



Health & Social Care
Information Centre



Statistics on Alcohol England, 2016

Appendices

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www.hscic.gov.uk

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Author:	Lifestyles Statistics Team, Health and Social Care Information Centre
Responsible statistician:	Paul Niblett, Section Head
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Appendix A: Key sources

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

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

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

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

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

1. Sources used in this report

1.1 Adult drinking habits in Great Britain [NS]

The data in this report were collected by the Opinions and Lifestyle Survey (OPN) – an omnibus survey run by the Office for National Statistics. The survey is run monthly and is open for both government and non-government organisations to run questions.

The report provides estimates at national level with some regional analyses.

The OPN is the only randomised probability sample omnibus survey in Great Britain and provides a fast, reliable and flexible service to customers.

Report:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2014>

Survey:

<https://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/opinionsandlifestylesurveyopn>

1.2 Alcohol Related Deaths in the United Kingdom [NS]

The Office for National Statistics (ONS) produces annual statistics on the number of registered deaths defined as being “alcohol-related” according to the National Statistics definition (which only includes deaths for conditions which are wholly attributable to alcohol).

Report:

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2014>

Public Health England (PHE) also produces estimates of the number of alcohol-related deaths. These estimates are higher than the ONS figures since they include conditions which are partially attributable to alcohol, based on the same methodology as that for alcohol-related hospital admissions. These are available within the Local Alcohol Profiles for England which are described later in this section.

1.3 Alcohol-related prescriptions [NS]

The prescription data included in this report combines GP prescriptions data, taken from Prescribing Analysis and Cost Tool (PACT), and hospital prescriptions data, taken from Prescription Cost Analysis (PCA) system.

Prescriptions are written on a prescription form known as FP10 and each single item on the form is counted as a prescription item. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income.

<http://www.hscic.gov.uk/prescribing>

1.4 Family Food [NS]

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

Report:

<https://www.gov.uk/government/collections/family-food-statistics>

Survey:

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

1.5 Health at a Glance

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

Latest Report:

<http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

Series:

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

1.6 Health Survey for England [NS]

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

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

Information is collected through an interview, and if participants agree, a visit from a specially trained nurse.

<http://www.hscic.gov.uk/healthsurveyengland>

1.7 Local Alcohol Profiles for England

Local Alcohol Profiles for England (LAPE) provides national level estimates of alcohol related hospital admissions by gender, age and condition. Information on how these are calculated is given in appendix B.

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

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

1.8 National Drug Treatment Monitoring System [NS]

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

<https://www.ndtms.net/Publications/AnnualReports.aspx>

1.9 ONS economic data: affordability

The affordability of alcohol is described using two sources.

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

<https://www.ons.gov.uk/economy/inflationandpriceindices>.

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

https://data.gov.uk/dataset/economic_and_labour_market_review.

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

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

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

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

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

<http://www.hscic.gov.uk/article/3743/Smoking-Drinking-and-Drug-Use-among-Young-People-in-England>

1.11 What About YOUth?

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

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

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

<http://www.whataboutyouth.com/>

2. Other resources on alcohol

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

2.1 Adult Psychiatric Morbidity in England – 2007 [NS]

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

This survey was repeated in 2014 and is expected to be published in September 2016.

<http://www.hscic.gov.uk/pubs/psychiatricmorbidity07>

2.2 Alcohol Concern

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

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

2.3 Drinkaware

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

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

2.4 Drinking: adult's behaviour and knowledge, 2009 Report [NS]

This report presents results from questions on drinking behaviour and knowledge, included in the ONS Omnibus surveys and includes information on alcohol consumption, knowledge of units of alcohol and daily benchmarks and where people buy alcohol.

This survey has been discontinued.

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/lifestyles/drinking--adult-s-behaviour-and-knowledge/2009-report/index.html>

2.5 Health Survey for England - 2012 [NS]

HSE 2012 is the most recent HSE that contains a chapter dedicated to alcohol consumption.

<http://www.hscic.gov.uk/catalogue/PUB13218>

2.6 Health Survey for England – 2007 [NS]

HSE 2007 is the most recent HSE which asked questions of people's knowledge and attitudes towards alcohol.

These questions have not been asked in HSE since 2007.

<http://www.hscic.gov.uk/pubs/hse07healthylifestyles>

2.7 Home Office – Research and analysis series

The Home Office conducts research on alcohol, drugs, and antisocial behaviour to support policy development and operational activity.

<https://www.gov.uk/government/collections/alcohol-and-drug-research-and-analysis>

2.8 Infant Feeding Survey [NS]

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

This survey was last run in 2010 and the series has now been discontinued.

<http://www.hscic.gov.uk/catalogue/PUB08694>

2.9 National Institute for Health and Clinical Excellence (NICE)

The NICE has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

<http://www.nice.org.uk/guidancemenu/lifestyle-and-wellbeing>

2.10 NHS Choices – Drinking and alcohol

This website provides information the effects of binge drinking and tips on reducing alcohol intake and the associated health benefits.

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

2.11 Public Health England Alcohol Learning Resources

This website provides training resources for healthcare and social care professionals delivering services in the alcohol harm reduction field.

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

Appendix B: Technical notes

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

Alcohol-related hospital admissions

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

http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf.

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

The AAFs are updated on an ad-hoc basis to take account of new research evidence on the association between alcohol consumption and the development of acute and chronic conditions. The latest AAFs were released in 2014 by the Centre for Public Health and further details can be found here:

<http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf>.

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. More information on HES is available here: <http://www.hscic.gov.uk/hes>.

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

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

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

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

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

^a An AAF is the proportion of a condition caused by alcohol. For example, an AAF of 1.0 indicates that 100% of cases are caused by alcohol whereas an AAF of 0.25 indicates that 25% of cases are caused by alcohol.

The number of admissions per 100,000 head of population has been calculated by using direct standardisation^b and the European Standard population^c. This removes the impact of different age/gender compositions within local authorities and allows for more meaningful comparisons between local authorities.

Affordability data

Affordability of alcohol gives a measure of the relative affordability of alcohol, by comparing the relative changes in the price of alcohol, with changes in households' disposable income per capita over the same period (with both allowing for inflation).

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

$$\text{RAPI} = (\text{alcohol price index}^d / \text{Retail Prices Index}^e) * 100$$

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

The Relative Affordability index of alcohol is calculated as follows:

$$\text{RAAI} = (\text{ARHDI}/\text{RAPI}) * 100$$

If the affordability index is above 100, then alcohol is relatively more affordable than in the base year, 1980.

Drugs used to treat alcohol dependency

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

Acamprosate Calcium (Campral) – helps restore chemical balance in the brain and prevents the feelings of discomfort associated with not drinking, therefore reducing the desire or craving to consume alcohol.

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

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

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

^c <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/index.html>

^d The alcohol price index (API) shows how much the average price of alcohol has changed compared with the base price (1980).

^e The Retail Prices Index (RPI) shows by how much the prices of all items have changed compared with the base price (1980).

Appendix C: Cross-departmental policies

The Government's Alcohol Strategy

The Government's 2012 Alcohol Strategy^f aims to cut the number of people drinking at harmful levels. Actions include:

- introduction of an alcohol risk assessment in the NHS Health Check (introduced in April 2013 with the potential to reach 3m adults per year).
- giving local areas more powers and responsibilities to help them tackle harm to their local population.
- brief advice for newly registered patients has been part of the GP core contract since April 2015.

Modern Crime Prevention Strategy

In March 2016 the Government published its Modern Crime Prevention Strategy.⁹ The chapter '*alcohol as a driver of crime*' builds on the 2012 Alcohol Strategy. It focuses on the links between alcohol and violent crime and aims to make the night time economy safe so that people can socialise and consume alcohol without the risk of becoming victims of crime.

Given the association with alcohol use and violence, reducing consumption is likely to be beneficial in crime prevention. The actions outlined in the strategy are based on evidence that reducing the availability of alcohol, providing targeted treatment and brief advice, and prevention approaches that build life skills and resilience can be effective in reducing alcohol harm.

Actions set out in the strategy include:

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

^f Alcohol Strategy, Home Office, 23 March 2012: <https://www.gov.uk/government/publications/alcohol-strategy>

⁹ Modern Crime Prevention Strategy, 23 March 2016: <https://www.gov.uk/government/publications/modern-crime-prevention-strategy>

Improving Information

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

The UK Chief Medical Officers low risk drinking guidelines

In January 2016, the four UK Chief Medical Officers issued new low risk drinking guidelines^h. There are three main recommendations which include:

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

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

Licensing

The Policing and Crime Bill includes provisions to amend the definition of alcohol to ensure that powdered and vaporised alcohol are covered by the Licensing Act 2003. Powdered alcohol is not available to buy in the UK, and this is a pre-emptive measure to ensure that the public, in particular children, are protected from these forms of alcohol. The Government will put cumulative impact policies on a statutory footing to strengthen the ability of local authorities to control the impact of alcohol based on the existing licensing objectives. The Government remains interested in the option of introducing a health-related licensing objective while continuing to work with Public Health England to look at how to improve the availability of local health data.

Alcohol Interventions

The Department of Health is supporting the NHS to put in place high quality services to prevent mitigate and treat effectively alcohol-related health harm. The relevant services range from identification and brief advice to specialist services to treat dependent drinkers. From April 2013, the Department of Health has funded the inclusion of an alcohol risk assessment in the NHS Health Check; so that adults aged 40-75 will be given brief advice to help them cut down if they need to. The support given will depend on the individuals' needs and might involve some brief advice or a referral to specialist alcohol service(s), if needed.

Local action

Public Health England (PHE) is the Executive Agency of the Department of Health with the role of supporting local authorities responsible for public health. PHE provides data,

^h Health risks from alcohol: new guidelines, 8 January 2016:
<https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>

evidence and support to local authorities and NHS partners to enable them to reduce the harmful impact from alcohol in local communities.

PHE also encourages greater use of effective interventions, such as brief interventions, alcohol interventions in secondary NHS care and the treatment of dependent drinkers.

Reducing alcohol harm is one of PHE's seven priorities and they are implementing a programme to support people and services to implement changes. During 2016/17, PHE will:

- Publish an evidence review of current alcohol related harms and a report on possible policy solutions;
- Publish a report on the impact of alcohol harms encountered as a result of others drinking;
- Provide estimates of the number of children likely to be affected by the alcohol use of their parents, and provide advice to national and local government on where action could have the greatest impact on improving life chances
- Support local authorities to use their licencing powers to greatest effect to maximise the potential for impacting on alcohol harms;
- Provide evidence and support to the NHS nationally and locally to help rapidly expand the delivery of key interventions that will reduce alcohol harm; particularly Identification and Brief Advice (IBA), deployment of Alcohol Care Teams in secondary care and specialist treatment; and
- Support local NHSE to improve the commissioning and performance monitoring of substance misuse services in custodial settings particularly through better use of data.

From April 2013, upper tier and unitary local authorities have received a ring-fenced public health grant (until 2017-18). This includes funding for alcohol misuse prevention and treatment.

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

Appendix D: How are the statistics used?

Users and uses of the report

From our engagement with customers, we know that there are many users of the Statistics on Alcohol report. There are also many users of these statistics who we do not know about. We are continually aiming to improve our understanding of who our users are in order to enhance our knowledge on how they use our data. This is carried out via consultations and feedback forms available online.

Following last year's publication, a consultation was implemented to gain feedback on how to make the report more user-friendly and accessible while also producing it in the most cost-effective way. The results of this consultation can be found at the below link.

<http://www.hscic.gov.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports>

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

Known Users and Uses

Department of Health (DH) - frequently use these statistics to inform policy and planning. The Public Health Outcomes Framework was published in January 2012 which sets out the desired outcomes for public health and how these will be measured. The Department of Health publishes policies such as Harmful Drinking (23 March 2013) and can be found via this link: <https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking>

Public Health England frequently uses these data for secondary analyses.

Media - these data are used to underpin articles in newspapers, journals, etc. For example, the following articles appeared in response to the 2015 version of this report:

The Guardian – “Alcohol-related hospital admissions rise again”

<http://www.theguardian.com/society/2015/jun/25/alcohol-related-hospital-admissions-rise>

The Mirror – “A million people hospitalised by alcohol-related illnesses and injuries every year as admissions soar”

<http://www.mirror.co.uk/news/uk-news/million-people-hospital-due-alcohol-5948321>

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

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

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

Public Health Campaign Groups - data are used to inform policy and decision making and to examine trends and behaviours.

Ad-hoc requests – the statistics are used by the Health and Social care Information Centre (HSCIC) to answer Parliamentary Questions (PQs), Freedom of Information (FOI) requests and ad-hoc queries. Ad-hoc requests are received from health professionals; research companies; public sector organisations, and members of the public, showing the statistics are widely used and not solely within the profession.

Unknown Users

This publication is free to access via the HSCIC website <http://www.hscic.gov.uk/lifestyles> and consequently the majority of users will access the report without being known to the HSCIC. Therefore, it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make these data more useful to them. On the webpage where the publication appears there is a link on the right-hand side to a feedback form which the HSCIC uses to capture feedback for all its reports.

The specific questions asked on the form are:

- How useful did you find the content in this publication?
- How did you find out about this publication?
- What type of organisation do you work for?
- What did you use the report for?
- What information was the most useful?
- Were you happy with the data quality?
- To help us improve our publications, what changes would you like to see (for instance content or timing)?
- Would you like to take part in future consultations on our publications?

Any responses via this form are passed to the team responsible for the report to consider.

We also capture information on the web activity the reports generate, although we are unable to capture who the users are from this. Statistics on Alcohol 2015 generated approximately 1,001 unique web downloads (for the report and/or associated files) within 30 days of its publication date of 25 June 2015.

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For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

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