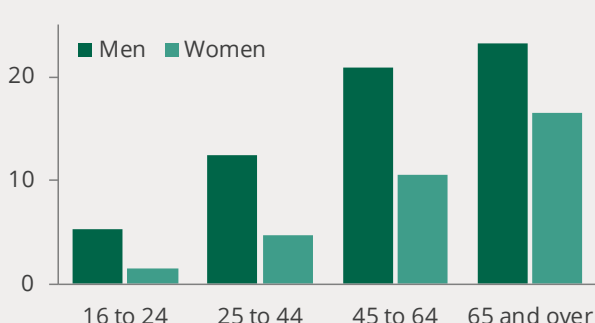
Estimated weekly alcohol consumption exceeded recommended limit

% of adults age 16+



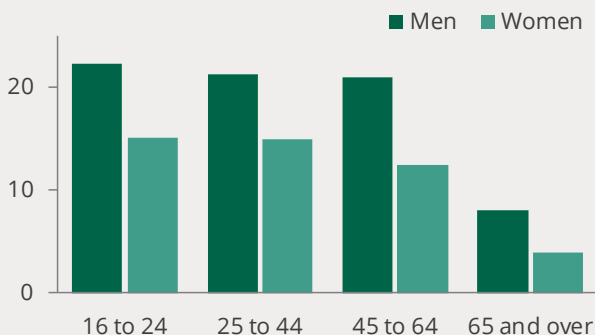
Drank on 5+ days in the last week

By age, % of adults aged 16+



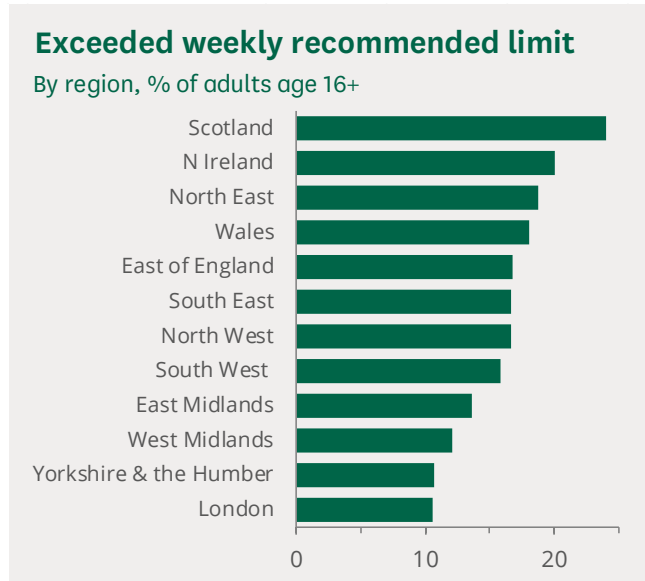
Binge drinkers

By age, % of adults age 16+



⁴ [Binge drinking is defined as consuming 8 units of alcohol for men and 6 for women in a single session](#)

The 2018 data showed variations in alcohol consumption between regions in England, which can be compared with data collected from Health surveys conducted in the devolved nations of Wales⁵, Scotland⁶ and Northern Ireland⁷. London had the lowest percentage of people who had exceeded the guideline weekly limit in the past week (10.5%), closely followed by Yorkshire and the Humber (10.7%). Scotland had the highest proportion of people exceeding weekly limits (24%) followed by Northern Ireland (20%).



⁵ Welsh Government, [National Survey for Wales: April 2018 to March 2019](#). March 2020.

⁶ Scottish Government, [The Scottish Health Survey 2018](#). February 2020.

⁷ Department of Health (Northern Ireland), [Health Survey Northern Ireland: first results 2018/19](#). January 2020.

3. Alcohol consumption: children

The *Smoking Drinking and Drug Use Among Young People in England* survey series provides data on the consumption of alcohol among school pupils in England. The [most recent publication](#) shows that, in 2018, 56% of children aged 11-15 had never had an alcoholic drink.

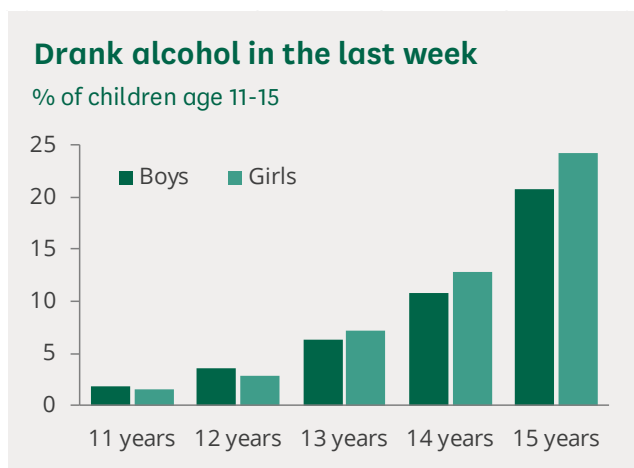
The proportion of children who had drunk alcohol in the past week has seen a declining trend from a peak of 27% in 1996 to 8% in 2014. In 2018, 10% of children in England reported having drunk alcohol in the last week, the same for the previous survey in 2016. Data from 2016 is not comparable with previous years due to a change in the survey question.

The proportion of children drinking alcohol increases sharply with age: for example, only 2% of 11 year-olds of either gender reported drinking alcohol in the past week, compared with 21% and 24% of 15 year-old boys and girls respectively.

In 2018, the mean amount of alcohol consumed by pupils who had drunk in the last week was 10 units. Most pupils who drank in the last week had done so on one or two days (59% and 24% respectively). On the days they did drink, 40% drank five or more units on average.

Pupils who drank in the last week were most likely to have drunk beer, lager or cider (76%), followed by spirits (60%), wine, martini and sherry (43%) and alcopops (34%). Boys and girls had different preferences. Boys were more likely than girls to have drunk beer, lager or cider in the last week (87%, compared with 65% respectively). While girls were more likely to have drunk spirits (67% of girls, 52% of boys), or wine, martini or sherry (55% and 27% respectively) and alcopops (39% and 27% respectively).

There is no data available on alcohol consumption among those under the age of 11 in England.



Note: *Beer, lager, cider; **Wine, martini, sherry

4. Alcohol-related NHS hospital activity and treatment

Alcohol misuse is a major cause of attendance and admission to general hospitals in both the A&E/trauma and non-emergency settings. It may be either directly responsible for admission or contribute, together with other causes, to hospital admissions. NHS England estimate that up to 15% of all A&E attendances are alcohol related.⁸

In England in 2018/19 there were 357,660 hospital admissions that were alcohol-related, according to the narrow measure, where the primary diagnosis (main reason for admission) was an alcohol-related condition (a rate of 664 per 100,000 population).⁹ This makes up 2.1% of all admission episodes.¹⁰ Of these admissions, 103,430 were wholly attributable to alcohol, an increase of 53% since 2003/04 (67,490 wholly attributable admissions). 62% of those admitted were male.¹¹

Using the broad measure, where the primary or any secondary reason for admission was related to alcohol, this figure increases to 1.26 million (7.4% of all admissions). In England, the rate of broad measure admissions has seen a year on year increase since 2008/09.¹²

The table and map overleaf show the rate of hospital admissions for alcohol-specific conditions for local authorities in England. The rate tends to be higher in the North of England, where eight of the local authorities with the ten highest rates are located.

There is a large variation in rate across local authorities, with the highest rate of 2,074 admissions per 100,000 population in Southampton more than seven times greater than the lowest rate of 291 admissions in Rutland.

⁸ NHS England, [Alcohol Care Teams](#) [Accessed: 14 May 2020].

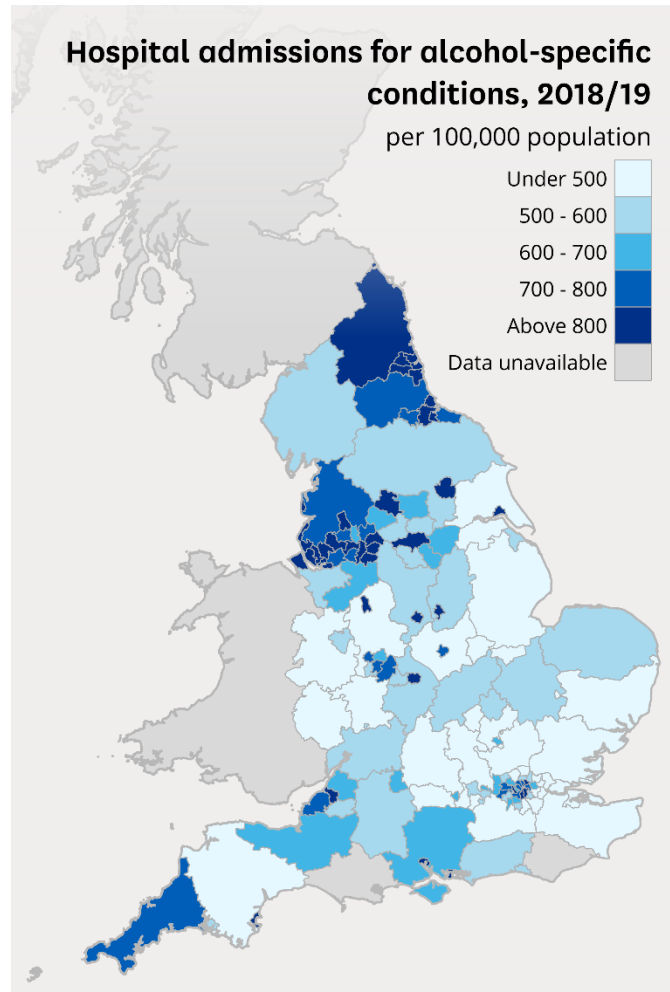
⁹ PHE, [Local Alcohol Profiles for England \(LAPE\)](#), February 2020.

¹⁰ NHS Digital, [Hospital Admitted Patient Care Activity 2018-19](#), 19 September 2019.

¹¹ PHE, [Local Alcohol Profiles for England \(LAPE\)](#), February 2020.

¹² *ibid.*

Hospital admissions per 100,000	
10 HIGHEST RATES	
Southampton	2,074
Salford	1,629
Blackpool	1,309
Liverpool	1,303
Wirral	1,281
Sefton	1,200
Hammersmith & Fulham	1,146
St. Helens	1,141
Knowsley	1,130
Manchester	1,126
10 LOWEST RATES	
Rutland	291
Wokingham	321
Redbridge	333
Lincolnshire	353
Herefordshire	356
Bromley	361
Medway	365
West Berkshire	370
Thurrock	380
Barnet	387



Source: PHE, [Local Alcohol Profiles for England](#), 4 Feb 2020.

4.1 Treatment

The National Drug Treatment Monitoring System (NDTMS) collects data on individuals receiving treatment for alcohol and substance abuse in England. The [statistical release](#) for 2018/19 shows that there were 129,809 adult clients (aged 18 and over) in treatment for problematic alcohol use (48% of all adults in treatment): of these 75,555 (58%) were being treated for alcohol problems solely, with the rest being treated for problematic use of alcohol in combination with other substances. The number of individuals treated for problematic alcohol use alone has remained stable since 2017/18. Prior to this, it had seen a year-on-year decrease from a peak of 91,651 in 2013/14.

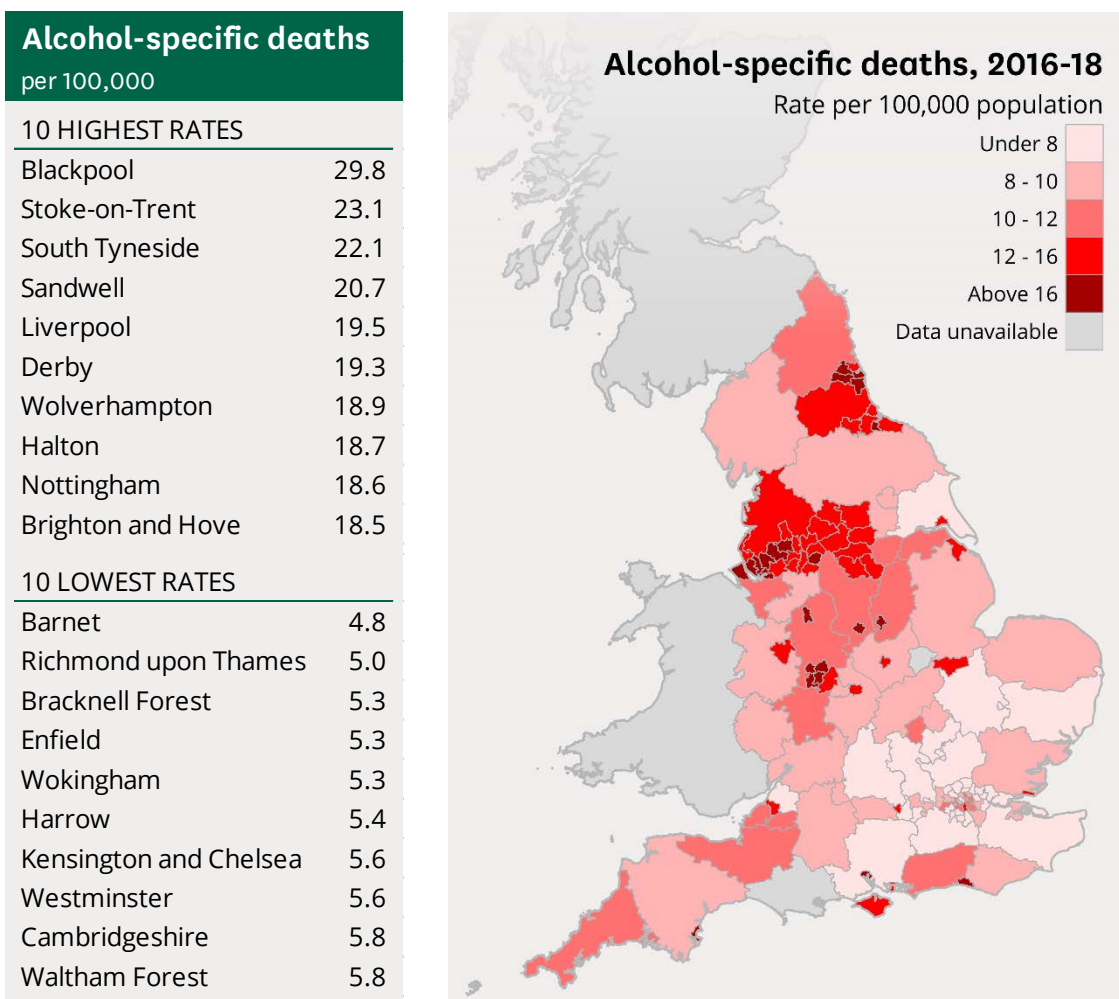
NDTMS [data for children and young people](#) (aged up to 17 years) who access specialist substance misuse services shows that alcohol was the second most cited substance after cannabis, with 6,376 being treated in 2018/19. This accounts for 44% of under 18's in treatment for drug and alcohol abuse. Numbers of children and young people in treatment for problematic alcohol consumption have declined steadily in recent years from a peak of 16,047 (68% of those in treatment) in 2008/09¹³.

¹³ PHE, [Young People's Statistics from the National Drug Treatment Monitoring System \(NDTMS\)](#), December 2018, p.6.

5. Alcohol-specific deaths

Public Health England (PHE) published an [evidence review on the public health burden of alcohol in England](#) in 2016, which reported that “among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups”.¹⁴ Of those dying from alcohol-specific causes in 2014, PHE found that the average age of death was 54.3 years, more than 20 years younger than the average age of 77.6 years for all causes.

The table and map below show the rate of alcohol-specific deaths per 100,000 population in local authorities in England. The nine local authorities with the highest death rate are all located in the North East and Midland regions of the country. Nine of the ten lowest rates are located within London and the South-East of England, with the exception of Cambridgeshire in the East.



Source: PHE, [Local Alcohol Profiles for England](#), 4 Feb 2020.

¹⁴ PHE, [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#), December 2016, p.6.

The ONS produces age-standardised death rates for each region in England. In 2018, the North East had the highest rate of alcohol-related deaths for the fifth consecutive year (15.8 deaths per 100,000 population). The East of England had the lowest rate (7.6).¹⁵

The North East region also had the highest mortality rate for deaths from all causes, whilst London had the lowest rate. Blackpool had the highest overall mortality rate of all local authorities, in addition to the highest alcohol-specific death rate.¹⁶

Alcohol-related mortality tends to worse affect areas with higher levels of deprivation. However, studies have shown that people living in less deprived areas tend to consume more alcohol.¹⁷ This gives rise to the alcohol harm paradox, whereby the burden of alcohol harm falls more heavily on individuals from lower socio-economic backgrounds, despite drinking the same amount, if not less, than those of higher socio-economic status. For instance, almost half of alcohol-related hospital admissions in the UK occur within the lowest three socioeconomic deciles.¹⁸

Factors which might explain this pattern include:

- different drinking patterns in different groups, for example, increased binge drinking in lower socioeconomic groups;
- lower resilience and/or compounding effects with other risk factors or health conditions for those in lower socioeconomic groups; and
- differential access to health services between socioeconomic groups

Although, limited evidence exists to support these associations.¹⁹

The Ministry of Housing, Communities and Local Government calculates local measures of deprivation in England. In 2019, the most deprived local authorities tended to be located in the North of England.²⁰ Areas of greater deprivation tended to mirror a higher rate of alcohol-specific mortality and alcohol-related hospital admissions.

5.1 Deaths in the UK

The table below shows the number of deaths with an alcohol-specific underlying cause for each nation of the UK. In 2018 there were 7,524 alcohol-specific deaths across the UK. Alcoholic liver disease was the most common cause of death in all nations (accounting for 76% of alcohol-specific deaths in the UK), followed by mental and behavioural disorders due to use of alcohol (13%).

¹⁵ ONS, [Alcohol-specific deaths in the UK: registered in 2018](#), 3 December 2019.

¹⁶ ONS, [Deaths registered in England and Wales: 2018](#), 6 August 2019.

¹⁷ Breakwell, et al., [Trends and geographical variations in alcohol-related deaths in the United Kingdom](#), 1991–2004, Spring 2007.

¹⁸ PHE, [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review](#), December 2016, p.30.

¹⁹ *ibid.*, p.27.

²⁰ MHCLG, [English Indices of Deprivation 2019](#), 26 September 2019.

Alcohol-specific deaths by cause, 2018

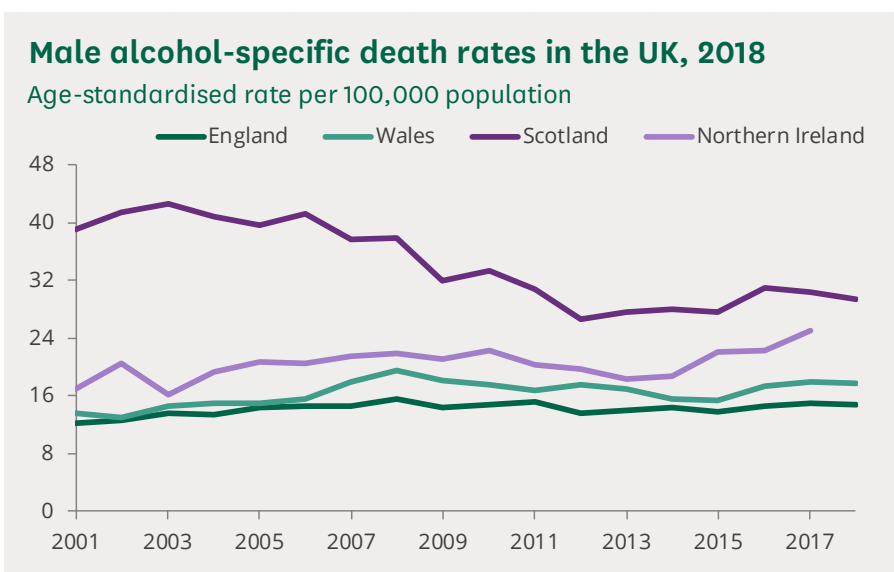
ICD 10 code	Northern				UK
	England	Wales	Scotland	Ireland	
Alcoholic liver disease	4,513	336	708	156	5,713
Mental and behavioural disorders due to the use of alcohol	569	35	320	85	1,009
Accidental poisoning by and exposure to alcohol	392	22	59	27	500
Alcoholic cardiomyopathy	91	6	18	5	120
Alcohol-induced acute pancreatitis	83	3	17	6	109
Alcoholic gastritis	16	0	4	2	22
Alcohol-induced chronic pancreatitis	14	1	6	1	22
Degeneration of nervous system due to alcohol	9	2	2	0	13
Poisoning by and exposure to alcohol, undetermined intent	8	0	1	1	10
Intentional self-poisoning by and exposure to alcohol	3	1	1	0	5
Fetal alcohol syndrome (dysmorphic)	0	0	0	1	1
Total	5,698	406	1,136	284	7,524

Note: alcohol-specific causes of death which had no deaths attributed to them in this year have been removed.

Source: ONS, [Alcohol-specific deaths in the UK: registered in 2018](#), 3 Dec 2019; figures for Northern Ireland provided by NISRA.

Prior to 2017, deaths associated with alcohol misuse were recorded in accordance with the ONS definition of 'alcohol-related deaths'. This definition has since been narrowed to 'alcohol-specific deaths', whereby the underlying cause of death is wholly attributable to alcohol. This excludes causes of death that are partially attributable, such as fibrosis and cirrhosis of the liver. The new definition produces a lower overall count.

The number of deaths can also be expressed per 100,000 age-standardised population to enable comparisons between the countries of the UK. The charts below show the long-term trend in alcohol-specific death rates for both males and females.



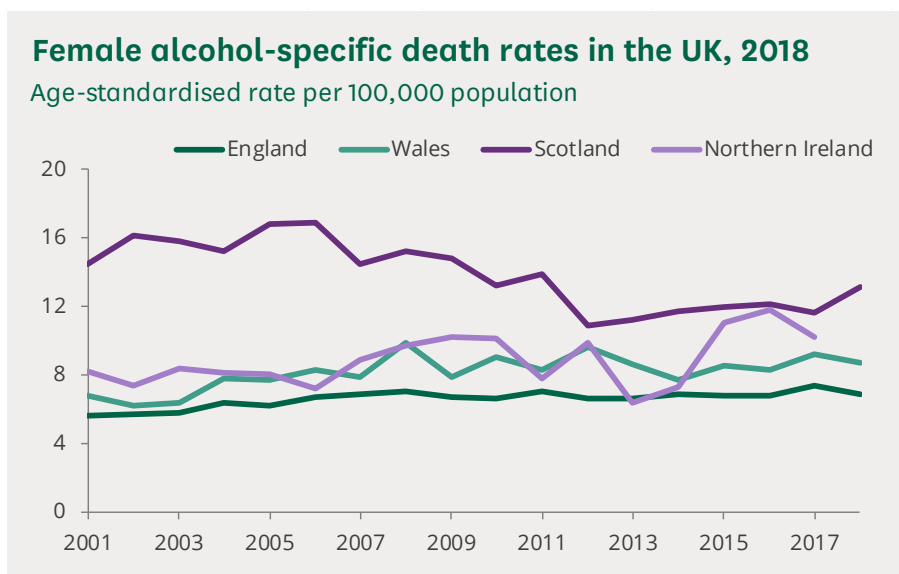
Note: 2018 rate for Northern Ireland unavailable

Source: ONS, [Alcohol-specific deaths in the UK: registered in 2018](#), 3 Dec 2019.

Alcohol-specific death rates for males are consistently higher than for females in the UK. In 2018, Scotland’s rate was higher than any of the other countries: 29.4 deaths per 100,000 males compared with rates of 14.8 in England, and 17.7 in Wales. (2018 data for Northern Ireland is not currently available, but in 2017 the rate was 25.0).

Scotland has shown the highest alcohol-specific death rates for males over the past 18 years but has also seen the largest decrease in male alcohol-related death rates, from a peak of 42.6 deaths per 100,000 in 2003 down to its lowest rate in 2012 (26.7 deaths per 100,000).

Among females, Scotland’s rate has also remained consistently higher than in other UK countries:



Note: 2018 rate for Northern Ireland unavailable

Source: ONS, [Alcohol-specific deaths in the UK: registered in 2018](#), 3 Dec 2019.

In 2018, there were 13.1 alcohol-specific deaths per 100,000 women in Scotland. This is higher than the rate for England (6.9) and Wales (8.7). (In 2017, the rate for Northern Ireland was 10.2.)

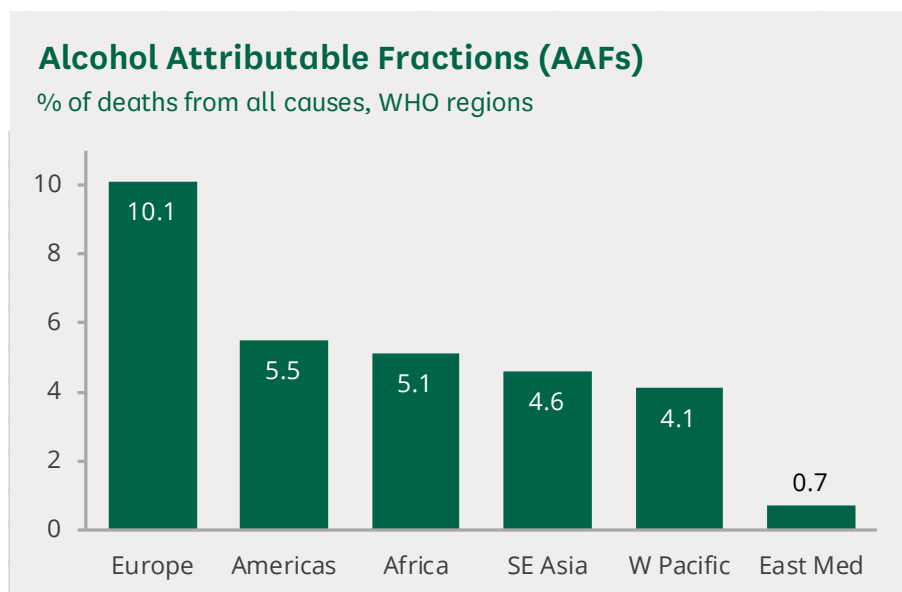
While Scotland has seen a substantial decline in alcohol-specific death rates in the last 18 years for both males and females, other UK countries have seen an increase, with Northern Irish rates dipping slightly in 2013 before rising again in subsequent years.

5.2 International comparisons

The World Health Organization (WHO) collects data on the health impacts of alcohol consumption, made publicly available via its [Global Information System on Alcohol and Health](#). The most recent data available is for 2016. In 2016, WHO found that 3 million people died worldwide as a result of harmful use of alcohol, accounting for 5.3% of all deaths.²¹

The WHO uses the measure 'alcohol-attributable fraction' (AAF) to quantify the contribution of alcohol as a risk factor to disease or death. The AAF is the proportion of all diseases and deaths that are attributable to alcohol. According to the WHO: "AAFs can be interpreted as the proportion of deaths or burden of disease which would disappear if there had not been any alcohol."²²

WHO member states are organised into six regions: Africa, the Americas, South-East Asia, Europe, Eastern Mediterranean, and Western Pacific. The chart below shows AAFs for deaths from all causes for each region. The European region had the highest proportion of alcohol-attributable deaths (10.1), whilst the Eastern Mediterranean region had the lowest (0.7).























An AAF is also calculated for individual WHO member states. The table below shows the twenty countries with the highest proportion of alcohol-attributable deaths:

²¹ WHO, [Global status report on alcohol and health 2018](#), 21 September 2018, p.63.

²² *ibid.*, p.62.

Alcohol Attributable Fractions (AAFs): top 20 countries

% of deaths from all causes

1.		Republic of Moldova	26.1	11.		Kazakhstan	10.3
2.		Lithuania	24.5	12.		Equatorial Guinea	9.4
3.		Belarus	24.0	13.		Turkmenistan	9.3
4.		Russian Federation	21.6	14.		Romania	8.6
5.		Latvia	21.5	15.		Seychelles	8.6
6.		Ukraine	20.5	16.		Congo	8.3
7.		Estonia	20.2	17.		Slovakia	8.3
8.		Mongolia	11.6	18.		Georgia	8.1
9.		Gabon	11.4	19.		Cambodia	8.0
10.		Kyrgyzstan	10.9	20.		Slovenia	8.0

In 2016, the UK ranked 90th out of 183 countries with data available, with an AAF of 4.6. The highest-ranking country was the Republic of Moldova with an AAF of 26.1, whilst the lowest was Yemen (0.1).²³

²³ WHO, [Global Information System on Alcohol and Health: Alcohol-attributable fractions, all-cause deaths by country](#), 6 September 2018.

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