Key Facts

Key findings are shown on this page.

Report also includes information on:
- Alcohol-specific deaths
- Alcohol-related prescriptions
- Drinking behaviours (adults and children)
- Alcohol expenditure and affordability
- Road accidents involving illegal alcohol levels.

58% adults (16+) drank alcohol in the previous week in 2017

Similar to 2016 but lower than 2007.

337,000 hospital admissions in 2016/17

Admissions primarily due to alcohol consumption (narrow measure).

1% lower than 2015/16

But 17% higher than 2006/07.

5,507 alcohol-specific deaths in 2016

4% higher than 2015 and an increase of 11% on 2006.
National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value. All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.


This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.
Introduction

This statistical report\(^1\) presents a range of information on alcohol use and misuse by adults and children drawn together from a variety of sources for England unless otherwise stated.

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

Newly published data includes:
- Adult Drinking Habits which is being published by ONS on the same day as this report.
- New analyses of data on affordability of alcohol using already published ONS data.
- Information on the volume and cost of prescriptions from NHS Digital.

The latest information from already published sources 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).
- Alcohol-specific deaths published by ONS.
- Health Survey for England (HSE).
- Smoking, Drinking and Drug Use (SDD).
- Road casualties involving illegal alcohol levels published by Department for Transport.
- Family Food report from the Living Costs and Food Survey (LCFS).

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

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

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

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

- Narrow measure – where the main reason for admission to hospital was attributable to alcohol\(^2\).
- Broad measure – where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol.

The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

The broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS.

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

\(^2\) 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.
In 2016/17 there were 337 thousand estimated admissions where the main reason for admission to hospital was attributable to alcohol (narrow measure).

This is 1% lower than 2015/16 and 17% higher than 2006/07.

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, 62% of the patients were male.

For more information: Tables 1.4 and 1.5 of LAPE Statistical tables for England
Local Alcohol Profiles for England (LAPE), 2016/17
Estimated alcohol-related hospital admissions - narrow measure

Admissions per 100,000 population
Blackpool had the highest rate at 1,150 per 100,000 population.
Redbridge had the lowest rate at 390.

Admissions by diagnosis
Almost a quarter of admissions were for cancer.
22% were for unintentional injuries.

For more information including lower tier LA figures: Tables 1.5 and 1.6 of LAPE Statistical tables for England Local Alcohol Profiles for England (LAPE), 2016/17
There were 1.1 million estimated admissions where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol, which is 1% higher than 2015/16 (broad measure). This represents 7.0% of all hospital admissions.

**Total number of admissions by age**

46% of patients were aged between 55 and 74.

**Total number of admissions by sex**

Just under two-thirds of patients were male.

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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), 2016/17
Salford had the highest rate at 3,500 per 100,000 population. Rutland had the lowest rate at 1,390.

51% of admissions were for CVD. 17% were for mental and behavioural disorders due to alcohol.

For more information including lower tier LA figures: Tables 1.2 and 1.3 of LAPE Statistical tables for England Local Alcohol Profiles for England (LAPE), 2016/17
Part 2: Alcohol-specific deaths

Alcohol misuse can be directly attributed to deaths from certain types of disease such as alcoholic liver disease. This section presents information on the number of deaths that are specific to alcohol consumption.

The data source is the Office for National Statistics (ONS) which uses the new National Statistics (NS) definition of alcohol-specific deaths\(^1\). This definition only includes conditions where each death is a direct consequence of alcohol misuse. The definition is primarily based on chronic (longer-term) conditions associated with continued misuse of alcohol and, to a lesser extent, acute (immediate) conditions.

It is a change to previous NS definition of alcohol-related deaths. Alcohol-related deaths also included diseases where only a proportion of the deaths were caused by alcohol (that is, partially-attributable deaths), such as cancers of the mouth, oesophagus and liver.

Public Health England (PHE) produces estimates for both alcohol-specific and alcohol-related deaths at local authority level\(^2\). Alcohol-related estimates, which include partially attributable deaths, are higher than the ONS figures for alcoholic specific deaths.

More information on the impact of the new definition is available on the ONS website\(^3\)

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1. Alcohol-specific deaths – Office for National Statistics
2. Local Alcohol Profiles for England (LAPE) – Public Health England
3. The impact of using the new definition of alcohol-specific deaths
In England in 2016, there were 5,507 alcohol-specific deaths\(^1\).

The number of deaths is 4% higher than 2015 and an increase of 11% on 2006.

The alcohol-specific age-standardised death rates per 100,000 population were 14.5 for males in 2016 which is over twice the rate for females (6.8).

The rates for both males and females has remained broadly similar since 2006.

1. A further 1,982 deaths were also due to unspecified hepatitis and cirrhosis of the liver. These deaths are not included in the alcohol-specific slides because they are defined as only being partially attributable to alcohol. See annex A for more details.

For more information: Alcohol-specific deaths in England: registered in 2016 – Office for National Statistics
Alcohol-specific deaths

Alcohol-specific deaths by age
The number of deaths increases with age up to 50-59 and then decreases.
57% of deaths were in the age range 50-69.

Alcohol-specific deaths by sex
Just over twice as many men died as women.
In total 67% of the deaths were for men.

For more information: Alcohol-specific deaths in England: registered in 2016 – Office for National Statistics
Alcoholic liver disease accounted for 82% of the 5,507 alcohol-specific deaths. A further 8% were from mental and behavioural disorders due to the use of alcohol.

A further 1,982 deaths were due to unspecified hepatitis and fibrosis and cirrhosis of the liver. These deaths are not defined as alcohol-specific deaths.

1. Alcohol-specific deaths cover conditions known to be exclusively caused by alcohol (wholly attributable) and excludes conditions where only a proportion of the deaths are caused by alcohol (partially attributable). See annex A for more details.

For more information: Alcohol-specific deaths in England: registered in 2016 – Office for National Statistics
Alcohol-specific deaths

**Alcohol-specific deaths by region**
Age-standardised death rates were highest in the North and lowest in London, the South East and East of England.

**Alcohol-specific deaths by deprivation quintile**
Death rates were highest in the most deprived areas and lowest in the least deprived areas.

*For more information: Alcohol-specific deaths in England: registered in 2016 – Office for National Statistics*
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

The number of prescription items dispensed in England in 2017 was 173 thousand which was 8% lower than the 188 thousand prescription items in 2016 but 41% higher than 2007. This is the second successive year on year decrease.

Total prescription items dispensed – last 10 years

The number of prescription items dispensed in England in 2017 was 173 thousand which was 8% lower than the 188 thousand prescription items in 2016 but 41% higher than 2007. This is the second successive year on year decrease.

Type of prescription items dispensed

135 thousand items of Acamprosate Calcium were dispensed in 2017 which is similar to 2016 but 78% higher than the number dispensed ten years ago.

36 thousand items of Disulfiram were dispensed in 2017 which is 28% lower than 2016. The peak was 61 thousand in 2012.

2,500 items of Nalmefene (introduced in 2013) were dispensed in 2017 which is 26% lower than 2016.

For more information: Table 1, Statistics on Alcohol, England, 2018
Prescription Analysis and Cost (PACT) data, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Acamprosate Calcium</th>
<th>Disulfiram</th>
<th>Nalmefene</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td></td>
<td>200</td>
<td>50</td>
<td>0</td>
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<td>200</td>
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<tr>
<td>2017</td>
<td></td>
<td>200</td>
<td>50</td>
<td>0</td>
</tr>
</tbody>
</table>
Alcohol-related prescription items

**Prescription items dispensed by region**

North of England dispensed 75 thousand prescription items (44% of all items).

London dispensed the lowest number of items (17 thousand).

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

Salford dispensed the highest number of items (1,403 per 100,000).

Horsham and Mid Sussex dispensed the lowest number of items (24 per 100,000).

For more information: Table 2, Statistics on Alcohol, England, 2018

Prescription Analysis and Cost (PACT) data, 2017
Cost of alcohol-related prescription items

The total Net Ingredient Cost (NIC)\(^1\) for items prescribed for alcohol dependence in 2017 was £4.42 million. This is 9% lower than in 2016 and breaks the recent trend of successive year on year increases.

The decrease in cost has been mainly driven by reduced prescription items for Disulfiram.

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The decrease in cost has been mainly driven by reduced prescription items for Disulfiram.

Average NIC per item

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

The average per item was £20 for Acamprosate Calcium, £44 for Disulfiram (up from £22 in 2015) and £55 for Nalmefene.

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\(^1\) The Net Ingredient Cost NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, prescription charges or fees.

For more information: Table 1, Statistics on Alcohol, England, 2018

Prescription Analysis and Cost (PACT) data, 2017
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\textsuperscript{1} for adults\textsuperscript{2}

Drinking prevalence – last 10 years
58\% of survey respondents reported drinking alcohol in the previous week in 2017 which is a fall from 65\% in 2007. This equates to 25.6 million adults in England. Those who drank more than 8/6 units\textsuperscript{3} on their heaviest day in the last week fell from 20\% to 15\%.

Drinking more than 8/6 units\textsuperscript{3} 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.

\begin{itemize}
\item \textbf{For more information:} Opinions and Lifestyle Survey: Adult drinking habits 2017
\end{itemize}

1. The proportions are for all respondents. See source data for these proportions expressed as a percentage of those who had drunk in the last week.
2. Adults have been defined as persons aged 16 and over.
3. More than 8 units for men and more than 6 units for women.
Drinking prevalence\(^1\) for adults\(^2\)

Drinking more than 8/6 units\(^2\) on heaviest drinking day in the last week by sex and age

The proportion of men drinking more than 8/6 units was similar by age apart from 65 and over where it was significantly lower. For women the proportion decreased with age.

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.

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1. The proportions are for all respondents. See source data for these proportions expressed as a percentage of those who had drunk in the last week.
2. Adults have been defined as persons aged 16 and over.
3. More than 8 units for men and more than 6 units for women.

For more information: Opinions and Lifestyle Survey: Adult drinking habits 2017
Drinking prevalence for adults

Type of drink amongst those drinking more than 8/6 units

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. 79% of those earning over £40,000 drank alcohol in the last week compared to 47% 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.
3. Respondents could choose more than one drink.

For more information: Opinions and Lifestyle Survey: Adult drinking habits 2017
Drinking prevalence for adults

Weekly consumption by gender
31% of men and 16% of women drank at a level indicating increased or higher risk of harm (more than 14 units per week).

Weekly consumption by age
Those aged 55-64 were the most likely to be drinking at higher or increasing risk levels. Younger and older adults were the most likely to be non-drinkers.

1. Adults have been defined as persons aged 16 and over. For more information: Health Survey for England, 2016

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.
UK alcohol consumption has decreased between 2000 and 2015. Lithuania and Belgium have the highest alcohol consumption.

1. Uses most recently available annual figure during the period 2013 to 2016. UK data is for 2015. More details are available in the source data.
For more information: Organisation for Economic Co-Operation and Development.
In 2016/17, 80 thousand were treated for problematic drinking alone which was a 5% decrease on the previous year.

28 thousand were treated for non-opiate and alcohol problems.

The 2016/17 report presents further analyses of these two groups.

For more information: Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), 2016-2017
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.

The question used in SDD to establish whether a pupil had drunk alcohol changed in 2016 to improve the estimate of drinking prevalence. However the new estimate is not comparable with previous surveys. More information is available in the appendices of the SDD report.

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.

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

### Ever had an alcoholic drink, by year

Between 2003 and 2014 there was a decline in the proportion of pupils who had ever drunk an alcoholic drink.

In 2016, 44% of pupils said they had ever drunk an alcoholic drink\(^2\). *Data prior to 2016 is not comparable due to a change in the survey question.*

1. In 2016 the question used to establish whether a pupil had drunk alcohol changed making the results of the 2016 survey not comparable with previous years. See appendix A (page 5) of the source publication for further details.
2. This is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 41% and 47%.
3. Not a statistically significant difference.

**For more information:** Tables 6.1 and 6.2, Chapter 6, *Smoking, drinking and drug use among young people, 2016*
Drinking in the last week

When pupils drink

Pupils were most likely to drink at weekends. Of pupils who had drunk in the last week, 68% drank on Saturday, 42% drank on Friday, and 28% drank on Sunday. On other days of the week, between 5% and 7% of pupils drank.

<table>
<thead>
<tr>
<th>Day</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Tuesday</td>
<td>0%</td>
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<td>Wednesday</td>
<td>0%</td>
</tr>
<tr>
<td>Thursday</td>
<td>0%</td>
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<tr>
<td>Friday</td>
<td>40%</td>
</tr>
<tr>
<td>Saturday</td>
<td>68%</td>
</tr>
<tr>
<td>Sunday</td>
<td>28%</td>
</tr>
</tbody>
</table>

How much pupils drink (mean units), by age

Pupils who drank alcohol in the last week consumed an average (mean) of 9.6 units that week. Mean consumption was lowest among 11 to 13 year olds (6.9 units), and highest among 14 year olds (11.1 units).

1) Based only on pupils who said they had a drink in the last week (10% of all pupils)  
2) Quantities of alcohol were converted into units of alcohol, using a standard method described in Appendix B6 (page 25) of the source publication.  
3) This is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 8.7 and 10.5.  
For more information: Tables 6.11 and 6.12, Chapter 6, Smoking, drinking and drug use among young people, 2016
Prevalence of drunkenness

Pupils who were drunk in the last four weeks, by sex

9% of pupils said they had been drunk in the last four weeks, including 7% of pupils who had been drunk once or twice, and 2% more often. Girls (11%) were more likely to have been drunk in the last four weeks than boys (7%).

The proportion of pupils who reported having been drunk in the last four weeks increased with age. 23% of 15 year olds reported having been drunk in the last four weeks.

For more information: Tables 6.21 and 6.22, Chapter 6, Smoking, drinking and drug use among young people, 2016
Where pupils get alcohol

How obtained alcohol in the last four weeks\(^1\)

Of pupils who obtained alcohol in the last four weeks, the most common sources were to be given it by parents or guardians (70%), given it by friends (54%), or to take it from home with permission (41%).

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given by parents</td>
<td>70%</td>
</tr>
<tr>
<td>Given by friends</td>
<td>54%</td>
</tr>
<tr>
<td>Taken from home</td>
<td>41%</td>
</tr>
<tr>
<td>Bought by someone else</td>
<td>22%</td>
</tr>
<tr>
<td>Given by other relatives</td>
<td>16%</td>
</tr>
<tr>
<td>Taken from friend’s home</td>
<td>10%</td>
</tr>
<tr>
<td>Given by other people</td>
<td>8%</td>
</tr>
<tr>
<td>Stolen from home</td>
<td>8%</td>
</tr>
<tr>
<td>Bought from shop</td>
<td>6%</td>
</tr>
<tr>
<td>Stolen from somewhere else</td>
<td>5%</td>
</tr>
<tr>
<td>Stolen from friend’s home</td>
<td>4%</td>
</tr>
<tr>
<td>Given by siblings</td>
<td>3%</td>
</tr>
</tbody>
</table>

Where current drinkers usually buy alcohol

Current drinkers were most likely to buy it from friends or relatives (22%), someone else (16%), an off-licence (10%) or a shop or supermarket (8%).

61% of current drinkers said they never buy alcohol.

1) Based on pupils who obtained alcohol in the last four weeks. Pupils could give more than one answer.

For more information: Tables 7.2 to 7.5, Chapter 7, Smoking, drinking and drug use among young people, 2016
Pupils’ attitudes towards drinking

Attitudes to drinking by people of pupils’ age, by year

Pupils' attitudes towards someone of their age drinking or getting drunk have become less tolerant.

In 2016, 50% agreed that it was ok to try alcohol to see what it’s like, down from 67% in 2003.
25% said it was OK to drink alcohol once a week, down from 46% in 2003.

Getting drunk was seen as less acceptable than drinking.
In 2016, 19% said it was OK to try getting drunk to see what it was like, down from 31% in 2003.
Only 7% thought it was OK to get drunk once a week, down from 20% in 2003.

For more information: Tables 8.9 to 8.12, Chapter 8, Smoking, drinking and drug use among young people, 2016
Alcohol consumption by other household members

When last drank alcohol, by number of people who drink alcohol that pupil lives with

Pupils who lived with people who drank alcohol were more likely to drink alcohol themselves.

Only 3% of pupils who lived with only non-drinkers had drunk alcohol in the last week, and 79% had never drunk alcohol.

Among pupils who lived with three or more people who drank, the proportion who had drunk alcohol in the last week rose to 21%, whilst the proportion who had never drunk fell to 31%.

For more information: Table 8.1, Chapter 8, Smoking, drinking and drug use among young people, 2016
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.

For more information: Tables 6.13 and 6.36, Chapter 6, WAY Survey 2014
What About YOuth? Survey 2014
Part 6: Road casualties involving illegal alcohol levels

The Department for Transport publishes *Reported road casualties in Great Britain: Estimates for accidents involving illegal alcohol levels* which provides estimates of casualties arising from reported accidents involving at least one motor vehicle driver or rider over the legal alcohol limit for driving.

Figures are derived from the STATS19 forms completed by the police plus toxicology data for road fatalities from coroners and procurators fiscal.

These statistics, especially the number of fatalities, are subject to considerable uncertainty which means that it is impossible to be sure of the precise number of casualties, so ranges and confidence intervals are used.

A drink-drive accident is defined as one where someone is killed or injured, and either one or more drivers involved either failed a roadside breath test, refused to give a specimen or died within 12 hours and was found to have a level of alcohol in their blood.

More information on these tests and the differences in the allowable limits between England, Wales and Scotland can be seen in the source report.
Reported drink-drive accidents – the last 10 years (GB)

Fatalities in reported drink-drive accidents
Provisional estimates for 2016 show that between 200 and 280 people were killed in accidents in Great Britain where at least one driver was over the drink-drive limit, with a central estimate of 240 deaths. This is 13% of all deaths in reported road accidents.

Casualties in reported drink-drive accidents
An estimated 9,050 people were killed or injured when at least one driver was over the drink-drive limit. This is 5% of all reported road casualties and is the highest number since 2012.

1. Provisional central estimates. Final 2016 estimates, based on more complete data, will be published in August 2018.

For more information: [Reported road casualties in Great Britain: Estimates for accidents involving illegal alcohol levels: 2016 (provisional)]
Part 7: 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.
£43 per person was spent on food and drink (including alcoholic drinks and food eaten out) per week in 2016/17 in the UK. Taking inflation into account, this was 1.1% more than 2015, and 0.1% more than 2013.

In real terms, between 2013 and 2016/17 spending on all household food and drink fell by 0.5% and eating out expenditure rose by 9.4%. Household spending on alcoholic drinks rose by 2.8% over the same period, and that bought for consumption outside the home also rose by 1.7%.

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
Purchases and expenditure on alcohol

Alcohol intake rose 7.7% in 2016/17 to 9.7 grams of alcohol per person per day. Eating out purchases accounted for 28% of total alcohol intake in 2016/17.

In 2016/17, eating out intakes of alcohol were 38% higher than in 2013 and up until 2014 showed a significant downward trend.

Alcohol intake from eating out purchases declined 35% between 2001-02 and 2016/17.

For more information: Department of Environment, Food and Rural Affairs (DEFRA): Family Food
Affordability of alcohol

Long term trend

In the UK since 1980 alcohol has become 64% more affordable.

![Alcohol affordability index graph]

Last ten years (2007 to 2017)

Over the last ten years the price of alcohol has increased by 33%.

The price of alcohol increased by 0.8% relative to retail prices, whilst real disposable income per adult increased by 1.9% over the same period.

As a result, alcohol has become 1.1% more affordable since 2007.

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

For more information: Table 4 of Statistics on Alcohol, England, 2018
Expenditure on off-trade\(^1\) alcohol purchases

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

UK household expenditure on alcohol has more than doubled to £19.9 billion in 2017, from £9.3 billion in 1985. However, alcohol expenditure as a proportion of total household expenditure has fallen to 1.5% over the same period, from 3.8% in 1985.

**Average weekly expenditure on alcohol\(^3\)**

Average weekly household expenditure on alcohol was £8.20 in 2016/17.

People in the 50-64 age group spent the most, with an average of £11.00 a week.

The lowest weekly expenditure was by those aged under 30 and 75+ with an average of £5.00.

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

**For more information:** [Table 5 Statistics on Alcohol, England, 2018](#), [Detailed household expenditure: Table A11](#)
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 and quote “Feedback on Statistics on Alcohol Report” in the subject heading.