
Subject: Alcohol Profile 2022

Date of report: 20 April 2023

Introduction

Alcohol is a psychoactive substance that has been widely used in many cultures for centuries¹. The harmful use of alcohol causes a high burden of disease and has significant social and economic consequences. Alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions. Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, noncommunicable diseases such as liver cirrhosis, and some cancers. Alcohol can also contribute to many unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicide. Alcohol consumption by an expectant mother may cause foetal alcohol syndrome (FAS) and pre-term birth complications.

Contents of this report

This publication is an update to previous iteration of this report in 2022². It reports on the consumption of alcohol in Jersey and the subsequent effect on Islanders' health and wellbeing. Topics covered include: alcohol consumption and price; drinking behaviour of both adults and children; alcohol-related hospitalisation and death; and some of the wider social issues related to alcohol such as crime and social security payments. Note that due to the coronavirus pandemic, some data for 2020 and 2021 is unavailable.

Key findings

- the average alcohol consumption per Jersey adult (aged 15 years or older) in 2022 was 12.0 litres of pure alcohol per year (equivalent to around 8.1 pints of beer or 2.6 bottles of wine per week)
- between 2020 and 2022 the price of alcohol in Jersey increased, but inflation of alcohol price (API) was lower than that of other household expenditure (RPI)
- in 2022 around one third (33%) of people in Jersey reported binge drinking at a frequency of monthly or more; this proportion was similar over the last 7 years
- the rate of hazardous or harmful drinking was higher in men (one in three) than in women (one in six)
- fewer Jersey adults were teetotal in 2022 (13%), compared to England (21%)³
- in 2021, there were 725 hospital admissions specifically related to alcohol per 100,000 population, statistically similar to the English rate of 626³ per 100,000. Two thirds of alcohol-specific hospital admissions were males.
- over the three-year period 2019-2021, the age standardised rate of alcohol-specific deaths per 100,000 population in Jersey was 10.9, statistically similar to the rate in England in 2017-2019 of 10.9 per 100,000 population
- alcohol played a role in almost one in six of all crimes recorded in Jersey in 2022. Around 3 in 10 (32%) assaults and serious assaults, one in nine (11%) of domestic assaults and almost one in four (23%) of offences in the St Helier night-time economy involved alcohol
- in 2022, claims due to alcohol-related sickness and ailments totalled £536,300

¹ [WHO - Alcohol](#)

² Public Health Intelligence, [Alcohol Profile 2021](#), published 24 February 2022

³ [Digital.nhs.uk - Health survey for England 2021 - drinking alcohol](#)

Jersey Alcohol Profile 2022

Annual per capita
consumption



12.0

Litres of pure
alcohol



In the last
ten years,
the price of
alcohol has
increased

1 in 5

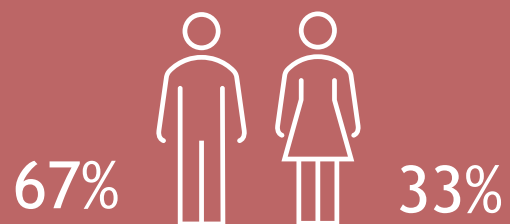
Jersey adults drank in excess
of **14 units** on a typical
week

The number of 16-34 year olds
that are tee total has doubled
between 2014 and 2022



15%
of all crimes
were
recorded as
involving
alcohol

Two thirds of drug and
alcohol referrals were male



In 2019-2021, there were
around

30 deaths

directly due to the
consumption of alcohol



In 2021, there were
765 admissions to hospital
with an alcohol-specific
condition

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Alcohol Consumption

In order to take action on alcohol-related harms, and to ensure this action is appropriately targeted, levels and patterns of alcohol consumption need to be understood.

Per capita consumption over time

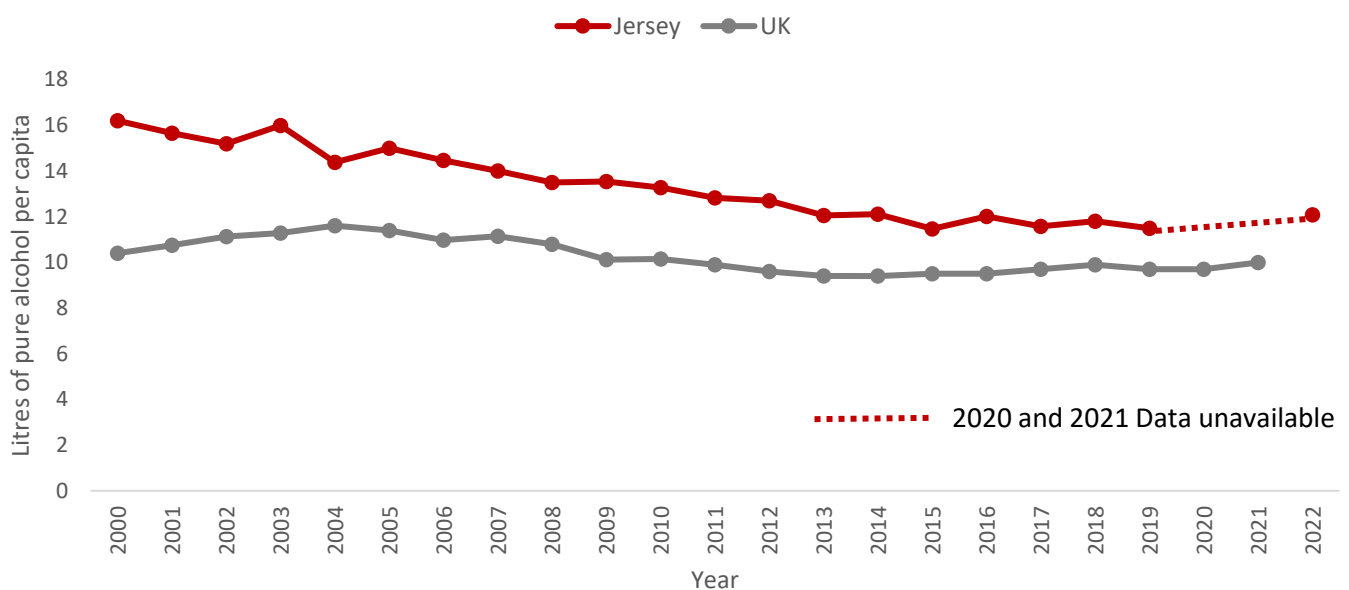
The total amount of pure alcohol sold in Jersey each year is used to calculate the volume of alcohol consumed per resident aged 15 years or older (accounting for tourists and seasonal workers) – for method details see “background notes” section.

In 2022, Jersey’s mean average per capita consumption was 12.0 litres of pure alcohol per person aged 15 or older. The level of per capita consumption has remained fairly constant over recent years after a steady reduction from 2000 to 2015 (Figure 1).

The current level of consumption equates to approximately 2.6 bottles of wine, 8.1 pints of strong beer or over half a bottle of spirits per week, and is more than the NHS recommended guidelines of no more than 14 units per week (approximately 1.6 bottles of wine or 5 pints of strong beer).

In 2021, alcohol consumption per capita (i.e. litres of pure alcohol per person [15+ years] per year) in the UK was 11.4 litres. This is below the 12.0 litre per capita consumption of Jersey (Figure 1).

Figure 1. Litres of alcohol consumed per capita in Jersey and UK⁴ (2000 to 2022)⁵



Source: Indicator 3.5.2 - Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol - U.K. Indicators For The Sustainable Development Goals (sdgdata.gov.uk)

Alcohol consumption is a public health issue across Europe, which has the highest per capita consumption of alcohol of all regions globally, and the highest level of alcohol-related harms.

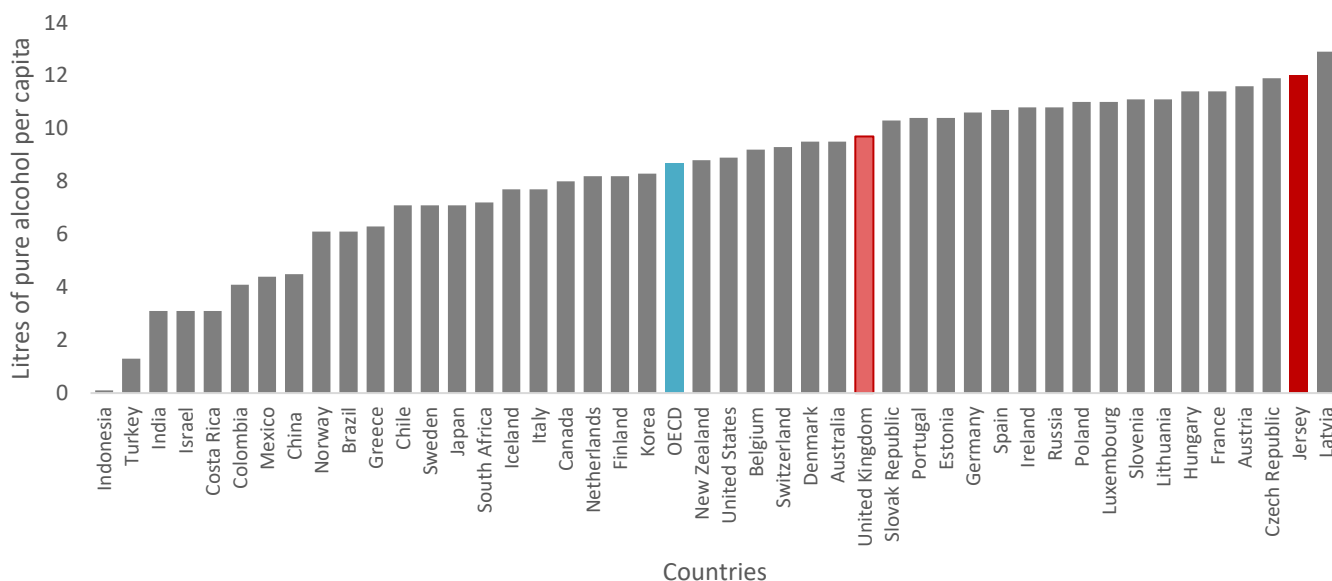
⁴ [Indicator 3.5.2 - Alcohol per capita consumption \(aged 15 years and older\) within a calendar year in litres of pure alcohol - U.K. Indicators For The Sustainable Development Goals](#)

⁵ The 2020 and 2021 rounds of passenger exit fieldwork (data gathering) were postponed due to the pandemic and there were no official tourism figures published for those years. Public Health were, therefore, unable to produce an accurate denominator, and consequently the 2020 and 2021 consumption figures are unavailable for this report.

Overall, alcohol consumption averaged 8.7 litres per person across OECD countries in 2019 (latest available data), down from 9.1 litres in 2009 (Figure 2)⁶. Latvia reported the highest consumption in 2019 (12.9 litres), followed by the Czech Republic, Austria, France, Hungary, Lithuania and Slovenia, all with over 11 litres per person.

Alcohol consumption in Jersey in 2022 (12.0 litres) remained one of the highest of the OECD countries.

Figure 2. Litres of alcohol consumed per capita in Jersey and selected OECD countries (2000 to 2019), (Jersey 2022)



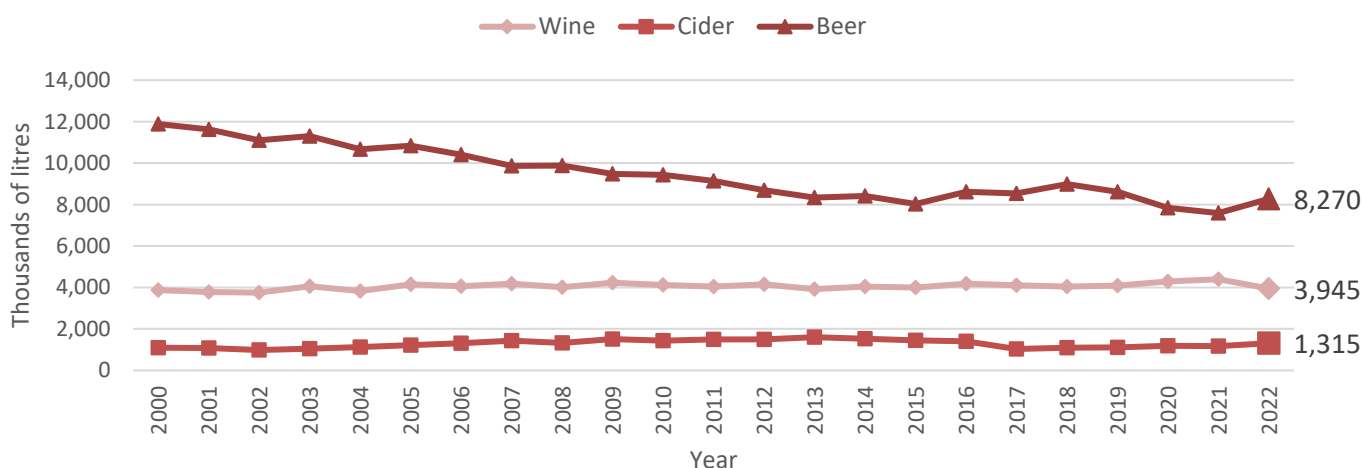
Source: Health risks - Alcohol consumption - OECD Data

*Recorded alcohol consumption among populations aged 15 and over, 2019 (latest available data), and Jersey, 2022

Alcohol Impôts

Impôts⁷ (excise duty) is applied to imported goods, including alcohol. Over the period 2000 to 2022 the quantities of beer imports decreased by 30%, whereas cider imports increased by 21%; wine imports were essentially unchanged (-2%).

Figure 3. Quantities of dutiable wine, beer and cider, thousands of litres, Jersey (2000 to 2022)



Source: Impôts and customs statistics (gov.je)

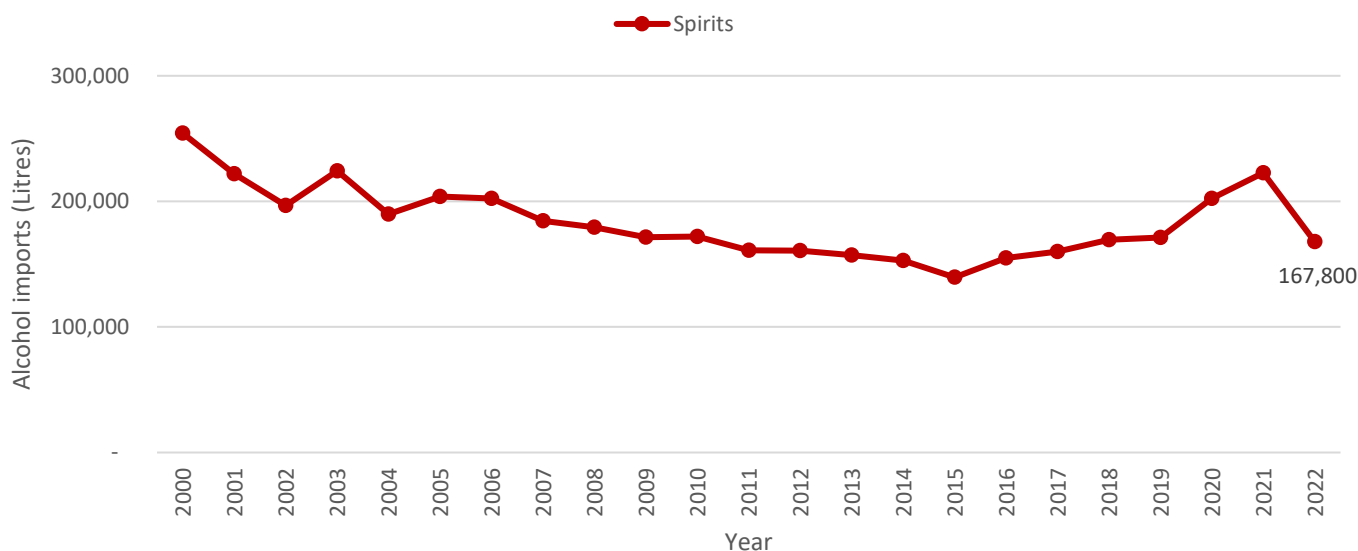
⁶ Alcohol consumption among adults | Health at a Glance 2021 : OECD Indicators | OECD iLibrary (oecd-ilibrary.org)

⁷ Impôts is French for tax or duty. By virtue of the Customs and Excise (Jersey) Law 1999 duty means any duty imposed by this Law on goods imported into, exported from or grown, produced or manufactured in the Bailiwick and includes both customs and excise duty.

Over the period 2000 to 2022 the quantities of spirit imports decreased by 31%. There was a steady decline in imports to 2015 (139,500 litres), then a climb to over 222,000 litres in 2021. Imports of spirits then fell by 17% in 2022 to around 168,000 litres.

The COVID-19 pandemic and its associated government mitigations may have impacted patterns and places of alcohol consumption, which are likely to have contributed to overall imports figures during 2020 and 2021. In 2022, imports for spirits returned to a similar level as seen pre-pandemic (171,100 in 2019, compared to 167,800 in 2022).

Figure 4. Quantities of dutiable spirits, thousands of litres, Jersey (2000 to 2022)



Source: *Impôts and customs statistics (gov.je)*

While there was a small decrease (2%) in the overall quantities of alcohol to which excise duty was applied between 2019 and 2022, the number of passengers arriving in Jersey in 2022 was 27% fewer than in 2019, with around 328,000 fewer passengers arriving. The decrease in passenger volumes during 2020 and 2021 was largely a result of the travel disruption caused by the COVID-19 pandemic.

Price of Alcohol

Retail price of alcohol over time

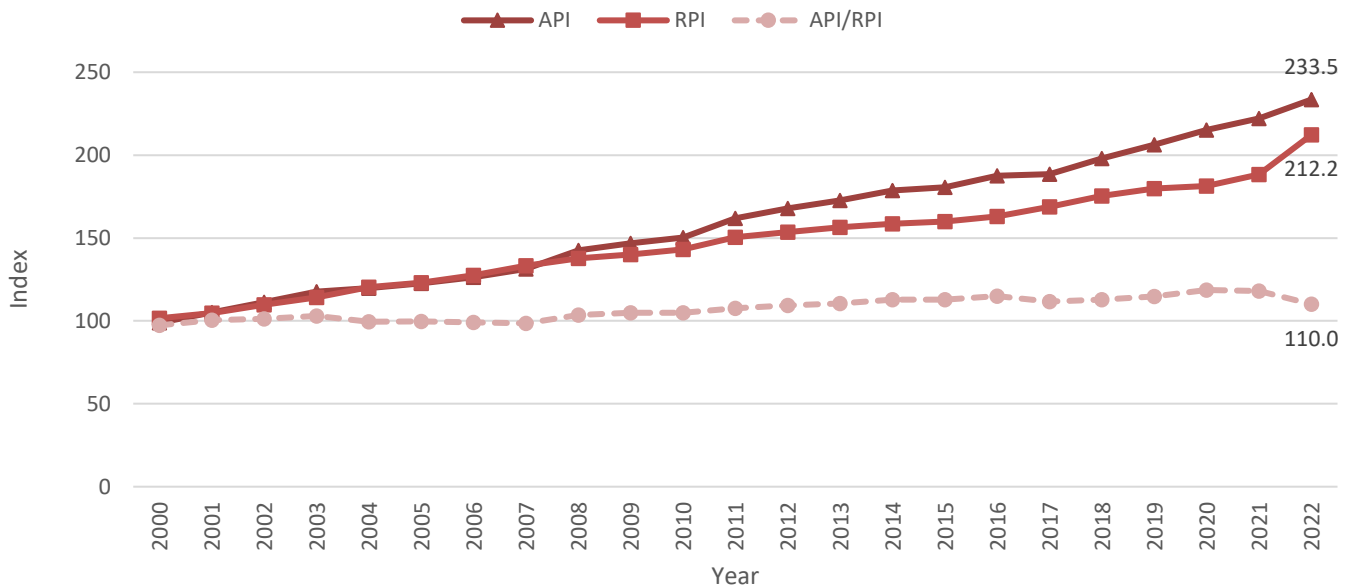
The relative price of alcohol over time, can be explored using:

- the 'All-items' Retail Price Index (RPI). This is Jersey's main inflation measure, compiled quarterly using a representative basket of goods and services to reflect the change in the cost of living in Jersey.
- the Alcohol Price Index (API). A subset of the RPI, the API is a group level index relating to a basket of alcoholic drinks which provides a representative measure of the change in the price of alcohol.

Figure 5 shows how API and RPI have changed over the last two decades; both API and RPI are set to 100 in the year 2000, and the graph shows how each has changed since. The API/RPI line (Figure 5) shows how the price of alcohol has changed compared to overall inflation⁸. If the API/RPI value given is 100 then the price of alcohol has increased in line with inflation. If the value given is over/under 100 then the price of alcohol has increased by more/less than inflation.

⁸ the Relative Alcohol Price Index is calculated: (Alcohol Price Index / Retail Prices Index) * 100

Figure 5. Alcohol Price Index (API) compared to all-items Retail Price Index (RPI) (2000 to 2022)



Source: Inflation (RPI, RPIX, RPI pensioners, RPI low income) - Datasets - Government of Jersey Open Data

The data shows that:

- over the last ten years (2013-2022) the price of alcohol has increased by 35% (based on the API).
- from 2000 to 2007, the API followed the RPI closely (Figure 5, Table 1)
- from 2008 there was a gradual divergence, with the API increasing more than the RPI; between 2008 and 2019, the price of alcohol increased relative to the RPI (24%, Table 1).
- the most recent data (2022) shows the gap between API and RPI narrowing; between 2020 and 2022 the price of alcohol increased by less than overall inflation (-8%, Table 1).

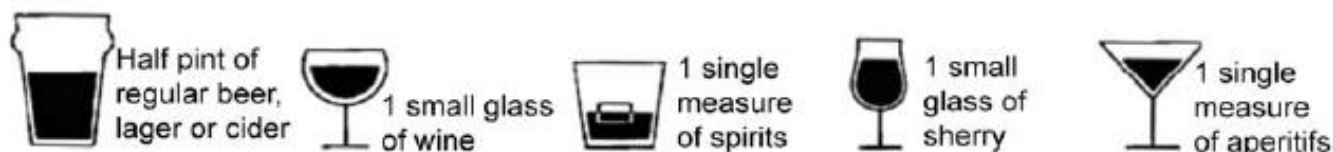
Table 1. Alcohol Price Index (API) compared to all-items Retail Price Index (RPI), 2000-2007, 2008-2019 and 2020-2022

Period	API % increase	RPI % Increase	Difference in percentage points
Q2 2000 – Q4 2007	31.3	33.3	-2
Q1 2008 – Q4 2019	64.3	40.0	24
Q1 2020 – Q4 2022	8.7	16.5	-8

Characteristics of drinking habits (adults)

Data on self-reported drinking habits among adults is sourced from the 2022 Jersey Opinion and Lifestyle Survey, run by Statistics Jersey. This survey covered adults aged 16 and over living in private households on the island.

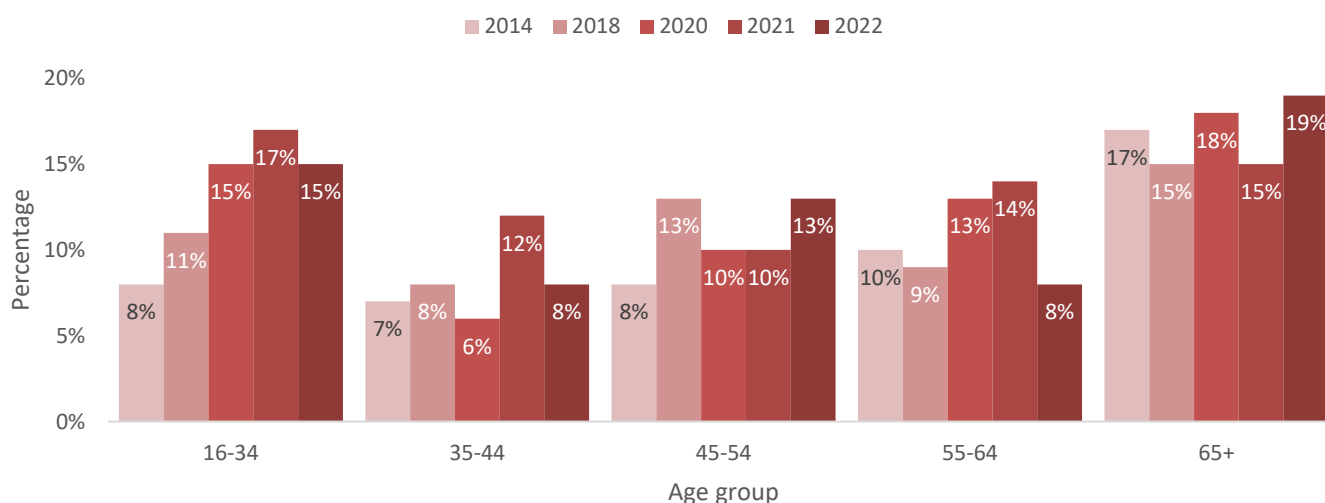
Figure 6. Alcohol Units, example quantities



Teetotalism

In 2022, one in seven (13%) of Jersey adults reported never drinking alcohol. For comparison in 2021, around one in five (21%) of people in England reported themselves to be teetotal⁹. The percentage of Jersey adults who reported never drinking alcohol has risen slightly overall since 2014 (from 10% to 13%). Rates of teetotalism amongst the young (16-34 year olds) have changed most dramatically, between 2014 and 2022 from 8% to 15%.

Figure 7. Percentage of adults that reported NEVER drinking alcohol by age (2014, 2018, 2020, 2021 and 2022)



Source: JOLS, HAWS 2021

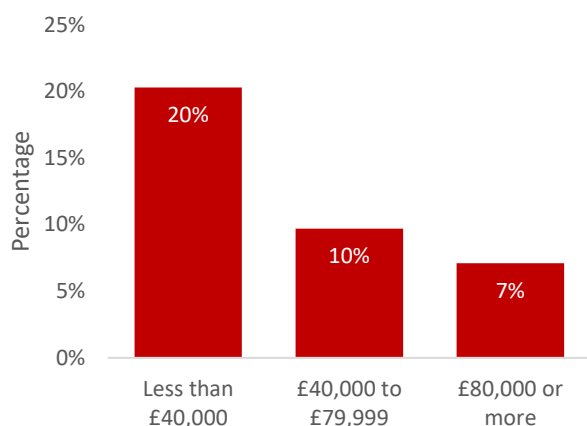
Around 13% of 45-54 year olds reported being teetotal, compared to 8% of 55-64 year olds. More detailed breakdowns of adults who reported never drinking alcohol (by household income, employment status and wellbeing status) are shown in Figure 8.

- those with an annual household income of less than £40,000 were most likely to report never drinking alcohol (20%)
- those of working age who are not in employment (including homemakers, students and unemployed) were more likely to report never drinking (23%) than those who were employed (9%) or above working age (19%)

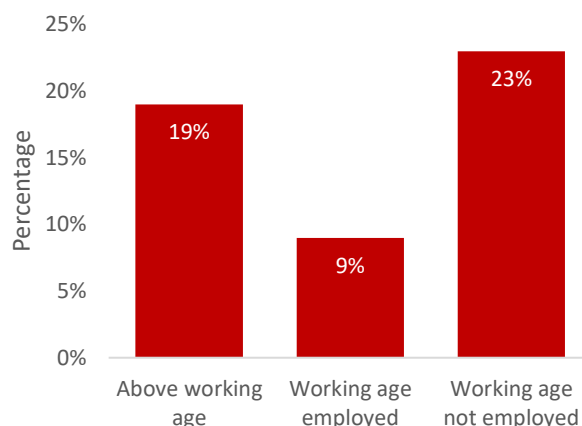
⁹ [NHS - health survey for England 2021](#)

Figure 8. Percentage of adults that reported NEVER drinking alcohol, by household income and employment status

By household income



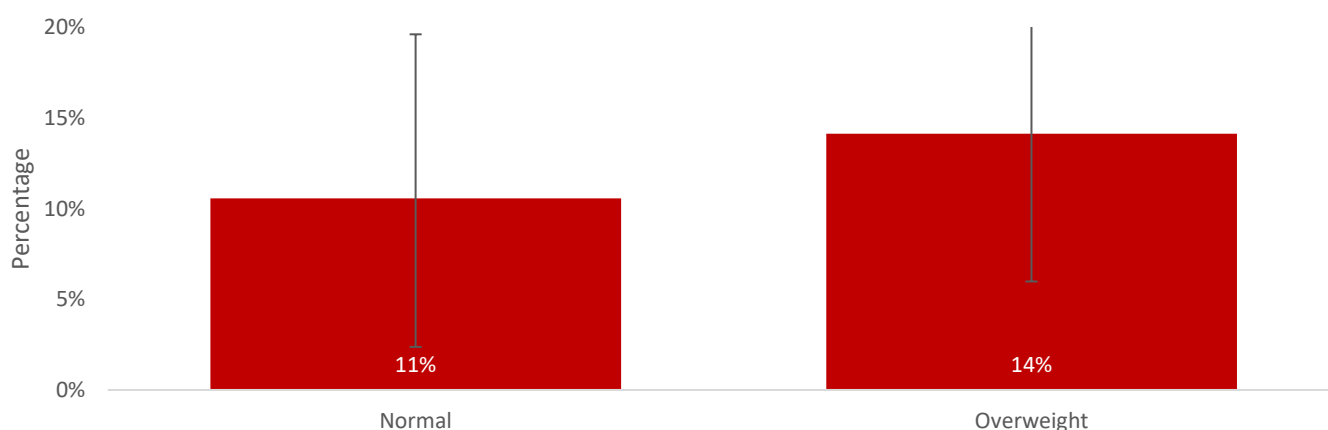
By employment status



Source: JOLS, 2022

In 2021, rates of teetotalism of those who fall into the overweight BMI group were statistically similar to the normal category.

Figure 9. Percentage of adults that reported never drinking alcohol by BMI group



Source: HAWS

Binge Drinking

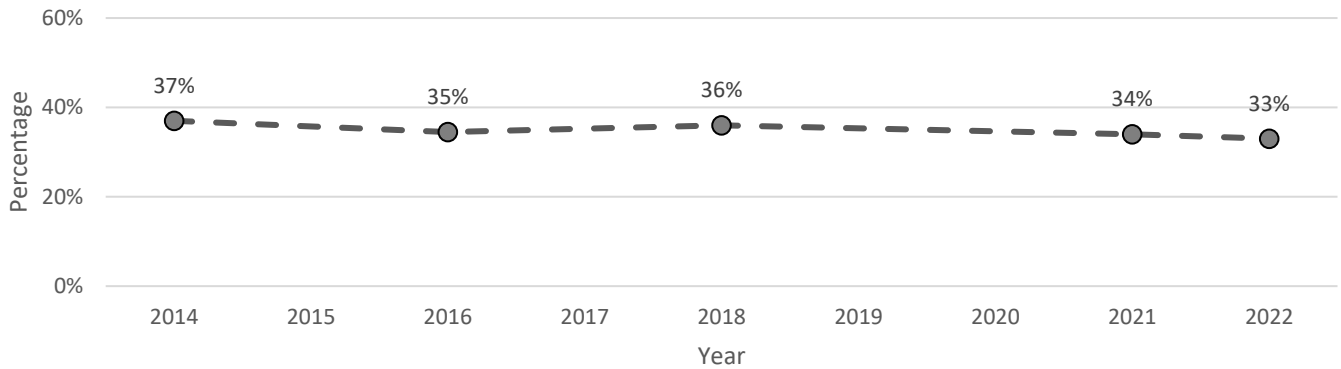
The UK Office for National Statistics (ONS) defines binge drinking specifically as

- males who drink more than 8 units on one day (around four pints of normal strength beer or three quarters of a bottle of wine)
- females who drink 6 units or more on one day (around three pints of normal strength beer or two large glasses of wine)¹⁰

Over the period 2014 to 2022, the proportion of adults that reported binge drinking at a frequency of monthly or more has stayed relatively constant (between 34% and 33%).

¹⁰ NHS guidelines now define binge drinking as consuming more than 6 units on one day for both males and females.

Figure 10. Percentage of adults that reported drinking more than 8 (men) or 6 (women) units of alcohol per day at a frequency of monthly or more (2014 to 2022)

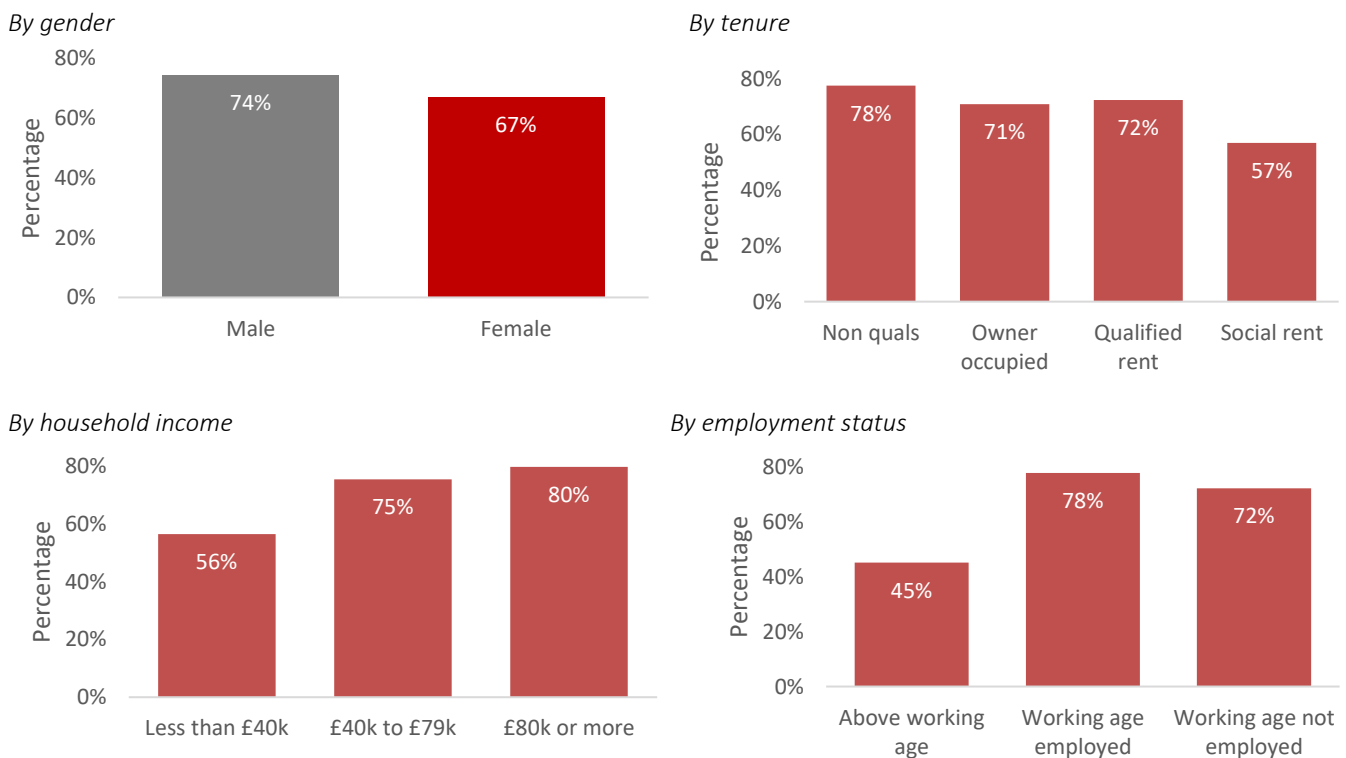


Source: JOLS, HAWS 2021

The Jersey Opinion and Lifestyle Survey (2022) asked how frequently a person drank more than 6 or 8 units of alcohol on a single occasion in the last year¹¹. Figure 11 shows a breakdown of the 2022 results:

- females, those on low incomes, those on social rent, and those above working age were less likely to report binge drinking
- males, those with higher household incomes (more than £80,000 per year), those living in non qualified dwelling (people with registered status), and employed people of working age were more likely to report binge drinking

Figure 11. Percentage of adults that reported drinking more than 8 (male) or 6 (female) units of alcohol at least once in the last year



Source: JOLS, 2022

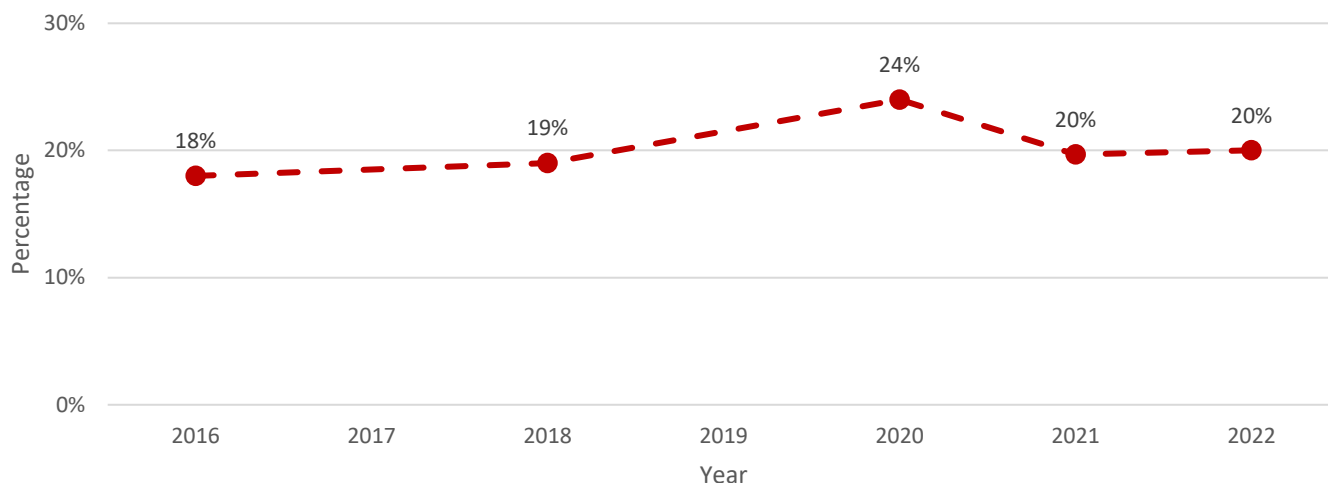
¹¹ This is not directly comparable to the ONS Adult drinking habits in Great Britain, which gives the percentage of people that had binge drank in the previous 7 days.

Excess drinking: 14 units limit

Current NHS guidelines¹² advise both men and women not to drink more than 14 units of alcohol a week on a regular basis. The 2022 Jersey Opinions and Lifestyle Survey showed:

- 1 in 5 (20%) Jersey adults drank in excess of 14 units on a typical week
- The percentage of adults reporting drinking more than 14 units of alcohol a week on a regular basis rose slightly overall in 2020¹³, but has since returned to a similar level to 2016 and 2018 (Figure 12).

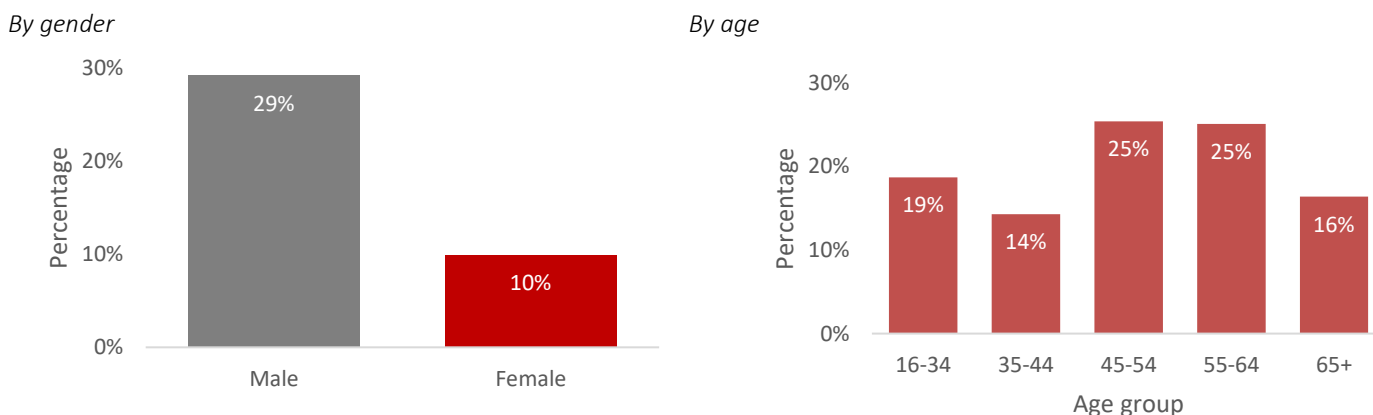
Figure 12. Percentages of adults who report drinking more than 14 units of alcohol per week (2016, 2018, 2020, 2021 and 2022)



Source: JOLS, HAWS 2021

- over a quarter, 29% of males drank more than the recommended weekly limit of 14 standard alcoholic drinks, compared to 10% of females (Figure 13). For comparison, NHS England data shows that in England, 28% of males and 15% of females drank more than 14 units of alcohol per week¹⁴
- the percentage of adults reporting exceeding the recommended weekly intake in Jersey was highest amongst 45 to 64 year olds, and has been higher in these groups from 2020 to 2022 than in 2016 and 2018.
- there were no significant trends in excess drinking rates when grouped by household income, tenure or employment status.

Figure 13. Percentages of adults drinking more than 14 units of alcohol per week



Source: JOLS 2022

¹² www.nhs.uk/live-well/alcohol-support/

¹³ [Statistics Jersey, Jersey Opinions and Lifestyle Survey 2020](#)

¹⁴ [Health Survey for England 2021, Table 11 - NHS Digital](#)

Hazardous and harmful drinking

The JOLS survey included the NHS Health Development Agency’s FAST screening test to identify potentially hazardous and harmful drinking behaviour. Designed for use in a clinical environment, the test scores the answers to four questions (see Table 2 for scoring system). A combined score of 3 or more indicates hazardous or harmful drinking.

As a self-completion postal questionnaire delivered to a random selection of private households, it is likely that results under-represent alcohol dependent adults who may not be in stable accommodation, or live in an institutional setting. Furthermore, problem drinkers living in private households may be less willing to participate in surveys, or may under-report their drinking.

Table 2: FAST Scoring system

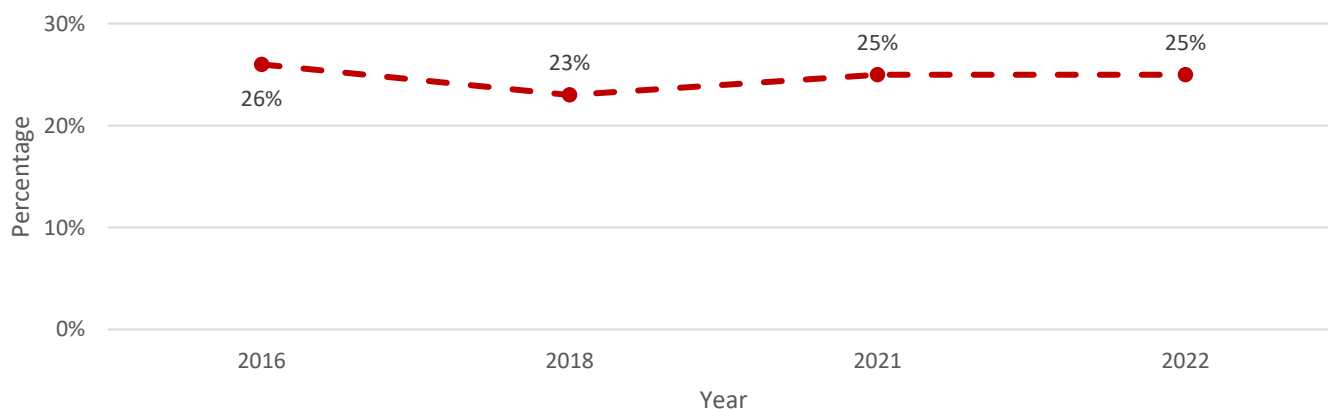
Questions	Scoring System				
	0	1	2	3	4
How often do you have 8 (men) / 6 (women) or more drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Only answer the following questions if your answer above is monthly or less					
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, in the last year

Scoring: a total of 3 or more indicates hazardous or harmful drinking

Source: OHID

Figure 14 shows how the proportion of adults who report drinking at harmful or hazardous levels has changed between 2016 and 2022.

Figure 14. Percentage of adults who report drinking at harmful or hazardous levels (2016, 2018, 2021 and 2022)

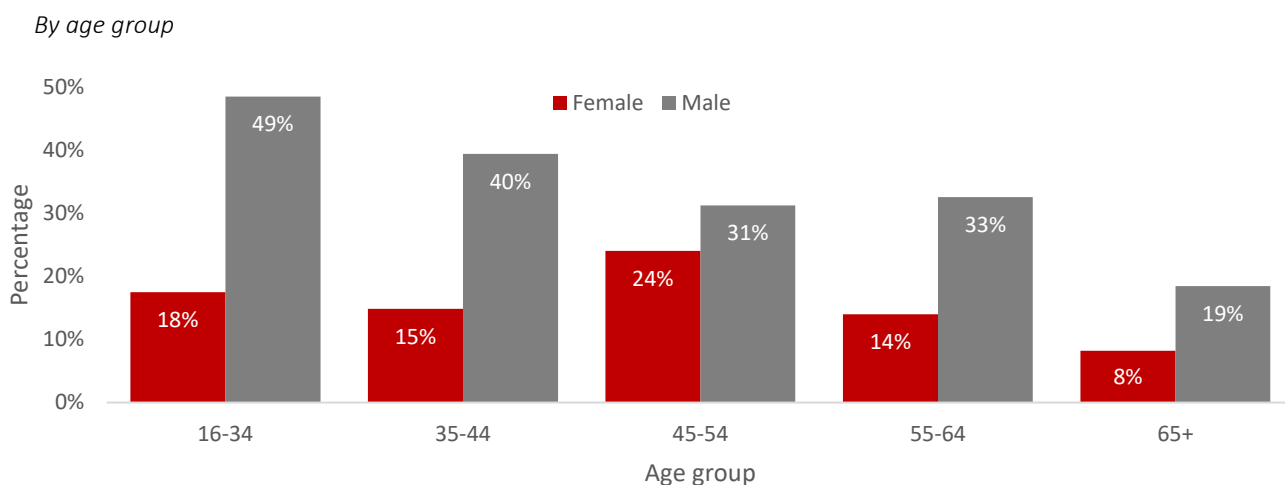


Source: JOLS, HAWS 2021

The latest data shows that:

- a quarter (25%) of respondents to the 2022 Jersey Opinion and Lifestyle survey had a FAST score which indicated drinking at a level hazardous or harmful to their health
- the percentage of Jersey residents with FAST scores indicating harmful or hazardous levels has remained fairly constant over the period 2010-2022, between 23% and 26%
- the rate of hazardous or harmful drinking was higher in men (one in three) than in women (one in six) (Figure 15)
- levels of hazardous and harmful drinking were higher in those aged under 65. Almost one in two men in the 16-34 year old age bracket were drinking at a level hazardous or harmful to their health
- levels of hazardous and harmful drinking were higher in higher income groups and those living in non qualified rental (people with registered status)

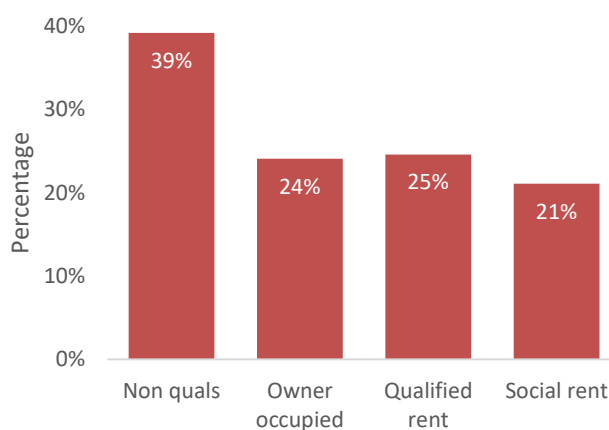
Figure 15. Percentage of adults with a FAST score indicating drinking at harmful or hazardous levels



By household income



By tenure



Source: JOLS

Drinking during pregnancy

The hospital maternity department collects details of the alcohol consumption by expectant mothers as part of pre-natal checks¹⁵.

In 2022:

- 75% of women reported that they drank alcohol to some extent before their pregnancy
- 98% of expectant mothers that went on to deliver a baby reported not drinking alcohol during their pregnancy
- of the minority (2%) who did report drinking alcohol during pregnancy, most drank small amounts or only occasionally

It is difficult to assess people's alcohol consumption, as it relies on people being truthful and accurate about how much they drink. This may be even more difficult in pregnant women, as they may feel guilt or stigma associated with drinking alcohol in pregnancy, making them less likely to report it.

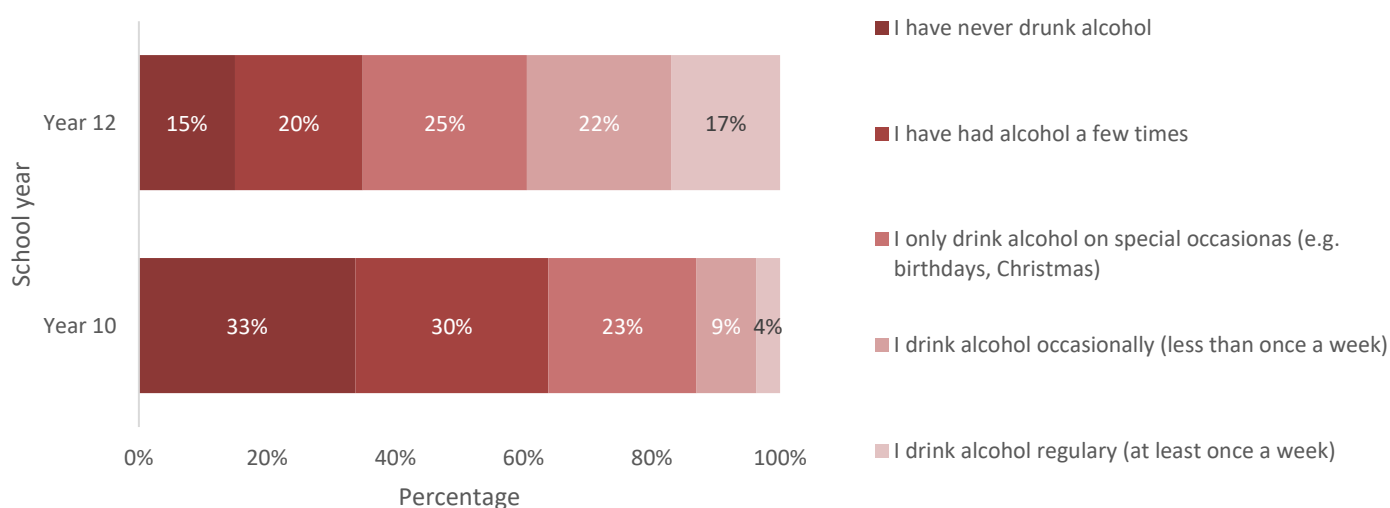
Characteristics of drinking habits (children and young people)

Overall drinking habits

In the 2021 Jersey Children and Young People's Survey (CYPS)¹⁶, children were asked to select the statement that best described their drinking habits. The results (Figure 16) indicated

- a higher percentage of the older age groups using alcohol; over 33% of 14–15-year-olds had never drunk alcohol, but this dropped to 15% of 16 to 17-year-olds
- conversely, the proportion of children drinking alcohol regularly increases sharply with age from 4% of 14–15-year-olds, to 17% of 16 to 17-year-olds.

Figure 16. Young people's drinking habits



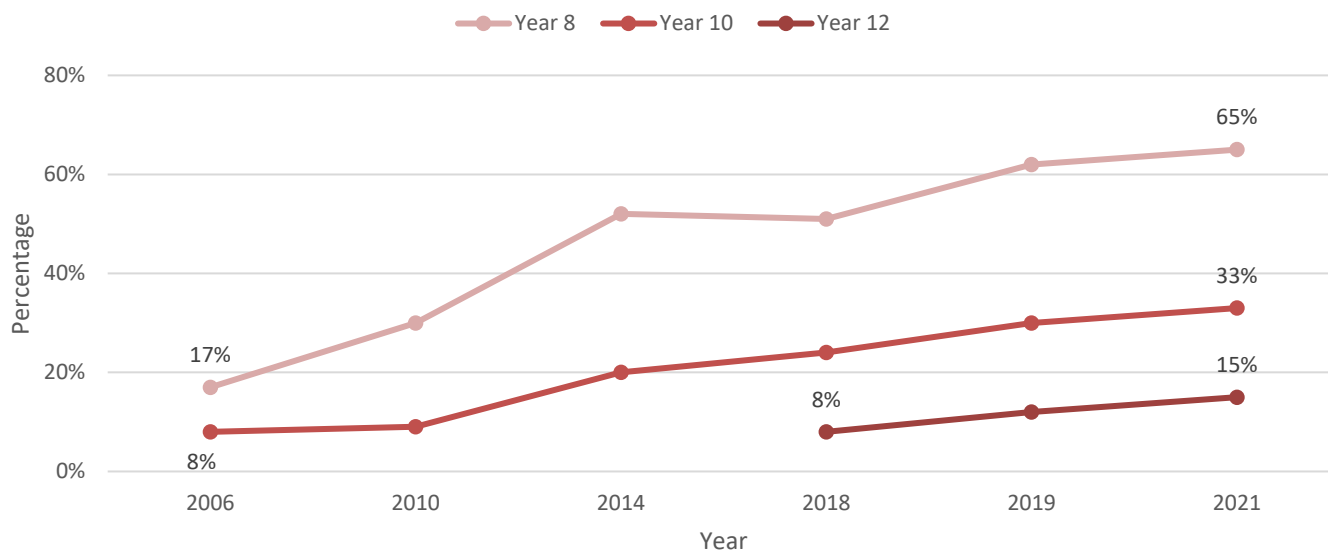
Source: Jersey Children and Young People's Survey 2021

¹⁵ Women who are pregnant or trying to conceive are advised not to drink any alcohol at all. This is because drinking can cause serious damage to the foetus - [NHS](#)

¹⁶The [Jersey Children and Young People's survey](#) takes place every 2 years. All pupils in Year 4, 6, 8, 10 and 12, including home-schooled pupils, will be given the opportunity to take part in the survey during school time in the Autumn Term.

The percentage of young people who report having never drunk alcohol has increased over the period 2006 to 2021 showing a similar pattern of increase (Figure 17).

Figure 17. Percentage of young people in Years 8 (aged 12-13) and 10 (aged 14-15), and Year 12 (aged 16-17) who have never drunk alcohol

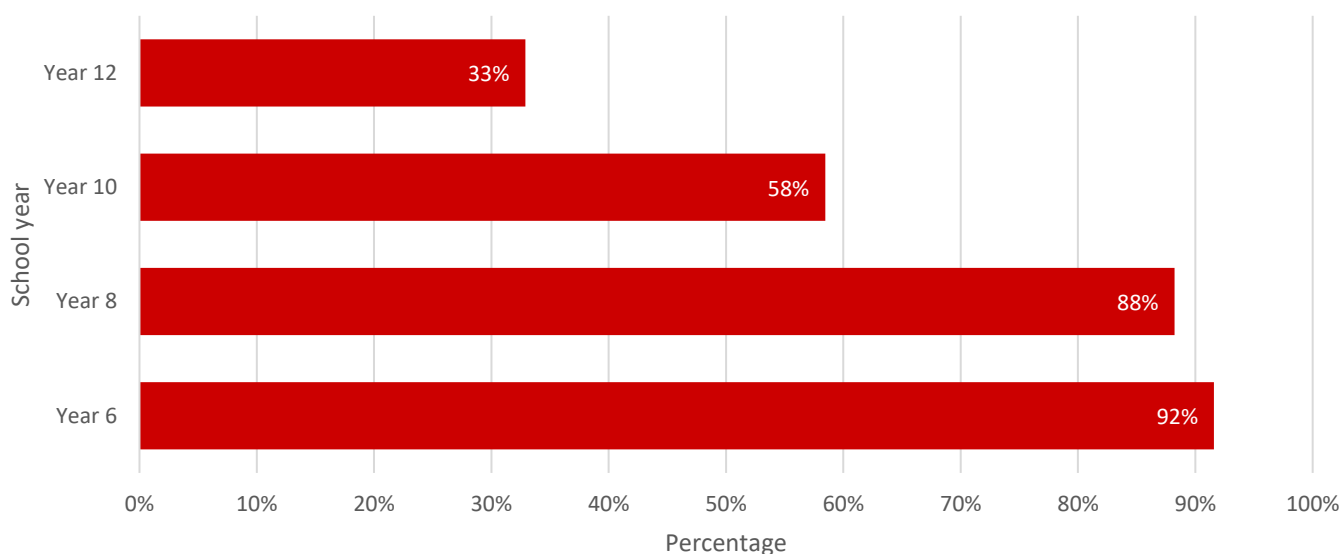


Source: Jersey Children and Young People's Survey

Drunken-ness

Around two in five (42%) of Year 10 (age 14-15) children reported having been 'really drunk', on at least one occasion, and this rises to around two thirds (67%) by Year 12 (age 16-17). Note that children's interpretation of 'really drunk' is a somewhat subjective measure (see Figure 18).

Figure 18. Percentage of children that report NEVER having been 'really drunk'



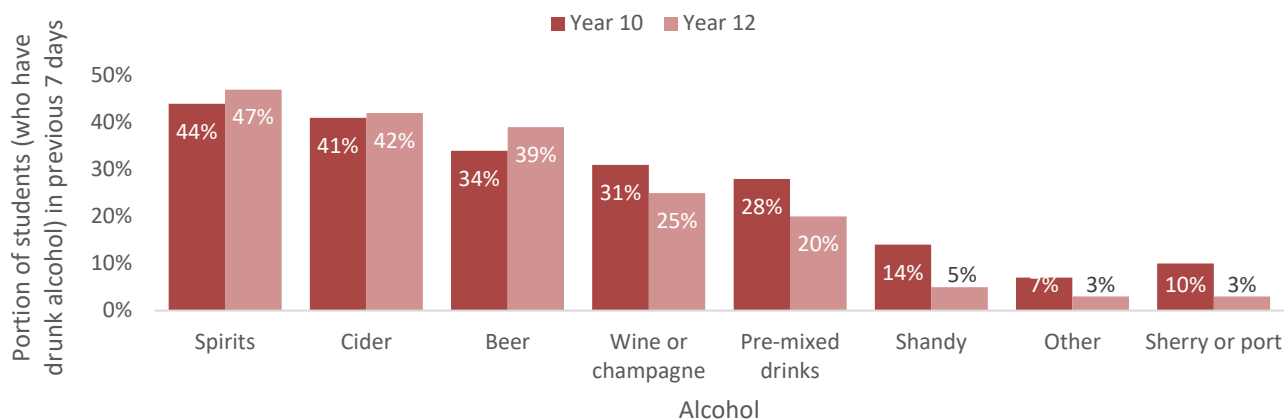
Source: Jersey Children and Young People's Survey 2021

Types of alcohol consumed amongst young people

Based on the number and type of drinks reported being consumed in the previous seven days:

- both Year 10 (age 14-15) and Year 12 (age 16-17) drinkers consumed more alcohol via spirits than any other drink type

Figure 19. Proportion of students in year 10 and 12 (who have drunk alcohol) in previous 7 days



Source: Jersey Children and Young People's Survey 2021

Health implications of alcohol

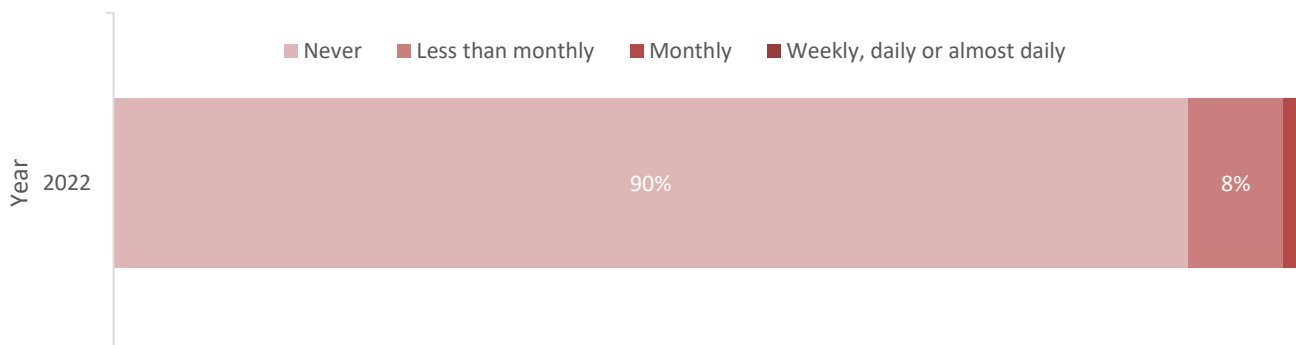
Ability to function

The Jersey Opinion and lifestyle Survey 2022 asked questions to identify the effect of alcohol on some aspects of a person's ability to function. The questions were:

- How often in the last year have you failed to do what was normally expected of you because of your drinking? (Figure 20)
- How often in the last year have you been unable to remember what happened the night before because you had been drinking? (Figure 21)
- Has a relative, friend, doctor or other health-worker been concerned about your drinking or suggested that you cut down? (Figure 22)

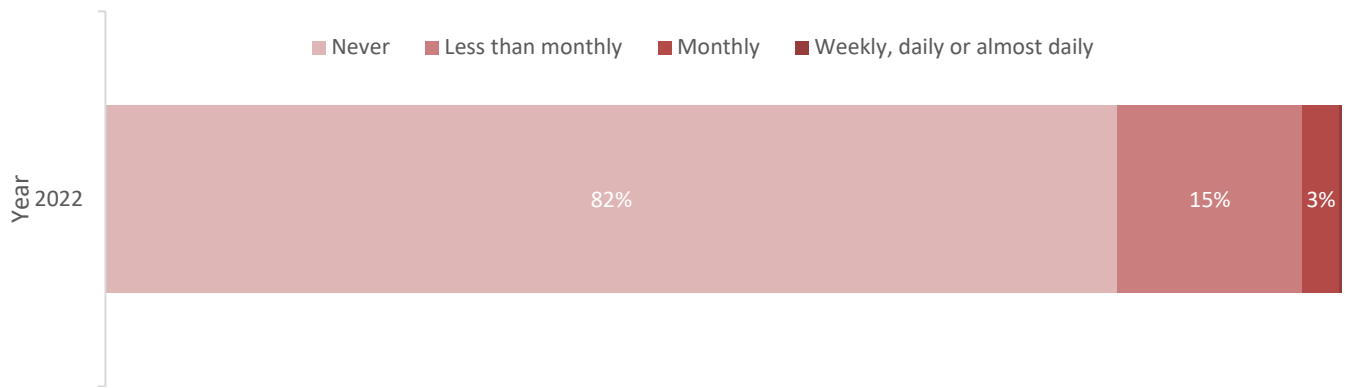
A small percentage of people reported drinking having a big effect on ability to function, with 2% regularly (monthly or more) failing to do what was normally expected of them because of their drinking, and 4% report being unable to remember what happened the night before monthly or more.

Figure 20. How often in the last year have you failed to do what was expected of you because of your drinking?



Source: JOLS

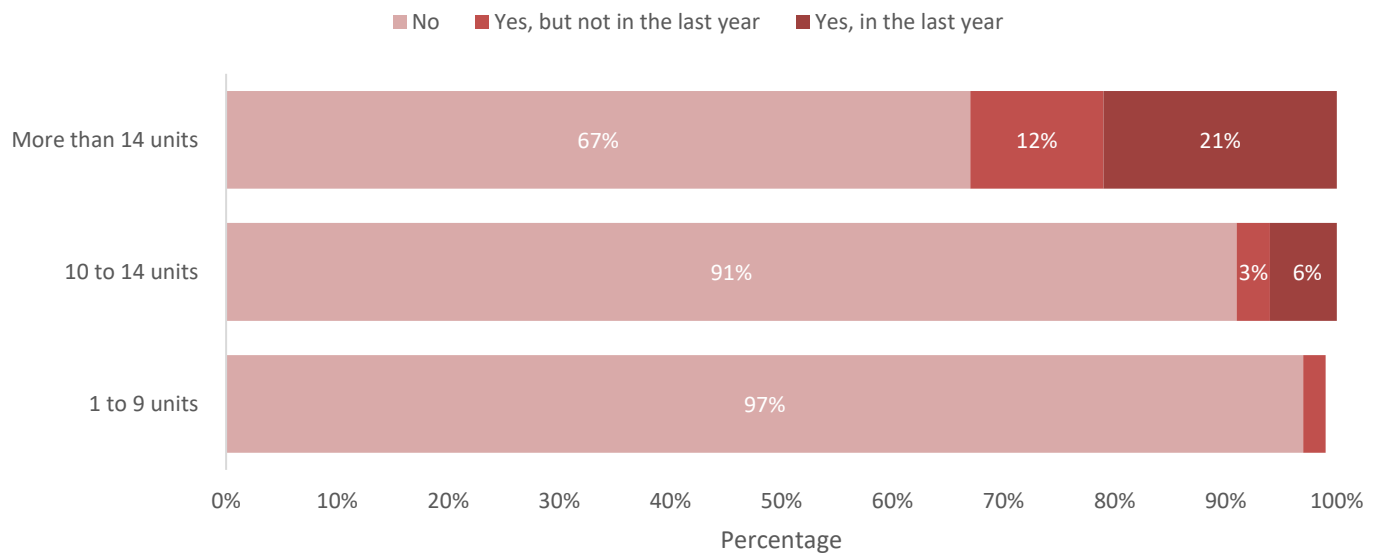
Figure 21. How often in the last year have you been unable to remember what happened the night before?¹⁷



Source: JOLS

The proportion of adults who said a friend, relative or health worker had been concerned about their drinking was greatest for those drinking more than the recommended limit of 14 units per week.

Figure 22. Has a relative, friend, doctor or other health-worker been concerned about your drinking?



Source: JOLS

- the impacts of drinking on ability to function were more prevalent amongst younger people, with 10% of 16-34 year olds reporting not being able to remember what happened when drinking the night before on a monthly basis or more
- younger people were also more likely to report failing to do what was expected of them because of drinking, with 4% reporting this happening monthly or more
- adults in the age brackets from 35 to 64 years were the most likely to have a friend, relative or health worker be concerned about their drinking in the last year, at 6%

¹⁷ Numbers might not sum to totals throughout this report as they have been independently rounded.

Table 3. Percentage of respondents to the 2022 Jersey Opinions and Lifestyle Survey who indicated impacts on ability to function

Percentage of respondents who indicated the following impacts of drinking on ability to function:	Age group				
	16-34	35-44	44-54	55-64	65+
Not been able to remember what happened when drinking the night before, monthly or more	10%	4%	2%	1%	0%
Failed to do what was expected of you because of drinking, monthly or more	4%	2%	2%	1%	1%
A relative/friend/doctor/health worker been concerned about your drinking in the last year	4%	6%	6%	6%	2%

Source: JOLS, 2022

Problematic use

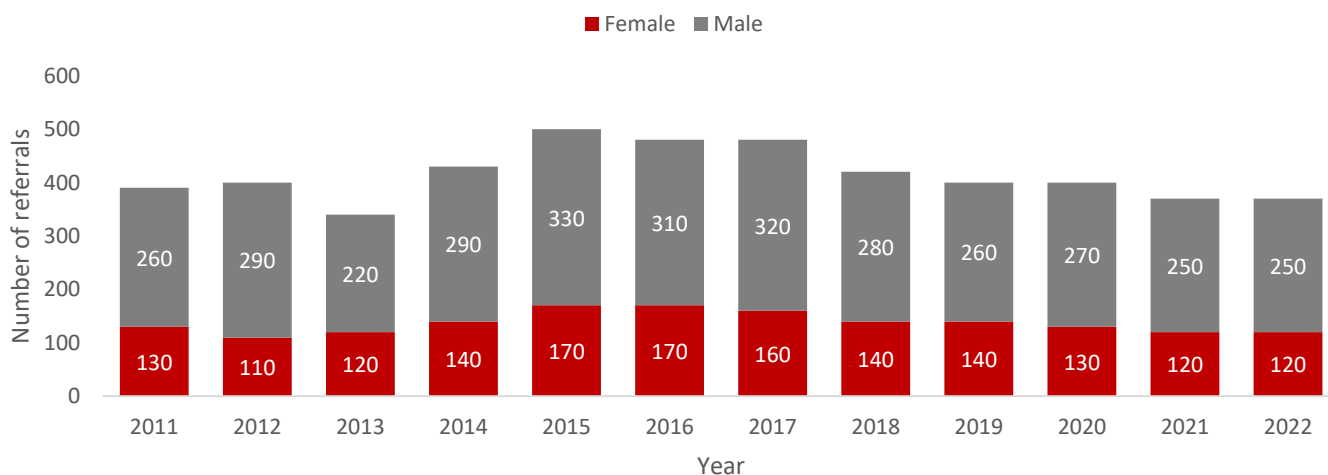
The Alcohol Pathway team within the Alcohol and Drug Service provide free specialist support and treatment to people drinking alcohol at high risk and those with Alcohol Dependence Syndrome. They provide education and support to reduce alcohol related risks through guided reduction programmes, planned detoxifications, and ongoing relapse prevention support.

The Alcohol Pathway Team aims to identify potential problematic alcohol use early and provide brief interventions to reduce risk. It also enables those with Alcohol Dependence Syndrome to receive specialist input whilst in hospital. They provide psychosocial interventions to people under 25 years of age and work closely with education providers and youth services to maximise access to services and to ensure messages regarding alcohol (and drugs) are consistent and up to date.

The Alcohol Pathway team delivers training to allied professionals across health and broader public services and are also part of a prevention pathway to reduce alcohol related foetal harm.

In 2022, over 470 people were referred to the Jersey Drug and Alcohol Service, of which 370 people (80%) were referred for problems related to alcohol (either as a primary or secondary substance). Figure 23 shows the count of referrals to the Jersey Drug and Alcohol Service for problems with alcohol over the period 2011-2022.

Figure 23. Referrals to the Drug and Alcohol Service for problems with Alcohol (2011 to 2022)



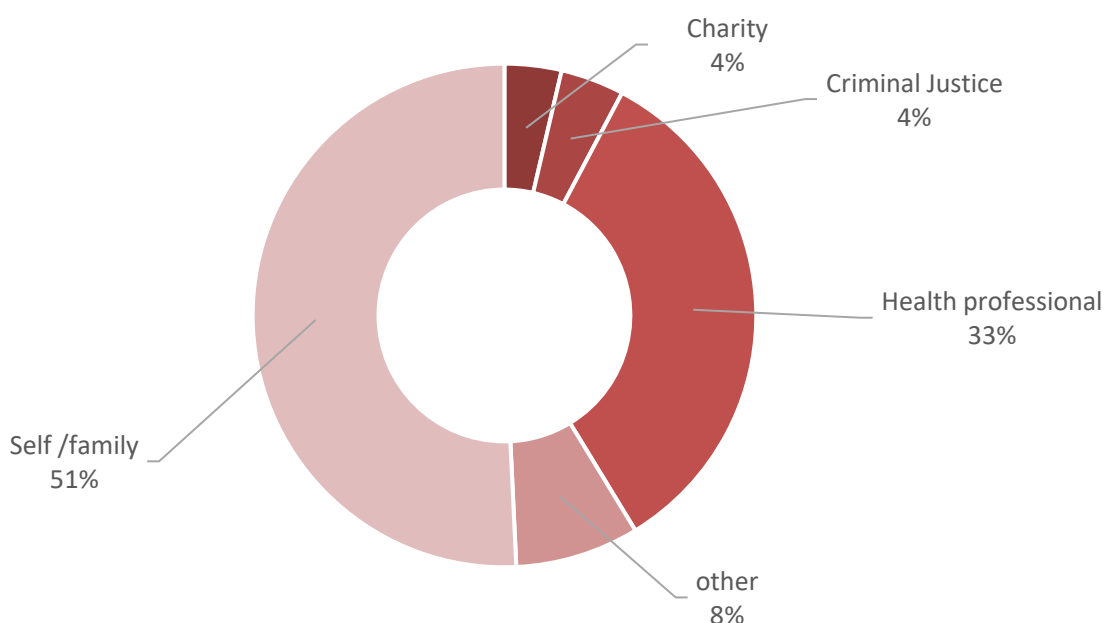
Source: Government of Jersey Alcohol Team, numbers rounded to the nearest 10

Over the last ten years the profile of those referred to the Drugs and Alcohol Service for alcohol linked problems has remained similar, with the following attributes:

- two-thirds (67%) were males, and one-third (33%) females
- around 75% were aged over 35, and less than 10% aged under 25 years
- 87% had problems *only* with alcohol, 10% had problems with a combination of alcohol and other substances

Figure 24 shows that the majority of alcohol linked referrals to the Jersey Drug and Alcohol Service in 2022 come either from the person themselves (51%) or members of their family or health professionals 33% (including GPs, mental health professionals, alcohol liaison nurses and routes via the hospital).

Figure 24. Origin of referrals to Drug and Alcohol Service, Jersey (2022)



Source: Government of Jersey Drug and Alcohol Service

Hospitalisation

This section includes information on hospital admissions in Jersey due to, or related to, alcohol consumption.

Two different measures of hospital admissions attributable to alcohol consumption are presented, following the latest methodology used by OHID (Office for Health Improvement & Disparities, UK). The two measures shown are:

- alcohol-specific admissions (overall, and for those aged under 18¹⁸)
- alcohol-related admissions (narrow definition, methodology updated in 2023¹⁹)

The methods differ in terms of how directly alcohol consumption is responsible for the admission (for further details see methods section). Note that these methods use number of admissions, not number of persons admitted. If individuals have multiple admissions, these each count separately in the figures.

¹⁸ [Fingertips.phe.org.uk Admission episodes for alcohol-specific conditions](https://fingertips.phe.org.uk/Admission-episodes-for-alcohol-specific-conditions)

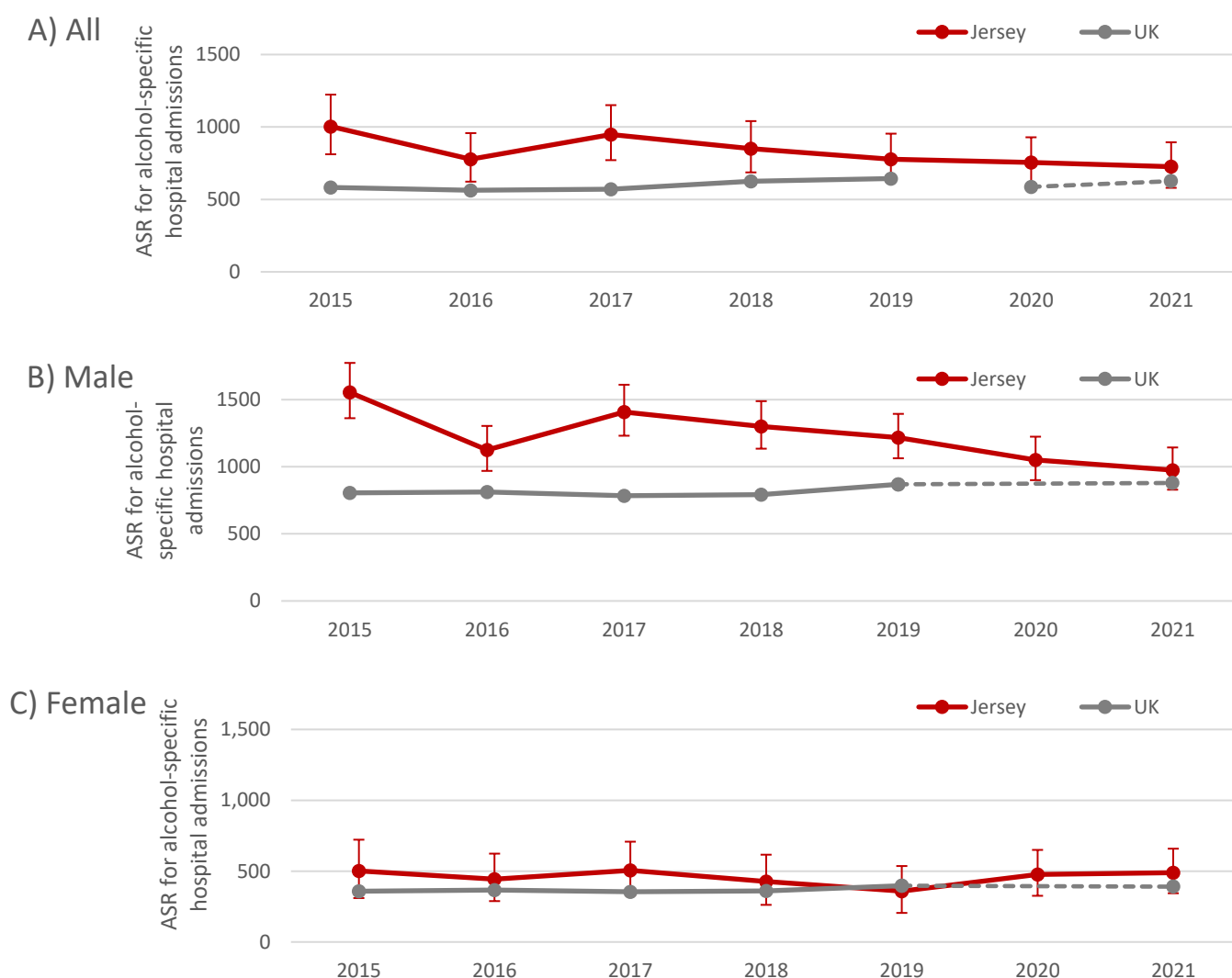
¹⁹ [Fingertips.phe.org.uk Admission episodes for alcohol-related conditions \(Narrow\)](https://fingertips.phe.org.uk/Admission-episodes-for-alcohol-related-conditions-Narrow)

Alcohol-specific hospital admissions

Alcohol-specific admissions are those hospital admissions where **the primary or secondary diagnosis** included a condition considered to be **wholly attributable to alcohol consumption**. This includes hospital admissions for conditions like alcohol poisoning, alcoholic liver disease, and so on (for further details please see methods section).

- in 2021, there were 765 hospital admissions specifically related to alcohol consumption, an age-standardised rate of 725 episodes per 100,000 population
- the rate of alcohol-specific hospital admissions is higher amongst males than amongst females, with around two thirds of the admissions (65%) being males
- over the period 2015 to 2021, the age-standardised admission rate for males has reduced from 1,555 to 975 admissions per 100,000 population
- female admission rates for alcohol-specific have remained relatively more constant from 2015-2021
- alcohol-specific hospital admission rates in 2021 in Jersey were statistically similar to those in England for the 2021/22 period

Figure 25. Alcohol-specific hospital admissions (ASR: age standardised rates), A) All (both genders), B) Amongst males and C) Amongst females. Data for Jersey shown alongside data for England²⁰.



Source: Jersey Health Informatics team and OHID²¹

²⁰ Note that English data is measured over financial years (measured April to April). English data for 2021 uses new population estimates, and the historic values shown will be updated in due course.

²¹ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

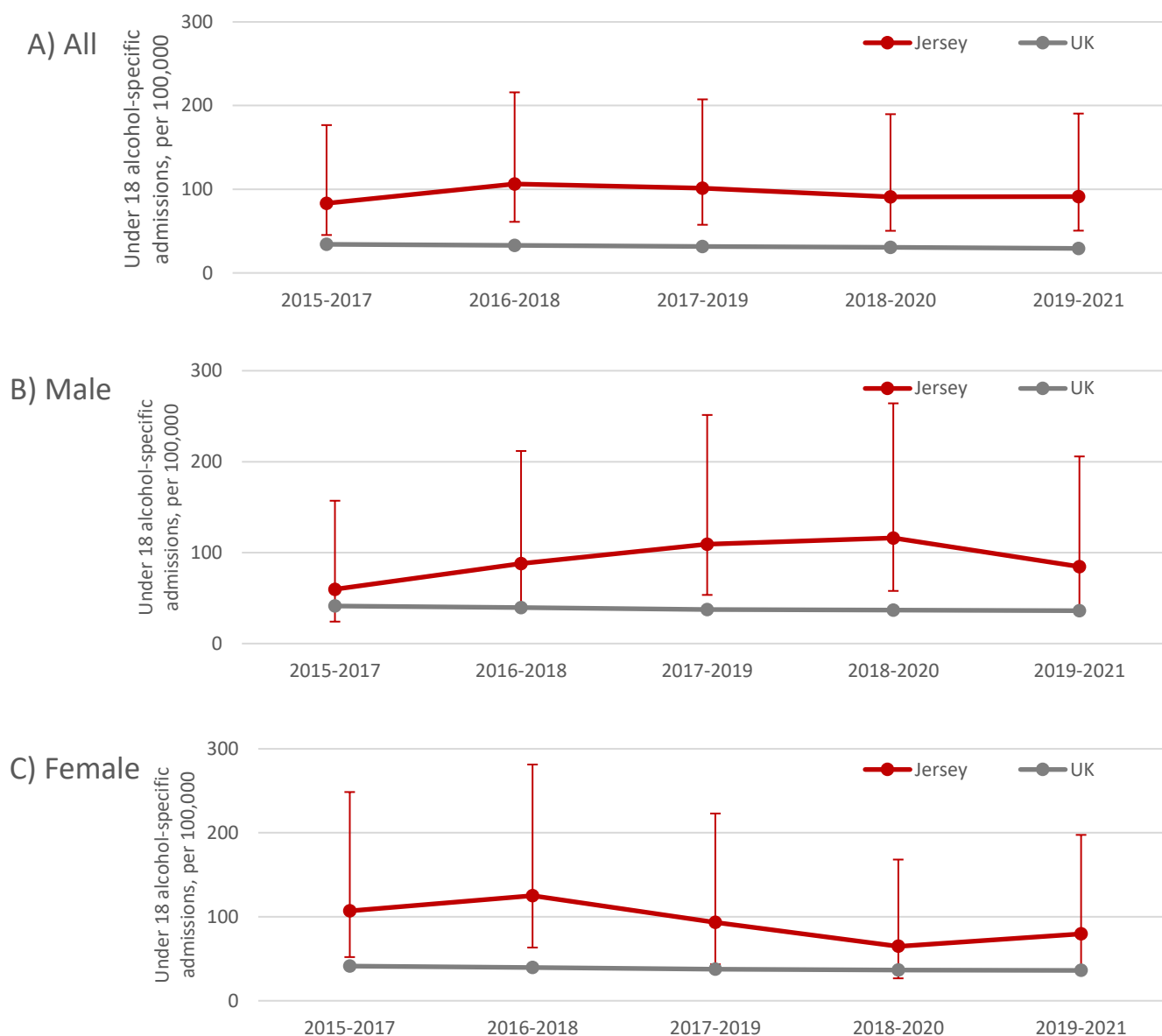
Alcohol-specific admissions (Under 18)

Alcohol-specific admissions (for conditions wholly attributable to alcohol consumption) amongst those aged under 18 are shown in Figure 25.

The latest data available for Jersey shows:

- over the three-year period 2019-2021, there were 51 admissions to hospital of under 18-year-olds with a primary or secondary diagnosis for an alcohol-specific condition
- on average, the number of male admissions was similar to the number of female admissions; over the period 2019-2021, females averaged 7 admissions per year while males averaged 8 admissions per year
- over the period 2019-2021²², crude rates for alcohol-specific hospital admissions of under 18s in England overall were lower than in Jersey

Figure 26. Under 18s alcohol-specific hospital admission rates (population age standardised) per three-year interval: England²³ and Jersey



Source: Jersey Health Informatics team and Office for Health Improvement & Disparities²⁴

²² Jersey data is for calendar years whereas English data is measured over financial years (measured April to April)

²³ [Fingertips.phe.org.uk Admission episodes for alcohol-specific conditions - Under 18s](https://fingertips.phe.org.uk/Admission-episodes-for-alcohol-specific-conditions-Under-18s)

²⁴ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/OHID)

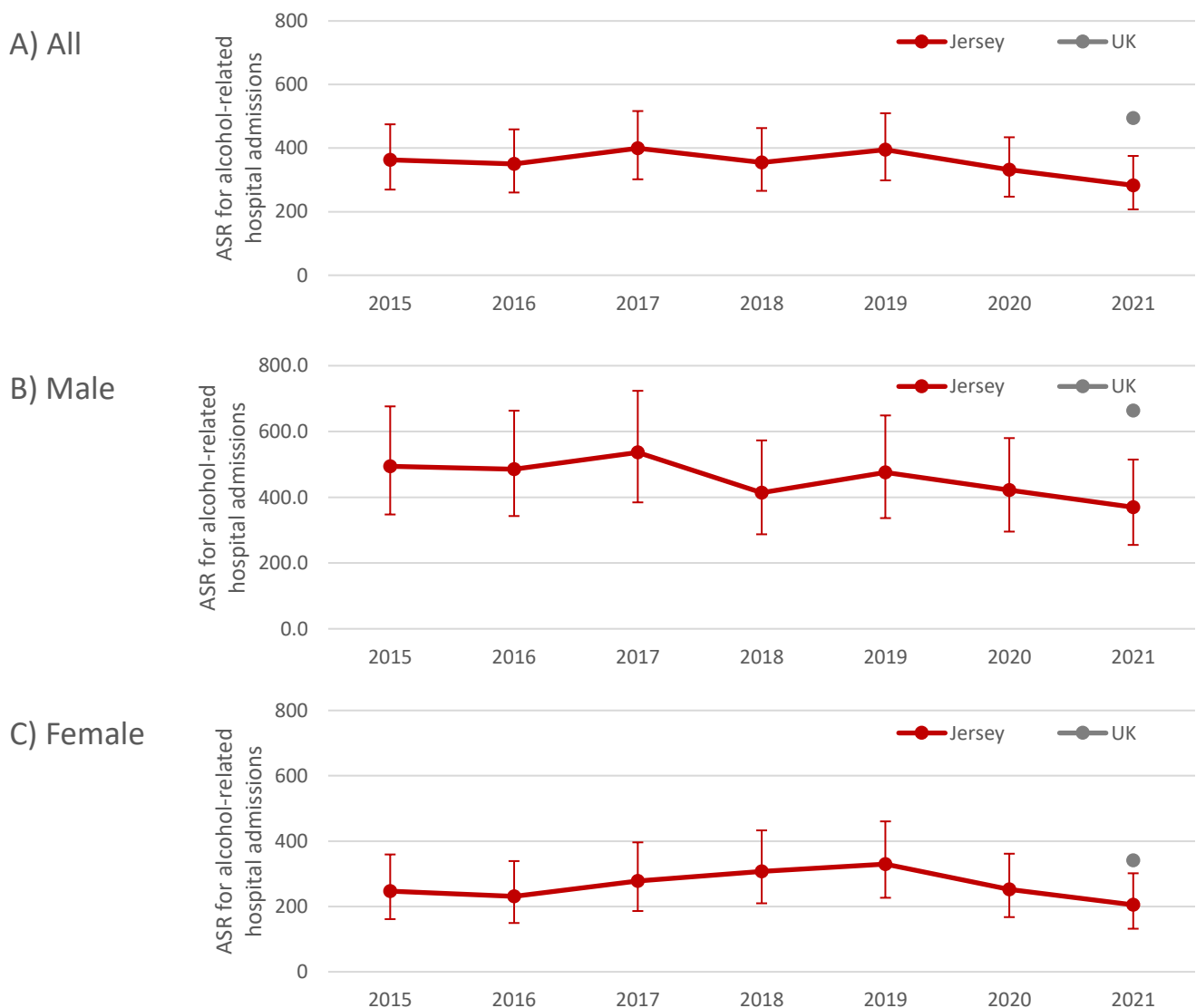
Alcohol-related hospital admissions (narrow definition)

Alcohol-related admissions are those hospital admissions where the **primary diagnosis** is considered to be **wholly or partially attributable** to alcohol consumption. For example, this includes hospital admissions for certain cancers, which are linked to alcohol consumption, but not wholly attributable (for further details please see methods).

The latest data available for Jersey shows that in 2021:

- the overall age standardised rate for alcohol-related hospital admissions (narrow definition) in Jersey was 285 admissions per 100,000 population
- the rate of alcohol-related hospital admissions (narrow definition) was higher amongst males than amongst females (370 per 100,000 males compared to 205 per 100,000 females)
- there has been no statistically significant change in the annual rate of alcohol-related hospital admissions between 2015 and 2021 in Jersey
- the rate of alcohol-related hospital admissions in Jersey was lower than that reported for England overall. However, possible differences in coding practices for cancer admissions (which constitute approximately one quarter of total alcohol-related admissions) between areas means caution should be taken when making a direct comparison between Jersey and England for this metric (further details provided in methods)

Figure 27. Alcohol-related hospital admission rates (population age standardised) per three-year interval: England and Jersey



Source: Jersey Health Informatics team and Office for Health Improvement & Disparities²⁵

²⁵ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Deaths linked to alcohol

Deaths may be caused by conditions which are wholly or partially attributable to alcohol consumption. Three measures of deaths related to alcohol consumption are included in this report.

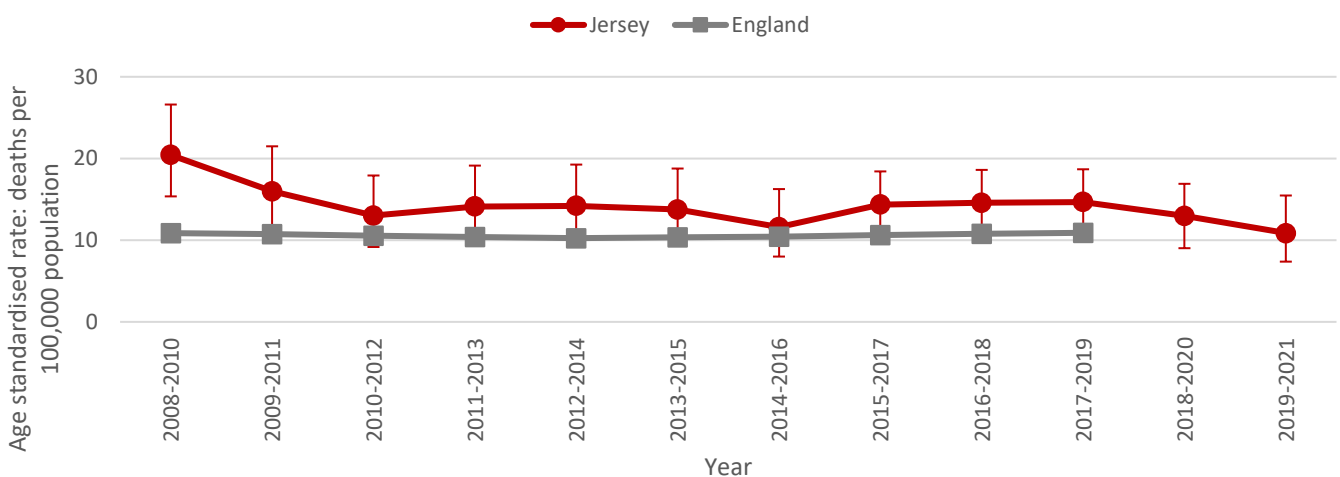
1. **Alcohol-specific deaths:** these are deaths that are medically known to be exclusively caused by alcohol consumption (that is wholly attributable causes, such as alcoholic liver disease). It does not include all deaths that can be attributed in part to alcohol. The precision of the alcohol-specific definition reduces the uncertainty that arises when estimating the total number of alcohol-attributable deaths. The list of ICD-10 codes constituting the alcohol-specific deaths can be found in Annex 1.
2. **Alcohol-related deaths²⁹:** ‘alcohol-related deaths’ were previously referred to as alcohol attributable deaths; these include alcohol-specific deaths plus deaths where alcohol is causally implicated. OHID calculate alcohol-related deaths by applying an alcohol attributable fraction (AAF) to each cause of death. Please see methods for further details.
3. **Deaths due to chronic liver disease:** mortality from chronic liver disease²⁶ is also measured as it is one of the principal causes of death, with people dying from it at younger ages. Most liver disease is preventable, and much is influenced by alcohol consumption and obesity, which are both amenable to public health interventions.

Alcohol-specific deaths

Due to relatively small numbers, alcohol-specific deaths are measured over a three-year period. Figures 28 show the age-standardised rate of deaths for Jersey and England.

- over the period 2019-2021, there were around 30 deaths (10.9 per 100,000 people) from alcohol-specific causes registered in Jersey (Figure 28)
- all of these alcohol-specific deaths were of people aged under 75 years and resulted in a little over 500 years of lost life (YOLL²⁷)
- the age-standardised rate (ASR) of alcohol-specific deaths for males in 2019-2021 was around triple the rate for females (15.0 and 6.8 deaths per 100,000 people respectively)

Figure 28. Alcohol-specific deaths rate: all people, Jersey and England (2008-2010 to 2019-2021)



Source: Public Health intelligence Jersey and Office for Health Improvement & Disparities²⁸

²⁶ [Fingertips.phe.org.uk Mortality from chronic liver disease - all ages](https://fingertips.phe.org.uk/Mortality-from-chronic-liver-disease-all-ages)

²⁷ A definition of years of life lost can be found in the background notes

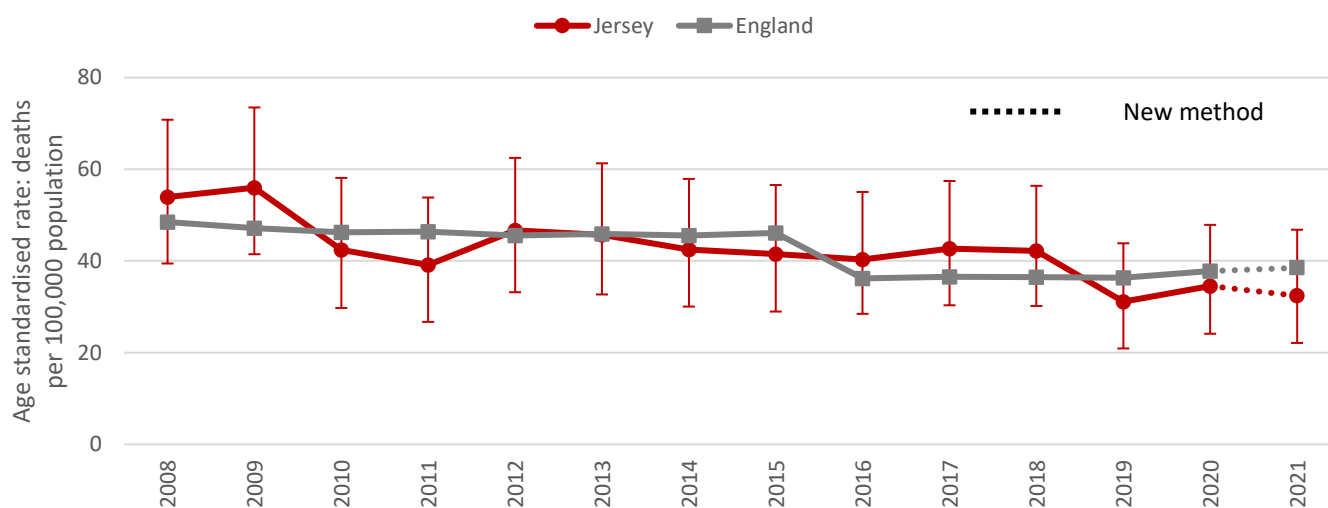
²⁸ [Fingertips.phe.org.uk Alcohol specific mortality](https://fingertips.phe.org.uk/Alcohol-specific-mortality)

Alcohol-related deaths

The calculation that underlies all alcohol-related indicators has been updated to take account of the latest academic evidence and more recent alcohol-consumption figures²⁹.

- in 2021, around 35 people died³⁰ from alcohol-related causes, an age-standardised rate of 32.4 per 100,000 population
- around seven in ten of the alcohol-related deaths were males
- the rate was statistically similar when compared to England (32.4 and 38.5 respectively)

Figure 29. Alcohol-related deaths rate: all people, Jersey and England, old and new methods (2008 to 2021)



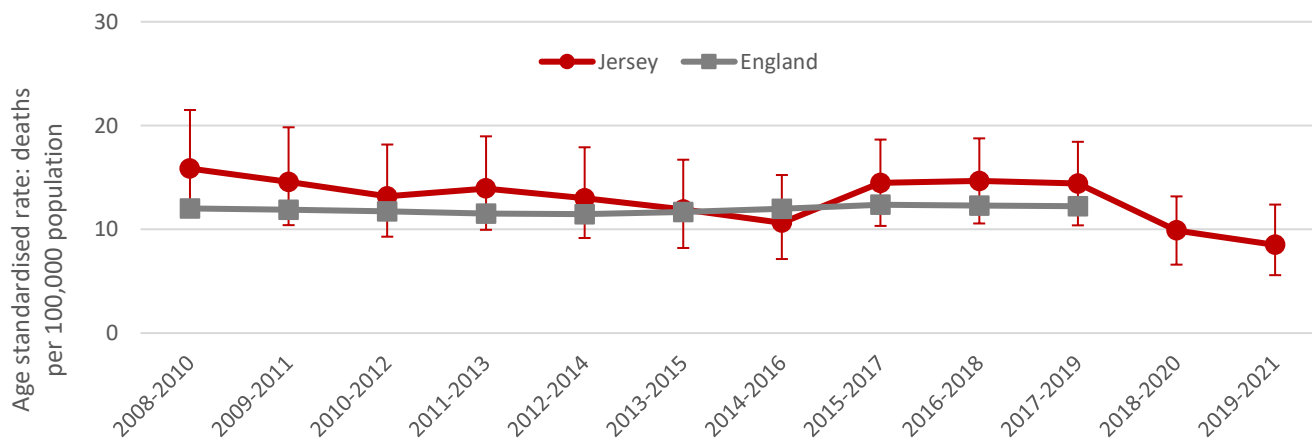
Source: Public Health intelligence Jersey and Office for Health Improvement & Disparities

Deaths from chronic liver disease

Most liver disease is preventable, and much is influenced by alcohol consumption and obesity prevalence

- over the period 2019-2021, chronic liver disease³¹ accounted for almost 30 deaths. Of these, all were of people aged under 75 years, resulting in almost 400 years of life lost (YOLL)

Figure 30. Deaths from chronic liver disease: rates of all people, Jersey and England (2008-2010 to 2019-2021)



Source: Public Health intelligence Jersey and Office for Health Improvement & Disparities³²

²⁹ [Consultation on proposed changes to the calculation of alcohol-related mortality and hospital admissions](#)

³⁰ Alcohol-related deaths are based on alcohol attributable fractions, so may not necessarily be a whole number

³¹ Includes ICD-10 codes K70 (alcoholic liver disease), K73 (chronic hepatitis) and K74 (fibrosis and cirrhosis of the liver)

³² [Public health profiles - OHID \(phe.org.uk\)](#)

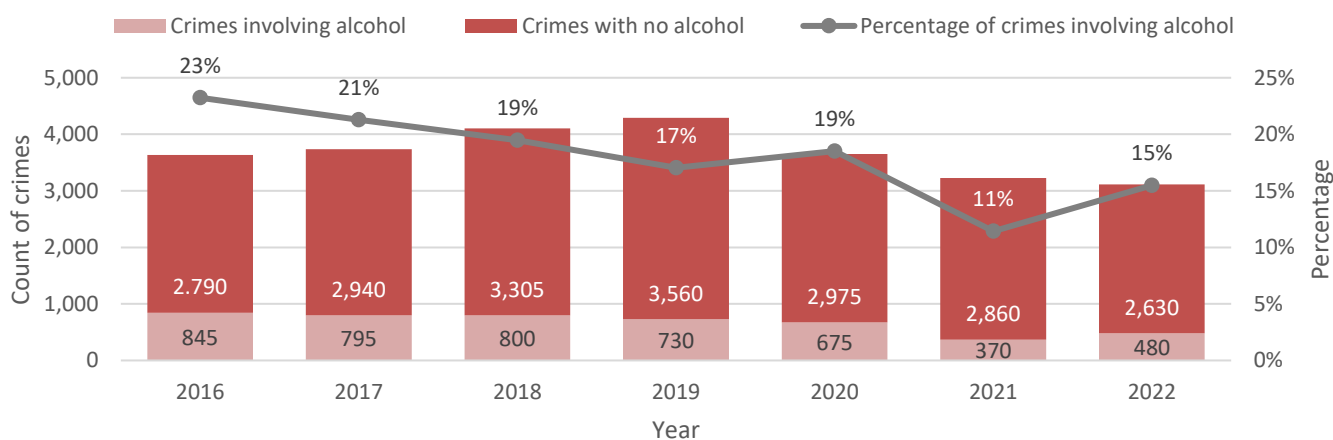
Wider effects of alcohol

Crime

In 2022, around 3,100 crimes were recorded by States of Jersey Police. Of these, 480 (15%) were recorded by the officer attending as involving alcohol in some way.

Figure 31 shows that the percentage of crimes involving alcohol has gradually declined from 23% in 2016 to 15% in 2022. In 2020 and 2021, as part of COVID-19 pandemic mitigations there were temporary restrictions on serving of alcohol (for example, with a meal only) in licensed and non-licensed premises, which is likely to have affected alcohol consumption in night-life settings, and therefore crimes involving alcohol.

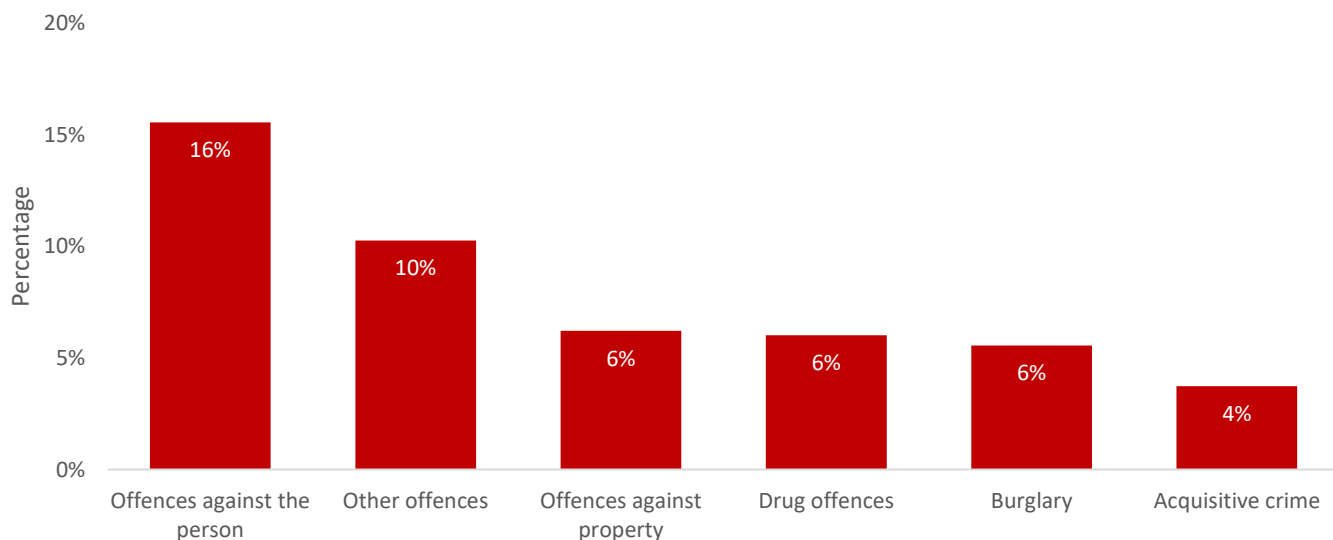
Figure 31. Count of crimes in Jersey with and without alcohol (2016 to 2022)



Source: States of Jersey Police

Over the three years (2020-2022), offences against the person (e.g. anti-social behaviour and assault) were the types of crime most likely to involve alcohol. Alcohol was involved in three in twenty (16%) of crimes against the person³³.

Figure 32. Different offence types – proportion involving alcohol (2020-2022)



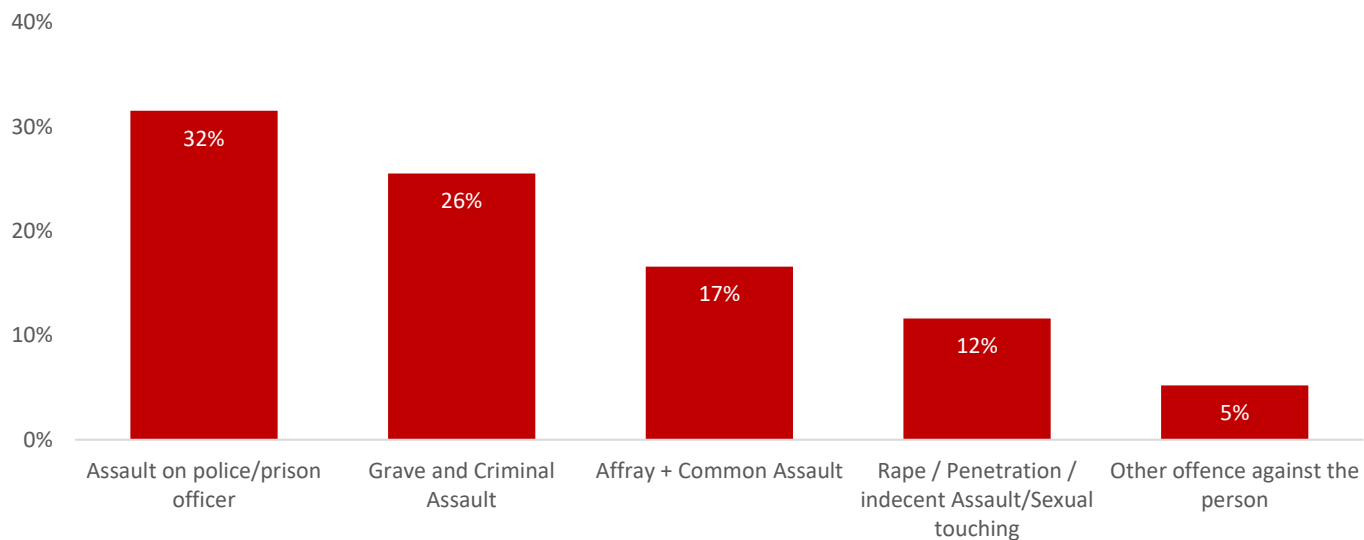
Source: States of Jersey Police

³³ Offences under the Firearms Law, and Perverting the course of Justice. Other offences include crimes such as dangerous driving but not drink driving.

Crimes against the person

More detailed analysis over the period 2020-2022 shows the proportion of each subcategory which involved alcohol (Figure 33).

Figure 33. Types of crimes against the person: percentage that involved alcohol (2020-2022)

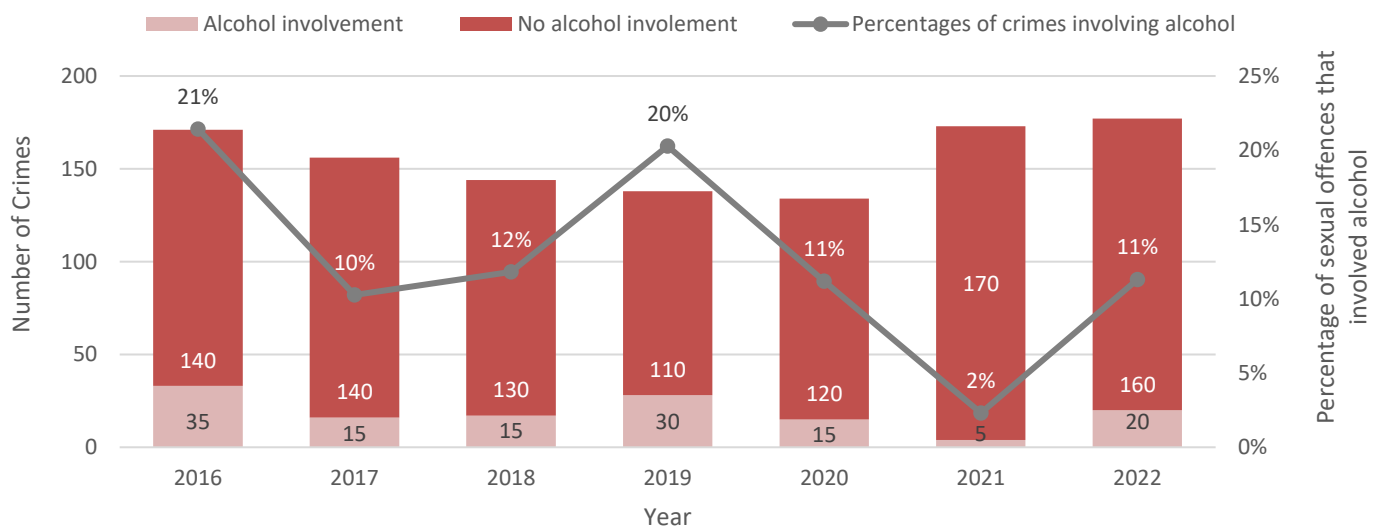


Source: States of Jersey Police

Sexual Offences

Over the last 7 years, Jersey Police recorded that typically between 10% and 21% of sexual offences annually were alcohol related. The proportion of sexual offences involving alcohol in 2021 was unusually low at 2%, and is likely to have been affected by COVID-19 mitigations on-Island, which included restrictions on the night-time economy for much of the year. For details on the offence categories included under “sexual offences” please see Annex 2.

Figure 34. Proportion of alcohol-related Sexual offences in Jersey: (2016 to 2022)

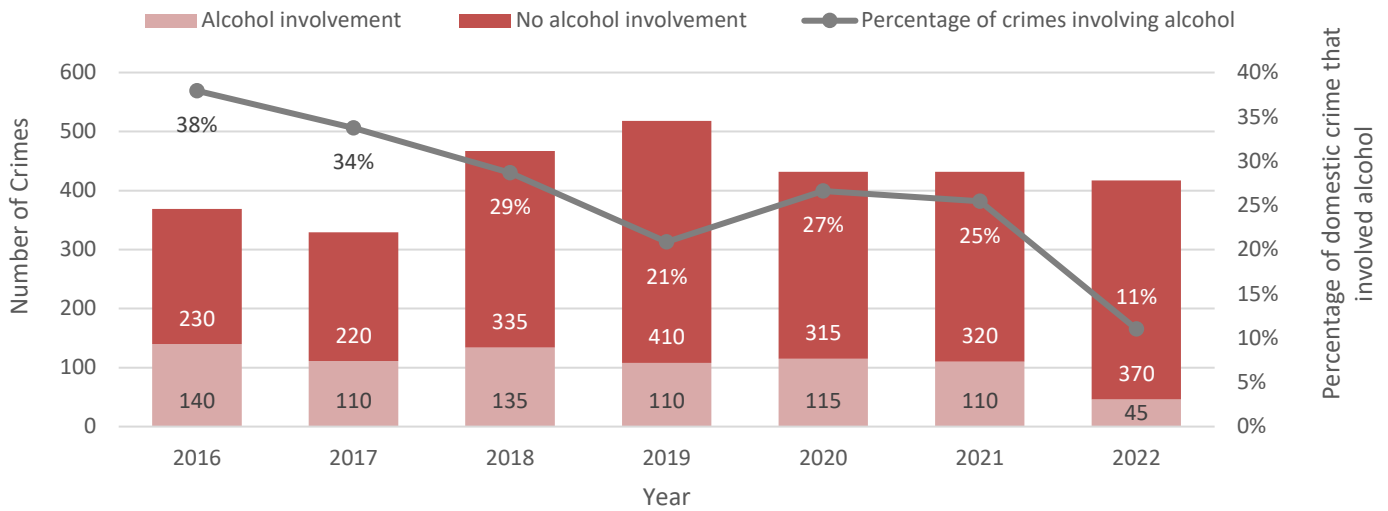


Source: States of Jersey Police

Domestic Crime³⁴

“Domestic crime” is defined as any crime between parties who are related (including step-relations), spouses, partners or ex-partners. While the number of domestic crimes recorded increased between 2016 and 2019, conversely the percentage of alcohol related crimes decreased from 38% to 21%. In 2022, the percentage of domestic offences which were alcohol-related recorded by Jersey police was 11%, this is the lowest proportion since 2016.

Figure 35: Count of Domestic Crime offences in Jersey with and without alcohol (2016 to 2022)



Source: States of Jersey Police

Over the three years 2020-2022, 83% of domestic crimes were offences against the person. The most common type of domestic crimes were “common assaults” (of which 25% involved alcohol) and “grave/criminal assaults” (21% involved alcohol) – see Table 4.

Table 4: Summary of assaults linked to alcohol, all offences, domestic offences, and offences in the St Helier night-time economy (2020 to 2022)

		Total offences	Domestic crime	Offences in the St Helier night-time economy
Common assault	Number of Offences	2,160	640	390
	% Involving alcohol	17%	25%	23%
Grave and criminal assault	Number of Offences	555	200	125
	% Involving alcohol	26%	21%	32%

Source: States of Jersey Police

Night-time economy

Crimes considered as being associated with the St Helier night-time economy are those occurring between 8pm and 4am, in or outside licenced premises, commercial premises or on the street within the parish of St Helier³⁵.

³⁴ Note that domestic crime is a subcategory of all crime. For example, assaults counted under domestic crime also appear under all crime, and crimes against the person.

³⁵ Similar to domestic crime, night-time economy crime is a sub-category of all crime. For example, assaults counted under St Helier night-time economy also appear under all crime and crimes against the person: they *could* also be counted under domestic crime if, for example, they involved an assault between siblings.

Over the period 2020 - 2022, 625 crimes were recorded as occurring in the St Helier night-time economy, of which 145 were linked to alcohol (23%).

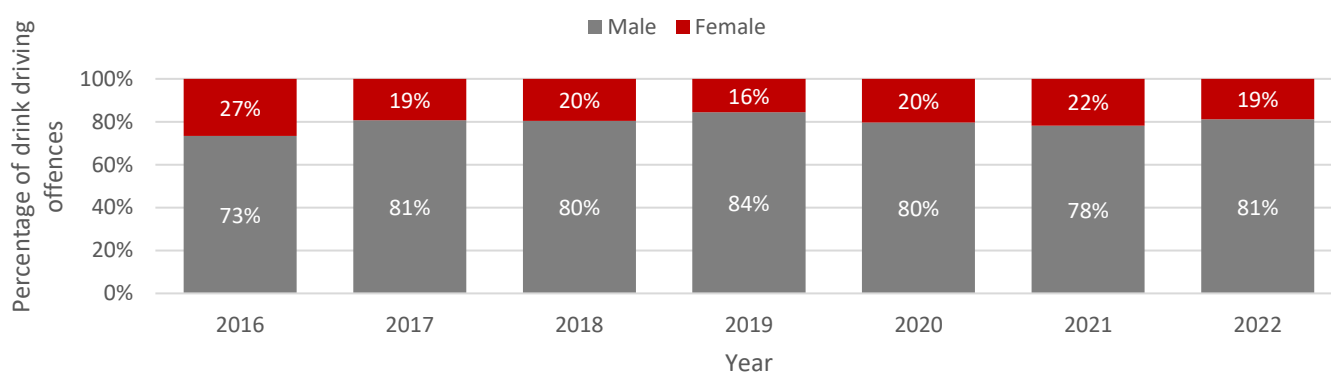
The two most common crimes in the St Helier night-time economy were “common assault” (390 offences, of which 23% involved alcohol), and “grave/criminal assaults” (125 offences, of which 32% involved alcohol) – see Table 4.

Drink Driving³⁶

There were 105 recorded drink-driving offences in 2022. The number of annual drink-driving offences recorded will be affected by year-on-year differences in the number of proactive police stops³⁷.

Between 2017 and 2022 the percentage of recorded drink-driving offences perpetrated by males has remained at around 80% (Figure 36).

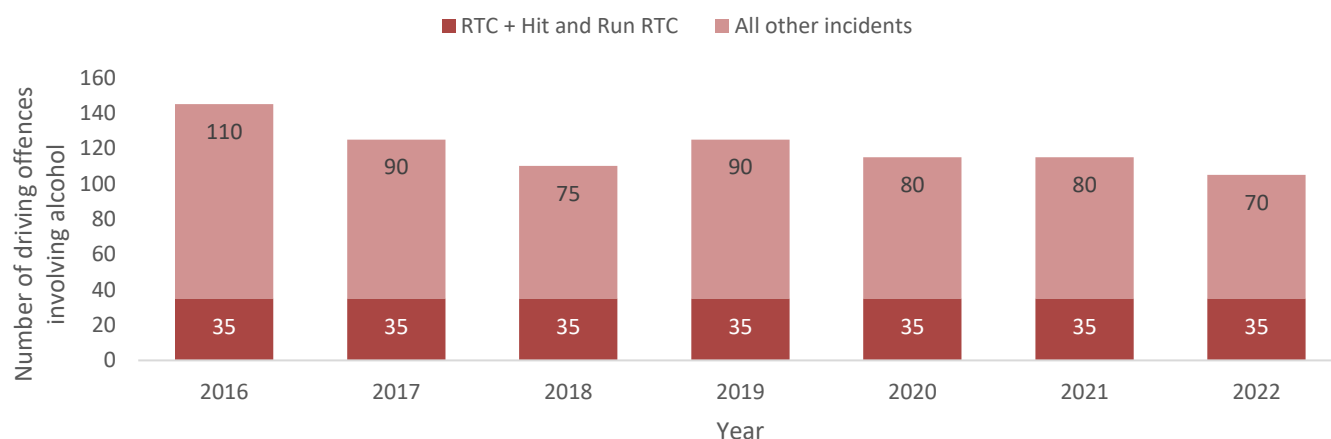
Figure 36: Percentage of drink-driving offences, by sex (2016 to 2022)



Source: States of Jersey Police

Although the overall level of drink driving offences recorded has declined over the period 2016 to 2022, from 140 to 105 respectively, the annual number of road traffic collisions caused by drivers under the influence of alcohol has remained similar since 2016 (Figure 37).

Figure 37: Count of drink-driving offences (2016 to 2022)



Source: States of Jersey Police

³⁶ The legal limit for driving is 35 micrograms of alcohol per 100 millilitres of breath, or 80 milligrams of alcohol per 100 millilitres of blood.

³⁷ changes to roadside breath test frequency were made during the height of the COVID-19 pandemic, and that this may affect the number of drink drivers identified over this time period.

Social Security Expenditure

There are three types of sickness benefit provided by the Social Security Department for Jersey residents:

- **short term incapacity allowance** (STIA) is usually authorised by GPs and paid to working age claimants who satisfy the necessary contribution conditions for periods of incapacity lasting between 2 and 364 days
- **long term incapacity allowance** (LTIA) is an assessed allowance for working age persons who satisfy the necessary contribution conditions and have a long-term loss of faculty. Claimants may continue to work while receiving this allowance
- **invalidity benefit** (INV) is no longer available to new claimants, since the introduction of LTIA in 2004, but continues to be paid to those individuals who were in receipt of the benefit prior to LTIA being introduced. Invalidity benefit does not allow claimants to undertake work whilst claiming

Social Security Department expenditure due to alcohol-related sickness or ailments is defined under one of four categories:

- alcoholism
- detox
- drug and substance dependency
- liver disease (from all causes including alcohol) and cirrhosis

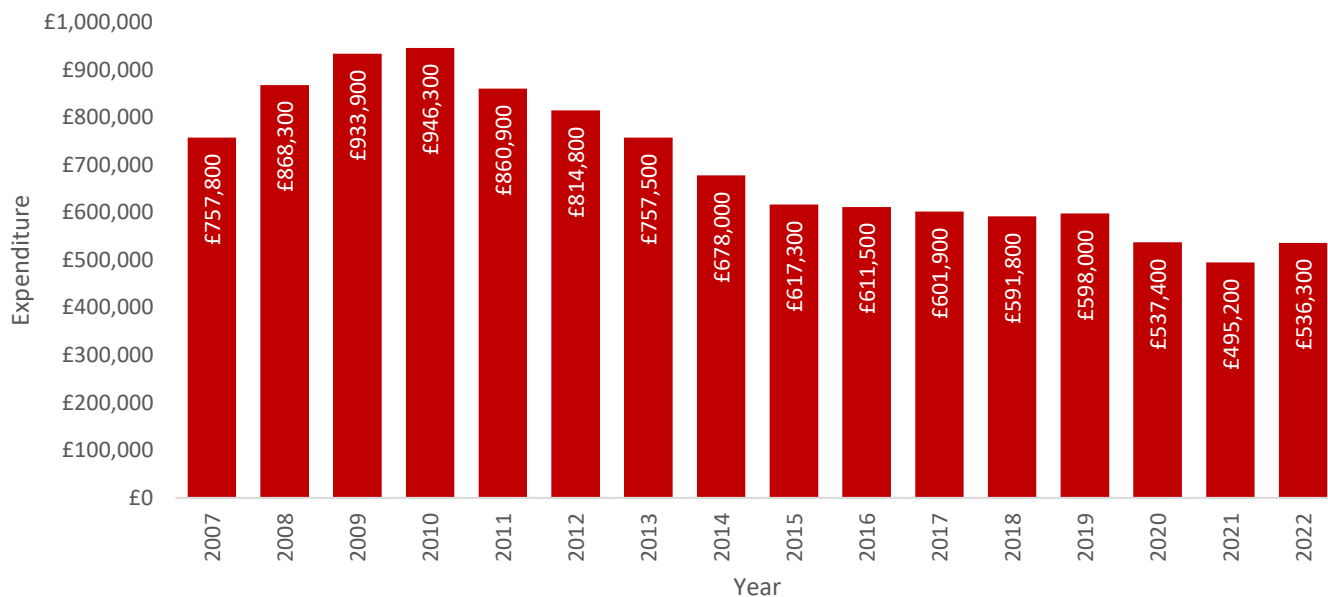
In 2022³⁸, the Social Security Department spent £536,300 on around 120 benefit claims due to alcohol-related sickness and ailments. Almost half of this amount (£254,600) was due to 53 claims for alcoholism. The amount spent on benefit claims due to alcohol-related sickness has fallen from £946,300 in 2010 (Figure 38).

In 2022:

- a total of £254,600 was paid out by Social Security for alcoholism, comprising: £210,400 for LTIA; £24,600 for Invalidity benefit; and £19,700 for STIA claims
- the total paid out in 2022 was 17 per cent lower than that paid out for claims due to alcoholism in 2017 (£308,100)
- over the three years, 2020-2022, the average annual number of claims for alcoholism for LTIA was 40, for invalidity benefit was less than 5 and for STIA was 15; the number of claims representing a small proportion of the number of claims for each benefit annually (1 per cent or less)
- claims for LTIA for alcoholism covered around 13,700 days, although claimants may still be working. STIA claims for alcoholism covered 660 days, with claimants not working during this time. A total of 15,100 days were claimed for alcoholism in 2022 for STIA, LTIA and invalidity benefit
- in the five year period between 2018 and 2022, the number of claims, expenditure and days claimed for alcoholism has remained similar for LTIA, whilst the number of claims for STIA has decreased by around 60%

³⁸ Numbers for expenditure and days are independently rounded to the nearest 100; rounded numbers will not always sum to the rounded total.

Figure 38: Social Security Department expenditure on benefits due to alcohol related ailments (2007 to 2022)

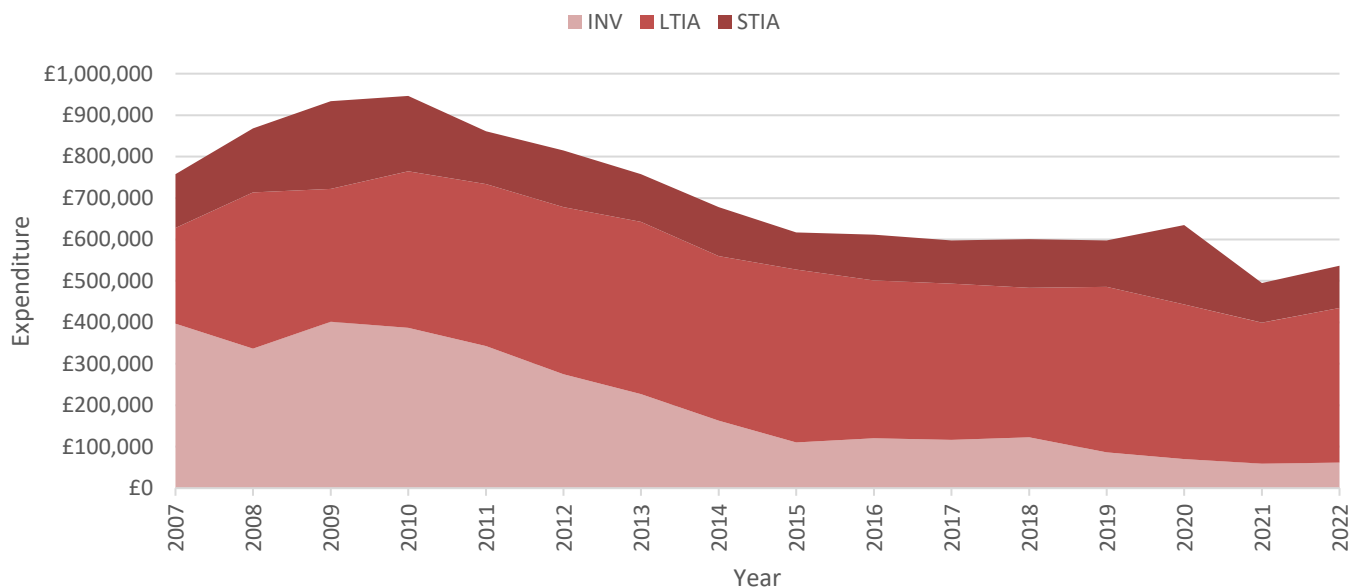


Source: States of Jersey Social Security Department

The majority of alcohol-linked claims are long-term.

In 2022, the long-term benefits (LTIA and Invalidation benefit) accounted for over 90% of all benefit claims due to alcohol-linked ailments (Figure 39).

Figure 39: Social security expenditure on benefits due to alcohol related ailments, Jersey (2007 to 2022)



Source: States of Jersey Social Security Department

- INV - Invalidation benefit
- LTIA - Long Term Incapacity Allowance
- STIA - Short Term Incapacity Allowance

Background Notes

Methods

Population estimates

This report uses interim estimates for yearly population figures between 2011 and 2022 in lieu of official estimates being published by Statistics Jersey. The population estimates were produced by Public Health Intelligence; annual births and death numbers were used to interpolate between the 2011 and 2021 census figures. When official population estimates are published by Statistics Jersey for the 2011 to 2021 inter-census period, rates and population adjustments for the metrics presented in this report will be updated accordingly.

Per capita alcohol consumption³⁹

- Customs and Immigration supply information on volumes of alcohol imported into and produced in the island
- the denominator for per capita alcohol consumption is calculated by combining the population estimate, number of seasonal workers numbers and the latest tourism statistics. Figures for tourists and seasonal workers are provided by Visit Jersey and Statistics Jersey respectively.
- estimates for consumption in 2020 and 2021 are unavailable as there were no official tourism figures for this period
- the figures supplied by Statistics Jersey for seasonal workers are for seasonal, non-permanent jobs. Prior to January 2022 these figures were compiled using manpower return data. In January 2022 the Combined Employer Return (CER) was launched, which comprises tax, social security, and manpower returns that were previously submitted separately, this has caused a slight methodology change in the figures provided as businesses are no longer asked if jobs are permanent or non-permanent. Following this change the figures now provided are imputed using the previous percentage of non-permanent jobs within businesses classed as seasonal. As in previous years, zero-hours jobs have been added to the Full Time (FT) and Part Time (PT) categories using the FT to PT ratio. i.e., if full-time jobs make up two-thirds of all full-time and part-time jobs, then two-thirds of the zero-hours jobs are put in FT and the rest in PT. The numbers available are for jobs not employees. They are a proxy for the number of seasonal workers, but seasonal workers with multiple jobs are counted in each job they hold, so there may be a slight over-estimate. As these Manpower/CER figures are for jobs held by entitled and registered employees, jobs held by employees with licensed or exempt status are not included.
- conversion factors used to estimate the amount of pure alcohol were: beer and cider, 5%; wine, 12%; and spirits, 40%

Social Security Expenditure

- information on benefit claims related to alcohol use are supplied by the Customer and Local services Department.
- most of the claims will be single individuals, yet 1 person might have several claims each year, and so the number of distinct people may be slightly less than this total.

Rounding

- all percentages have been independently rounded to the nearest integer. Consequently, in tables and figures presented percentages may not add up to 100%.
- counts of individuals presented in this report (e.g. impots, deaths, hospital admissions, crimes etc.) have been rounded to the nearest 5.

³⁹ [Indicator 3.5.2 - Alcohol per capita consumption \(aged 15 years and older\) within a calendar year in litres of pure alcohol - U.K. Indicators For The Sustainable Development Goals \(sdgdata.gov.uk\)](#)

Confidence intervals and statistical significance

Confidence intervals have been used in this report to compare Jersey mortality rates and hospital admission rates with those of England. Confidence intervals are a measure of the range of uncertainty around a figure taking into account natural random variation.

Comparison of rates between jurisdictions or over time have been statistically tested to determine whether differences are likely to be statistically significant or the result of random variation. Only those differences deemed as statistically significant have been described in this report using terms such as ‘increase’, ‘decrease’, ‘higher’ or ‘lower’

Age Standardised Rates (ASRs)

An age-standardised rate is the rate of events that would occur in a population with a standard age structure if that population were to experience the age-specific rates of the subject population. The 2013 European Standard Population has been used to calculate the standardised rates in this report. The same population is used for males, females and all persons and rates are expressed per 100,000 population.

Conditions Wholly or Partially Attributable to Alcohol Consumption

Some health conditions are either wholly or partially attributable to alcohol consumption.

- “Wholly attributable” conditions are health conditions which are considered to be wholly due to alcohol consumption, such as alcoholic liver disease (see Annex 1). **Metrics calculated using wholly-attributable conditions are termed “Alcohol-specific”**
- “Partially attributable” conditions are health conditions which are considered to be in part due to alcohol consumption. Attributable fractions for such conditions describe the proportion of a health condition (or mortality) that can be attributed to alcohol, and may depend on an individual’s age and sex. Alcohol attributable fractions (AAFs) used in this report are available in OHID’s [Alcohol-attributable fractions for England: an update - GOV.UK \(www.gov.uk\)](#). The fractions were revised following a consultation led by the Office for National Statistics (ONS) in 2017. **Metrics calculated using both wholly and partially-attributable conditions are termed “Alcohol-related”**

Hospital Admissions

Two measures of alcohol attributable hospital admissions are presented in this report:

1. **Alcohol-specific admissions:** The method used to calculate alcohol-specific hospital admissions follows that of OHID⁴⁰. It includes admissions to hospital where the primary diagnosis, or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition (see Annex 1). Data for England for the 2015-2019 period is shown based on data previously published on fingertips, but this data is due to be updated upon ONS revisions to population estimates for this period. Data for England for 2021-2022 is the most recent data available, and uses reconciled population denominators. Further details can be found in the “Definitions” section at fingertips.phe.org.uk
2. **Alcohol-related admissions (narrow definition):** The method used to calculate alcohol-related hospital admissions follows that of OHID⁴¹. Wholly attributable conditions are considered, along with alcohol-related conditions that are partially attributable to alcohol consumption (such as certain cancers). The “narrow” definition refers to the fact that only admissions where the primary diagnosis is an alcohol-related condition are considered. Published data for England using the updated AAF methodology only covers the 2012-2022

⁴⁰ [Fingertips.phe.org.uk](http://fingertips.phe.org.uk) Admission episodes for alcohol-specific conditions

⁴¹ [Fingertips.phe.org.uk](http://fingertips.phe.org.uk) Admission episodes for alcohol-related conditions (Narrow)

period at present. The method excludes all diseases with a negative fraction, as the indicator is designed to quantify only the level of harm caused by alcohol

Caveats associated with this method include:

- analysis has revealed significant differences between areas in the coding of cancer. Since cancer admissions form around a quarter of the overarching alcohol-related admission national indicators, the inconsistent recording for cancer patients has some implication for these headline measures, and for comparing between jurisdictions
- the confidence intervals published here are based only on the observed number of admissions and do not account for this uncertainty in the calculation of attributable fractions (AAF's) - as such the intervals may be too narrow.

Data for alcohol hospital admissions may be subject to future amendments, as hospital admission episode coding data availability may improve or change.

Mortality

The figures for alcohol deaths (using both the old and the new definitions) are produced on the 'underlying cause' basis, so they are the numbers of deaths for which the disease or injury which initiated the chain of morbid events leading directly to death was one of those which are listed in the relevant definition.

Potential Years of Life Lost (YOLL) methodology assumes that every individual could expect to live to an age of 75 years; deaths prior to that age are assumed preventable and incur the relevant number of years of life lost. the latest complete year of mortality information available for Jersey is 2021. A small number of inquests remain outstanding; numbers should therefore be considered provisional.

Three measures of alcohol attributable mortality are presented in this report:

1. **Alcohol-specific deaths:** The method used to calculate alcohol-specific deaths follows that of OHID⁴². It includes deaths where the underlying cause, is an alcohol-specific (wholly attributable) condition (see annex 1).
2. **Alcohol-related deaths:** The method used to calculate alcohol-related deaths follows that of OHID⁴³. Wholly attributable conditions are considered, along with alcohol-related conditions that are partially attributable to alcohol consumption (such as certain cancers). The method excludes all diseases with a negative fraction, as the indicator is designed to quantify only the level of harm caused by alcohol.
3. **Deaths from Chronic Liver Disease:** deaths from alcoholic liver disease are classified by underlying cause of death recorded as **ICD code K70**, registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,..., 70-74).

⁴² [Fingertips.phe.org.uk Alcohol-specific Mortality](https://fingertips.phe.org.uk/Alcohol-specific-Mortality)

⁴³ [Fingertips.phe.org.uk Alcohol-related Mortality](https://fingertips.phe.org.uk/Alcohol-related-Mortality)

Annex 1: Conditions wholly attributable to alcohol

Conditions included in the October 2021 definition of alcohol-specific deaths⁴⁴

Wholly attributable condition	ICD-10 Code
<i>Alcohol-induced pseudo-Cushing's syndrome</i>	E24.4
<i>Mental and behavioural disorders due to use of alcohol</i>	F10
<i>Degeneration of nervous system due to alcohol</i>	G31.2
<i>Alcoholic polyneuropathy</i>	G62.1
<i>Alcoholic myopathy</i>	G72.1
<i>Alcoholic cardiomyopathy</i>	I42.6
<i>Alcoholic gastritis</i>	K29.2
<i>Alcoholic liver disease</i>	K70
<i>Alcohol induced chronic pancreatitis</i>	K86.0
<i>Ethanol poisoning</i>	T51.0
<i>Methanol poisoning</i>	T51.1
<i>Toxic effect of alcohol, unspecified</i>	T51.9
<i>Accidental poisoning by and exposure to alcohol</i>	X45
<i>Intentional self-poisoning by and exposure to alcohol</i>	X65
<i>Poisoning by and exposure to alcohol, undetermined intent</i>	Y15
<i>Alcohol-induced acute pancreatitis</i>	K85.2
<i>Fetal alcohol syndrome (dysmorphic)</i>	Q86.0
<i>Excess alcohol blood levels</i>	R78.0
<i>Evidence of alcohol involvement determined by blood alcohol level</i>	Y90
<i>Evidence of alcohol involvement determined by level of intoxication</i>	Y91

Source: UK Office for National Statistics

⁴⁴ [Alcohol-attributable fractions for England: An update \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Annex 2: Sexual Offences, Jersey Law

“Sexual offences” in this report refers to the following categories of crime, as included in the Sexual Offences (Jersey) Law 2018

Offence Description
<i>Abuse of trust by a sexual act against a female child</i>
<i>Administering a substance for sexual purposes</i>
<i>Article 35 Sexual Offences (Jersey) law 2018 - Voyeurism</i>
<i>Causing a child to be present during a sexual act</i>
<i>Causing or inciting a sexual act with a female child 12 or younger</i>
<i>Causing or inciting a sexual act with a male child 12 or younger</i>
<i>Causing or inciting a sexual act with an older female child</i>
<i>Causing or inciting a sexual act with an older male child</i>
<i>Causing sexual act without consent</i>
<i>Gross indecency</i>
<i>Gross indecency with child</i>
<i>Incite to commit a sexual act</i>
<i>Indecent assault on a female</i>
<i>Indecent assault on male</i>
<i>Indecent exposure</i>
<i>Other sexual offences</i>
<i>Possess/distribute indecent images of child</i>
<i>Rape of a female</i>
<i>Rape of a female child aged 12 or younger</i>
<i>Rape of a male</i>
<i>Rape of a male child aged 12 or younger</i>
<i>Sexual grooming of a female child</i>
<i>Sexual Penetration of a female without consent</i>
<i>Sexual penetration of a male child aged 12 or younger</i>
<i>Sexual Penetration of a male without consent</i>
<i>Sexual touching of a female child aged 12 or younger</i>
<i>Sexual touching of a male child aged 12 or younger</i>
<i>Sexual touching of a male without consent</i>
<i>Sexual touching of female without consent</i>
<i>Unlawful sexual act between children</i>
<i>Unlawful sexual intercourse with an older female child</i>
<i>Unlawful sexual penetration of an older male child</i>
<i>Unlawful sexual touching of an older female child</i>
<i>Unlawful sexual touching of an older male child</i>
<i>USI girl under 13 yrs.</i>
<i>USI girl under 16 yrs.</i>
<i>Voyeurism</i>

Source: Government of Jersey

Feedback

If you would like to provide feedback, then please contact us on the following address or email us at:
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