



Health Survey for England 2015 Adult alcohol consumption

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This report examines alcohol consumption among adults in England in 2015. It explores the proportion of men and women drinking at increasing and higher risk levels on a weekly and daily basis. Analysis also focuses on variations in alcohol consumption by household income and across regions in England.

Key findings

- In 2015, 83% of adults had drunk alcohol in the last 12 months.
- On average, men drank a mean of 14.9 units in a usual week and women drank a mean of 8.9 units.
- A minority of adults, 13% of men and 20% of women, had not drunk alcohol in the last 12 months. The majority, 55% of men and 64% of women, drank at levels considered to be at lower risk of alcohol-related harm (up to 14 units). The remaining 31% of men and 16% of women drank over 14 units in a usual week.
- Drinking over 14 units in a usual week was most common among men and women aged 55 to 64 (41% and 24% respectively).
- Men and women in higher income households were more likely to drink over 14 units in a
 usual week (37% and 22% respectively) than were men and women in lower income
 households (29% and 9% respectively).
- 15% of men and 9% of women drank alcohol on five or more days in the last week.
- Among adults who had drunk alcohol in the last week, 52% of men drank above 4 units on at least one day, and 50% of women exceeded 3 units on at least one day.

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This report may be of interest to members of the public, policy officials, people working in public health and to commissioners of health and care services to see the prevalence of alcohol consumption among adults in England.

Introduction

Contents

This report examines alcohol consumption among adults in England using data from HSE 2015. Frequency of drinking in the last year, weekly alcohol consumption, and maximum daily alcohol consumption are presented for men and women. As well as drinking patterns by age and sex, this report also analyses differences across regions in England, and household incomes.

Detailed tables accompanying this report can be accessed via http://digital.nhs.uk/pubs/hse2015.

Background

Alcohol and risks to health

Over the past few decades an increasing awareness and understanding of the health impacts of regular alcohol consumption, along with changes in drinking patterns and behaviour, have given rise to widespread concern amongst policy makers, health professionals and the general public. The 2004 *Alcohol Harm Reduction Strategy for England*¹ was the first in a series of strategies published by governments, with the aim of reducing alcohol-related harm and promoting sensible alcohol consumption.

The World Health Organization (WHO) places alcohol as the third biggest global risk for burden of disease², and alcohol is identified as a causal factor in more than 60 medical conditions³, as well as particular cancers including breast, throat and liver.^{4,5} The risk of alcohol-related harm increases with the amount drunk on a regular basis. Short-term health risks include accidents and injuries⁶, and alcohol-related hospital admissions continue to increase. In 2014/2015 there were 1.1 million hospital admissions where an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis,^{7,8} with men more likely than women to be admitted for these reasons.⁹ The risks are not just to those consuming alcohol, however, alcohol consumption has wider detrimental impacts on society, including harm caused to third-parties, crime, and anti-social behavior.¹⁰ Since 2004, alcohol-related mortality has increased.

Evidence supporting the possible protective health benefits that some alcohol consumption can have 11 (namely reducing the risk of CHD and ischemic stroke) is now deemed to be weaker than previously thought. Any reduced risk is believed to be confined to women aged 55 and over, and only when alcohol consumption is limited to around 5 units per week. In 2015, *The Health Evidence Expert Group* concluded that there is no justification for recommending alcohol consumption on health grounds, or starting to drink alcohol for these reasons. 4

The increase in alcohol-related morbidity and mortality has largely been attributed to the rise in alcohol consumption since the post-war years. Per head of the adult population, alcohol consumption more than doubled between the mid-1950s and 1990s. There have also been changes to consumption behaviour, with an increase in alcohol purchased from off-licences and consumed at home as opposed to licenced establishments. This long-term trend is thought to be largely due to the increasing affordability of alcohol from off-licence sellers. 12

In recent years, these trends have prompted debate about the introduction of a minimum price per alcohol unit. In 2012, Scotland passed legislation¹³ allowing the introduction of a minimum price per unit, but this has been subject to various legal

challenges¹⁴ and is yet to be implemented. The 2012 *Alcohol Strategy*¹⁵ also made a commitment to introducing a minimum price in England and Wales. Following a consultation¹⁶ this was rejected on the basis that there was not concrete evidence that the policy would reduce problematic drinking without penalising consumers.¹⁷ In May 2014, a ban on the sale of alcohol that is below a permitted (cost) price came into force in England and Wales¹⁸. The "permitted price" is defined as the level of alcohol duty plus VAT and applies to all licenced premises. This means a minimum cost of 40 pence for a medium can of lager (4% AVB) and £2.46 for a 750ml bottle of wine (12.5% ABV).¹⁹

Alcohol consumption guidelines

Alcohol consumption on an individual basis was seen as a personal choice until the publication of *Drinking Sensibly* in 1981²⁰ which defined alcohol misuse and introduced the concept of 'sensible drinking'. Alcohol 'units' were introduced in 1987 as a standardised way to compare and monitor the alcoholic content of drinks. Until 2004, one unit of alcohol was generally accepted as being equivalent to a half pint of ordinary beer or lager, a small (125ml) glass of wine or a single measure of spirits. In 2004, the *Alcohol Harm Reduction Strategy*¹ acknowledged that these assumptions were no longer valid because the alcoholic strength of drinks had increased over time, and drinks sold in pubs or bars were larger measures than previously used, thereby increasing the amount of alcohol consumed.²¹ As a consequence, advice on the alcoholic content of drinks became more specific.

'Sensible limits', that is, the amount people should limit their drinking to in order to avoid damage to health, were set at up to 21 units per week for men and 14 units per week for women. ²² The guidance was revised in the 1995 *Sensible Drinking* report¹¹ and linked to daily rather than weekly consumption. Daily guidelines were seen to be more appropriate for single occasion drinking and more helpful given the then perceived health benefits of regular drinking at a moderate level. Regular consumption of between three and four units per day for men and between two and three units per day for women were deemed to be of lower risk of alcohol-related harm.

In 2016, following a review of existing evidence on the health effects of alcohol and a public consultation, 4, 23 the UK Chief Medical Officers published new guidelines on low risk drinking.²⁴ In a move away from daily limits, it is now recommended that men and women should not regularly (defined as most weeks) drink more than 14 units a week. Drinking at this level is considered to be 'low risk', and adults who regularly drink up to this amount are advised to spread their drinking over three or more days. Above this level is considered to be 'increased risk', for men this is now above 14 units and up to 50 units, and for women over 14 units and up to 35 units per week. Men who regularly drink more than 50 units a week and women more than 35 units, are described as 'higher risk drinkers' and are considered to be at particular risk of alcohol-related health problems.²⁴ The revised guidance questioned the usefulness of daily limits given that many people don't drink every day and that, to some extent, the daily amounts are misunderstood and seen as a maximum amount of alcohol to drink on a single day or occasion.⁴ The revised guidelines instead provide advice for alcohol consumption on single occasions, with the intention of helping individuals to reduce the short-term risks and harm caused by drinking. Adults are advised to limit how much they drink on single occasions, consume alcohol with food and water, and drink alcohol slowly.

Although this new guidance came into effect after the fieldwork for this survey took place, the proportion of men drinking above 14 units a week has been included so the impact of the CMOs' guidance can be monitored in future years.

Methods and definitions

Methods

The Health Survey for England (HSE) has asked about drinking alcohol since its inception in 1991. Until 1997, drinking was measured using a series of questions that, for each type of drink, recorded the frequency of drinking within the last 12 months and the usual amount drunk on any single day. This information was combined to calculate average weekly consumption (known as the 'quantity-frequency' method of measuring alcohol consumption).

In 1998, questions were introduced about the maximum amount of alcohol consumed on any day in the previous week. These reflected changes in government guidelines, specifically the move from recommended limits for weekly consumption to those based on daily consumption, and have been used in each HSE year since then. The quantity-frequency questions were dropped from the questionnaire from 2003, but were reinstated in 2011.

In 2015, the HSE questionnaire covered the following areas:

- Frequency of drinking in the last 12 months (including those who never drink)
- For those who drank in the last 12 months, the frequency of drinking different types of drink and the amounts of each drunk on a typical day (providing average weekly consumption)
- Number of drinking days in the last week
- For those who drank in the last week, the amounts of different types of alcohol drunk on the day they drank most ('maximum amount drunk on any day in the last week').

Information on drinking alcohol is generally collected from adults as part of the main survey interview. In 2015, as in previous years, there were two exceptions to this, designed to provide greater privacy for younger participants. Teenagers aged 16 and 17, below the legal age for buying alcohol, were asked to fill in a self-completion questionnaire covering smoking and drinking. Interviewers had the option of offering Young adults aged 18 to 24 this questionnaire if the interview took place in the presence of their parents. In 2015, 14% of 18 to 24 year olds answered questions about drinking via the self-completion questionnaire.

Measuring alcohol intake

Alcohol consumption is reported in terms of units of alcohol; one unit of alcohol is 10ml by volume of pure alcohol. The method used by the HSE to convert drinks to units remained essentially unchanged from 1991 until 2005. The assumptions were similar to those which have been used by other major surveys since they were introduced by the General Household Survey (GHS) in 1990. However, in the same way that the original health promotion advice about alcoholic drinks had become out of date as the drinking environment changed (see background section), it became clear that the assumptions about the strength of drinks and standard glass sizes were no longer valid. In response, changes were made from 2006 onwards to the way the HSE and other surveys estimate alcohol consumption. ^{25,26,27}

In 2007, the questions about the quantities of wine drunk were revised from the previous format which measured consumption by the number of glasses drunk, with no definition of glass size. The new format asked separately about large (250ml), medium (175ml) and small (125ml) glasses, and also included the option of specifying

the quantity of wine drunk in bottles or fractions of a bottle; a bottle was treated as the equivalent of six small (125ml) glasses.

Table A below shows the conversion factors used in this report; drinks other than wine are the same as the revised unit measures used since 2006. In 2006, the unit conversion for a glass of wine (size unspecified) was two units (revised from one unit in previous years), and the different assumptions for different glass sizes were introduced from 2007. Those who drank bottled or canned beer, lager, stout or cider were asked in detail about what they drank, and this information was used to estimate the amount in pints.

Table A: Conversion factors for estimating alcohol content of drinks

Type of drink	Measure	Units of alcohol
Normal strength beer, lager, stout, cider, shandy (less than 6% ABV)	Pint	2
	Can or bottle	Amount in pints multiplied by 2.5
	Small cans (size unknown)	1.5
	Large cans or bottles (size unknown)	2
Strong beer, lager, stout, cider (6% ABV or more)	Pint	4
	Can or bottle	Amount in pints multiplied by 4
	Small cans (size unknown)	2
	Large cans or bottles (size unknown)	3
Wine	Small glass (125ml)	1.5
	Medium glass (175ml)	2.0
	Large glass (250ml)	3.0
	Bottle	9.0
Spirits and liqueurs	Glass (single measure)	1
Sherry, martini and other fortified wines	Glass	1
Alcopops	Small can or bottle	1.5

Definitions

This chapter reports on the following measures of consumption:

- The average amount usually drunk in a week
- The maximum amount drunk on any day in the last week.

The current guidelines for sensible drinking are described above. Measures of usual weekly consumption are presented in line with the current guidelines, 'Lower risk' (up to 14 units for men and women), 'increasing risk' (above 14 and up to 50 units for men, above 14 and up to 35 units for women) and 'higher risk' (above 50 units a week for men, above 35 units for women)²⁸. The weekly categories are approximate only and do not take into account varying patterns of consumption, for example on different days of the week or at different times of year. By definition they cover a 'typical' day,

and therefore do not reflect occasions when consumption might be higher than usual (for instance holidays, or celebrations such as parties, weddings, Christmas).

Adults' maximum alcohol consumption on any given day in the last week is presented in line with the previous guidelines for daily amounts (see background section). This report looks at the proportion of adults drinking more than these levels on their heaviest drinking day in the past week, as well as the proportion drinking more than double these levels. It does not take into account how often they drink these amounts.

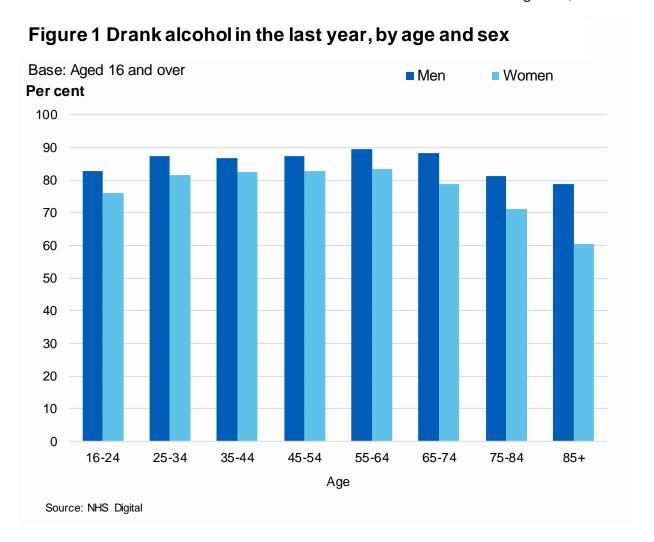
Frequency of drinking

Frequency of drinking in the last year, by age and sex

In 2015, 83% of adults had drunk alcohol in the last 12 months. A higher proportion of men than women drank alcohol in the last year (87% and 80% respectively).

For men and women, the proportions of non-drinkers were highest in the youngest and oldest age groups. For men, the prevalence of drinking in the last year was between 87% and 90% among men aged 25 to 74. Similarly, for women between the ages of 25 and 64, the prevalence of drinking in the last year was relatively similar (82% or 83%).

Figure 1, Table 1



Over half (52%) of adults usually drank alcohol once a week or more often, with men more likely than women to do so (60% and 44% respectively). The proportion who drank once a week or more increased with age among both men and women before gradually decreasing, from the age of 75 for men, and the earlier age of 65 for women. Within every age group a higher proportion of men than women drank alcohol once a week or more.

Table 1

Estimated weekly alcohol consumption Estimated weekly alcohol consumption, by age and sex

The method used to estimate weekly alcohol consumption among adults is summarised in the methods section above. These estimates are based on average

consumption across the year and do not represent consumption in any specific week.

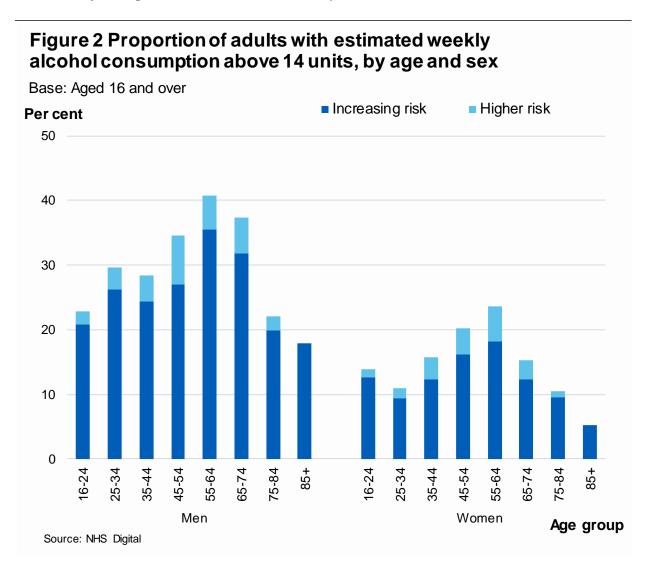
In an average week, adults drank a mean of 11.9 units of alcohol; men drank a mean of 14.9 units, and women drank a mean of 8.9 units.

A minority of adults, 13% of men and 20% of women, did not drink in the last 12 months. 55% of men and 64% of women drank at levels which put them at lower risk of alcohol-related harm, that is, 14 units or less in the last week. Twice as many men than women drank at an increasing risk level (27% and 13% respectively); for men this was defined as more than 14 units and under 50 units, and for women more than 14 units and under 35 units. A higher proportion of men than women also drank at higher risk levels; 4% of men drank over 50 units and 3% of women drank over 35 units in the last week.

The proportion of men and women usually drinking over 14 units in a week varied across age groups and was most common among men and women aged 55 to 64 (41% and 24% respectively). Proportions drinking at these levels then declined among both sexes from the age of 65. The decline was sharper among women, falling by 9 percentage points, from 24% of women aged 55 to 64 to 15% aged 65 to 74. Across all age groups, men were more likely than women to drink at increasing and higher risk levels.

Increased and higher risk drinking followed similar age-related patterns.

Figure 2, Tables 2 and 3



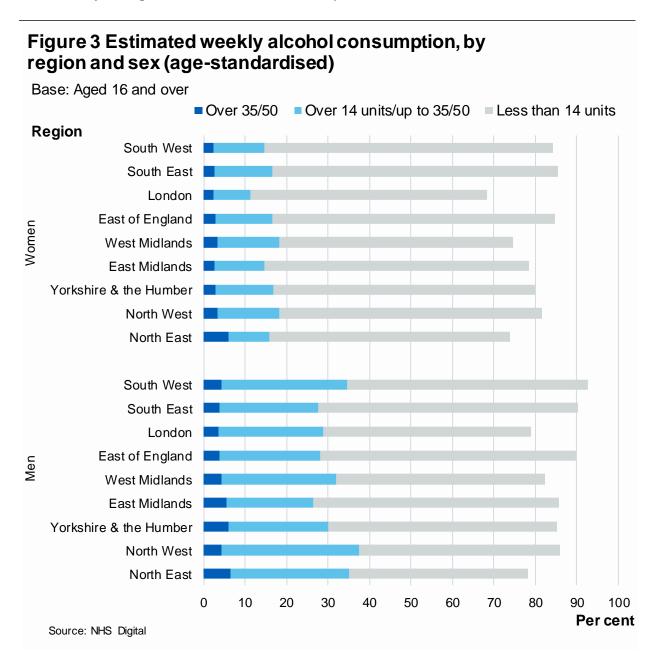
Estimated weekly alcohol consumption, by region

Regional data are shown in the tables both as observed and age-standardised estimates to account for the different age profiles across regions. The findings by region that are discussed in this section and elsewhere in the chapter are based on age-standardised results.

The proportions of men and women who had not drunk alcohol varied across regions. Among men, the highest proportions of non-drinkers were in the North East and London, the lowest proportions in the East of England, the South East and the South West. Among women, the highest proportions were in London, the lowest in the South East, South West and the East of England.

Once age was taken into account, there was no statistically significant variation across regions among adults drinking at increasing or higher risk levels. The same was true when considering increasing and higher risk levels of drinking separately.

Figure 3, Table 4



Estimated weekly alcohol consumption, by household income

For a definition of equivalised household income, see the Glossary.²⁹ The analysis by household income in this report has been age-standardised.

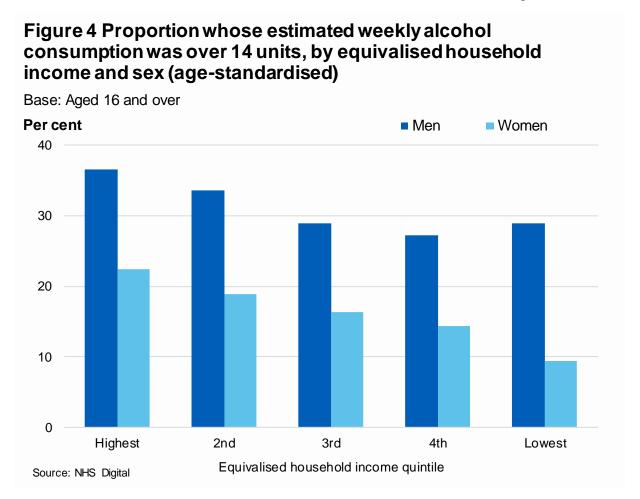
The proportion of adults who were non-drinkers was highest in lower income households (28%). 25% of men and 30% of women were non-drinkers in the lowest income households, compared with 7% of men and 9% of women in the highest income households.

Adults in higher income households were more likely to drink over 14 units in a usual week than those in lower income households. 37% of men in households in the highest income quintile and 34% in the next highest drank at increasing and higher risk levels, compared with between 27% and 29% of men in lower income households. More than twice as many women in the highest income households than the lowest drank more than 14 units (22% and 9% respectively). As Figure 4 shows, across all household incomes the proportion of men usually drinking over 14 units a last week was consistently higher than the proportion of women. The difference between men

and women was most pronounced in the lowest income households (29% and 9% respectively).

The variation in weekly alcohol consumption by household income was accounted for by differences in the proportions of men and women drinking at increasing levels of risk (over 14 units and up to 50 units for men and over 14 units and up to 35 units for women) rather than those in the higher risk category.

Figure 4, Table 5



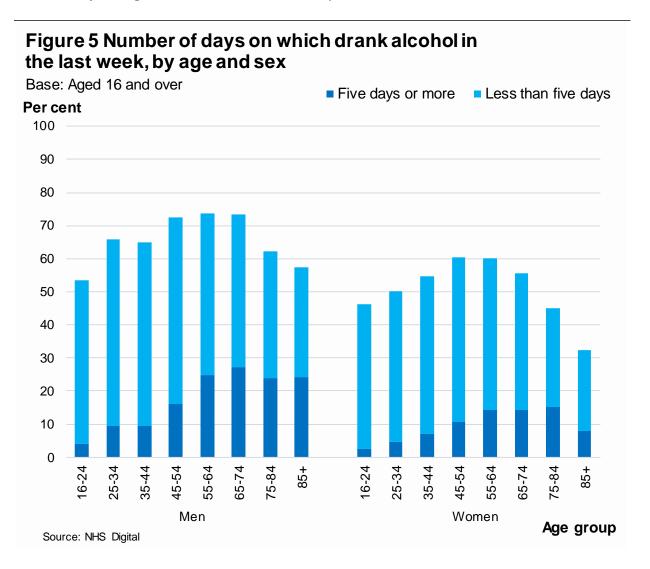
Alcohol consumption in the last week

The number of drinking days in the last week, by age and sex

67% of men and 53% of women had drunk alcohol in the last week. The proportion of men and women drinking in the last week increased with age and was highest among men aged 55 to 64 (74%) and women aged 45 to 64 (60%). From the age of 65, drinking in the last week then decreased among both sexes.

12% of adults drank on five or more days in the last week (15% of men and 9% of women). Drinking on five or more days increased from 3% of adults aged 16 to 24, to 20% of adults aged 55 to 74.

The mean number of days on which adults drank alcohol in the last week was 2.9, and was higher among men than women (3.1 days and 2.7 days respectively). As with the proportion of adults drinking alcohol, the mean number of days increased with age, from 2.0 days among adults aged 16-24 to 3.5 days among adults aged 65 to 84.



Maximum alcohol consumption on any day in the last week, by age and sex

Previous guidelines recommended that in a single day men should not regularly drink more than three to four units of alcohol and women two to three units (see the background section). 'Regularly' was defined as every day or most days of the week. Regular daily consumption above these levels was considered to be 'increased risk' drinking, whilst more than twice these amounts (above eight units for men, above six units for women) was 'higher risk'. Although the new guidelines no longer refer to daily amounts, in this analysis these amounts have been retained as a reference point for adults' daily alcohol consumption. The analysis focuses on the maximum amount of alcohol consumed on any single day in the last week and does not directly take into account whether this amount was drunk regularly.

60% of adults drank on at least one day in the last week. 67% of men drank alcohol in the last week; this includes 16% who drank between four and eight units and 19% of whom exceeded 8 units on at least one day in the last week. In comparison to men, a lower proportion of women drank alcohol in the last week (53%). 14% of women drank between three and six units and 12% drank over six units on at least one day in the last week.

The remainder of this report is based on men and women who drank alcohol in the last week. Among these adults, 48% of men drank up to four units and 50% of women

up to three units on at least one day. The remaining 52% of men drank more than four units on at least one day, including 28% who drank more than eight units. Among female drinkers, half (50%) exceeded three units on at least one day, including almost a quarter (23%) who drank more than six units.

Men and women aged under 55 were more likely to have drunk more than four units (men), or three units (women). Drinking at this level was most common among adults aged 45 to 54 (58%) and decreased from the age of 55, falling to 10% of adults aged 85 and over. The same age-related pattern applied to both men and women.

Among adults who had drunk alcohol in the last week, men aged 25 to 34 were most likely to have drunk more than eight units (38%); the proportion broadly declined with age thereafter. Among women, 42% of those aged 16 to 24 had drunk more than six units in a single day, compared with 26% to 28% of those aged between 25 and 54. As with men, drinking at this level declined with age.

Figure 6 Maximum amount drunk on any day in the last week, by age and sex Base: Aged 16 and over, drank alcohol in the last week Per cent ■ More than 4/3 units, up to 8/6 units ■ More than 8/6 units 100 90 80 70 60 50 40 30 20 10 0 25-34 35-44 45-54 55-64 65-74 25-34 35-44 45-54 55-64 16-24 75-84 Women Men Age group Source: NHS Digital

Figure 6, Tables 7 and 8

Maximum alcohol consumption on any day in the last week, by region and household income

When accounting for differing age profiles, among adults who drank in the last week, there was variation across regions in the proportions of men who drank more than four units and women who drank more than three units on at least one day in the last

week. Adults in the North East and North West of England were most likely to drink above these levels (60%), whilst adults in London were the least likely to do so (46%).

Table 9

Once age was standardised to take account of differences in age profiles, among men and women who had drunk alcohol in the last week, the proportions of men who drank more than four units and women who drank more than three units on at least one day in the previous week were generally similar, across household income groups.

Table 10

Discussion

Alcohol consumption

This chapter has explored adults' alcohol consumption in a number of ways; the frequency of drinking in the last year, average weekly consumption, and maximum consumption on at least one day in the last week. In all measures, a higher proportion of men than women consumed alcohol. Men were more likely than women to drink more than 14 units a week and to have drunk alcohol on more days in the last week. A larger proportion of men consumed more than four units in any one day in the last week, compared to the proportion of women whose consumption exceeded three units

The analysis also provides an insight into alcohol consumption by region, where there was some variation in the proportion of men and women drinking more than four or three units respectively on any day in the last week. Higher income households were more likely than lower income households to drink over the weekly guidelines but there was no clear pattern between household income and the amounts consumed in a single day in the last week.

The frequency of drinking in the last week or the maximum drunk in any one day do not necessarily indicate an individual's alcohol consumption patterns over the course of an average week. The current guidelines and the lower, increased and higher risk levels of alcohol consumption are based on regular drinking. These data provide a broad indication of regular drinking, but it is difficult to obtain an accurate indication of regular drinking patterns, and in turn, the risk of harm posed to individuals. The average weekly consumption in combination with the number of days alcohol was drunk in the last week are most likely to provide the best indication of drinking patterns.

The impact of changed guidelines

The revised guidelines published in 2016²⁴ recommend that men regularly consume no more than 14 units a week, a decrease from the previous guidelines of up to 21 units. Table 2 showing estimated weekly alcohol consumption provides an insight into the potential impact that the new guidelines may have on the proportion of men drinking over the weekly lower risk levels. When the previous guidelines of up to 21 units are applied to adult men in HSE 2015, 20% drank at increasing and higher risk levels. Reducing the limit to over 14 units per week means 32% of men are over the weekly limit, an increase of 12 percentage points in the proportion of men drinking at increasing and higher risk levels. As the guidelines were introduced after HSE fieldwork was completed it will be interesting to observe whether men's drinking changes in line with the revised weekly guidelines in future surveys.

The revised guidelines also moved away from referring to daily amounts, returning to an emphasis on weekly drinking guidelines as in the 1980s. In HSE 2015, 23% of adults usually drank over the weekly limit (over 14 units), that is, at increasing or higher risk levels of alcohol-related harm (Tables 2 and 3). A higher proportion (31%) of adults drank more than 3 units for women and over 4 units for men on at least one day (Table 7).

Using HSE data to estimate the proportions of adults who conformed to the previous guidelines, framed around daily consumption, has long been problematic. They refer to 'regular' drinking, usually taken to mean at least five days a week. Because HSE measures drinking in only one day in the last week, it has been difficult to assess the proportions who drank more than recommended. In future, the HSE's questions about usual consumption will provide a better fit with the new guidelines, focusing on weekly consumption.

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- ²¹ Instead of the 125ml wine glass used previously, a standard glass of wine sold in a pub or bar was likely to be 175ml or even 250ml, increasing the alcohol consumed in one glass from one unit to more than two or three units, respectively.

- Introduced as part of the government's 1992 White paper. Department of Health. (1992) The health of the Nation a strategy for health in England. Her Majesty's Stationery Office. These limits were a reduction from the previous publication in 1984 (Health Education Council (1984) That's the Limit. Alcohol information pamphlet, with subsequent updates) which defined 'safe limits' as 18 standard drinks a week for men and 9 for women.
- ²³ UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines. Department of Health, London, 2016 https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines
- ²⁴ UK Chief Medical Officers' Low Risk Drinking Guidelines. Department of Health, London, 2016 https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking
- ²⁵ Goddard E. Estimating alcohol consumption from survey data: improved method of converting volume to units. ONS, London, 2007. http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide
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- ²⁷ Goddard E. Smoking and drinking among adults 2006. ONS, London, 2008.
- ²⁸ Although the revised weekly guidelines came into force after field work for the HSE 2015 was completed, for the purposes of analysis, the current guidelines have been used
- ²⁹ Health Survey for England 2015 Glossary, available at http://digital.nhs.uk/pubs/hse2015.

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