States of Jersey

The States of Jersey Department for
Health & Social Services

Alcohol Profile for Jersey

Summary of Alcohol Indicators

Using data up to and including 2012

Data Use Warning: JASS consumption data is based on self reported units. These are believed by practitioners to underestimate consumption because of the increase in alcohol by volume concentration in drinks and the glass sizes now used. Hospital admissions data does not include private patients.

Health Intelligence Unit, Public Health Directorate, Health and Social Services Department, Jersey

Last update January 2014

HIU INFORMATION READER

Document purpose	To provide population level data on alcohol for the Jersey population

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Author	J Birbeck/M Walton
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Amendment history	
Officer	Amendment date and detail
J Birbeck	Jan 2014. England 2010 data, on consumption on heaviest drinking day, updated from latest ONS figures. (Drinking habits amongst adults 2012. Published December 2013. www.ons.gov.uk)
M Walton	7 May 2013. Data proviso added: private patient admissions not coded.
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Embargo/confidentiality	

Alcohol Summary Update

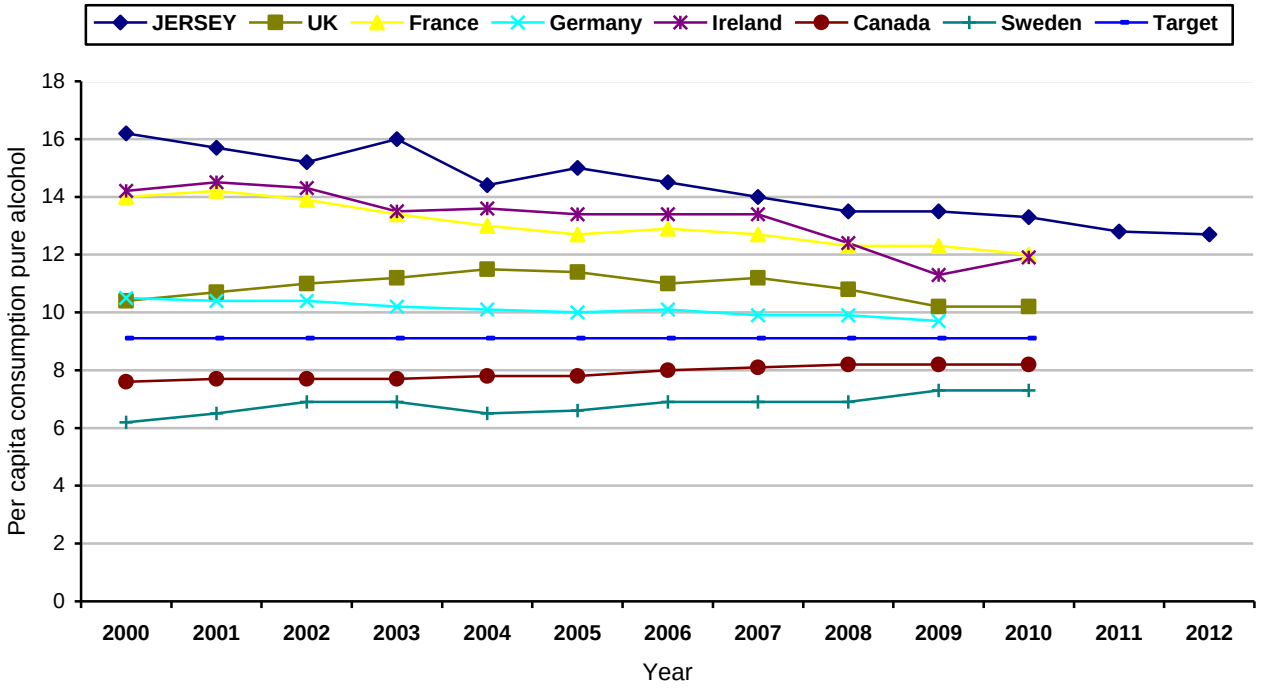
Alcohol has been identified as a causal factor in more than 60 medical conditions including mouth, throat, stomach, liver and breast cancers: hypertensive disease (high blood pressure), cirrhosis and depression[1].

1 Alcohol Indicators (definitions appendix one)

	Population	female	male	year and notes
Per capita consumption	12.7 litres per capita			2012
Abstainers	13%	17%	10%	2012 Jersey Annual Social survey, a random survey of the 16 and over population administered by the Statistics Unit.
Binge drinking	14%	10%	18%	2010 Jersey Annual Social Survey.
Lower risk drinking (weekly consumption)	58%	56%	59%	2010 Jersey Annual Social Survey.
Increasing risk drinking (weekly consumption)	13%	9%	16%	2010 Jersey Annual Social Survey.
Higher risk drinking (weekly consumption)	3%	1%	4%	2010 Jersey Annual Social Survey.
Alcohol specific deaths	13.3 per 100,000 11.2 per 100,000	(2009-2011) (2010-2012)		Three year average, directly standardised rate (European population) per 100,000 all ages
Years Of Life Lost due to alcohol specific disease	273 years	128	145	2009 – 2011 three year average (75 minus age at death) for alcohol specific disease
Mortality from chronic liver disease	11.0 per 100,000	9.7 per100,000	12.5 per100,000	2009-2011 three year average directly standardised rate (European population) per 100,000 all ages
Alcohol attributable hospital admissions	2,065 per 100,000	1,231 per100,000	2,898 per100,000	2010 directly standardised rate (European population) per 100,000 all ages. 2010 calculated using 2011 census results.
Alcohol treatment-prevalence per 1,000 population	5 per 1,000			Referrals into alcohol and drug service (2012) per adult population 16+ (2011) expressed as a rate per 1,000.

[1] HSCIC (2011), *Smoking, Drinking and Drug Use Among Young People – England 2010*, published July 2011, www.hscic.gov.uk

2 Alcohol Consumption per capita



Source: OECD and Jersey Statistics Unit

Alcohol consumption in Jersey has decreased over the last decade, from around 16 litres of pure alcohol per capita in 2000 to around 12.7 in 2011. This decrease is seen mainly in the consumption of beer and cider. The volume of wine consumed has remained relatively more stable over this time period.

The EU region has the highest alcohol consumption in the world with an average of 10.7 litres of pure alcohol per adult (2010), ranging from 13 litres to 7 litres per capita[2]. In comparison, Jersey's per capita consumption, of 12.7 litres of pure alcohol per adult in 2012[3], is also high.

Characteristics of self reported alcohol consumption in the 16+ population

2.1 Abstainers: never or rarely consume alcohol

Year	Male	Female	Persons
2005	11%	23%	18%
2008	15%	25%	20%
2010	8%	14%	11%

2.2 Regular drinkers: at least 2-4 times a month

Year	Male	Female	Persons
2005	89%	77%	82%
2008	85%	75%	80%
2010	92%	86%	89%

[2] OECD, (2012) 'Alcohol consumption among adults' in Health at a Glance: Europe 2012, OECD publications.
[3] States of Jersey Statistics Unit

WEEKLY LIMITS

Sensible drinking limits are set at 21 units per week for men and 14 units per week for women.

2.3 Lower risk drinking: weekly limits are above zero but no more than 21 units per week for a man and no more than 14 units per week for a woman.

	Proportion of all adults aged 16 and over	
Year	**Male (0-21 units)**	**Female (0-14 units)**
2005	NA	NA
2008	62%	57%
2010	59%	56%

2.4 Increasing risk drinking: weekly limits are between 22 units to 50 units for a man and more 15 units to 35 units for a woman.

	Proportion of all adults aged 16 and over	
Year	**Male (22-50 units)**	**Female (15-35 units)**
2005	NA	NA
2008	20%	17%
2010	16%	9%

2.5 Higher risk drinking: men who regularly drink over 50 units per week and women who regularly drink over 35 units per week.

	Proportion of all adults aged 16 and over	
Year	**Male (>50 units)**	**Female (>35 units)**
2005	NA	NA
2008	5%	2%
2010	4%	1%

Data note: this data is not directly comparable with the UK as ONS analysis has upgraded units consumed from survey estimates because of the increased concentration of alcohol in wine and increased wine glass sizes. It is intended the same questions and analysis will be applied to Jersey data from 2013 onwards.

Weekly consumption data is used for the main indicators of increasing risk and higher risk drinking. However, this data can hide risky drinking, such as binge drinking over shorter periods of time, so daily limits are also reported on.

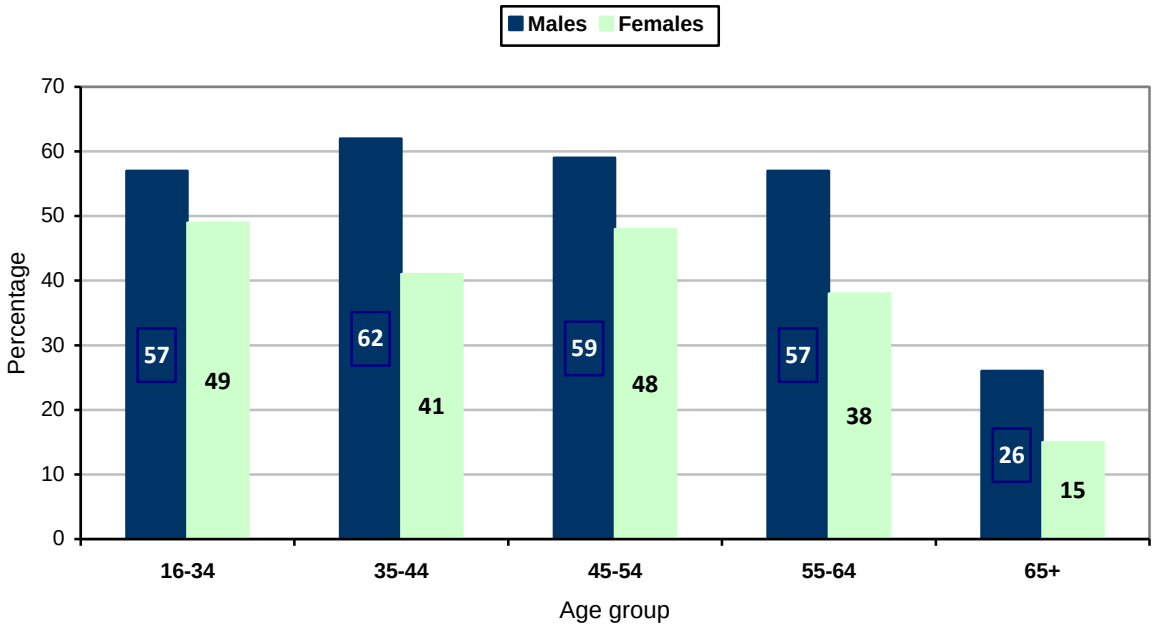
DAILY LIMITS

The current Department of Health's[4] guidance is that to avoid detrimental health effects **men should not regularly drink more than 4 units of alcohol a day** and **women should not regularly drink more than 3 units of alcohol a day**. Individuals who exceed the daily recommendations for their sex are considered to be drinking at 'increased risk'. Drinking alcohol regularly at these levels increases health risks dramatically.

2.6 Daily limits: drinking at increasing risk 2010

Over half of men aged 16 to 64 are likely to be exceeding recommended daily limits (Figure 2.7). Nearly half of women in the younger age group (16-34 years) also drink over recommended daily limits. Although a smaller proportion than in men, over 40% of women aged 35-54 will drink over this limit at least once a week.

2.7 Percentage of respondents who exceeded the recommended upper daily limit on at least one day of the week (drinking at increased risk)



Source: JASS 2010

2.8 Daily limits: drinking at higher risk 2010

The health risks from drinking alcohol increase dramatically for men who regularly exceed 7-8 drinks in one session and women who exceeded 5-6. In Jersey 10% of women and 18% of men are drinking alcohol at higher risk at least once a week. This is similar to England and represents over 11,000 individuals in Jersey likely to be experiencing harm (such as accidents, alcohol poisoning, hypertension or cirrhosis) as a result of drinking alcohol.

[4] Department of Health (2013), *Reducing harmful drinking*, policy document published March 2013, www.dh.gov.uk

2.9 Alcohol consumption on heaviest drinking day, Jersey and England[5]

	2010 England	**2010 Jersey**
Men over 4 units (increased risk)	36%	39%
Men over 8 units (higher risk)	19%	18%
Women over 3 units (increased risk)	28%	32%
Women over 6 units (higher risk)	13%	10%

Source: JASS 2010 data

Overall around 40% of men and 30% of women were drinking alcohol at levels considered to be indicative of increasing risk drinking (F>3, M>4) on their heaviest drinking day; a similar proportion compared to England in 2010.

Men consuming 8 units or more (18%) and female 6 units or more (10%) on any one day are considered to be binge drinking.

2.8 Alcohol dependency in Jersey is currently estimated to be 5% of the adult population (16+) this equates to approximately 4,000 individuals.

3 Harmful and Hazardous drinking by age group and gender

An estimate of harmful and hazardous drinking in the local population has also been estimated using the four- item FAST questionnaire developed from the Alcohol Use Disorders Identification Test (AUDIT).

A FAST score of 3 or above is considered indicative of hazardous or harmful drinking.

2010	**FAST score % with a score of 3 or above**	**Number who may be drinking harmfully or hazardously**	**Alcohol dependence estimated at 5% of 16+ pop**
Males			
16 – 34 years	15%	1,849	
35 – 44 years	22%	1,716	
45 – 54 years	23%	1,776	
55 – 64 years	20%	1,157	
65+ years	9%	579	
All men	18%	7,212	2,003

5

2010	FAST score % with a score of 3 or above	Number who may be drinking harmfully or hazardously	Alcohol dependence estimated at 5% of 16+ pop
16 – 34 years	20%	2,402	
35 – 44 years	13%	1,013	
45 – 54 years	15%	1,175	
55 – 64 years	7%	413	
65+ years	3%	241	
All women	13%	5,405	2,079
Total men and women		12,617	4,082

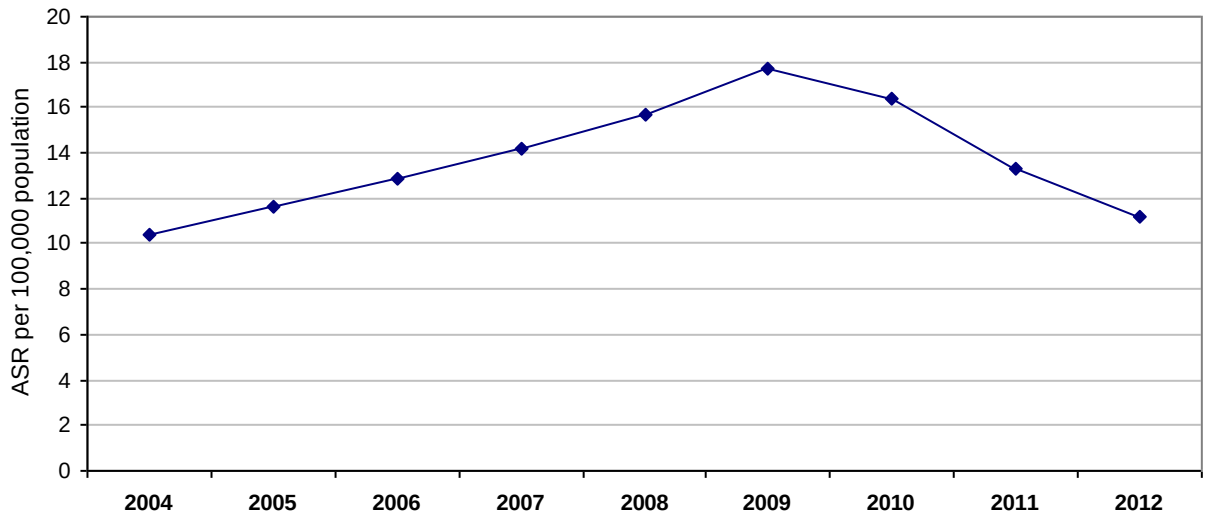
The estimate of around 12,000 individuals likely to be drinking at levels that are harmful or hazardous is in line with the previous estimate of over 11,000 individuals drinking at higher risk.

4 Alcohol-specific deaths

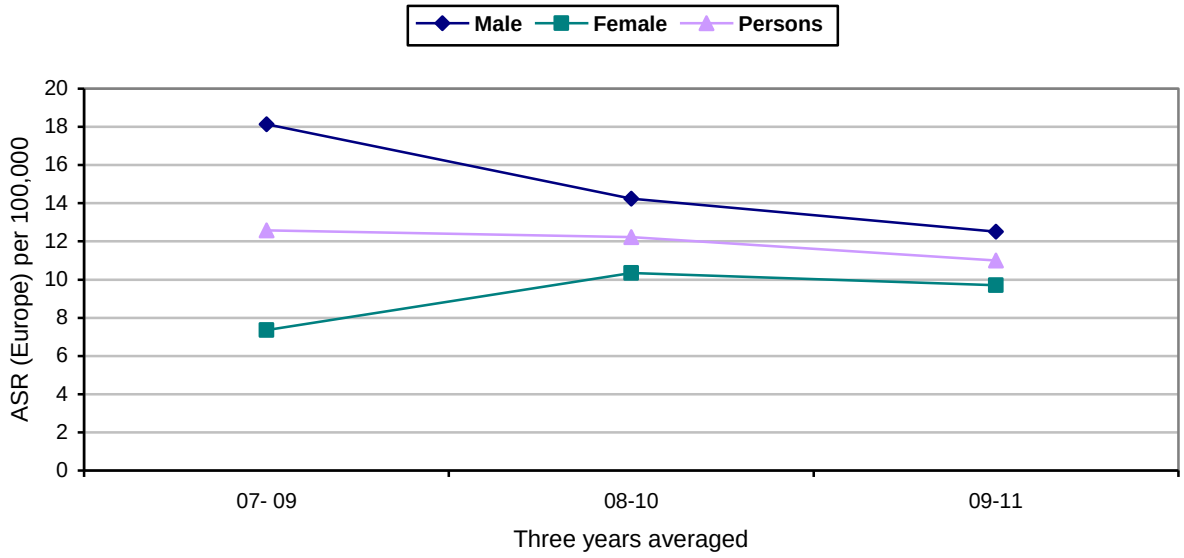
Around 2% of all deaths annually are caused by deaths from alcohol specific causes, such as alcoholic liver disease and alcohol poisoning and account for around 300 years of life lost each year.

Deaths caused specifically by alcohol have increased in the past decade in Jersey (Figure 21).
In 2012 there were 13 deaths from such causes. Over the past 3 years there has been an average of 12 alcohol-specific deaths each year, giving a death rate of 11.2 per 100,000 population (2010-12). The majority of these deaths were due to chronic liver disease, accounting for 9.9 per 100,000 of the overall rate of 11.2 per 100,000.

4.1 Alcohol-specific death rate over time, three year rolling ASR/100,000 population.

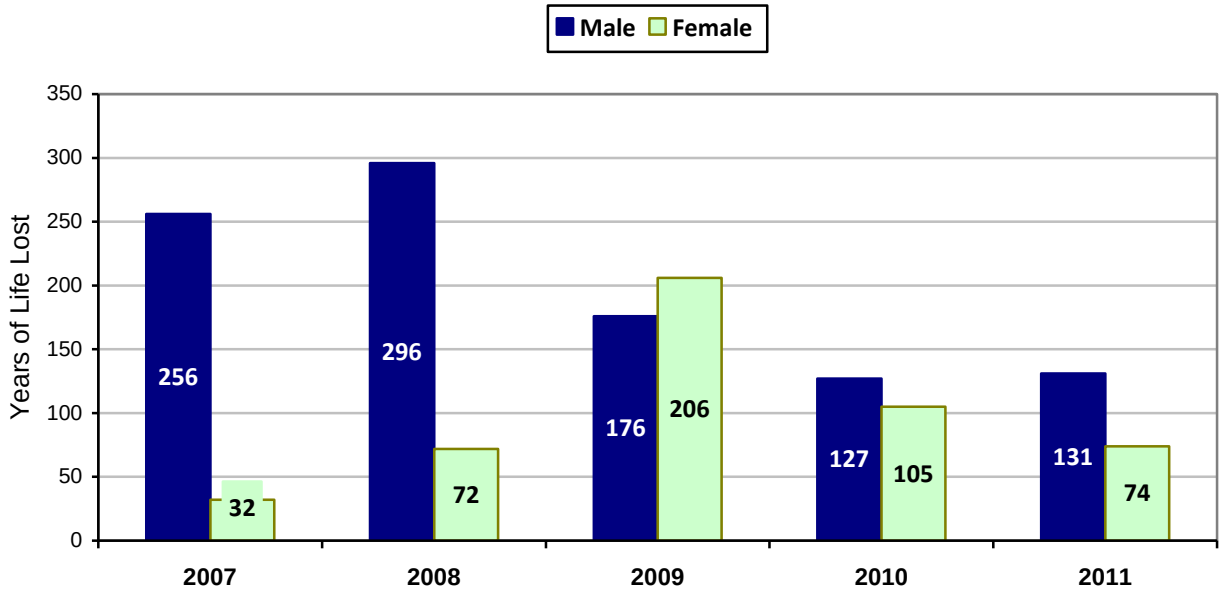


4.2 Deaths from alcohol-specific liver disease: three year rolling average ASR/100,000 population.



5 Years of Life Lost (YOLL) for alcohol specific deaths

YOLL is a measure of premature mortality based on the idea that everyone can expect to live to 75 years of age. The actual age at which the individual dies is deducted from 75 leaving the number of YOLL. These are summed by year in the graph below.



The Office of National Statistics does not include alcohol attributable deaths in its reporting because of possible co founding by factors other than alcohol (e.g. smoking) for the main cancers. Compared with many other risk factors mortality and morbidity related to alcohol occur relatively early in life[6]. Years of life lost (YOLL) are therefore a useful indicator of harm.

[6] Ezzati M, Lopez A, Rodgers A, Murray C (2004) 'Comparative quantification of health risk, Global and Regional burden of disease attributable to major risk factors'. Geneva Switzerland. WHO

5.1 Individual hospital admissions in 2010 alcohol specific conditions; males and females ASR/100,000

The rate of admissions for individual females in 2010 was **340.9** ASR per 100,000. This is significantly higher than England and the Southwest and comparable to admission levels for females in Northern England and Brighton.

The rate of admissions for individual males in 2010 was **912.9** ASR per 100,000 significantly higher than England and the Southwest and is only slightly lower than areas of England with the highest levels of admissions.

6 Alcohol-attributable hospital admissions - available for 2010 only

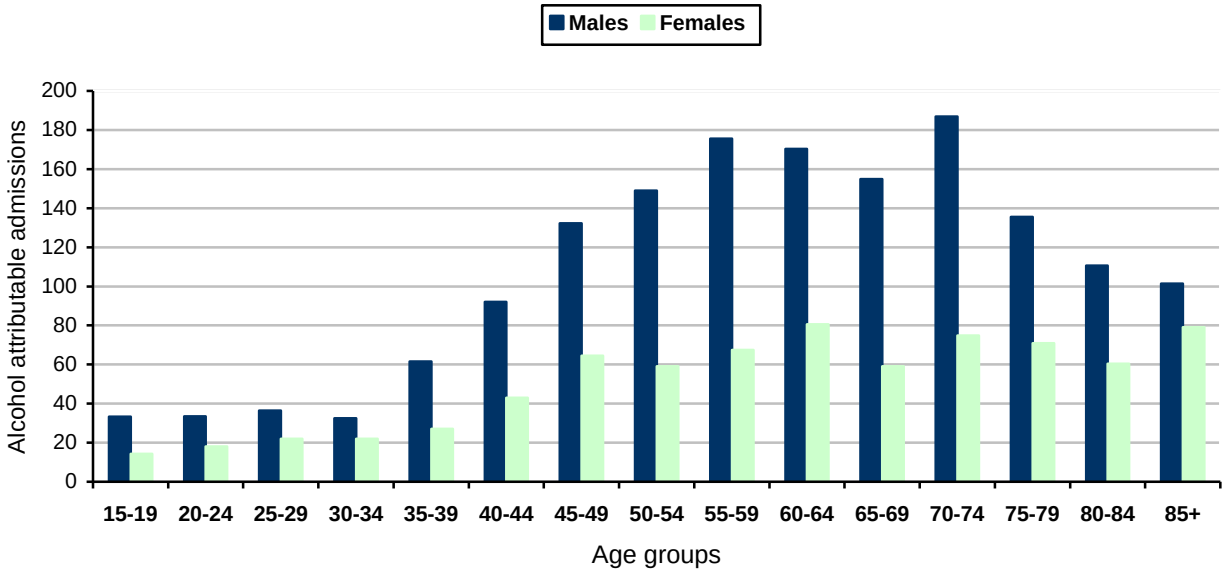
Alcohol-attributable hospital admissions are based on alcohol-attributable fractions (AAF's)
In 2008 Jones et al published Alcohol Attributable Fractions for 47 conditions for which there is evidence of a causal relationship with alcohol consumption.13 of these conditions are specifically attributable to alcohol (such as alcoholic liver disease and ethanol poisoning) and 34 are conditions partly attributable to alcohol, separated into acute consequences for example fall injuries and road traffic accidents, chronic conditions for example stroke and heart failure. The AAFs are based on UK consumption levels

It is estimated that 2,372 (7.5%) admissions to the Jersey General Hospital (JGH) in 2010 were either specifically or partially attributable to alcohol. This is likely to be an underestimate because private patients and some unit admissions are not included in the coding process.

Males were more likely to be admitted for alcohol-attributable conditions or consequences (Figure 6.1). 68% of the alcohol-attributable admissions in 2010 were for men (n = 1,607) whereas women accounted for just 32% (n = 765). The sex bias in admissions is the same for all age categories.

Alcohol-attributable admissions to the JGH give Jersey an age standardised rate (EASR) of 2,065 alcohol-attributable admissions per 100,000 population which allows us to compare with other areas. Figure 6.2 shows that Jersey has a higher rate of alcohol-attributable admissions than England as a whole. It puts us 3rd highest on the table for English regions, behind the North East and the North West.

6.1 Alcohol-attributable admissions to the Jersey General Hospital in 2010 by age and sex



Source: TRAK patient admin system; Jersey HIU

6.2 Rates of alcohol-attributable hospital admissions per 100,000 (EASR) 2010/2011

North East	2,600
North West	2,429
London	1,915
South East	1,458
South East Coast SHA	1,567
South Central SHA	1,338
South West	1,757
England	1,898
Jersey 2010*	**2,065**

Source: Jersey HIU; Compendium of Population Health Indicators.

*Data note: Jersey data does not include consultant episodes for private patients or from Orchard House, Sandybrook or the Limes

7 Young people and alcohol

The crude rate per 100,000 for individual hospital admissions of under-eighteen year olds in Jersey 2010 was **131.5**; significantly higher than the Southwest and England.

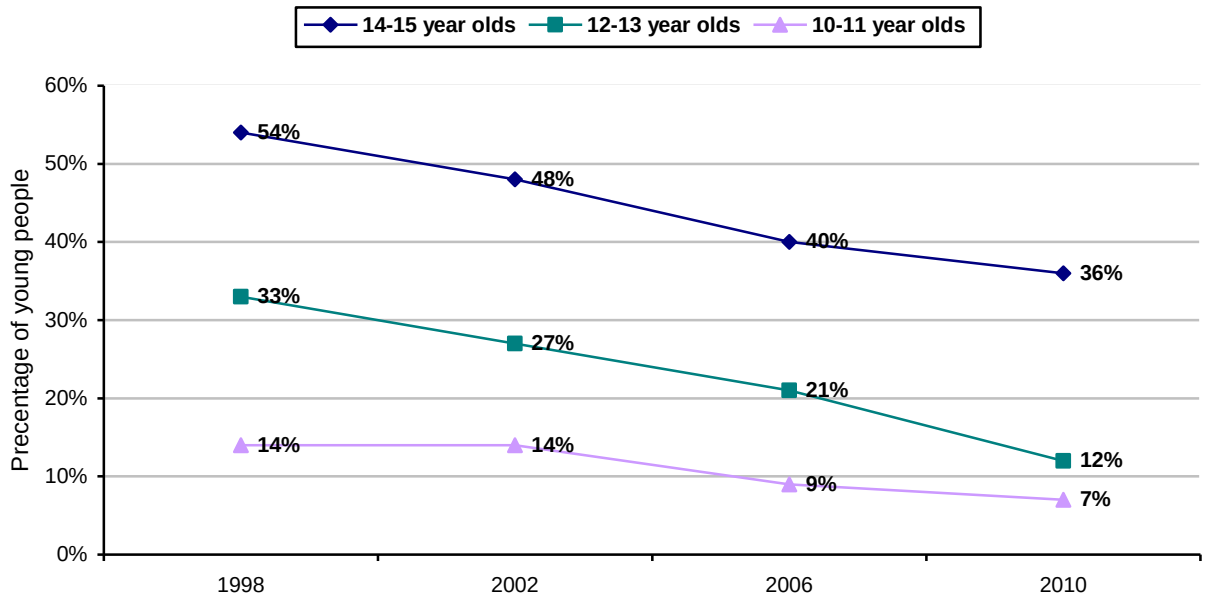
The Health Related Behaviour Questionnaire is a school based survey that is given to young people aged 10 to11, 12 to13 and 14 to15. There will be an element of error because of self reporting.

7.1 Responses to the question: *Which statement describes you best?* - reported as a rounded percentage of the year group

	I have never drunk alcohol	I drink alcohol regularly
Year 8 males	25%	3%
Year 8 females	35%	3%
Year 10 males	9%	12%
Year 10 females	10%	10%

30% of all 12-13 year olds and 9% of all 14-15 year olds stated that they had never drunk alcohol. Around 11% of all 14-15 year olds report drinking alcohol regularly.

7.2 Percentage of young people drinking alcohol in the seven days prior to the survey

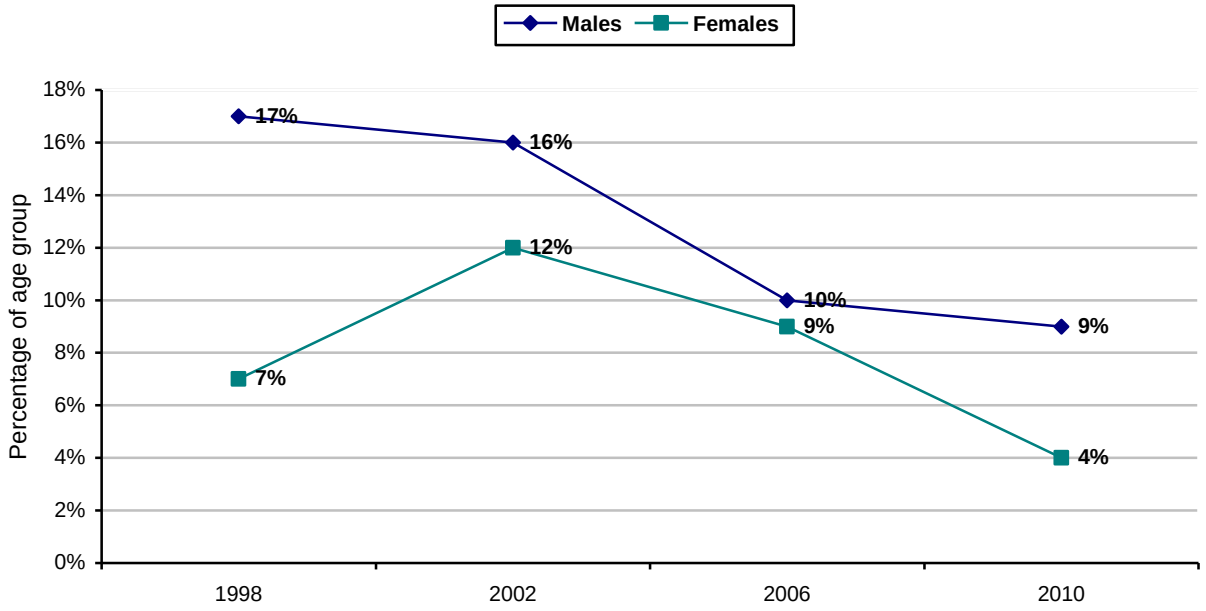


7.3 Drinking above sensible limits

The majority of young people who reported that they drink do so within nationally recommended adult weekly limits. By the time students reach 14-15 years, males drink more heavily than females with the average weekly units consumed by male drinkers being 10 a week as compared to 6 for female drinkers.

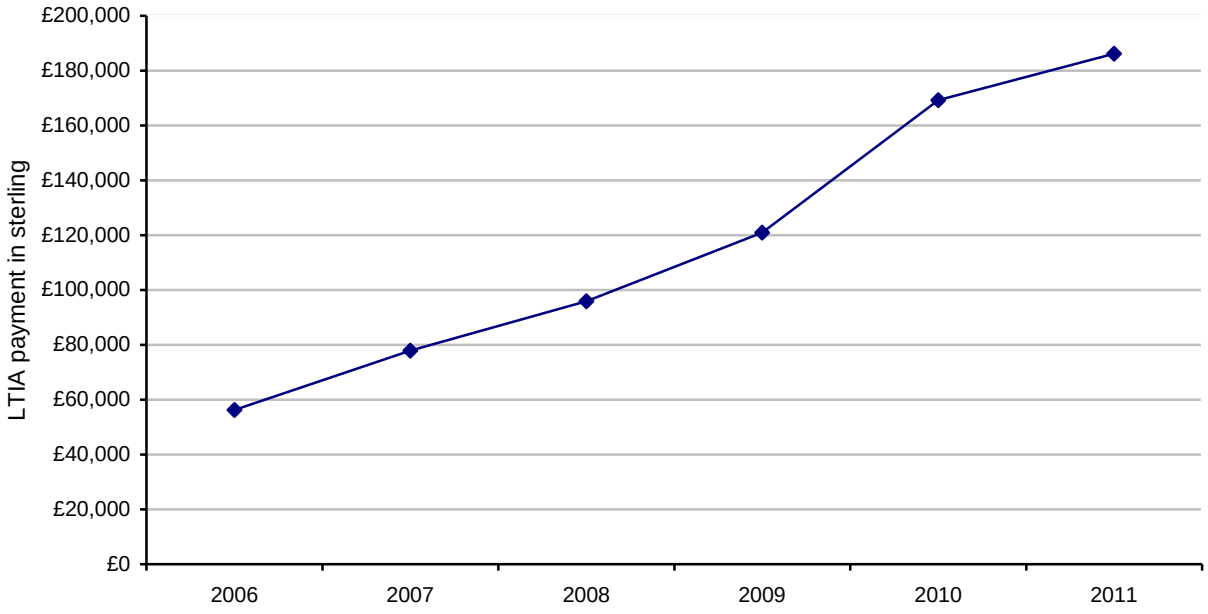
There is a gender preference for different types of alcohol which has remained largely unchanged since the first survey in 1996. The most popular drink for females was spirits followed by pre mixed spirits and wine and for the older males the most popular drink was beer or larger followed by cider and then spirits.

7.4 Percentage of 14-15 year olds drinking 15 units or more a week



8 Social Security Expenditure

Expenditure on Long Term Incapacity Allowance (LTIA) for alcoholism from 2006 to 2011

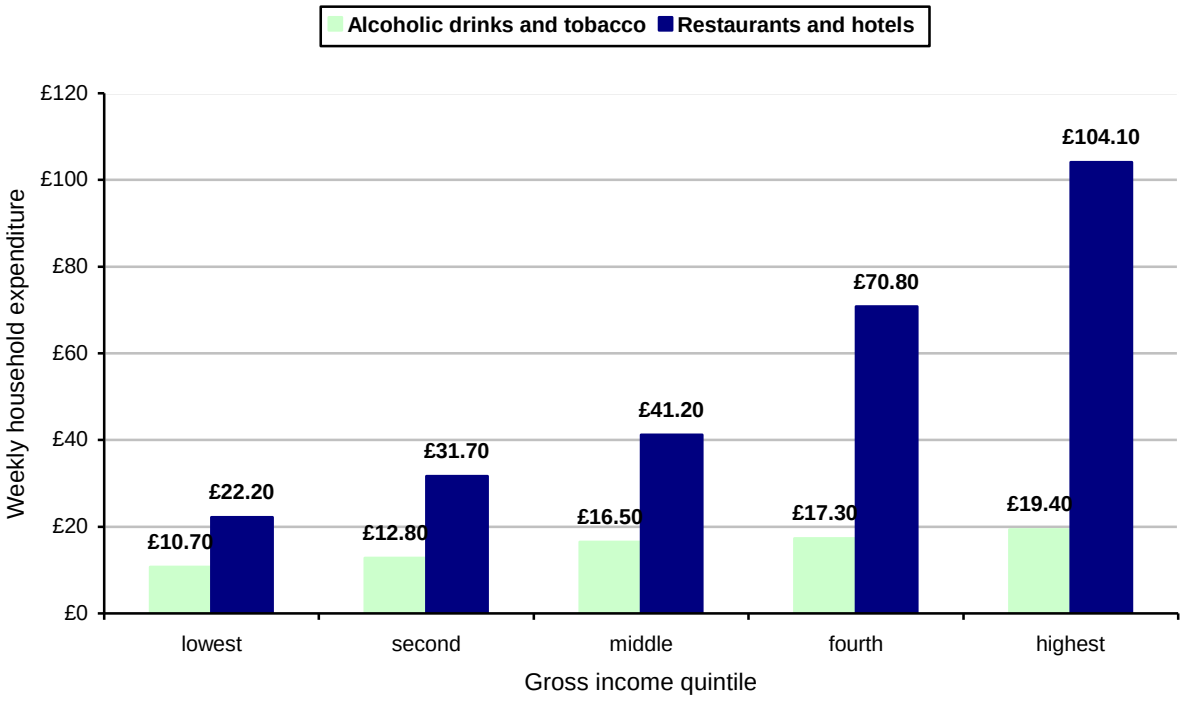


Source: Social Security Department

Between 2006 and 2011 the average annual number of claims for LTIA was 30. In 2011 there were 19 claims with an attached expenditure of £158,907. This is likely to be an underestimate as anecdotally an alternative diagnosis may be recorded rather than the explicit ailment code for alcoholism.

9 Expenditure on alcohol by income quintile

Information from the Household Expenditure Survey 2009/10 suggests those with the highest incomes do spend more on alcohol, especially on licensed premises. Whether this translates into higher levels of individual consumption is not clear. The survey groups' expenditure on alcohol on licensed premises with expenditure on restaurants and hotels and off licence purchases with tobacco, it is indicitative only.



Source: Statistics Unit

Appendix one: definitions

Measuring alcohol consumption

Obtaining reliable information about drinking behaviour is difficult, and social surveys consistently record lower levels of consumption than would be expected from data on alcohol sales. This is partly because people may consciously or unconsciously underestimate how much alcohol they consume. Drinking at home is particularly likely to be underestimated because the quantities consumed are not measured and are likely to be larger than those dispensed in licensed premises.

Drinking category	Government definitions	Operational definitions
Abstainers	No DoH definition	A person whose weekly alcohol consumption was reported as 0 units in the previous 12 months
Lower risk drinking	Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day. Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman.	A man whose average weekly alcohol consumption was reported as >0 and <=21 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported as >0 and <=14 units in the previous 12 months
Increasing risk drinking	Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a woman.	A man whose average weekly alcohol consumption was reported as >21 units to <=50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported as >14 units to <=35 units in the previous 12 months
Higher risk drinking	Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.	A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported as >35 units in the previous 12 months.
Binge drinking	Men who drank eight or more units on the heaviest drinking day and women who drank six or more units on the heaviest drinking day in previous seven days at the time of the survey.	

Full Alcohol Use Disorders Identification Test (AUDIT).

Drinking category	Complete AUDIT tool result
Sensible drinking	0-7
Hazardous drinking	8-15
Harmful drinking	16-19
Possible dependence	20+

All enquiries and feedback should be directed to:

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