

By  
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# Alcohol Statistics: England



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## Contributing Authors

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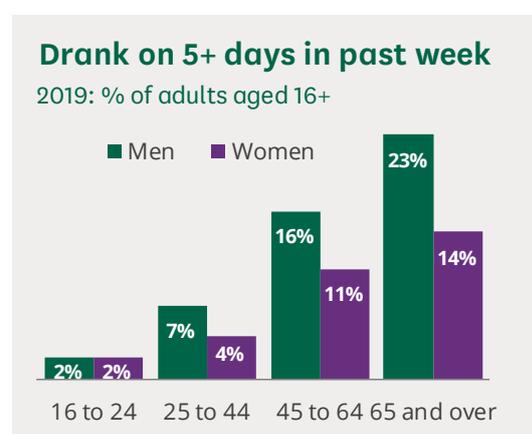
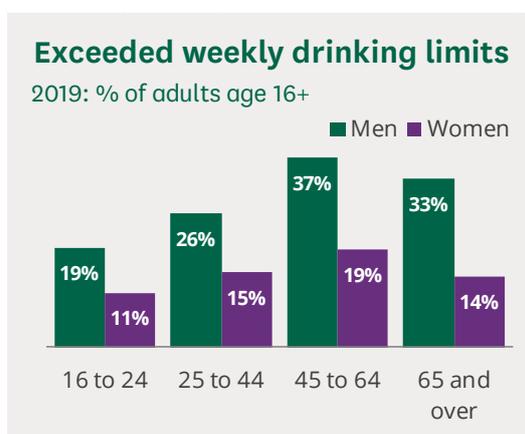
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## Summary

In 2019, 54% of adults in England reported drinking alcohol in the last week.

Men were more likely to drink than women (59% of men and 50% of women drank alcohol during the previous week). Men also drank more frequently than women: 13% of men compared with 8% of women had drunk on at least five days in the previous week.

Adults aged 45-64 were more likely to exceed the weekly limits, with 37% of men and 19% of women drinking over 14 units of alcohol in a week. Younger adults, aged 16-24, were the least likely to drink in excess of 14 units per week (19% of men and 11% of women).



Younger adults also drank less frequently; 2% of men and 2% of women aged 16-24 had drunk on 5 or more days during the previous week compared with 23% of men and 14% of women aged 65 and over.

In 2018, 9% of children aged 11-15 in England had drunk alcohol in the last week. Most pupils who drank in the last week had done so on one or two days (59% and 24% respectively).

Alcohol-specific conditions were responsible for 347,761 hospital admissions in England in 2019/20, (2% of all admissions).

There were 7,544 alcohol-specific deaths in the UK in 2019. Alcoholic liver disease was the most common cause, accounting for 77% of alcohol-specific deaths.

# 1 Background

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

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

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

The strategy included commitments to:

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

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

In July 2018, the then Parliamentary Under Secretary for the Department of Health and Social Care, Steve Brine, said that the Government was working on an alcohol strategy that was being led by the Home Office.<sup>2</sup> In response to

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

<sup>2</sup> HC Deb, 24 July 2018: *[Alcohol dependency](#)*

a May 2019 Parliamentary Question asking when the Government would publish its new alcohol strategy, Parliamentary Under Secretary of State at the Home Office, Victoria Atkins, said that the Government was “considering the precise timing of next steps across Government”.<sup>3</sup> This new strategy is now likely to be postponed as priorities are redirected elsewhere due to COVID-19.

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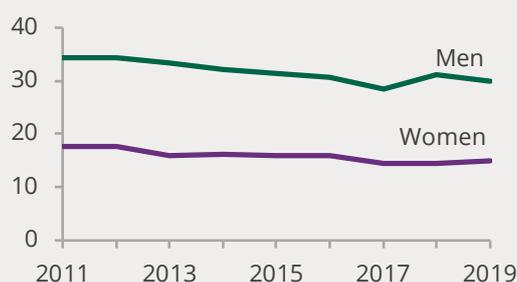
<sup>3</sup> [PQ 247661](#), 1 May 2019

## 2

## Alcohol consumption: adults

## Weekly alcohol consumption over recommended limit

% of adults age 16+



The main source of data on drinking among adults in England is the *Health Survey for England*, commissioned by NHS Digital. This is an annual survey covering adults aged 16 and over living in private households in England. The [most recent publication](#) found that, in 2019, 54% of adults reported drinking alcohol in the last week.

Men were more likely to drink than women (59% of men and 50% of women drank alcohol during the previous week). Men also drank more frequently than women: 13% of men compared with 8% of women had drunk on at least five days in the previous week.

Since 2011, the proportion of men and women drinking more than the weekly recommended limit of 14 units of alcohol has declined. Although, in 2018 this increased slightly among males - by 2% on the previous year. A far greater proportion of men consistently exceeded the recommended weekly limit: in 2019, 30% of men exceeded the limit, more than twice the proportion of women (15%).

## Exceeded weekly drinking limits

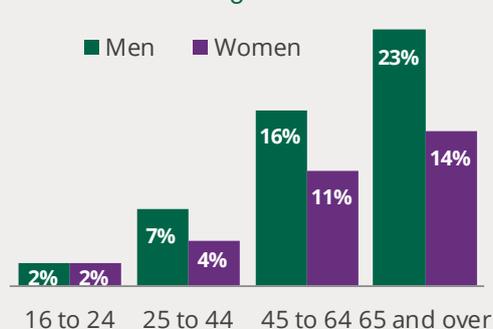
2019: % of adults age 16+



Adults aged 45-64 were more likely to exceed the weekly limits, with 37% of men and 19% of women drinking over 14 units of alcohol in a week. Younger adults, aged 16-24, were the least likely to drink in excess of 14 units per week (19% of men and 11% of women).

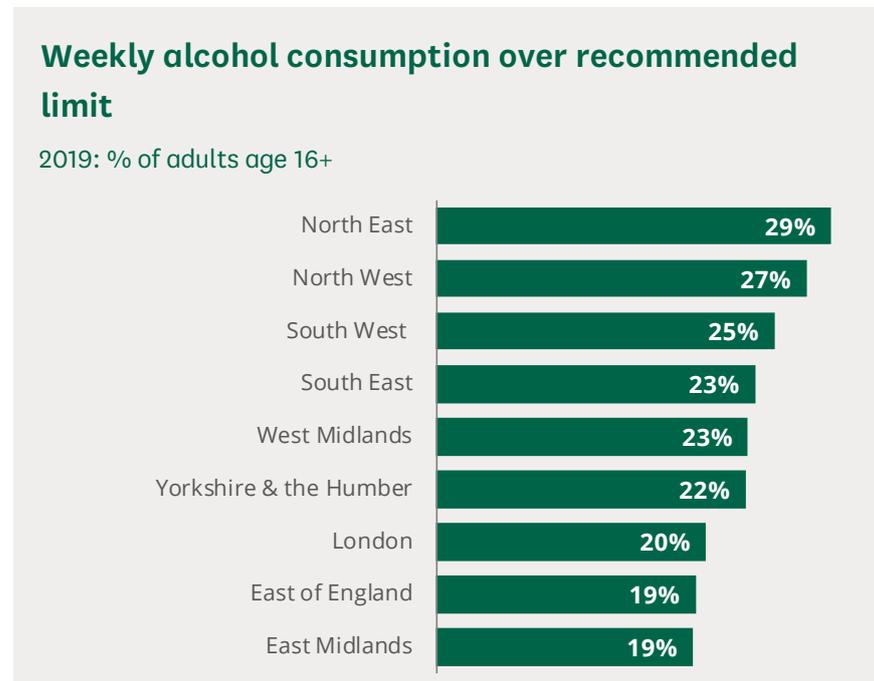
## Drank on 5+ days in past week

2019: % of adults aged 16+



According to the survey, young adults were the least likely to have consumed alcohol; two fifths (40%) of 16 to 24 year-olds reported drinking alcohol in the previous week, compared with around 60% of those aged 45 to 64. They also drank less frequently; 2% of men and 2% of women aged 16-24 had drunk on 5 or more days during the previous week compared with 23% of men and 14% of women aged 65 and over.

The Health Survey for England data also variations in alcohol consumption between regions in England. Adults living in the North East were the most likely to drink more than 14 units of alcohol per week (29%) and those living in the East Midlands and the East of England were the least likely (both 19%).



## 3

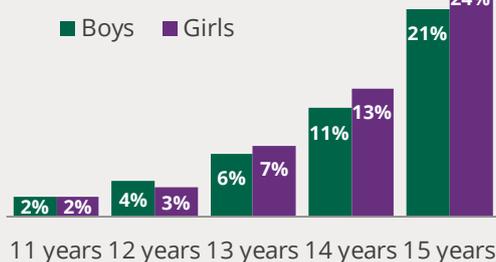
## Alcohol consumption: children

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

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

### Drank alcohol in the last week

2018: % of children age 11-15

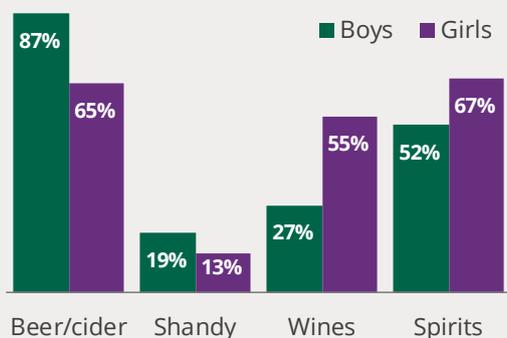


The proportion of children drinking alcohol increases sharply with age: for example, only 2% of 11 year-olds of either gender reported drinking alcohol in the past week, compared with 21% and 24% of 15 year-old boys and girls respectively.

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

### Type of alcohol drunk

% 11-15 year olds who drank in last week



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

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

## 4 Alcohol-related hospital activity and treatment

Alcohol misuse is a major cause of attendance and admission to general hospitals in both the A&E/trauma and non-emergency settings. It may be either directly responsible for admission or contribute, together with other causes, to hospital admissions. NHS England estimate that up to 15% of all A&E attendances are alcohol related.<sup>4</sup>

### 4.1 Hospital activity

In England, there were 347,761 hospital admissions in 2019/20 that were alcohol-specific, a rate of 644 per 100,000 population<sup>5</sup>. This made up 2% of all admission episodes<sup>6</sup>. 67.5% of those admitted were male.<sup>7</sup>The 2019/20 data represents a departure from the distinction between broad and narrow measures previously utilised by Public Health England. An alcohol-specific admission is defined as an episode where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition.

The table and map overleaf show local authority level 2019/20 rates of hospital admissions for alcohol-specific conditions. Rates tend to be higher in the North of England, where eight of the local authorities with the ten highest rates are located.

There is a large variation in rates across local authorities, with the highest rate of 2,590 admissions per 100,000 population in Southampton almost eight times greater than the lowest rate of 331 admissions in Redbridge.

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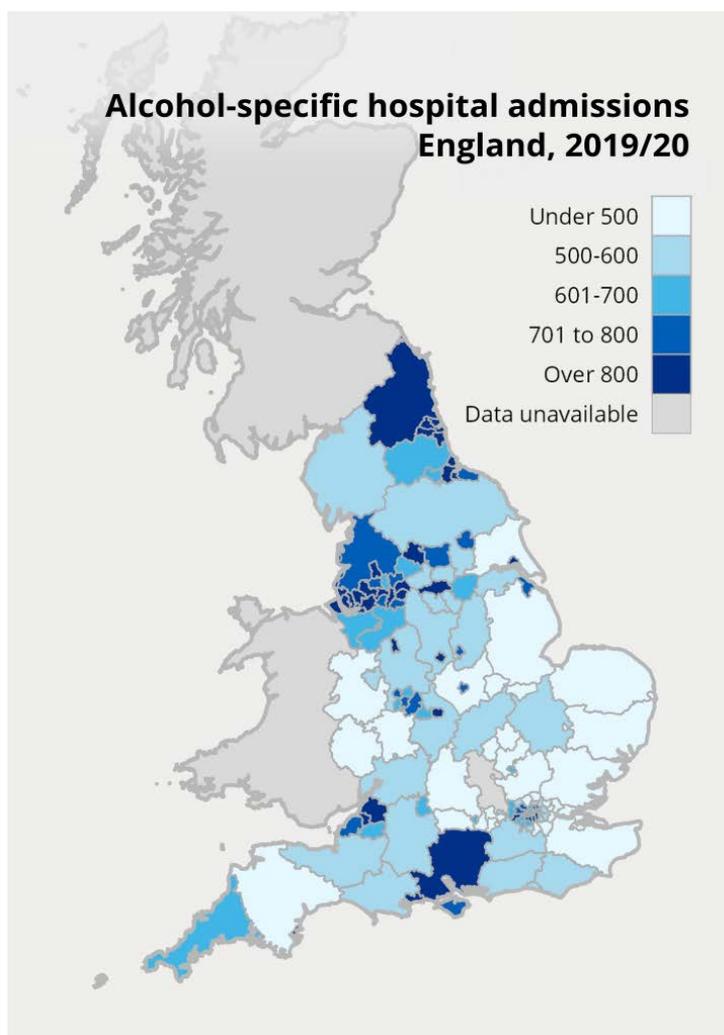
<sup>4</sup> NHS England, [Alcohol Care Teams](#) [Accessed: 14 May 2020].

<sup>5</sup>PHE, *Local Alcohol Profiles for England (LAPE)*, February 2021.

<sup>6</sup> NHS Digital, *Hospital Admitted Patient Care Activity 2019-20*, 17 September 2020

<sup>7</sup> PHE, *Local Alcohol Profiles for England (LAPE)*, February 2021.

<b>Hospital admissions</b> per 100,000	
<b>10 HIGHEST RATES</b>	
Southampton	2,590
Salford	1,613
Liverpool	1,360
Blackpool	1,359
Wirral	1,231
South Tyneside	1,229
Sefton	1,187
Bristol	1,182
Newcastle upon Tyne	1,177
Hartlepool	1,171
<b>10 LOWEST RATES</b>	
Redbridge	331
Thurrock	345
Wokingham	349
Barnet	376
Essex	377
Bromley	384
Medway	388
West Berkshire	391
Rutland	396
Lincolnshire	402



Source: [PHE Local Alcohol Profiles](#)

## 4.2 Drug treatment

The National Drug Treatment Monitoring System (NDTMS) collects data on individuals receiving treatment for alcohol and substance abuse in England. The [statistical release](#) for 2019/20 shows that there were 104,880 adult clients (aged 18 and over) in alcohol-related treatment (39% of all adults in treatment): of these 74,618 (71%) were being treated for alcohol problems solely, with the rest being treated for problematic use of alcohol in combination with other substances.

The number of individuals treated for problematic alcohol use alone has remained stable since 2017/18. Prior to this, it had seen a year-on-year decrease from a peak of 91,651 in 2013/14.

The latest NDTMS [data for children and young people](#) (aged up to 17 years) reported that alcohol was the second most cited substance after cannabis, with 6,060 being treated in 2019/20. This accounts for 42.4% of under 18's in treatment for drug and alcohol abuse.

Numbers of children and young people in treatment for problematic alcohol consumption have declined steadily over the past decade, from 16,409 in treatment in 2009/10 down to 6,060 in 2019/20<sup>8</sup>.

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<sup>8</sup> PHE, [Young People's Statistics from the National Drug Treatment Monitoring System \(NDTMS\)](#), Table 6.3.1

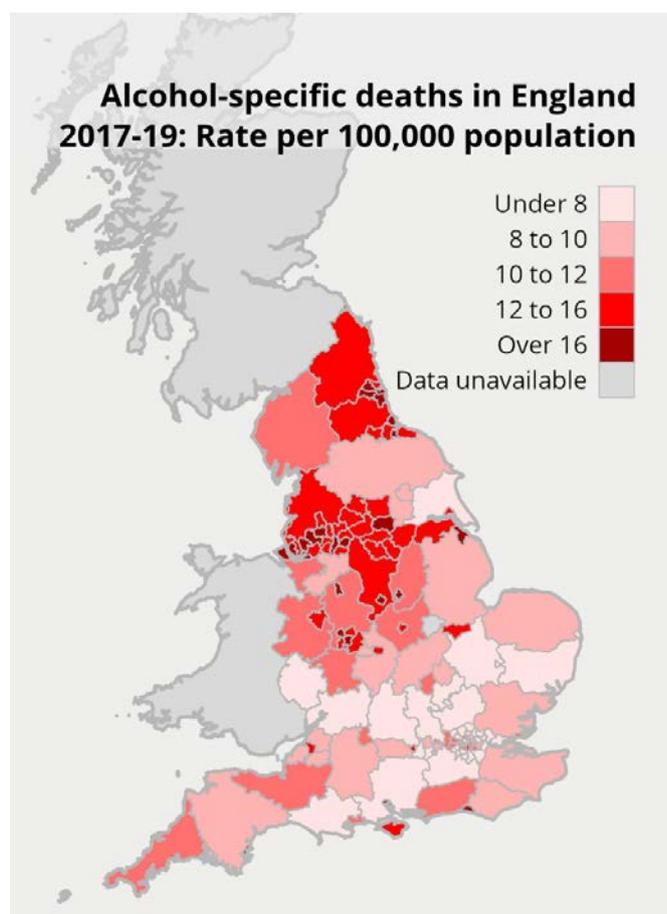
## 5

## Alcohol-specific deaths

Public Health England (PHE) published an [evidence review on the public health burden of alcohol in England](#) in 2016, which reported that “among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups”.<sup>9</sup>

The table and map below show the rate of alcohol-specific deaths per 100,000 population in local authorities in England between 2017-19. The nine local authorities with the highest death rate are all located in the North East and Midland regions of the country. Each of the ten lowest rates are located within London other than Bracknell Forest, located just west of the capital.

Alcohol-specific deaths per 100,000	
<b>10 HIGHEST RATES</b>	
Blackpool	27.3
South Tyneside	22.1
Stoke-on-Trent	21.3
Wolverhampton	20.1
Middlesbrough	19.4
Sandwell	19.3
Bolton	19.0
Derby	19.0
Sunderland	18.6
Halton	17.9
<b>10 LOWEST RATES</b>	
Bracknell Forest	3.9
Barnet	4.7
Enfield	4.8
Havering	5.4
Haringey	5.7
Harrow	5.8
Kensington and Chelsea	5.8
Westminster	5.9
Brent	6.1
Barking and Dagenham	6.2



Source: [PHE Local Alcohol Profiles](#)

<sup>9</sup> PHE, *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*, December 2016, p.6.

The North East region had the highest mortality rate for deaths from all causes, whilst London had the lowest rate. Blackpool had the highest overall mortality rate of all local authorities, in addition to the highest alcohol-specific death rate.<sup>10</sup>

Alcohol-related mortality tends to worse affect areas with higher levels of deprivation. However, studies have shown that people living in less deprived areas tend to consume more alcohol.<sup>11</sup> This gives rise to the alcohol harm paradox, whereby the burden of alcohol harm falls more heavily on individuals from lower socio-economic backgrounds, despite drinking the same amount, if not less, than those of higher socio-economic status. For instance, almost half of alcohol-related hospital admissions in the UK occur within the lowest three socioeconomic deciles.<sup>12</sup>

Factors which might explain this pattern include:

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

Although, limited evidence exists to support these associations.<sup>13</sup>

The Ministry of Housing, Communities and Local Government calculates local measures of deprivation in England. In 2019, the most deprived local authorities tended to be located in the North of England.<sup>14</sup> Areas of greater deprivation tended to mirror a higher rate of alcohol-specific mortality and alcohol-related hospital admissions.

## 5.1 UK level deaths

The table below shows the number of deaths with an alcohol-specific underlying cause for each nation of the UK. In 2019 there were 7,544 alcohol-specific deaths across the UK. Alcoholic liver disease was the most common cause of death in all nations (accounting for 77% of alcohol-specific deaths in the UK), followed by mental and behavioural disorders due to use of alcohol (13%).

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<sup>10</sup> ONS, *Deaths registered in England and Wales: 2019*, 1 July 2020.

<sup>11</sup> Breakwell, et al., *Trends and geographical variations in alcohol-related deaths in the United Kingdom, 1991–2004*, Spring 2007.

<sup>12</sup> PHE, *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*, December 2016, p.30.

<sup>13</sup> *ibid.*, p.27.

<sup>14</sup> MHCLG, *English Indices of Deprivation 2019*, 26 September 2019.

## Alcohol-specific deaths by cause, 2019

ICD-10 cause of death description	England	Wales	Scotland	Northern Ireland	UK
Alcoholic liver disease	4,644	302	660	226	<b>5,832</b>
Mental and behavioural disorders due to alcohol	575	35	272	75	<b>957</b>
Accidental poisoning by and exposure to alcohol	374	18	59	21	<b>472</b>
Alcoholic cardiomyopathy	102	7	5	7	<b>121</b>
Alcohol-induced acute pancreatitis	89	5	14	6	<b>114</b>
Alcoholic gastritis	7	0	2	0	<b>9</b>
Alcohol-induced chronic pancreatitis	10	1	3	1	<b>15</b>
Degeneration of nervous system due to alcohol	9	0	3	0	<b>12</b>
Poisoning by or exposure to alcohol, undetermined intent	8	0	1	0	<b>9</b>
Intentional self-poisoning by and exposure to alcohol	2	0	0	0	<b>2</b>
Fetal alcohol syndrome (dysmorphic)	0	0	1	0	<b>1</b>
<b>Total</b>	<b>5,820</b>	<b>368</b>	<b>1,020</b>	<b>336</b>	<b>7,544</b>

Source: ONS, [Alcohol-specific deaths by sex, age-group and individual cause of death](#), 02 Feb 2021

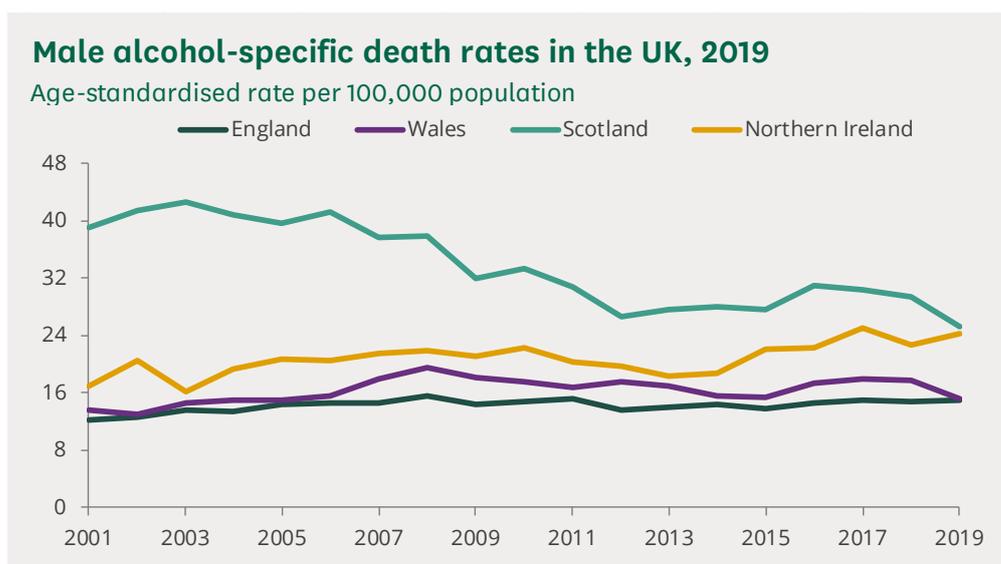
Prior to 2017, deaths associated with alcohol misuse were recorded in accordance with the ONS definition of ‘alcohol-related deaths’. This definition has since been narrowed to ‘alcohol-specific deaths’, whereby the underlying cause of death is wholly attributable to alcohol. This excludes causes of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

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

In 2019, Scotland’s male alcohol-specific death rate was higher than any of the other countries: 25.2 deaths per 100,000 males compared with rates of 15.0 in England, and 15.1 in Wales. Northern Ireland’s rate for 2019 was 24.2 deaths per 100,000 males.

Although Scotland has shown the highest alcohol-specific death rates for males since 2001, the country has also seen the largest decrease in rates, from a peak of 42.6 deaths per 100,000 in 2003 down to its lowest rate in 2019 (26.7 deaths per 100,000).

The rate in England rose significantly from 12.3 deaths per 100,000 in 2001 to 15.0 per 100,000 in 2019, a 22% increase. Over the same period, the rate also rose by 11% in Wales - from 13.6 to 13.1 per 100,000. However, the change in Wales was not statistically significant.

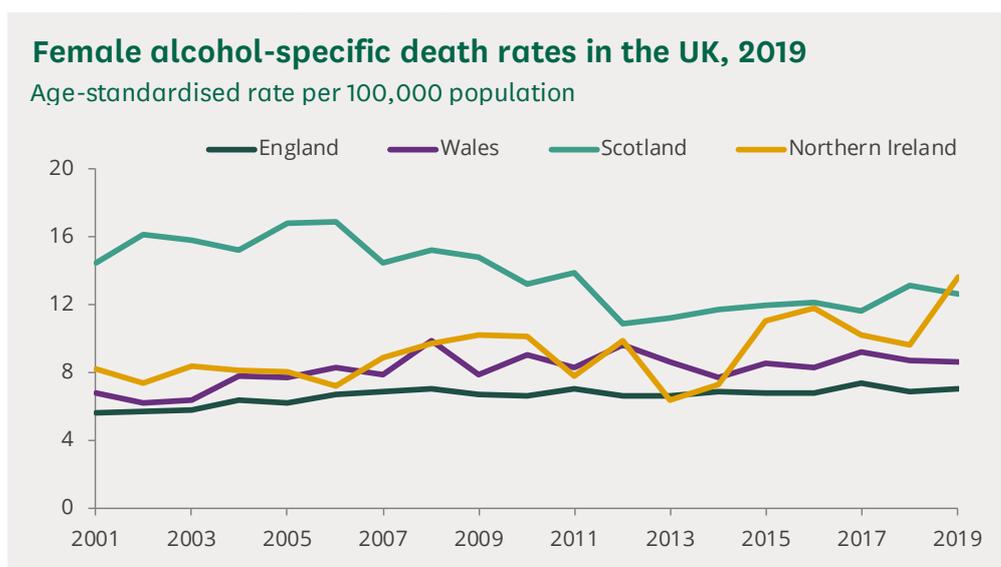


Source: ONS, [Alcohol-specific deaths in the UK: registered in 2019](#).

Scotland was the only country to see a decrease over time in female rates of alcohol-specific deaths. Rates fell from 14.5 per 100,000 in 2001 down to 12.6 per 100,000 in 2019.

Female alcohol-specific death rates have increased significantly in England and Northern Ireland since 2001. Although rates in England are consistently lower than the other nations, they have increased by 25% since 2001 - from 5.6 deaths per 100,000 to 7.0 per 100,000. Over the same period, the female rate of alcohol-specific deaths in Northern Ireland increased by 66% (from 8.2 to 13.6 deaths per 100,000 females).

The alcohol specific death rate for females in Wales also increased from 6.8 per 100,000 in 2001 to 8.6 per 100,000, but this increase was not statistically significant.



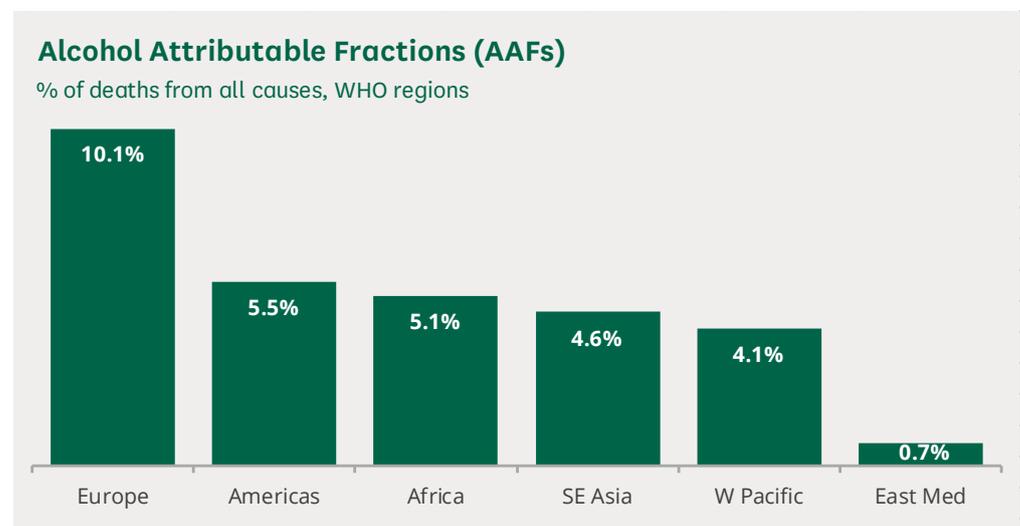
Source: ONS, [Alcohol-specific deaths in the UK: registered in 2019](#).

## 5.2 International comparisons

The World Health Organization (WHO) collects data on the health impacts of alcohol consumption, made publicly available via its [Global Information System on Alcohol and Health](#). The most recent data available is for 2016. In 2016, WHO found that 3 million people died worldwide as a result of harmful use of alcohol, accounting for 5.3% of all deaths.<sup>15</sup>

The WHO uses the measure ‘alcohol-attributable fraction’ (AAF) to quantify the contribution of alcohol as a risk factor to disease or death. The AAF is the proportion of all diseases and deaths that are attributable to alcohol. According to the WHO: “AAFs can be interpreted as the proportion of deaths or burden of disease which would disappear if there had not been any alcohol.”<sup>16</sup>

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



Source: WHO, [Global Information System on Alcohol and Health: Alcohol-attributable fractions](#)

<sup>15</sup> WHO, [Global status report on alcohol and health 2018](#), 21 September 2018, p.63.

<sup>16</sup> *ibid.*, p.62.

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

**Alcohol Attributable Fractions (AAFs): top 20 countries**  
 % of deaths from all causes

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

Source: WHO, [Global Information System on Alcohol and Health: Alcohol-attributable fractions](#)

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

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