



# Statistics on Alcohol

England, 2017

# Executive Summary

## Hospital admissions – narrow measure

- There were 339 thousand estimated admissions related to alcohol consumption in 2015/16. This is 3% higher than 2014/15 and 22% higher than 2005/06.
- This represents 2.1% of all hospital admissions which has changed little in the last 10 years.
- 61% of the patients were male.
- Blackpool had the highest rate at 1,160 per 100,000 population. Kingston upon Thames the lowest rate at 390.

## Hospital admissions – broad measure

- There were 1.1 million estimated admissions related to alcohol consumption in 2015/16. This is 4% more than 2014/15.
- This represents 7.0% of all hospital admissions which is similar to 2014/15 and 2013/14.
- Just under two-thirds of patients were male.
- Blackpool had the highest rate at 3,540 per 100,000 population. Isle of Wight had the lowest rate at 1,400.

## Drinking Prevalence

- 57% of adults reported drinking alcohol in the previous week in 2016 which is a fall from 64% in 2006.
- This equates to 25.3 million adults in England.
- Those who drank more than 8/6 units on their heaviest day in the last week fell from 19% to 15%.

## Deaths

- In 2015, there were 6,813 deaths which were related to the consumption of alcohol. This is 1.4% of all deaths.
- The number of deaths is similar to 2014 but is an increase of 10% on 2005.

## Prescriptions

- The number of prescription items dispensed in 2016 was 188 thousand which was 4% lower than 2015 but 63% higher than 2006. This breaks the recent trend of successive year on year increases.
- The total Net Ingredient Cost (NIC) was £4.87 million. This is 24% higher than in 2015 and more than double the level ten years ago.

# This is a National Statistics publication

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.

Find out more about the Code of Practice for Official Statistics at [www.statisticsauthority.gov.uk/assessment/code-of-practice](http://www.statisticsauthority.gov.uk/assessment/code-of-practice)

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# Introduction

This statistical report<sup>1</sup> presents a range of information on alcohol use and misuse by adults and children drawn together from a variety of sources for England.

It includes data from the Office for National Statistics (ONS) and Public Health England (PHE) which is being published on the same day as this report. More information can be found in the source publications which contain a wider range of data and analysis.

Newly published data includes:

- Alcohol related hospital admissions published by PHE in their Local Alcohol Profiles for England (LAPE) which uses data from NHS Digital's Hospital Episode Statistics (HES).

- Adult Drinking Habits published by ONS which is based on the Opinions and Lifestyles Survey (OPN).
- New analyses of data on deaths and affordability of alcohol, both from ONS.
- Information on the volume and cost of prescriptions from NHS Digital.

The latest information from already published sources includes:

- Health Survey for England (HSE).
- Smoking, Drinking and Drug Use (SDD).
- 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)<sup>1</sup> to Hospital Episode Statistics data.

Two measures for alcohol-related hospital admissions have been 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.

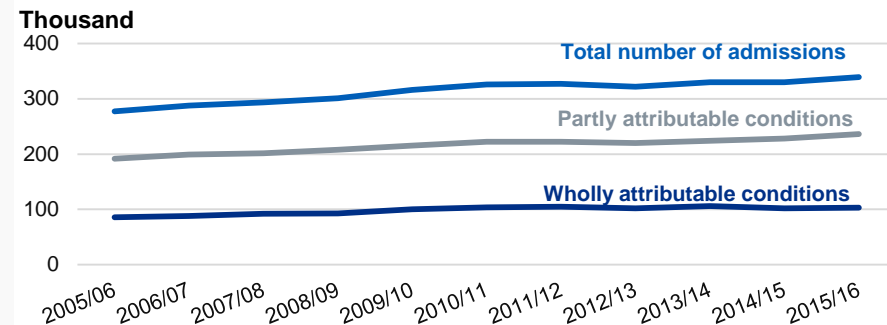
The narrow measure is a better indicator of changes over time because it is less affected by improvements in recording of secondary diagnoses.

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

1. An AAF is the proportion of a condition assessed to have been caused by alcohol. See [appendix B](#) for more details.

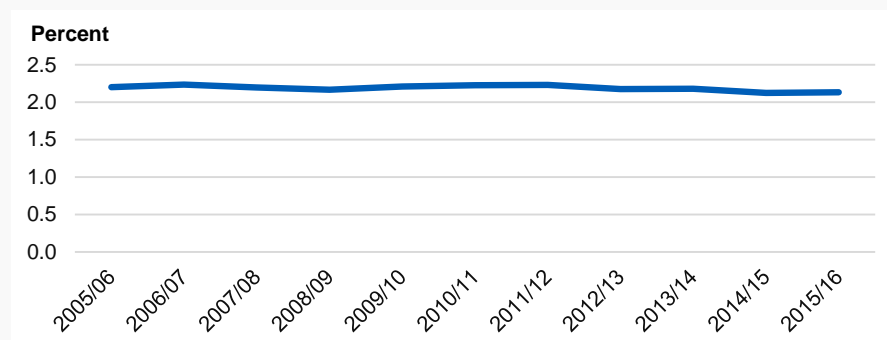
# Estimated alcohol-related hospital admissions - narrow measure

## Estimated alcohol-related hospital admissions – last 10 years



There were 339 thousand estimated admissions related to alcohol consumption (narrow measure).

This is 3% higher than 2014/15 and 22% higher than 2005/06.



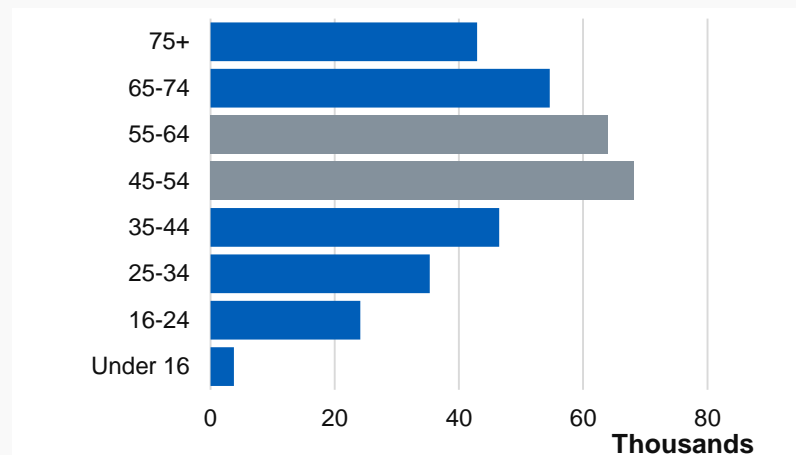
This represents 2.1% of all hospital admissions which has changed little in the last 10 years.

# Estimated alcohol-related hospital admissions - narrow measure

## Total number of admissions by age

The number of admissions rises with age up until 45-54 and then falls.

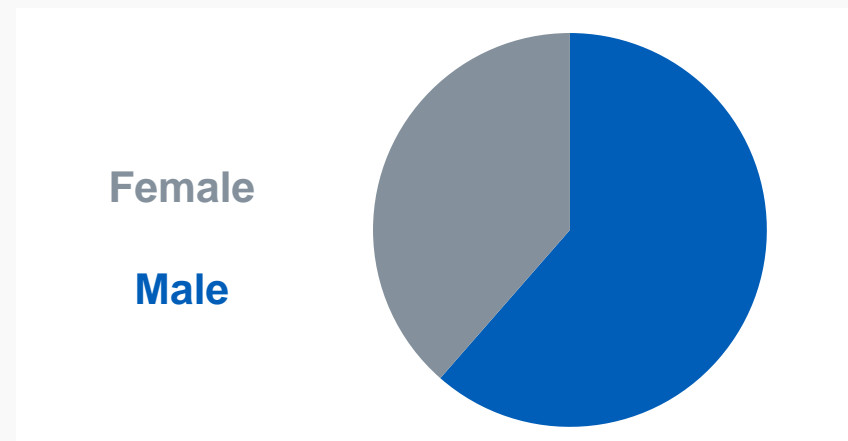
39% of patients were aged between 45 and 64.



## Total number of admissions by sex

More men than women were admitted.

In total, 61% of the patients were male.

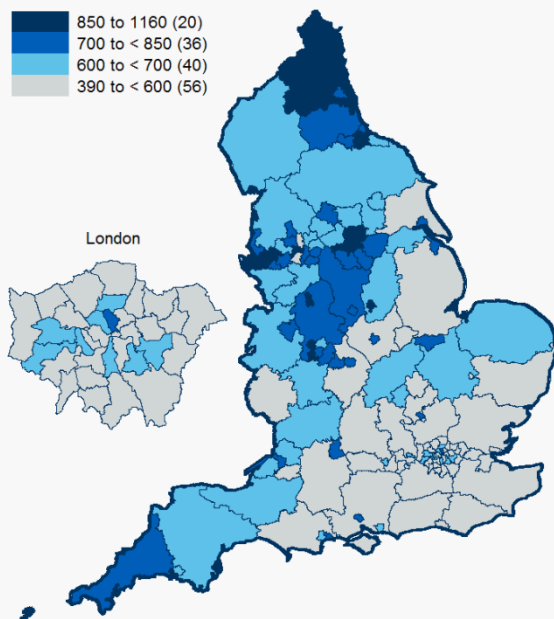


# Estimated alcohol-related hospital admissions - narrow measure

## Admissions per 100,000 population

Blackpool had the highest rate at 1,160 per 100,000 population.

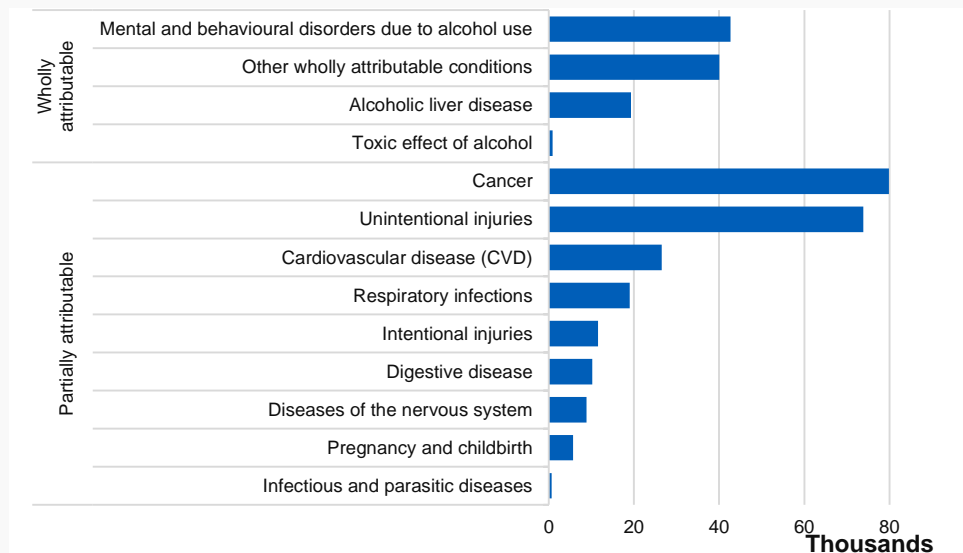
Kingston upon Thames had the lowest rate at 390.



## Admission by diagnosis

Almost a quarter of admissions were for cancer.

22% were for unintentional injuries.



# Estimated alcohol-related hospital admissions - broad measure

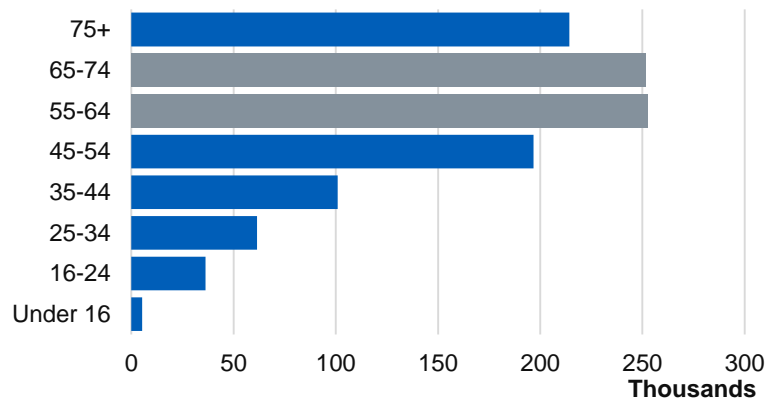
There were 1.1 million estimated admissions related to alcohol consumption (broad measure).

This is 4% more than 2014/15<sup>1</sup>.

This represents 7.0% of all hospital admissions which is similar to 2014/15 and 2013/14.

## Total number of admissions by age

45% of patients were aged between 55 and 74.

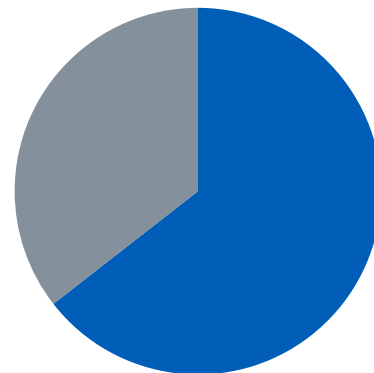


## Total number of admissions by sex

Just under two-thirds of patients were male.

Female

Male



1. Changes over a longer time period will partly reflect improvements in recording of secondary diagnoses.

**For more information:** [Tables 1.1 and 1.2 of LAPE Statistical tables for England](#)

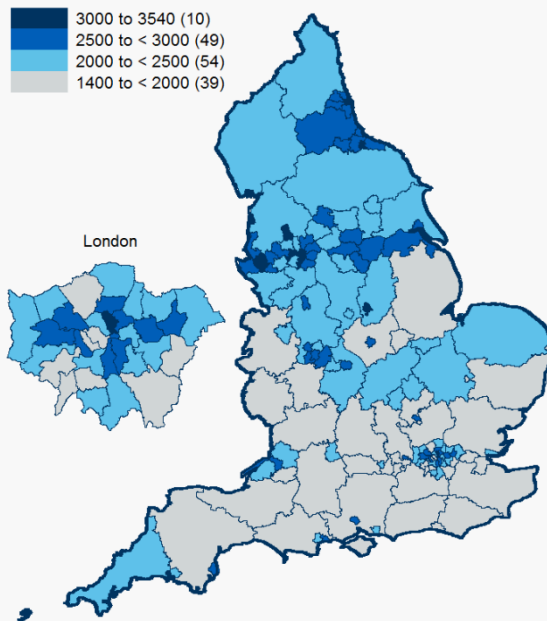
**Local Alcohol Profiles for England (LAPE), 2015/16**

# Estimated alcohol-related hospital admissions - broad measure

## Admissions per 100,000 population

Blackpool had the highest rate at 3,540 per 100,000 population.

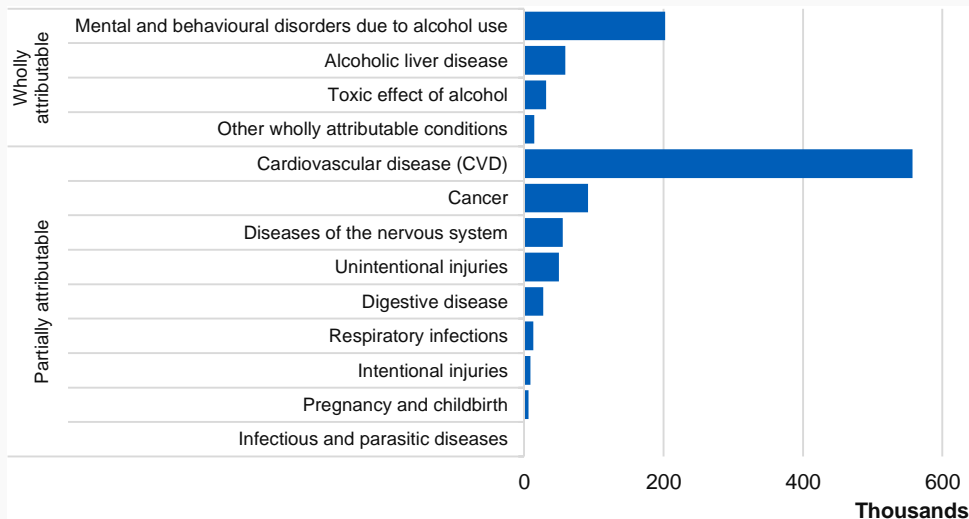
Isle of Wight had the lowest rate at 1,400.



## Admissions by diagnosis

Half of admissions were for CVD.

18% were for mental and behavioural disorders due to alcohol.



## 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<sup>1</sup>. This only includes causes regarded as being most directly related to alcohol consumption as well as certain liver diseases even when alcohol is not specifically mentioned on the death certificate. Diseases where alcohol has been shown to have a causal relationship, such as cancers of the mouth, are not included.

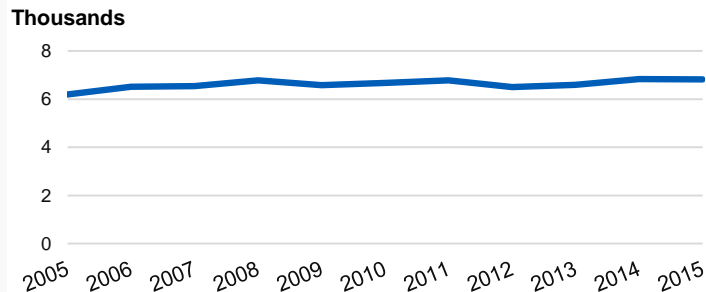
Public Health England (PHE) also produces estimates on the number of alcohol-related deaths<sup>2</sup>. These estimates are higher than the ONS figures since they also include all conditions which are partially caused by alcohol.

1. [Alcohol-related deaths by sex, age group and individual cause of death – Office for National Statistics](#)

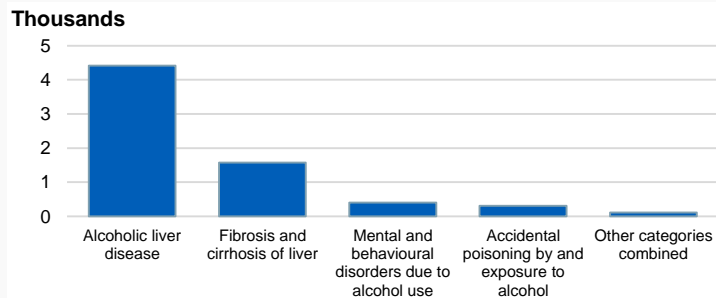
2. [Local Alcohol Profiles for England \(LAPE\) – Public Health England](#)

# Alcohol-related deaths, 2005 to 2015

## Alcohol-related deaths – last 10 years



## Alcohol attributable deaths by condition



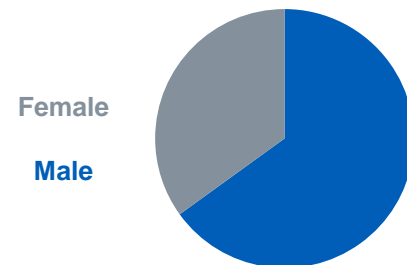
In 2015, there were 6,813 deaths which were related to the consumption of alcohol. This is 1.4% of all deaths.

The number of deaths is similar to 2014 but is an increase of 10% on 2005.

Alcoholic liver disease accounted for nearly two-thirds (65%) of all alcohol-related deaths. A further 23% of deaths were due to liver disease where a large proportion of cases will also be alcohol-related.

## Alcohol attributable deaths by gender

65% of all alcohol related deaths were male.



## 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 which is collected by NHS Digital.

The number of prescriptions is not the same as the volume of drugs prescribed. There will also be different practice locally on the duration of supply for a prescription.

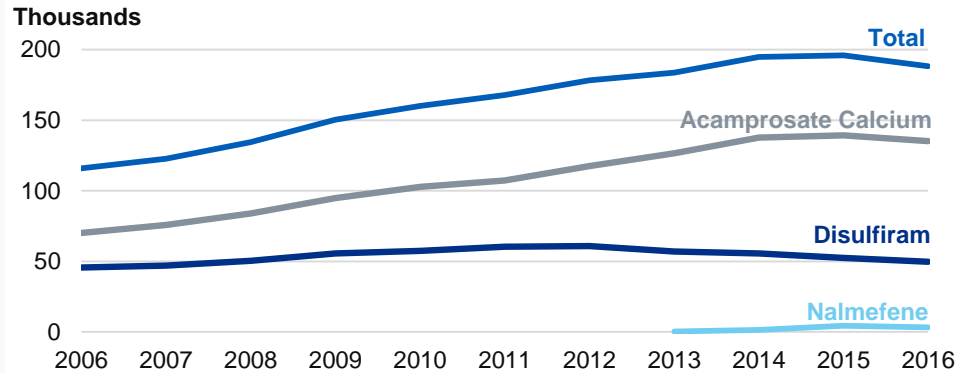
The NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, dispensing costs, prescription charges or fees.

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.

Naltrexone is also prescribed for alcohol dependence. It is not included here 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.

# Alcohol-related prescription items

## Total prescription items dispensed – last 10 years



The number of prescription items dispensed in England in 2016 was 188 thousand which was 4% lower than the 196 thousand prescription items in 2015 but 63% higher than 2006.

This breaks the recent trend of successive year on year increases.

## Type of prescription items dispensed

135 thousand items of Acamprosate Calcium were dispensed in 2016, almost twice the number dispensed ten years ago.

50 thousand items of Disulfiram were dispensed in 2016 compared to a peak of 61 thousand in 2012.

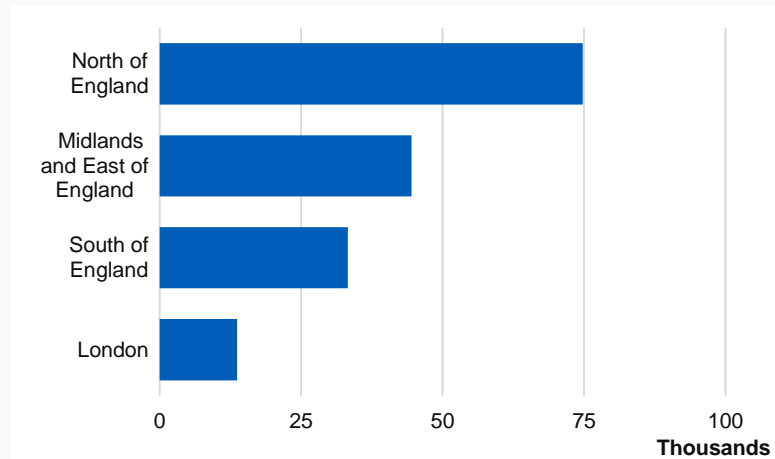
Prescription items for Nalmefene, which were introduced in 2013, fell by 1,000 from 4,400 in 2015 to 3,400 in 2016.

# Alcohol-related prescription items

## Prescription items dispensed by region

North of England dispensed 75 thousand prescription items (41% of all items).

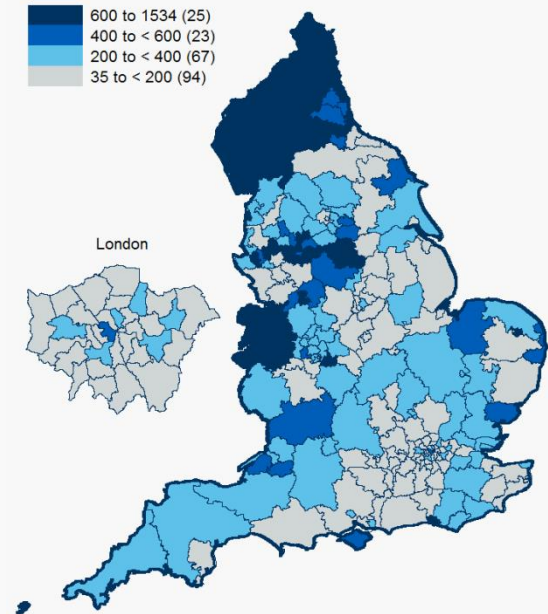
London dispensed the lowest number of items (14 thousand).



## Prescription items dispensed by CCG, per 100,000 population

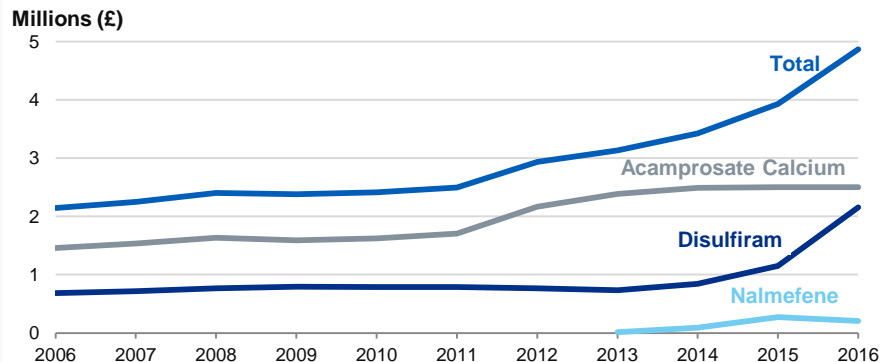
Salford dispensed the highest number of items (1,534 per 100,000).

Horsham and Mid Sussex dispensed the lowest number of items (35 per 100,000).



# Cost of alcohol-related prescription items

## Total cost of prescription items dispensed



## Average NIC per item

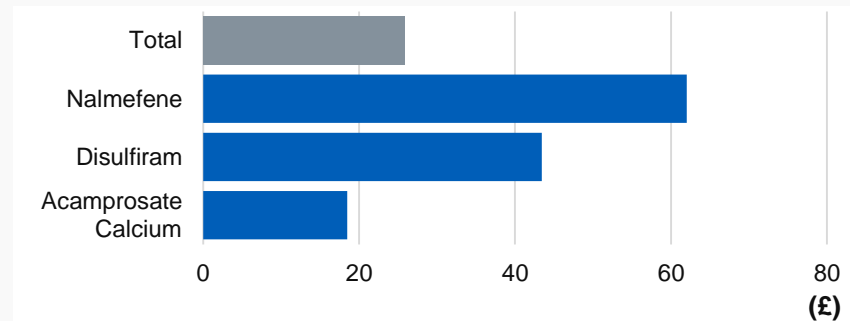
The average NIC per item for all pharmacotherapy items was £26.

The average per item was £18 for Acamprosate Calcium, £43 for Disulfiram (up from £22 in 2015) and £62 for Nalmefene.

The total Net Ingredient Cost (NIC)<sup>1</sup> for items prescribed for alcohol dependence in 2016 was £4.87 million.

This is 24% higher than in 2015 when the total NIC was £3.93 million and more than double the level ten years ago.

The increase in cost the last few years has been driven by an increase for Disulfiram.



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, 2017](#)

**Prescription Analysis and Cost (PACT) data, 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, and concerns self-reported consumption on the heaviest drinking day in the week prior to interview.

Data have been provided for England unless otherwise stated. GB data is available from the source publication.

Information is also summarised from the *Health Survey for England (HSE)* which is published by NHS Digital 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.

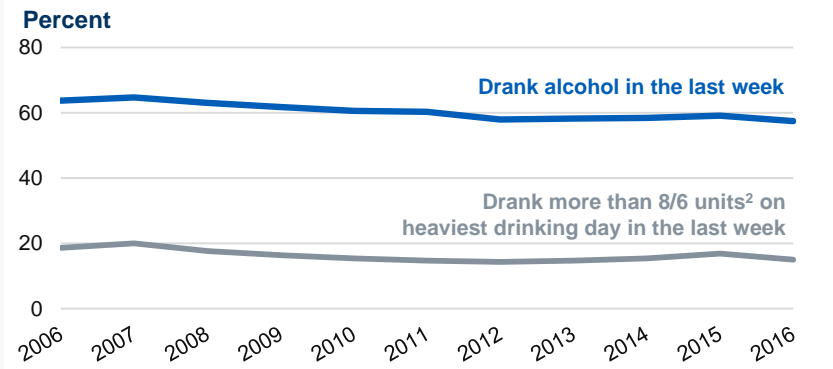
*Health at a Glance*, published by the Organisation for Economic Co-operation and Development (OECD), provides international comparisons on alcohol consumption.

# Drinking prevalence for adults<sup>1</sup>

## Drinking prevalence – last 10 years

57% of survey respondents reported drinking alcohol in the previous week in 2016 which is a fall from 64% in 2006.

This equates to 25.3 million adults in England. Those who drank more than 8/6 units on their heaviest day in the last week fell from 19% to 15%.



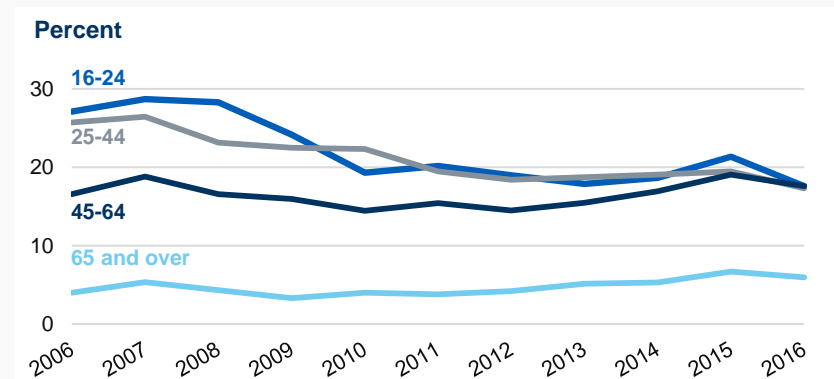
1. Adults have been defined as persons aged 16 and over.

2. “More than 8/6 units” means more than 8 units for men and more than 6 units for women.

**For more information:** [Opinions and Lifestyle Survey: Adult drinking habits in Great Britain 2016](#)

## Drinking more than 8/6 units<sup>2</sup> by age – last 10 years

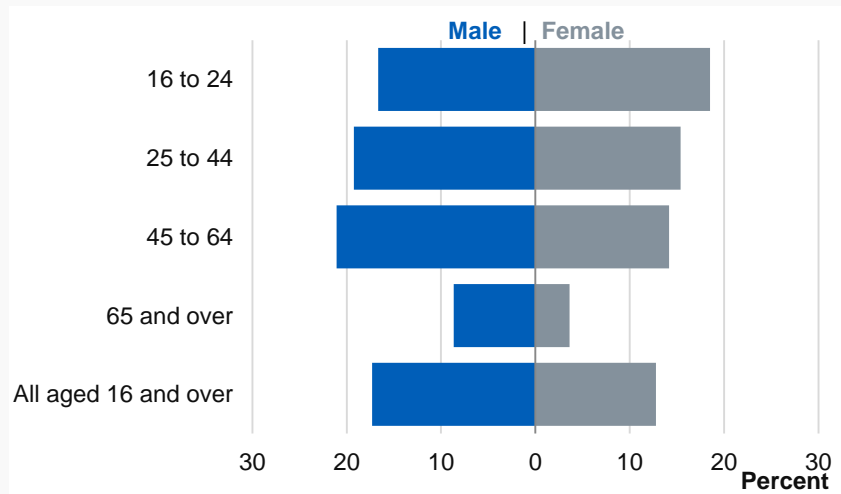
The proportion drinking more than 8/6 units on their heaviest drinking day has fallen in the last 10 years for those aged 16-24 and 25-44. There has been little change for those aged 45-64 and 65 and over.



# Drinking prevalence for adults<sup>1</sup>

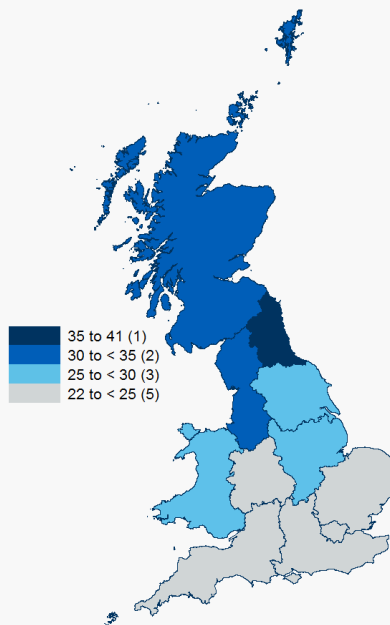
## Drinking more than 8/6 units<sup>2</sup> on heaviest drinking day in the last week by age and gender

The proportion drinking more than 8/6 units increased with age for men up to 45 to 64. For women the proportion was highest for those aged 16 to 24.



## Drinking more than 8/6 units<sup>2</sup> on heaviest drinking day, by region and country

A higher proportion of drinkers in northern regions drank at least 8/6 units in one day on their heaviest drinking day of the previous week.



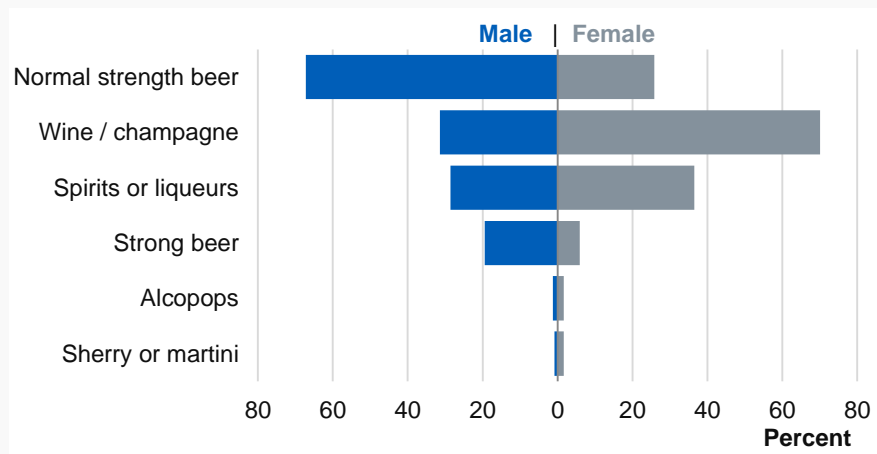
1. Adults have been defined as persons aged 16 and over.

2. "More than 8/6 units" means more than 8 units for men and more than 6 units for women.

# Drinking prevalence for adults<sup>1</sup>

## Type of drink amongst those drinking more than 8/6 units<sup>2</sup>

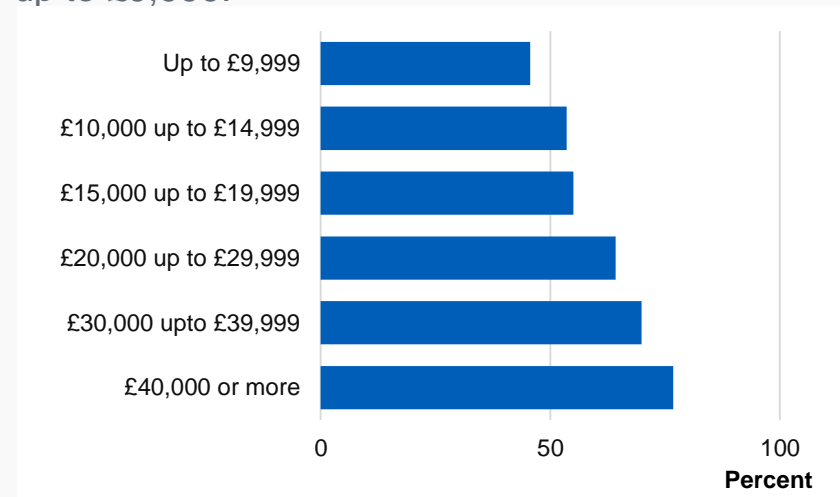
Normal strength beer was the most popular choice for men, while wine (including champagne) was most popular with women on the heaviest drinking day in the week before interview.



## Drinking by annual income

Higher earners were more likely to drink alcohol.

77% of those earning over £40,000 drank alcohol in the last week compared to 46% of those earning up to £9,999.



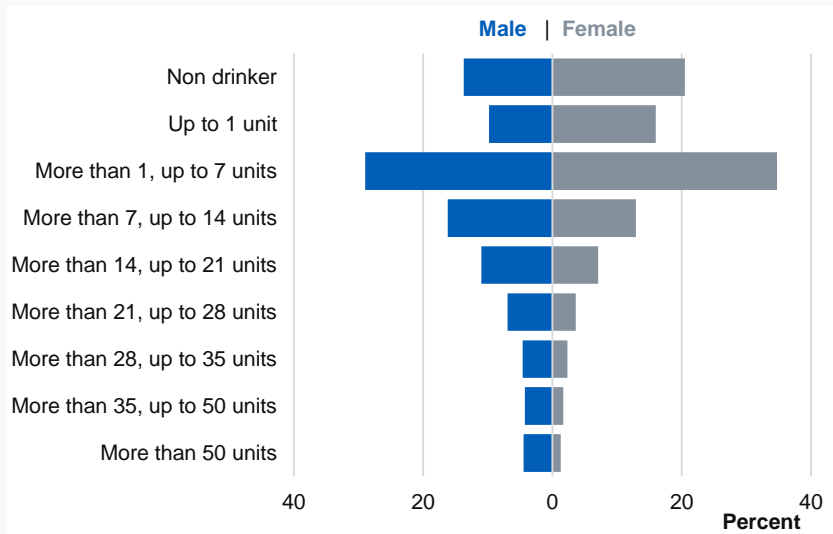
1. Adults have been defined as persons aged 16 and over.

2. "More than 8/6 units" means more than 8 units for men and more than 6 units for women.

# Drinking prevalence for adults<sup>1</sup>

## Weekly consumption by gender

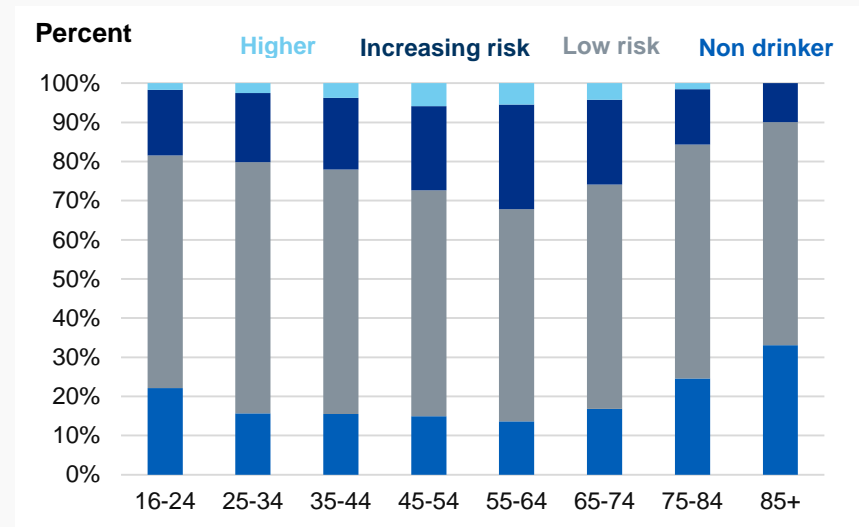
31% of males over 16 are in the increasing or higher risk categories<sup>2</sup>, this is almost double the proportion of females (16%).



1. Adults have been defined as persons aged 16 and over.  
For more information: [Health Survey for England, 2015](#)

## Weekly consumption by age

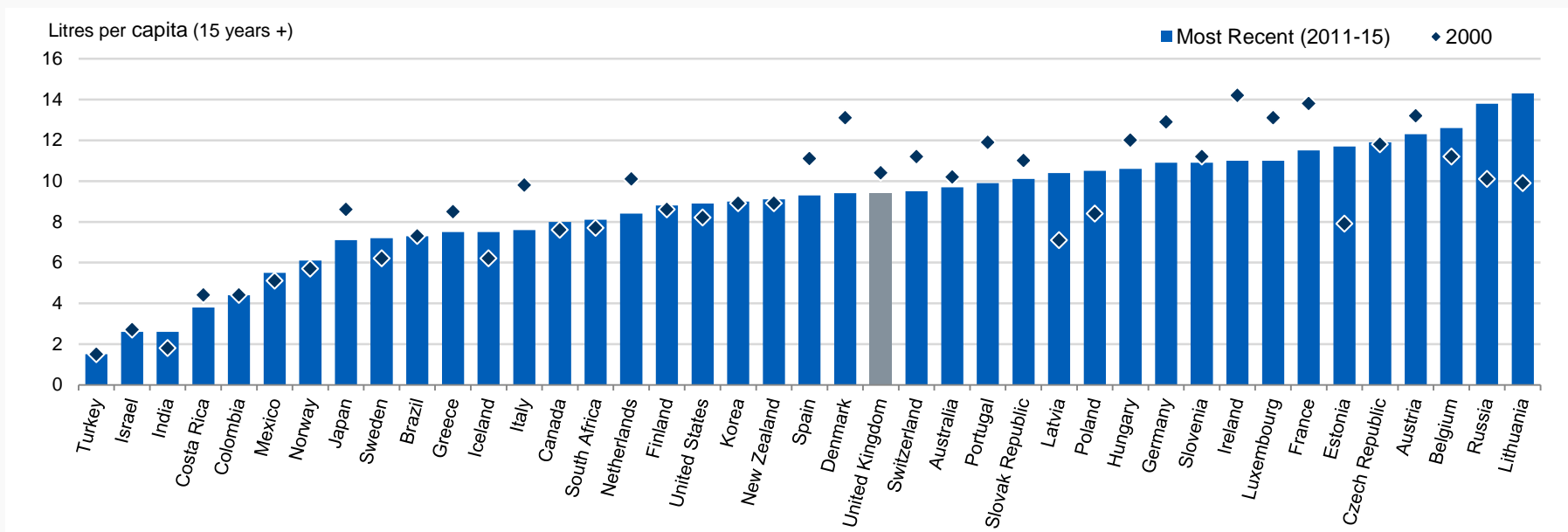
Those aged 55-64 were the most likely to be drinking at higher or increasing risk levels<sup>2</sup>. Younger and older adults were the most likely to be non-drinkers.



2. Low risk = up to 14 units, increasing risk = more than 14 and up to 35 for women and 50 for men, higher risk = over 35 for women and over 50 for men.<sup>22</sup>

# Drinking prevalence for adults – international comparisons

UK alcohol consumption has decreased between 2000 and 2014. Lithuania and Russia have the highest prevalence.



1. Uses most recently available annual figure during the period 2011 to 2015. UK data is for 2014. More details are available in the source data.
  2. Organisation for Economic Co-operation and Development Health Statistics.
- For more information: [Organisation for Economic Co-Operation and Development](#).

# Adult substance misuse

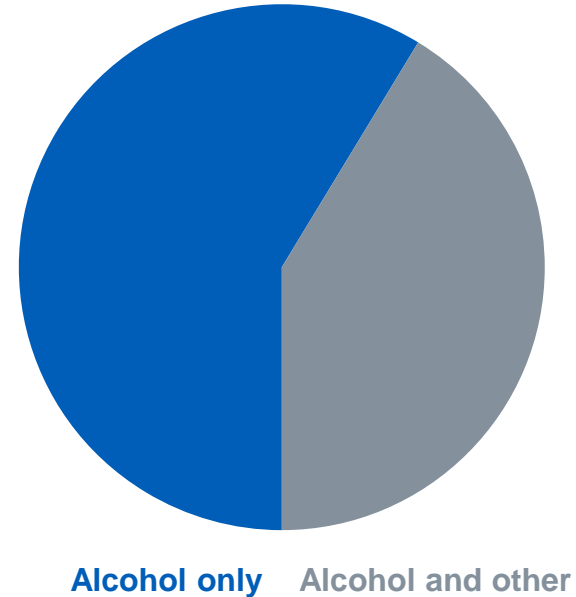
## Number presenting for alcohol problems

145 thousand people presented for alcohol problems in 2015/16.

85 thousand were treated for problematic drinking alone.

60 thousand were treated for alcohol problems alongside other substances.

The 2015/16 report presents further analyses of these two groups.



1. Due to methodology changes it is not possible to compare information in 2015/16 NDTMS report to previous years.

**For more information:** [Adult substance misuse statistics from the National Drug Treatment Monitoring System \(NDTMS\), 2015-2016](#)

## 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 NHS Digital 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 surveyed 15 year olds with questions about their health, diet, exercise, bullying, alcohol, drugs and smoking.

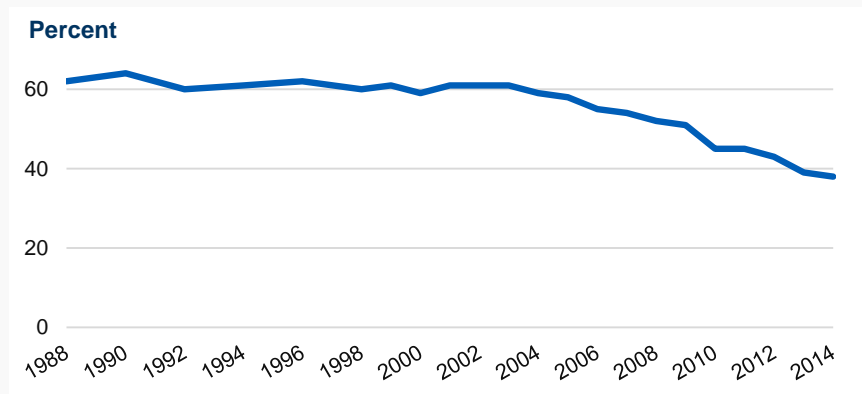
It should be noted that the SDD survey is completed at school in exam conditions without the involvement of parents or teachers but WAY is completed at home and therefore could involve parents. This will affect comparability between the two surveys as children are less likely to admit to risky behaviours when completing surveys in the home environment.

# Drinking prevalence for children

## Drinking prevalence

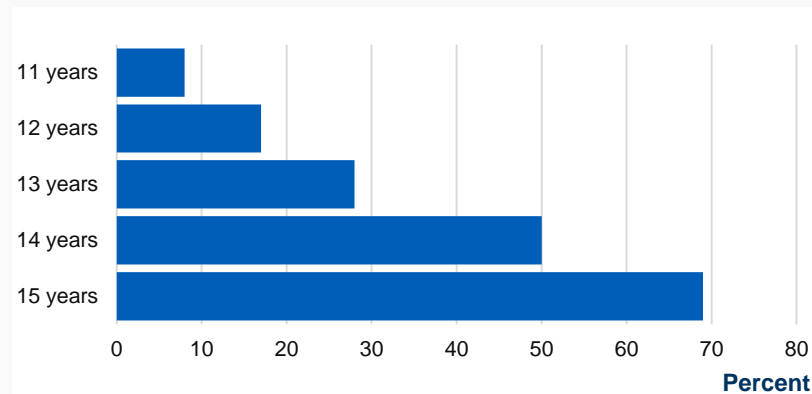
The proportion of 11 to 15 year olds who have ever had an alcoholic drink has been declining since 2003.

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

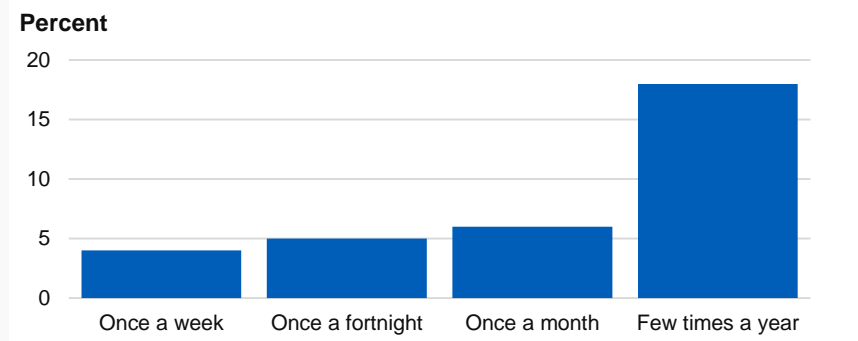
There was little difference between boys and girls.



# Drinking prevalence for children

## 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.

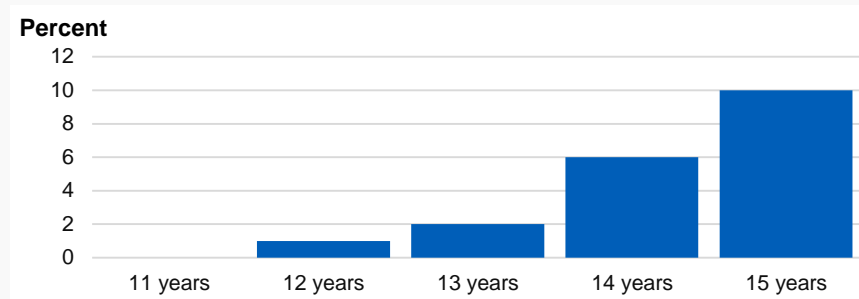


Two-thirds (67%) said they have either never drunk or don't drink now (not shown on chart).

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.



## Regular drinking prevalence by sex

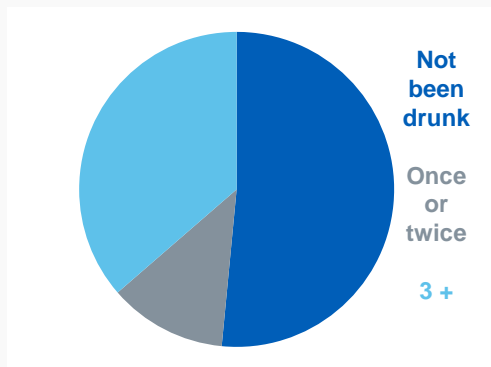
Boys and girls were equally likely to drink at least once a week.



# Drinking prevalence for children

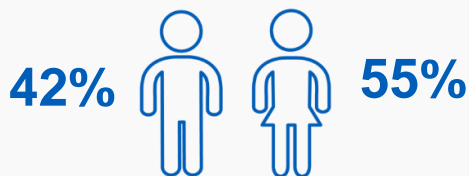
## Drunkenness

Nearly half (49%) of pupils that had drunk alcohol in the last four weeks had been drunk. Of these 63% had deliberately tried to get drunk.



## Drunkenness by sex

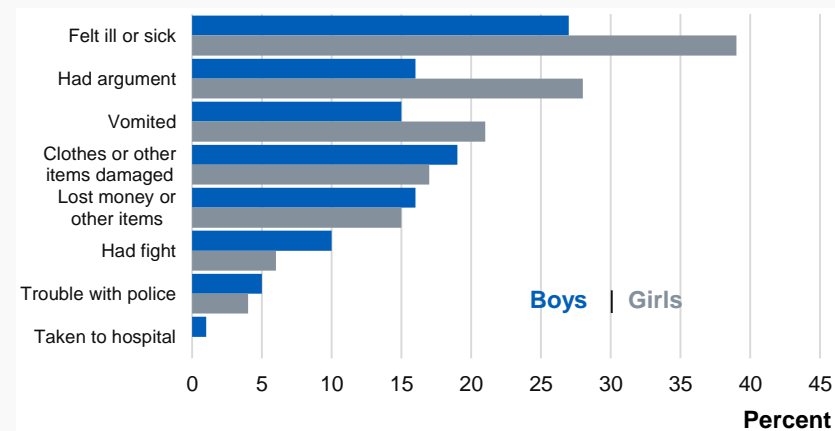
Girls who had drunk alcohol were more likely than boys to say they had been drunk.



## 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.

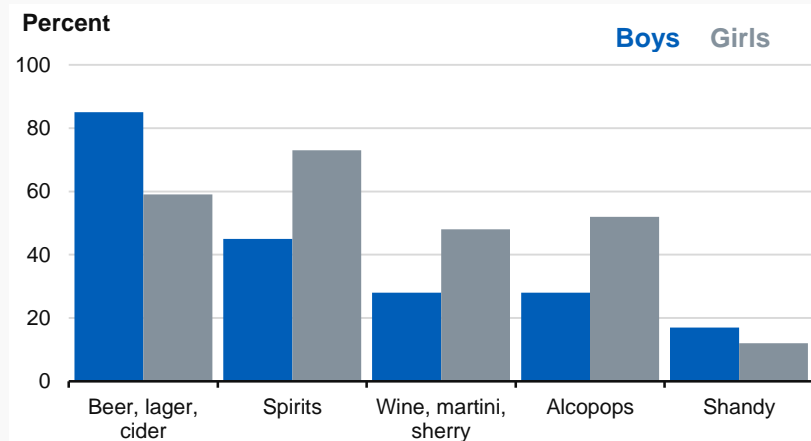


# Drinking prevalence for children

## Type of drink

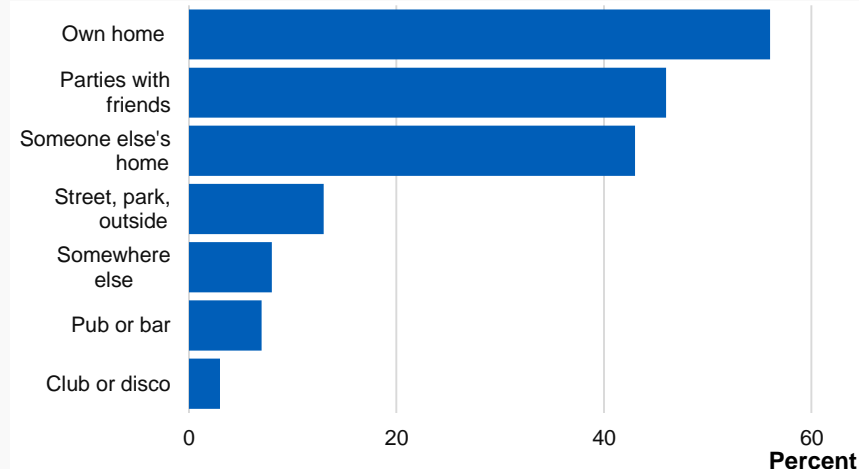
Boys who had drunk in the last week were more likely than girls to have drunk beer, lager or cider.

Girls were more likely to have drunk spirits, alcopops or wine, martini or sherry.



## Where pupils drank

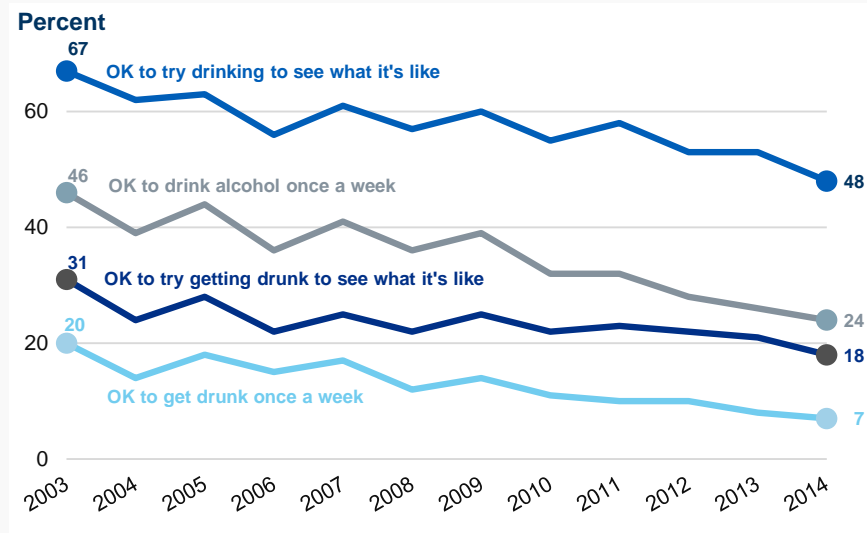
Pupils who drank alcohol were most likely to say they did so at home (56%), at parties with friends (46%) or at someone else's home (43%). 7% said they usually drank at a pub or bar.



# Drinking prevalence for children

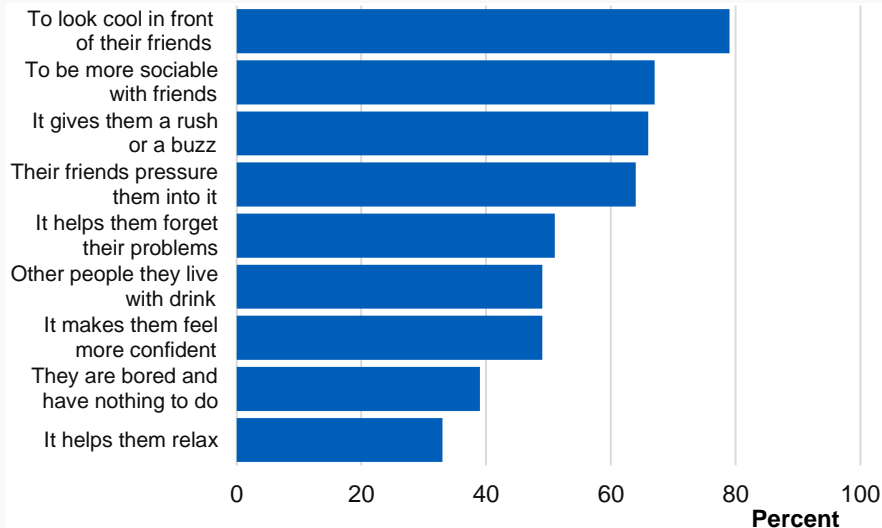
## Drinking attitudes

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%).



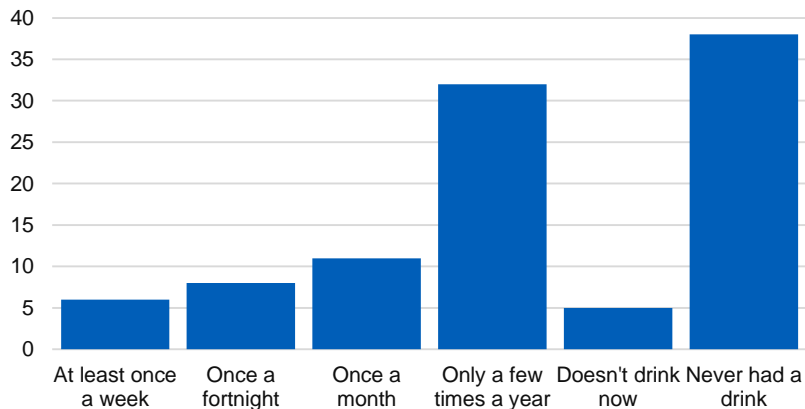
# Drinking prevalence for 15 year olds

## 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.

Percent

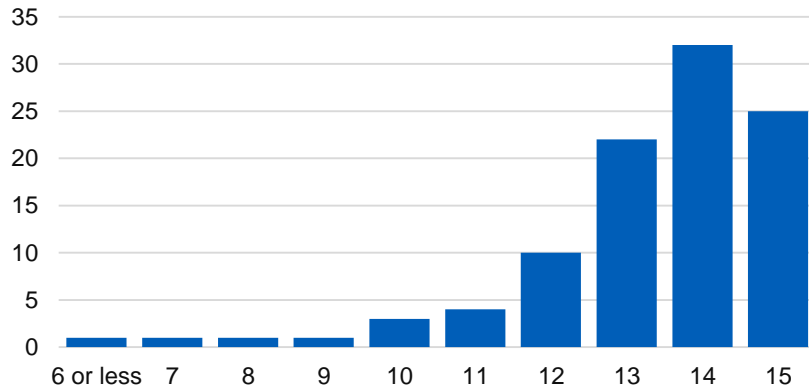


## Age started drinking

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.

Percent

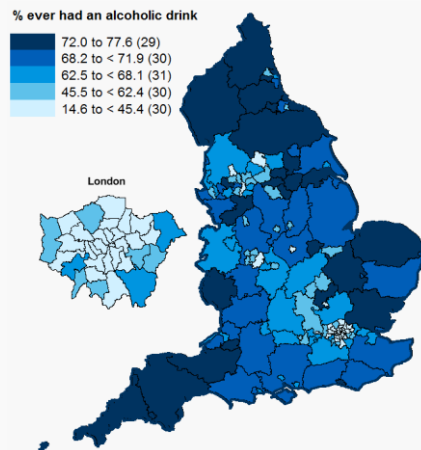


# Drinking prevalence for 15 year olds

## Drinking prevalence by LA

Barnsley District (77.6%), Devon (76.9%) and Cornwall (76.6%) had the highest prevalence of 15 year olds who have ever drunk alcohol.

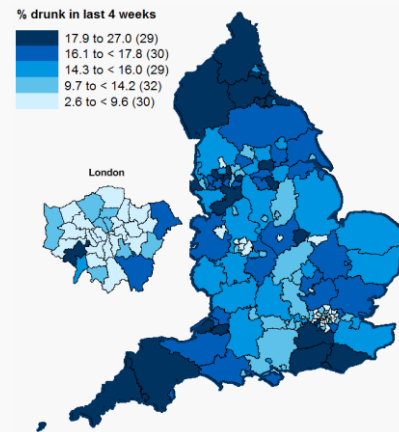
The Borough of Tower Hamlets (14.6%) had the lowest.



## Drunkenness by LA

Brighton and Hove (27.0%), North Tyneside (24.6%) and Richmond upon Thames (24.5%) had the highest prevalence of drunkenness in the last 4 weeks.

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



## Part 6: Expenditure and affordability

Information on purchases and expenditure on alcohol have been taken from *Family Food* which is 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 uses 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*.

# Purchases and expenditure on alcohol

£42 per person was spent on food and drink (including alcoholic drinks and food eaten out) per week in 2015 in the UK. Taking inflation into account, this was 0.1% more than 2014, and 3.7% less than 2012.

Total expenditure £42.43			
Household £29.24		Eating out £13.18	
Food and drink £25.93	Alcohol £3.32	Food and drink £10.00	Alcohol £3.18

In real terms, between 2012 and 2015 household spending on food and drink fell by 6.3% and eating out expenditure by 2.4%. Household spending on alcoholic drinks fell by 5.8% over the same period, whilst that bought for consumption outside the home fell by 4.7%.

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.

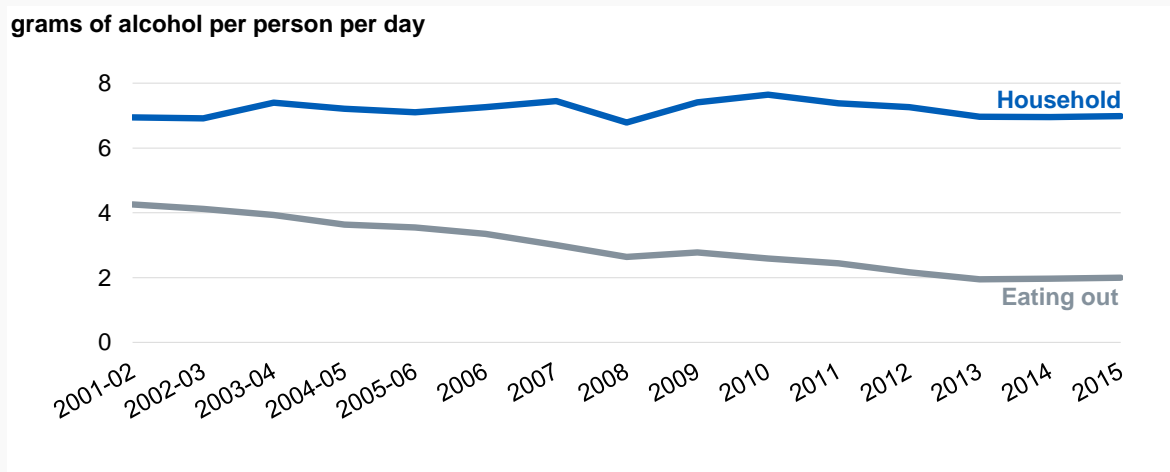
**For more information:** [Department of Environment, Food and Rural Affairs \(DEFRA\): Family Food 2015](#)

# Purchases and expenditure on alcohol

Alcohol intake rose 0.7% in 2015 to 9 grams of alcohol per person per day. Eating out purchases accounted for 22% of total alcohol intake in 2015.

In 2015, eating out intakes of alcohol were 8% lower than in 2012 and up until 2014 showed a significant downward trend.

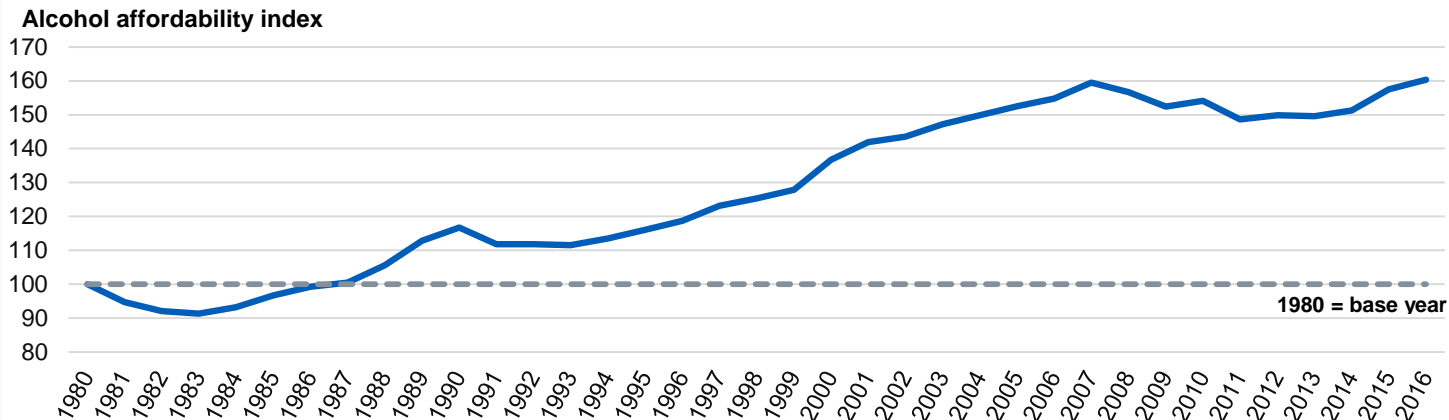
Alcohol intake from eating out purchases declined 53% between 2001-02 and 2015.



# Affordability of alcohol<sup>1</sup>

## Long term trend

In the UK since 1980 alcohol has become 60% more affordable.



## Last ten years (2006 to 2016)

Over the last ten years the price of alcohol has increased by 33%<sup>2</sup>.

The price of alcohol increased by 0.3%<sup>3</sup> relative to retail prices, whilst real households' disposable income (adjusted) increased by 12% over the same period.

As a result, alcohol has become 4% more affordable since 2006<sup>4</sup>.

1) For more information see Appendix B: Technical Notes

3) Based on Alcohol Price Index Relative to Retail Price Index (all items)

2) Based on Alcohol Price Index

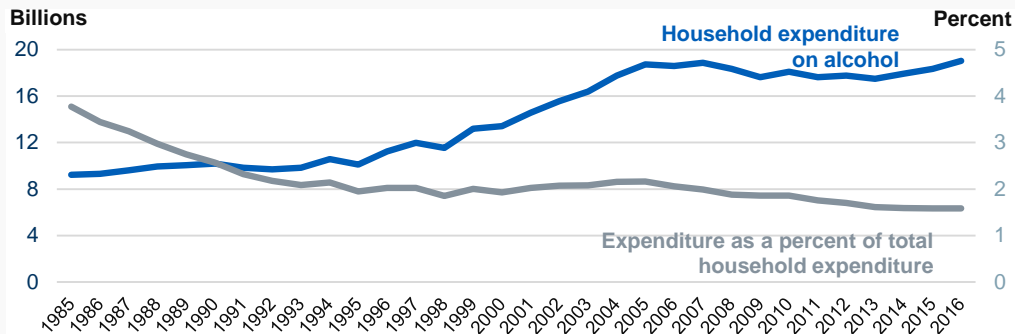
4) Based on Affordability of Alcohol Index

# Expenditure on off-trade<sup>1</sup> alcohol purchases

## Expenditure on alcohol compared to total expenditure<sup>2</sup>

UK household expenditure on alcohol has more than doubled to £19.0 billion in 2016, from £9.2 billion in 1985.

However, alcohol expenditure as a proportion of total household expenditure has fallen to 1.6% over the same period, from 3.8% in 1985.

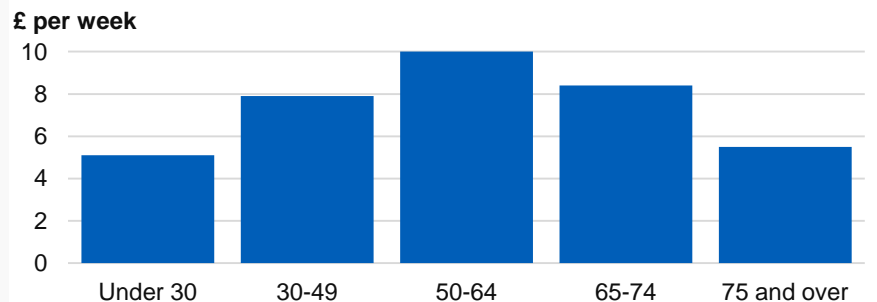


## Average weekly expenditure on alcohol<sup>3</sup>

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.



1. Includes purchases at supermarkets, off licences etc. Excludes purchases in pubs, bars, restaurants etc.

2. Current Prices 3. Across all households.

# Provide feedback

We would welcome feedback from users on the content and style of this report.

Please send your feedback to [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) and quote “Feedback on Statistics on Alcohol Report” in the subject heading.

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