States of Jersey

The States of Jersey Department for
Health & Social Services

Jersey Alcohol Profile 2015

Health Intelligence Unit, November 2015

HIU INFORMATION READER

Document purpose	Report on Alcohol indicators for Jersey in 2015

Title	Jersey Alcohol Profile 2015
Author	Health Intelligence Unit
Publication date	17 November 2015
Target audience	Public
Circulation list	States of Jersey Statistics Unit, States of Jersey Police, Social Security, HSSD, Superintendent Registrar
Description	Biennial report on alcohol use and its consequences for Islanders in Jersey for 2015. Information on consumption and patterns of drinking, hospital admissions and deaths as well as other key alcohol-related health indicators are presented.
Data Sources	Jersey General Hospital, States of Jersey Statistics Unit, States of Jersey Police, Superintendent registrar and Social Security Department.
Date that data are acquired	Data normally extracted in August for the previous calendar year. Comparison data takes some 18 months to be published, so to ensure like for like comparisons are presented, temporal data is provided for ease.
Frequency	Biennial
Relevance and key uses of the statistics	Making information publically available for planning, epidemiology, provision of services and to provide comparative information. To respond to information requests for a variety of customers e.g. researchers, charities, public companies, Freedom of Information requests. To provide information to support answers to Ministerial Questions.
Accuracy	Information received by Public Health is clerically checked, with additional validation on data entry. Data is also compared to previous year's figures and data providers are asked to confirm reported figures are correct prior to publication.
Value Type	Numbers, percentages, crude rates and age-standardised rates are presented.
Amendment history	
Officer	Amendment date and detail
M Clarke	Data analysed and report compiled between July and September 2015 using data provided by other States of Jersey Departments as well as Public Health data.
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Jersey Alcohol Profile 2015

Summary

This report presents statistics on the recent trends and epidemiology of alcohol use and its health costs in Jersey. Alcohol use has health and social consequences borne by individuals, their families and the wider community.

Data presented in this report are based on data provided by States of Jersey departments, survey data and data processed by Public Health. Detailed information on the nature of sources and data handling are given in the Background Notes section of this report.

Key findings:

The findings from the latest alcohol profile for Jersey for 2014 are:

- An average of 12.1 litres of pure alcohol was consumed per capita. This is similar to the level reported for 2013 and around 2 litres per capita less than a decade earlier, in 2004;
- Jersey has one of the highest levels of per capita alcohol consumption in Europe;
- One in ten (10 per cent) of respondents to the Jersey Annual Social Survey in 2014 said they never drink alcohol;
- Around one in four (27 per cent) of drinkers were found to be drinking at potentially hazardous or harmful levels;
- Almost half (45 per cent) of 16 to 34 year old drinkers reported drinking five or more units when they usually drank, exceeding the recommended daily limits for both males and females;
- Over the period 2012 to 2014, there were 45 alcohol-related deaths (ONS definition) which was some 2 per cent of all deaths in Jersey. The most common alcohol-related death was alcoholic liver disease, which accounted for three-quarters (76 per cent) of the alcohol-related deaths over this period;
- In 2014, there were around 500 individuals admitted to the Jersey General Hospital for a condition that was wholly attributable to alcohol. This number has remained the same for the past three years;
- One in five of all crimes recorded in 2013 and 2014 had alcohol involvement whilst almost 500 incidents of domestic violence involving alcohol have been reported to the States of Jersey Police since 2012;
- Between 2000 and 2014 the price of alcohol increased by 14 per cent more than retail prices generally.

Introduction

This report is the latest in a series of reports produced by the Public Health Intelligence Unit which examines the effect of alcohol on Islanders health. It covers topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15), drinking-related ill health and mortality, pricing of alcohol, alcohol-specific hospital admissions and alcohol-related costs. The report contains both previously published information and new analyses.

A number of States of Jersey Departments have provided data for this report, including the States of Jersey Statistics Unit, Health and Social Services Department, Social Security Department and the States of Jersey Police.

Comparisons in this report are to Public Health England, the Office for National Statistics and the Health and Social Care Information Centre publications. International comparisons on alcohol consumption are included in this report using data published by the Organisation for Economic Co-operation and Development (OECD)[1].

A public consultation was conducted in 2012 by the North West Public Health Observatory, the Department of Health and the Health and Social Care Information Centre (HSCIC) which has led to a revision of the alcohol attributable fractions used to calculate mortality and hospital admission figures related to Alcohol. For this reason, this section of the report is not comparable to the previous Jersey Alcohol Profile 2012[2] which used the previous method of calculation.

[1] Organisation for Economic Co-operation and Development, Non-medical causes of health: alcohol consumption, updated 7 July 2015, available from www.stats.oecd.org
[2] States of Jersey Public Health Intelligence Unit, Alcohol Profile for Jersey (summary of alcohol indicators up to and including 2012), published 25 April 2014, available from www.gov.je

Alcohol Consumption

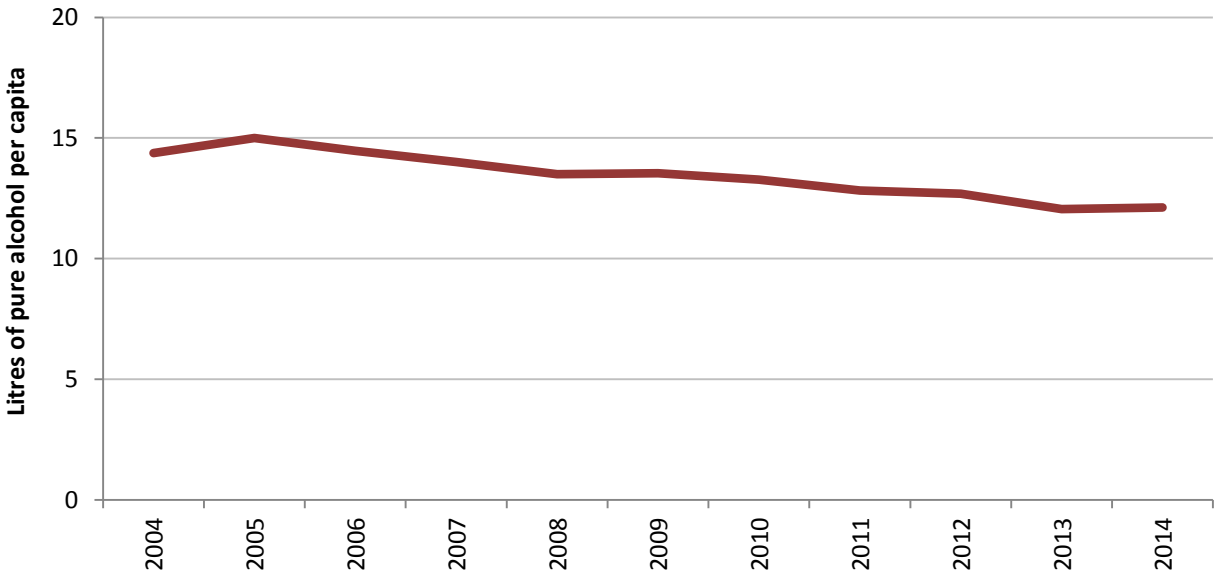
The information presented in this chapter relates to the drinking patterns of local adults (aged 16 and over) and overall consumption patterns by persons aged 15 and over (including visitors and seasonal workers). A number of sources are used to describe drinking patterns, drinking among different groups in society and patterns in the prevalence of drinking among Jersey residents.

The NHS in England advises that men should not regularly drink more than three to four units of alcohol per day, and women should not regularly drink more than two to three units of alcohol per day. 'Regularly' is defined as most days in the week. Pregnant woman are advised to avoid alcohol altogether. In the course of a week, men are advised to drink no more than 21 units, women no more than 14 to avoid the risk of alcohol-related harm. Drinking at these levels is defined as 'lower risk'. Adults who regularly drink more than these amounts are considered to be at 'increased risk'. Men who regularly drink more than eight units a day (or 50 units a week) and women who regularly drink more than six units a day (or 35 units a week) are considered to be at particular risk of harm, and are described as 'higher risk' drinkers.

Alcohol consumption per capita

The States of Jersey Statistics Unit uses data from the Customs and Immigration Service on quantities of dutiable goods imported into the Island each year to produce a measure of pure alcohol consumption per capita. For further information on the methodology used, please see the Background Notes section of this report.

Figure 1: Litres of pure alcohol per capita, 2004-2014



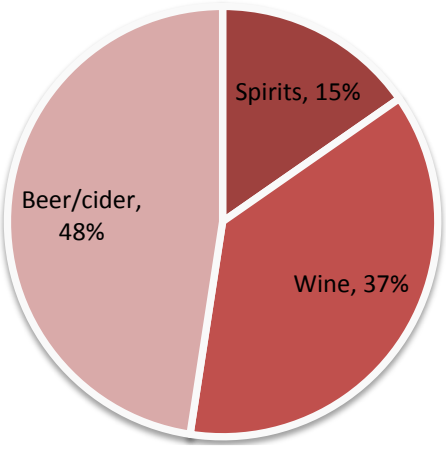
Data source: States of Jersey Statistics Unit

In 2014, an average of 12.1 litres of pure alcohol was consumed per capita. This is similar to the level reported for 2013 and around 2 litres per capita less than a decade earlier, in 2004.

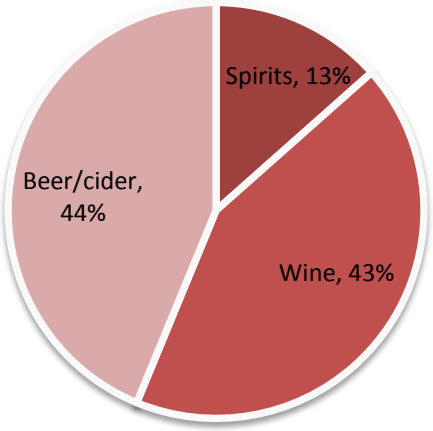
This latest figure for Jersey is the equivalent of an Islander drinking 134 bottles of wine a year, or 30 bottles of spirits. Figure 2 shows the changes in types of alcohol consumed locally, with less beer and cider drank in 2014 compared to 2004 while more wine was consumed as a proportion of the total.

Figure 2: Proportions of alcohol type consumed locally, 2004 and 2014

Litres of pure alcohol per capita (2004)



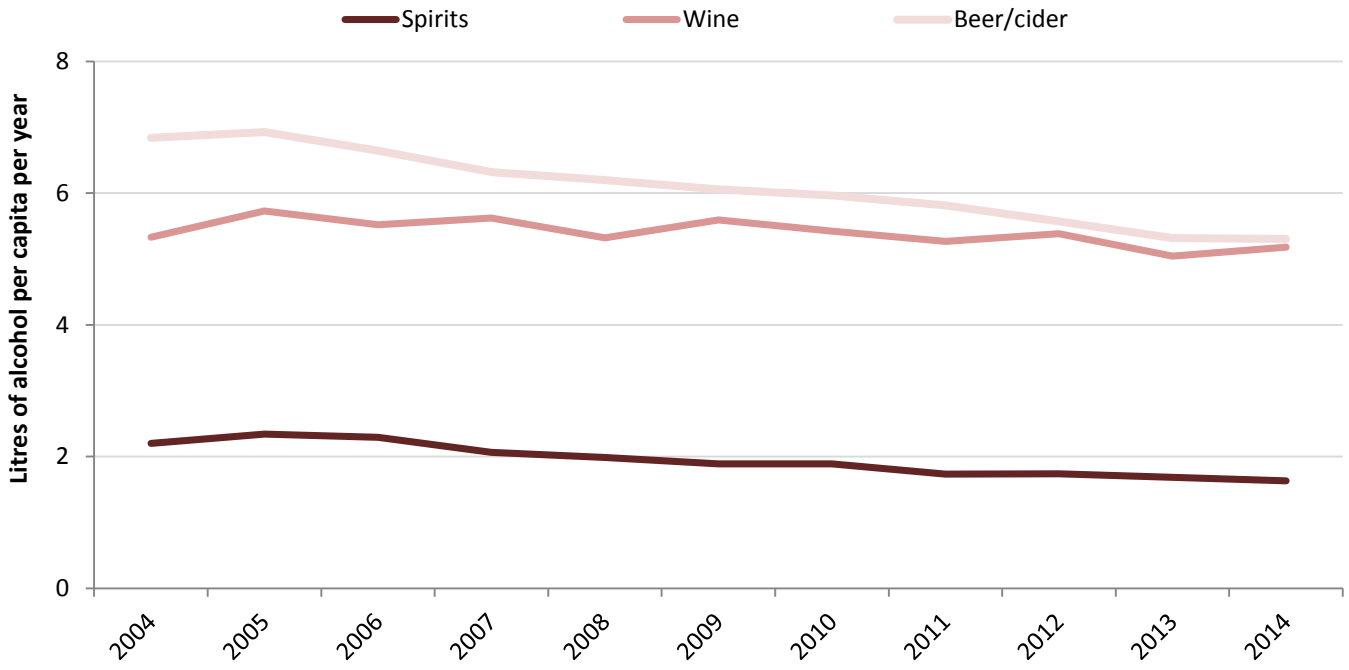
Litres of pure alcohol per capita (2014)



Data source: States of Jersey Statistics Unit

The quantity of spirits drunk per capita has decreased by 26 per cent since 2004, from 2.2 litres of pure alcohol to 1.6 litres most recently. There has been a reduction of around one fifth (22 per cent) in the quantity of beer/cider consumed per capita since 2004, although there has been little change in wine consumption per capita over the same period.

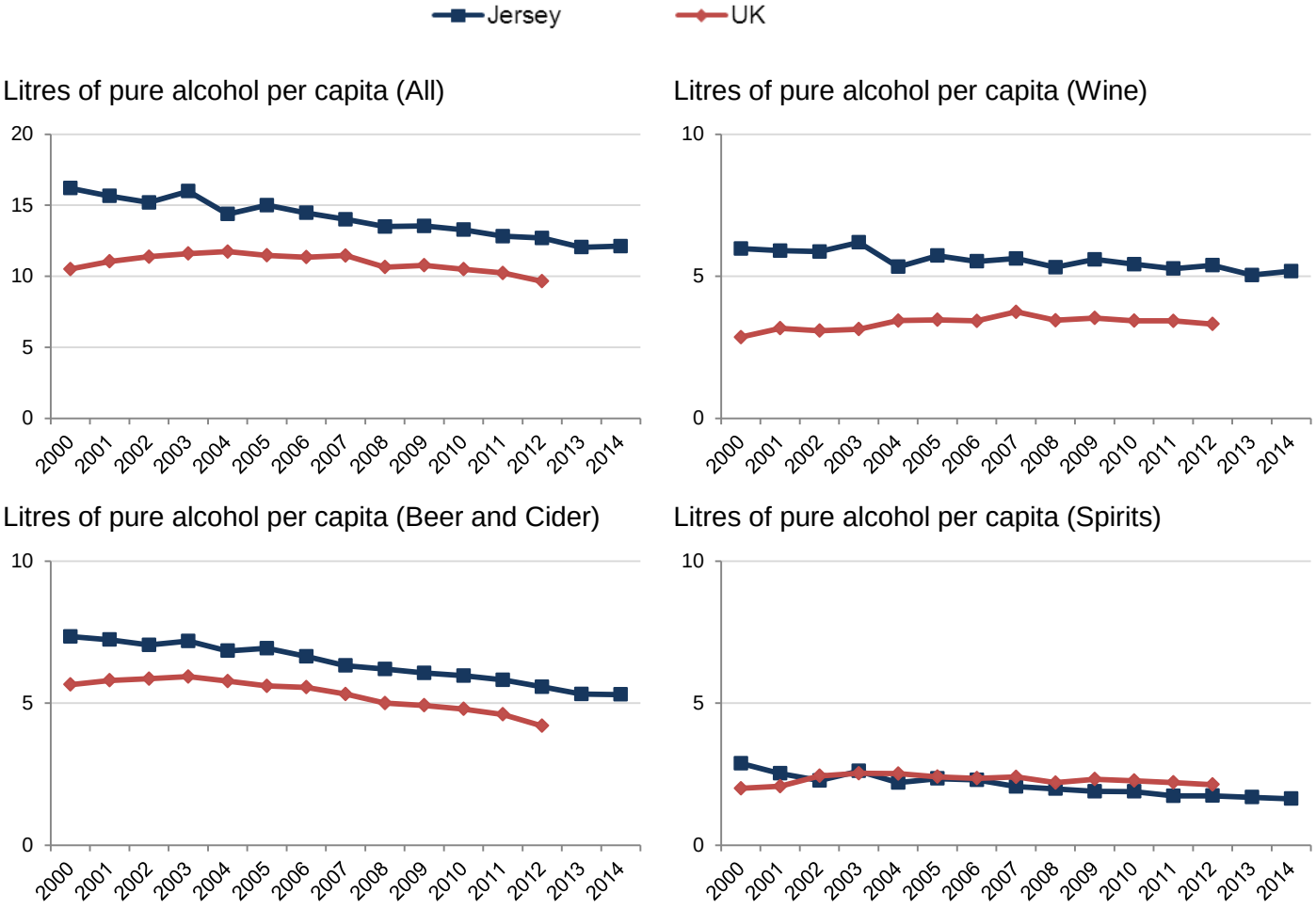
Figure 3: Trend in alcohol types consumed in Jersey, 2004-2014



Data source: States of Jersey Statistics Unit

When compared to UK figures from Her Majesty's Revenue and Customs (HMRC)[3], Islanders consumed similar quantities of spirits, but more wine and beer/cider than their UK counterparts (Figure 4).

Figure 4: Alcohol consumption per capita in Jersey and UK by alcohol type, 2000-2014

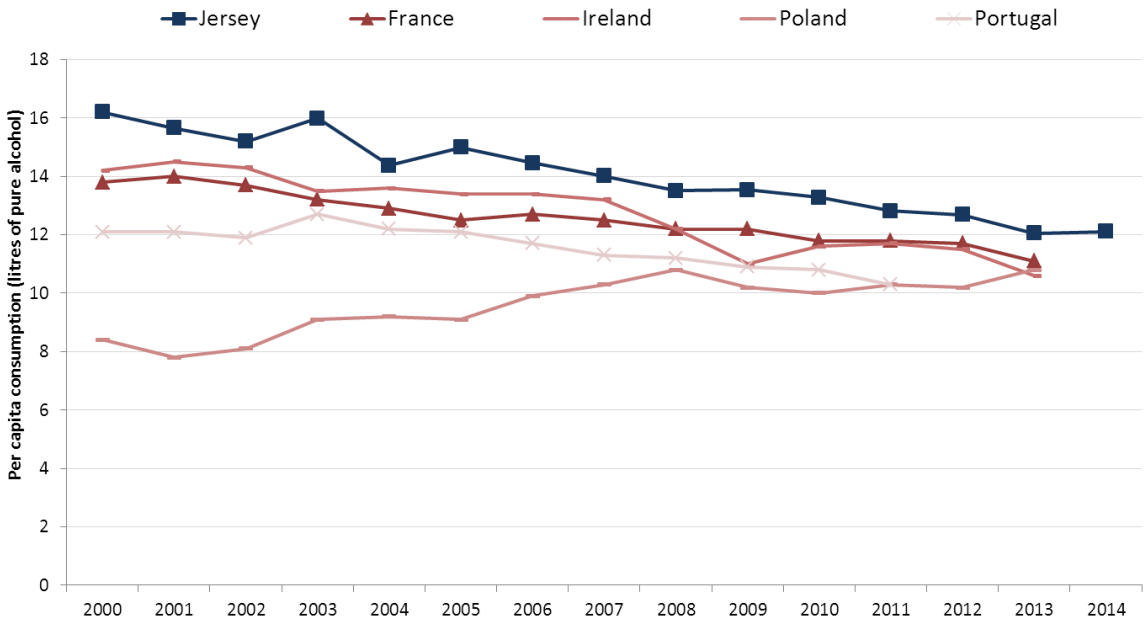


Data sources: States of Jersey Statistics Unit, HMRC

When compared to European countries, Jersey consumes more alcohol per capita than its near neighbours, as shown in Figure 5.

[3] HM Revenue and Customs, Alcohol Factsheet October 2013, published 31 October 2013, available from www.uktradeinfo.com/Statistics

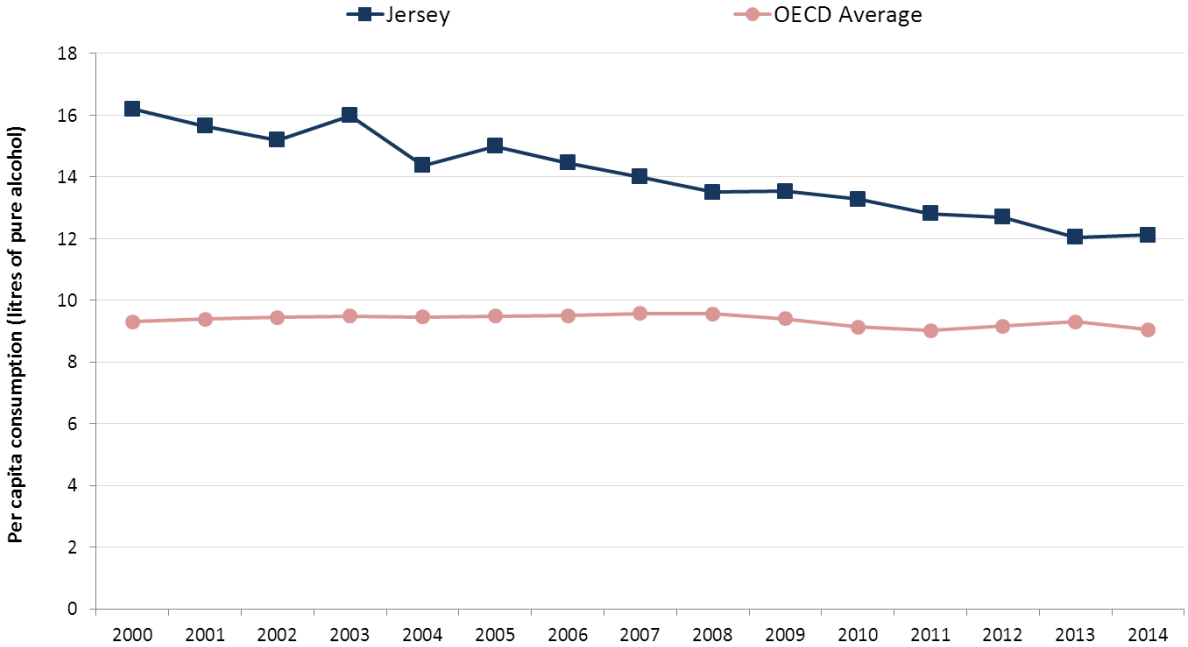
Figure 5: Per capita alcohol consumption across Europe, 2000-2014



Data sources: States of Jersey Statistics Unit, OECD

When compared with OECD countries, Jersey consumes a larger quantity of alcohol per capita as shown in Figure 6.

Figure 6: Per capita alcohol consumption compared to average of OECD countries, 2000-2014

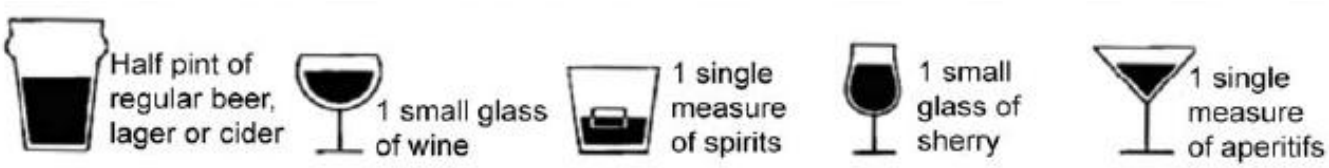


Data sources: States of Jersey Statistics Unit, OECD

Self-reported drinking patterns

The main source of data on drinking among adults in Jersey is the Jersey Annual Social Survey (JASS), carried out by the States of Jersey Statistics Unit. This is an annual survey covering adults aged 16 and over living in private households on the Island.

Figure 7: Alcohol Units

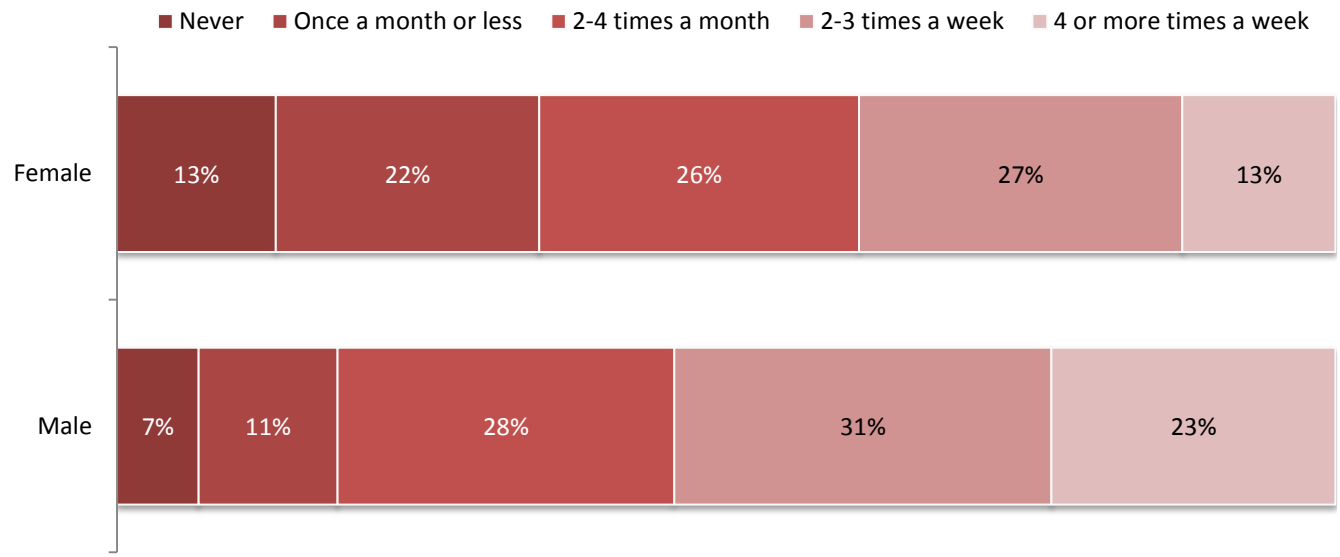


Respondents to JASS 2014[4] were asked questions about their drinking behaviours. Results show that in Jersey in 2014:

- Almost half of adults (persons aged 16 and above) drink two or more times a week. This proportion has remaining unchanged since 2010;
- Almost half (45 per cent) of 16 to 34 year old drinkers reported drinking five or more units when they usually drank, exceeding the recommended daily limits for both males and females. This proportion declined with age, with one in ten (10 per cent) of those aged 65 and over usually drinking five or more;
- The types of drinks consumed at least weekly differed between men and women; half of male drinkers (50 per cent) drank normal strength beer, lager, cider or shandy, 48 per cent reported at least weekly consumption of wine (including Champagne and Babycham) while one in five (20 per cent) usually drank spirits at least weekly. For female drinkers, 9 per cent drank normal strength beer, lager, cider or shandy at least weekly, 47 per cent drank wine (including Champagne and Babycham) at least weekly, while 13 per cent usually drank spirits at least weekly.
- Wine drinking was found to increase with age; around one in three (31 per cent) of 16 to 34 year olds drinkers drank wine at least weekly, this increased to 54 per cent of 45 to 54 year olds, while two-thirds (65 per cent) of 55-64 year olds drank wine weekly, this upward trend reversed for the oldest age group as 53 per cent of those aged 65 years and over reported drinking wine at least weekly.

[4] States of Jersey Statistics Unit, Jersey Annual Social Survey 2014, published 25 November 2014, available from www.gov.je/statistics

Figure 8: How often respondents drink alcohol, by gender



Source: JASS 2014

Alcohol consumption and socio-economic variables

JASS 2014 data can be used to look at differences in drinking patterns by socio-economic variables:

- Around one in three (34 per cent) of those born outside of the British Isles reported drinking at least twice a week. This compares to around two-fifths (42 per cent) of Jersey born respondents and over half (56 per cent) of those born elsewhere in the British Isles.
- Drinking behaviours did not differ by achieved education level.
- Around half of those working in managerial and professional occupations (52 per cent) and those working in technical and clerical occupations (49 per cent) report drinking at least twice a week. This compares to around two-fifths (39 per cent) of people working in manual and routine professions.
- One in five (21 per cent) of those living in States, Parish and Housing trust rented accommodation reported never drinking. This compares to 7 per cent of owner occupiers, 8 per cent of non-qualified renters and 13 per cent of qualified renters.

Drinking and Pregnancy

Details about alcohol consumption during pregnancy are collected by the Maternity Department as part of pre-natal checks.

Of those woman who were pregnant in 2014:

- 94 per cent reported not drinking during pregnancy, whilst around one in three (36 per cent) said they didn't drink prior to getting pregnant.
- Those woman who said they drank during pregnancy reported drinking only occasionally.

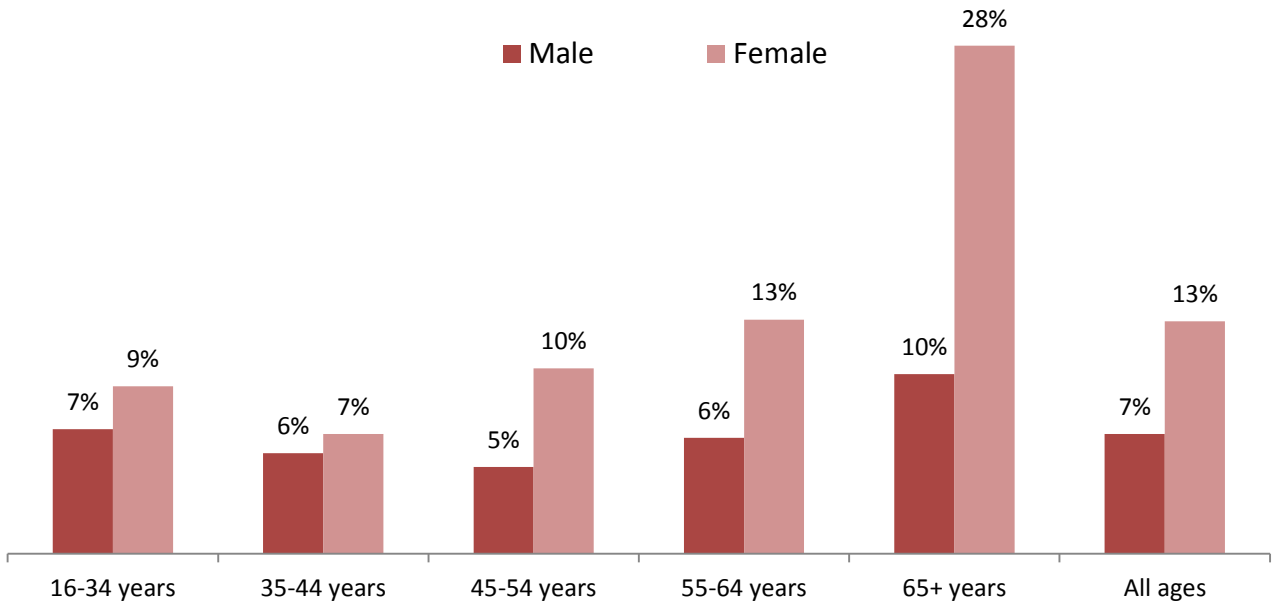
Information about drinking habits of pregnant woman in Great Britain is collected using survey data, so results are not directly comparable to those of Jersey.

Teetotalism

One in ten (10 per cent) of respondents to JASS 2014 said they never drink alcohol (7 per cent of males and 13 per cent of females). This has remained at a similar level for the past four years. The breakdown of those who never drink alcohol by age and gender is shown in Figure 9; around one in four (28 per cent) of woman aged 65 years and over reported never drinking, this is compared to less than one in ten of those aged 16 to 44 years.

In Great Britain, one in five adults (21 per cent) said they do not drink any alcohol at all[5].

Figure 9: Respondents who said they never drank alcohol, by age and gender



Source: JASS 2014

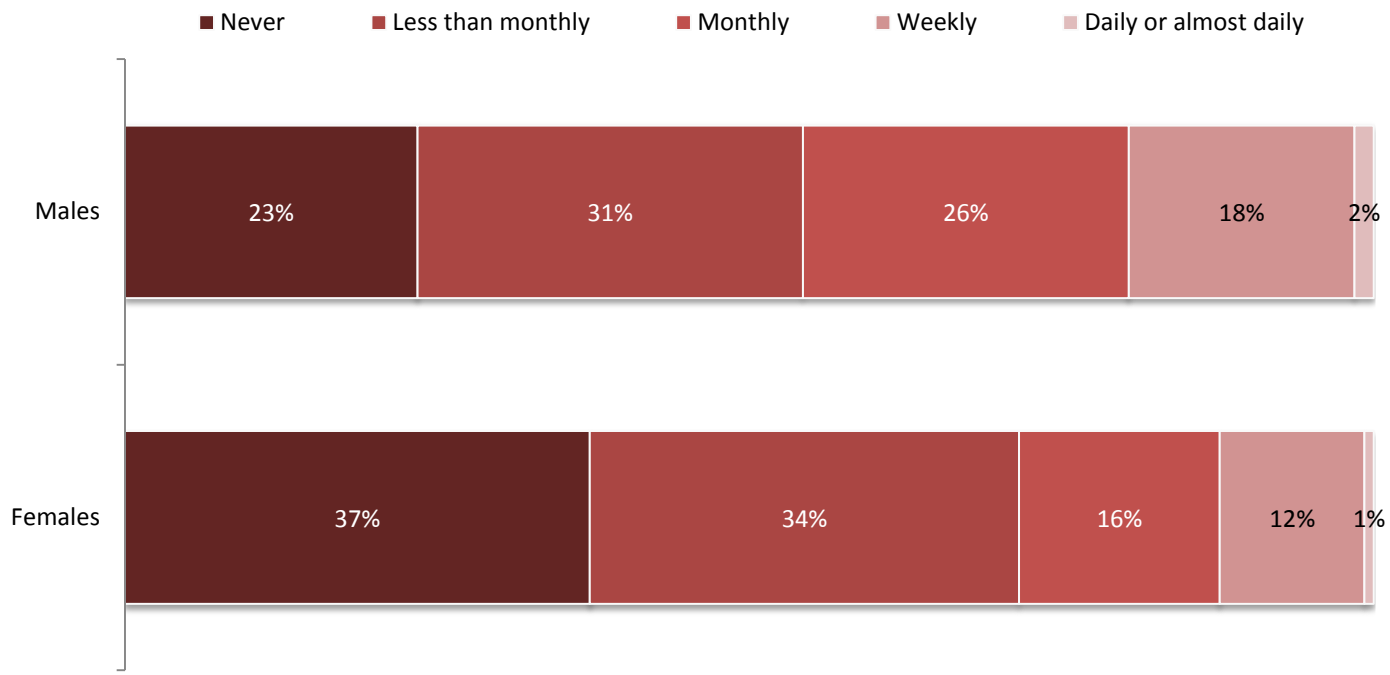
Binge Drinking

Binge drinking is defined as drinking twice the daily recommendation on one occasion, for woman that is six or more units and for men eight or more. Questions were asked in JASS 2014 to measure the frequency of binge drinking by respondents. Figure 10 shows the binge drinking patterns as reported in JASS 2014. In this latest round of the survey, some 37 per cent of drinkers reported drinking at twice the recommended levels at least monthly.

[5] Health and Social Care Information Centre, Statistics on Alcohol England 2015, published 25 June 2015, available from www.hscic.gov.uk

Younger age groups were more likely to binge drink than their older counterparts; 45 per cent of 16 to 34 year old drinkers reported binge drinking at least monthly, compared to one in six (17 per cent) of drinkers aged 65 and over. A similar pattern of binge drinking was seen in the UK as reported by the Office for National Statistics[6].

Figure 10: Frequency of binge drinking, by gender (of those that drink alcohol)



Source: JASS 2014

Pre-Loading

Jersey residents were asked how often they drank alcohol at home, or at a friend's house, before going out to a venue where they would drink alcohol, such as a club, restaurant or party. This activity is sometimes termed 'pre-loading'.

Nearly a third (31 per cent) 'never' pre-loaded, whilst an additional third (34 per cent) 'rarely' did so. A fifth (20 per cent) reported 'sometimes' pre-loading, whilst one in eight (13 per cent) preloaded 'often' or 'very often'. Younger age-groups were more likely to drink at home before going out to a pub, club, restaurant or party (see Table 1), but there was no notable difference seen between men and women across different ages.

[6] Office for National Statistics, Adults Drinking Habits in Great Britain, 2013, published 13 February 2015, available from www.ons.gov.uk

Table 1: Frequency of pre-loading, percentages by age and gender

		16-34 years	35-44 years	45-54 years	55-64 years	65+ years	All ages
Men	Never or rarely	44	72	80	82	79	**67**
	Sometimes	29	18	14	11	14	**19**
	Often or very often	26	10	6	7	7	**14**
	Total	100	100	100	100	100	**100**
Women	Never or rarely	43	68	71	77	92	**66**
	Sometimes	30	25	21	13	7	**21**
	Often or very often	28	7	8	10	1	**13**
	Total	100	100	100	100	100	**100**
Both men and women	Never or rarely	43	70	75	79	86	**67**
	Sometimes	30	21	18	12	10	**20**
	Often or very often	27	9	7	8	4	**13**
	Total	100	100	100	100	100	**100**

Source: JASS 2014

Hazardous or Harmful Drinking

Findings from JASS 2014 in relation to harmful and hazardous drinking are summarised below. It should be noted that a survey of the local household population is likely to under-represent dependent adults, who are more likely to be homeless or in an institutional setting. Moreover, problem drinkers who do live in private households may, like problem drug users, be less able or willing to participate in surveys.

FAST

The Fast Alcohol Screening Test (FAST) is a 4-item screening tool designed to highlight potential hazardous or harmful drinking behaviours. Hazardous drinking is a pattern of alcohol consumption carrying risks of physical and psychological harm to the individual. Harmful drinking denotes the most hazardous use of alcohol, at which damage is likely. One possible outcome of harmful drinking is alcohol dependence, a cluster of behavioural, cognitive and physiological phenomena that typically include a strong desire to consume alcohol and difficulties in controlling drinking.

The 2014 round of JASS included the short FAST test (see Table 2) to estimate the proportion of hazardous and harmful drinkers locally.

Table 2: FAST Questions

FAST	Scoring system				
	0	1	2	3	4
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	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 during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year

Scoring: A total of 3+ indicates hazardous or harmful drinking

Source: Public Health England http://www.alcohollearningcentre.org.uk/

Around one in four (27 per cent) of local drinkers were found to be drinking at potentially hazardous or harmful levels. Table 3 shows the proportion of each age and gender group that indicated their drinking behaviour was potentially hazardous or harmful to their health.

Table 3: Percentage of hazardous and harmful drinkers (FAST score of 3 or more, excluding non-drinkers), by age and gender

Age	Males (%)	Females (%)	All Persons (%)
16-34 years	34	29	31
35-44 years	43	19	31
45-54 years	38	20	29
55-65 years	25	26	25
65 years and older	20	5	13
16+ population	**33**	**21**	**27**

Source: JASS 2014

The patterns of hazardous and harmful drinking in Jersey are similar to those found in England; the latest Statistics on Alcohol[7] report revealed the prevalence was 24.2 per cent of all adults (including non-drinkers); 33.2 per cent of men and 15.7 per cent of woman. In men the highest prevalence of both hazardous and harmful drinking in England was in 25-34 year olds, in woman in 16 to 24 year olds. This again is similar to the pattern seen in Jersey.

An estimate of the number of Islanders who drink at hazardous and harmful levels, using the results of JASS 2014, indicate that around 20,000 Islanders have drinking behaviours that are potentially hazardous or harmful.

[7] Health and Social Care Information Centre, Statistics on Alcohol England 2015, published 25 June 2015, available from www.hscic.gov.uk

Hospital Admissions specifically related to Alcohol Consumption

This section presents information on finished admission episodes (referred to here as hospital admissions) with diseases, injuries and conditions that can be specifically attributed to alcohol consumption.

Estimates of the number of alcohol-related hospital admissions have been calculated by applying alcohol-attributable fractions (AAFs) to the number of hospital admissions. AAFs take account of patient sex, age and diagnosis to estimate the number of admissions attributable to alcohol consumption.

This method has been developed by Public Health England and a review of the methodology was conducted in 2012 by the North West Public Health Observatory (NWPHO) which led to a revision of the fractions used and the methodology to estimate alcohol related admissions. For further information, see Background Notes section of this report.

The figures in this report have been standardised to the 2013 European Standard Population to allow for comparisons with other jurisdictions.

Alcohol-specific hospital admissions are admissions due to conditions where alcohol is causally implicated in all cases of the conditions; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. The alcohol-attributable fraction is 1.0 because all cases (100 per cent) are caused by alcohol.

There is also a measure of alcohol-related hospital admissions, which considers all those conditions where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. For the purposes of this report, alcohol-related hospital admissions have not been considered due to time constraints. The next edition of the Jersey Alcohol Profile will include this measure of alcohol-related hospital admissions.

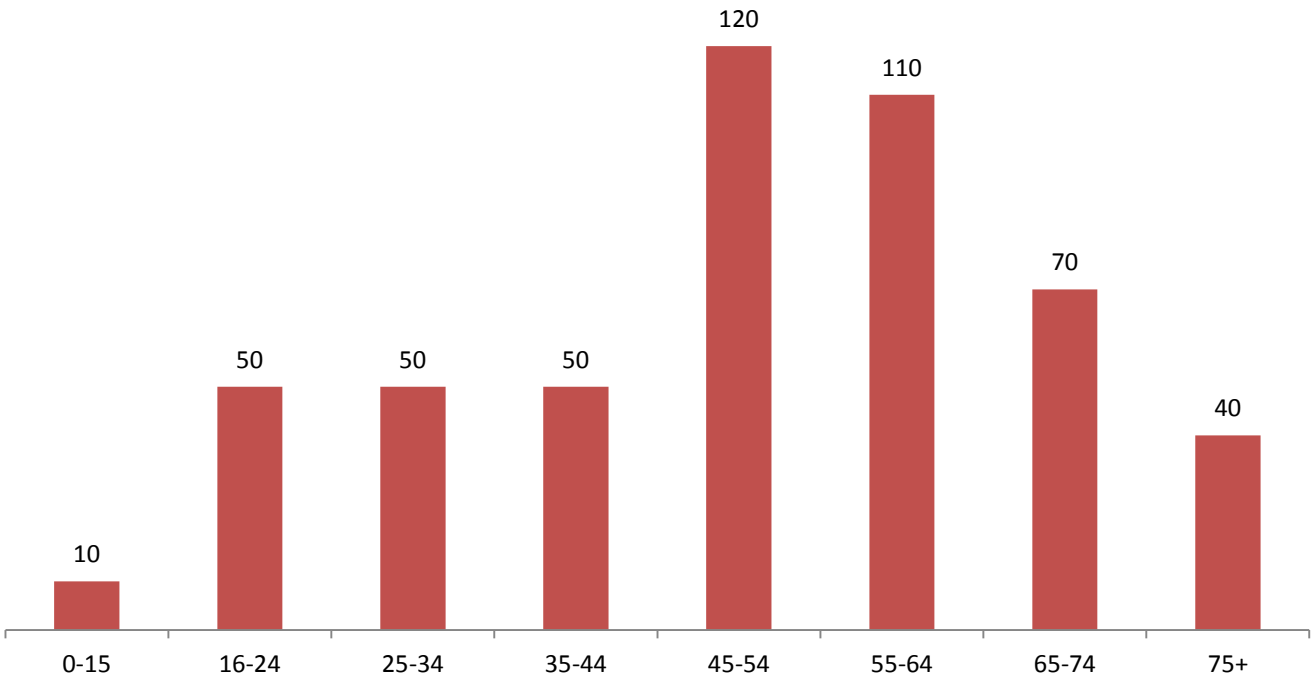
Alcohol-specific hospital admissions

In 2014, there were around 500 individuals admitted to the Jersey General Hospital for a condition that was wholly attributable to alcohol. This number has remained the same for the past three years. The majority of admissions were male (70 per cent), whilst the largest number of admissions was for persons aged 45-54 years. Figure 11 shows the age distribution of admissions in 2014.

The age standardised rate for Jersey was 494 per 100,000 population for calendar year 2014. Public Health England publish figures for England based on financial years, for 2013-14 the alcohol specific

age standardised hospital admissions rate was 374 per 100,000, with English regions ranging from 131 to 1074 per 100,000[8].

Figure 11: Alcohol-specific hospital admissions to Jersey General Hospital, 2014*



**Numbers independently rounded to nearest 10*

Source: Health Intelligence Unit

[8] Public Health England, Local Alcohol Profile 2015, published 2 June 2015, available from www.lape.org.uk

Deaths related to Alcohol Consumption

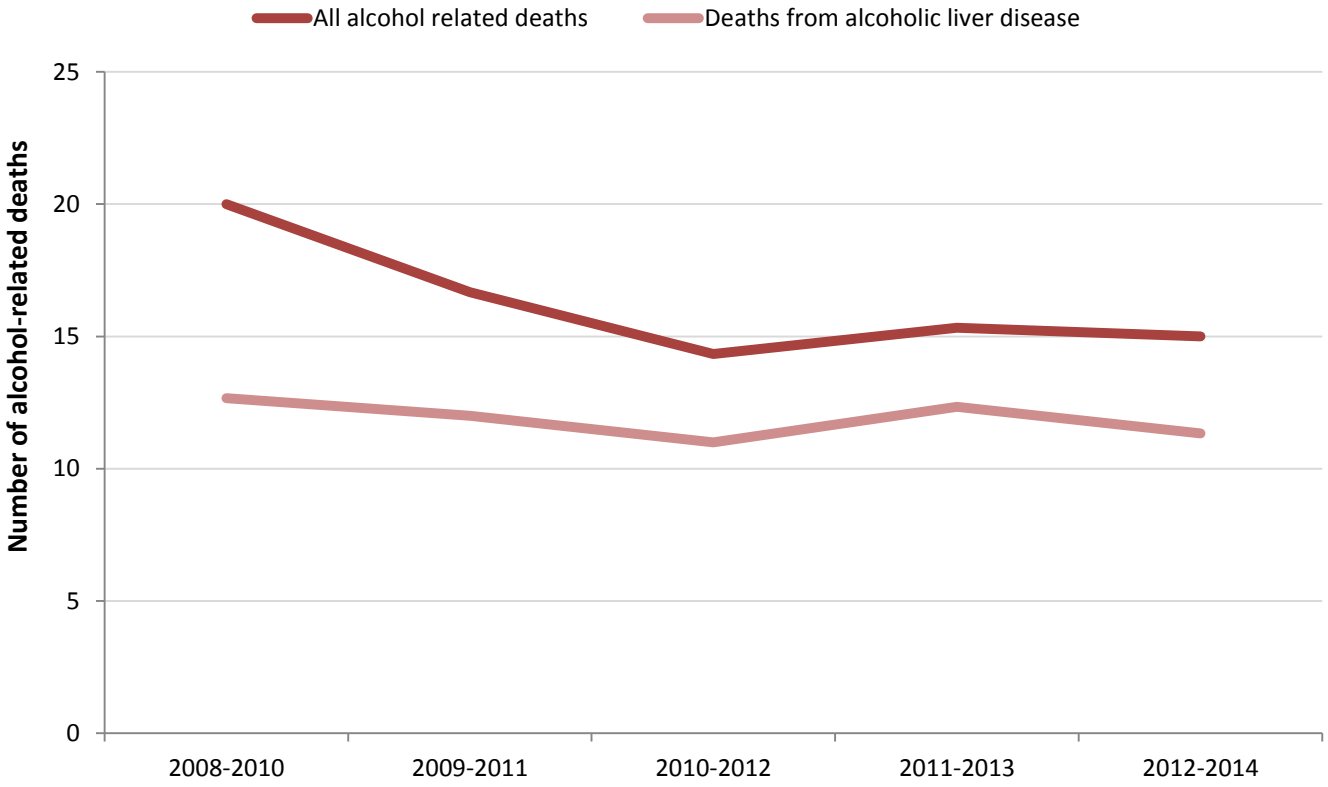
Alcohol misuse can be directly related to deaths from certain types of disease, such as cirrhosis of the liver, and in some cases, may be associated with other causes of death, such as strokes.

Directly linked alcohol deaths (ONS measure)

The Office for National Statistics in England (ONS) definition of alcohol-related deaths only includes those causes regarded as being most directly due to alcohol consumption. It does not include other causes where alcohol has been shown to have some causal relationship, such as cancer of the mouth, oesophagus and liver.

- In Jersey, over the period 2012 to 2014 there were 45 alcohol-related deaths. This is similar to the previous three-year period, 2009-2011, which saw 50 alcohol-related deaths.
- Alcohol is related to 2 per cent of all deaths each year in Jersey.
- A larger number of males die from alcohol-related deaths than females; over the period 2012 to 2014, around three-quarters (71 per cent) of alcohol-related deaths were male. This pattern is the same as that seen in England[9].
- The most common alcohol-related death was alcoholic liver disease, which accounted for three-quarters (76 per cent) of the alcohol-related deaths over this period.

Figure 12: Alcohol-related deaths in Jersey (ONS measure), 3-year rolling average 2008-2014



Source: Health Intelligence Unit

[9] Health and Social Care Information Centre, Statistics on Alcohol England 2015, published 25 June 2015, available from www.hscic.gov.uk

Alcohol-related deaths were responsible for an average of 250 years of potential life lost[10] (YOLL) each year (calculated over the period 2012-2014). Of these, an average of 120 are years of working life lost each year (calculated as the number of years of working life all individuals would have lived had they not died in that period).

Age-standardised rates take into account differences in the age structures of populations, and therefore enable the comparison of trends in alcohol-related deaths over time and space. Table 4 compares the age-standardised alcohol-related death rate for Jersey with that of the four countries of the UK. The latest available data provided by the ONS is for calendar year 2013[11].

Table 4: Age-standardised alcohol-related deaths per 100,000, 2013

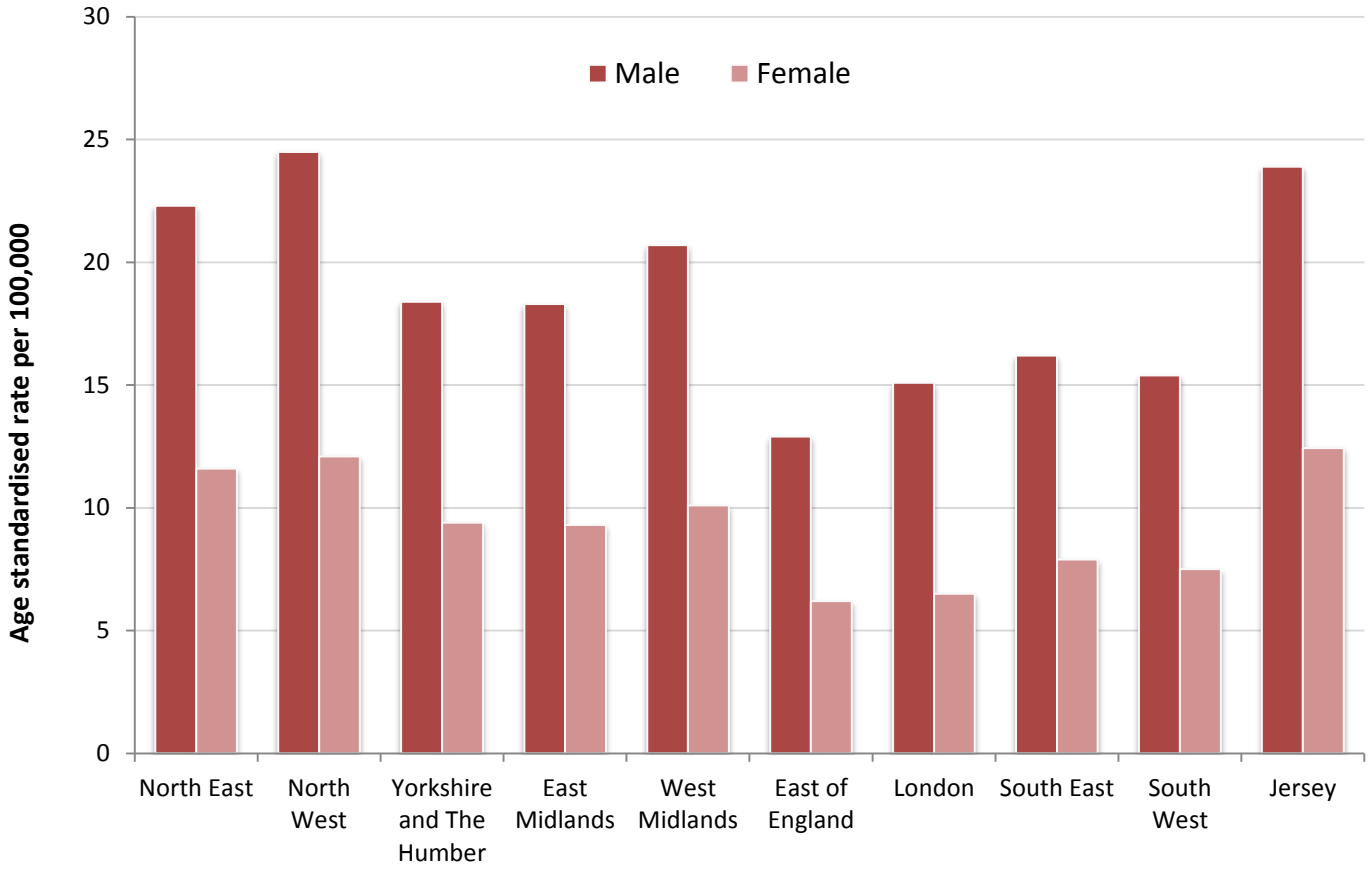
Age-standardised alcohol-related death rate	Males	Females
England	18	9
Wales	21	10
Scotland	30	13
Northern Ireland	21	8
Jersey	24	12

Source: Health Intelligence Unit, Office for National Statistics

Following the pattern seen across the UK, the male age-standardised alcohol-related death rate for Jersey is double that of the female death rate. This pattern is also seen across the English regions, as shown in Figure 13.

[10] Potential Years of Life lost estimates the number of years a person would have lived had they not died prematurely. It is based on the assumption that every individual could be expected to live until the age of 75 and premature death before that age may be preventable.
[11] Office for National Statistics, Alcohol-Related Deaths in the United Kingdom registered in 2013, published 11 February 2015, available from www.ons.gov.uk

Figure 13: Age-standardised alcohol-related deaths, 2013



Source: Health Intelligence Unit, Office for National Statistics

Alcohol-attributable deaths (PHE measure)

Public Health England (PHE) produces estimates of the number of alcohol-specific deaths as well as alcohol-related deaths. These alcohol-attributable death estimates are higher than the ONS figures since they include all alcohol-specific conditions plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls.

Mortality figures produced by PHE are published in Local Alcohol Profiles. Comparable figures for Jersey are presented in Table 5 and Figure 14 showing where there are significant differences.

Table 5: Mortality indicators (PHE measure)

Indicator	Period	Jersey Value	Jersey 95% CI	Eng. Value	Eng. 95% CI	Eng. best/ highest	Eng. worst/ lowest
Alcohol-specific mortality (Persons)	2011-13	18.4	(13.4, 24.6)	11.9	(11.8, 12.1)	3.4	31.2
Alcohol-specific mortality (Male)	2011-13	26.4	(17.9, 37.5)	16.6	(16.3, 16.9)	3.6	44.5
Alcohol-specific mortality (Female)	2011-13	10.9	(5.9, 18.4)	7.5	(7.3, 7.7)	1.6	29.9
Mortality from chronic liver disease (Persons)	2011-13	16.6	(11.8, 22.6)	11.7	(11.6, 11.9)	3.3	31.7
Mortality from chronic liver disease (Male)	2011-13	25.7	(17.1, 37.0)	15.5	(15.2, 15.7)	2.4	44.8
Mortality from chronic liver disease (Female)	2011-13	8.5	(4.2, 15.3)	8.2	(8.0, 8.4)	0.0	23.7
Alcohol-related mortality (Persons)	2013	48.4	(34.9, 64.5)	45.3	(44.7, 45.9)	27.9	83.6
Alcohol-related mortality (Male)	2013	66.0	(43.0, 95.6)	65.4	(64.4, 66.5)	38.5	117.3
Alcohol-related mortality (Female)	2013	33.8	(19.1, 54.1)	28.4	(27.8, 29.1)	14.8	68.7

Source: Health Intelligence Unit, Public Health England

Public Health England comparable measures for Jersey indicate that deaths attributable to alcohol are similar or worse than the England average. For all indicators considered, males are worse than females locally and in England.

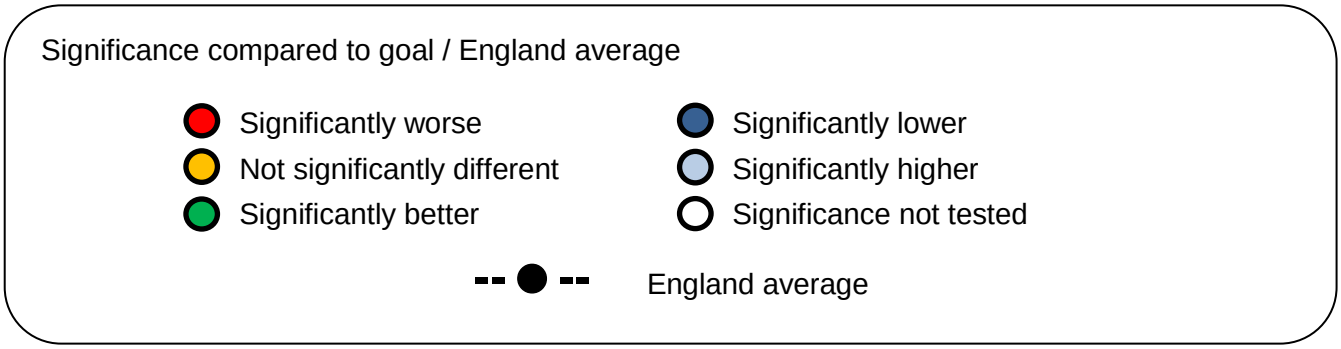
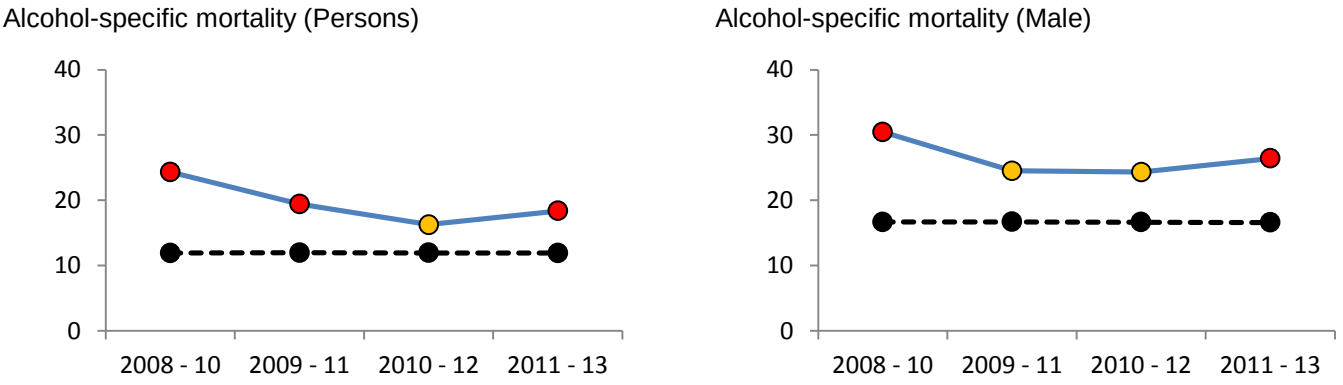
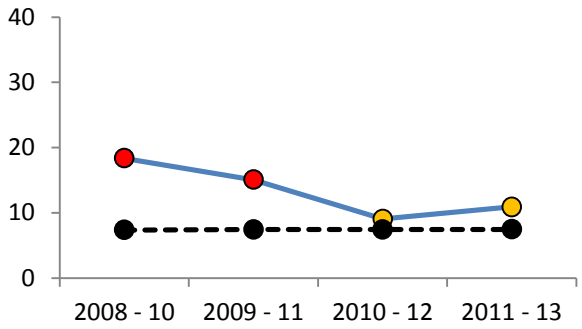


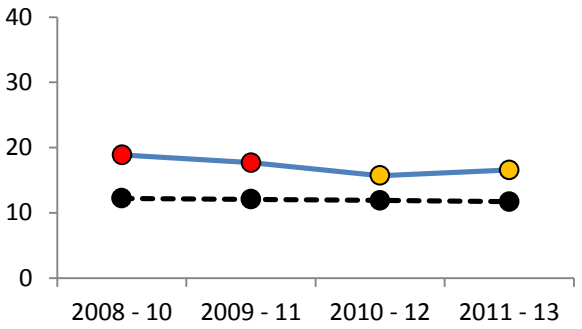
Figure 14: Mortality indicators (PHE measure)



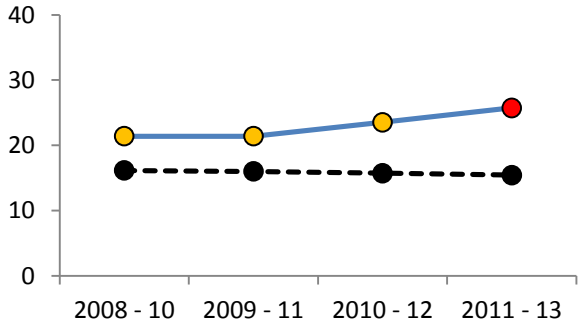
Alcohol-specific mortality (Female)



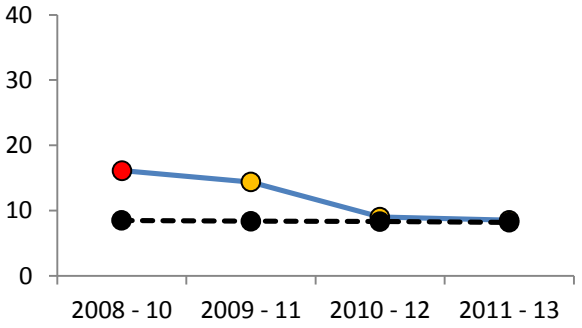
Mortality from chronic liver disease (Persons)



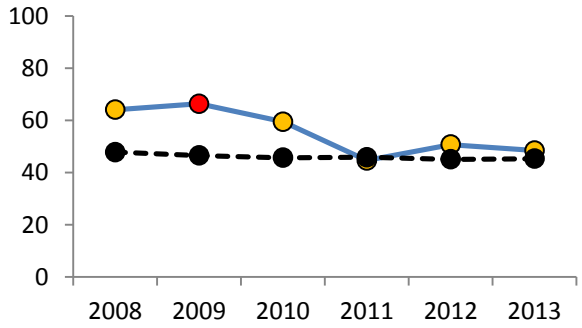
Mortality from chronic liver disease (Male)



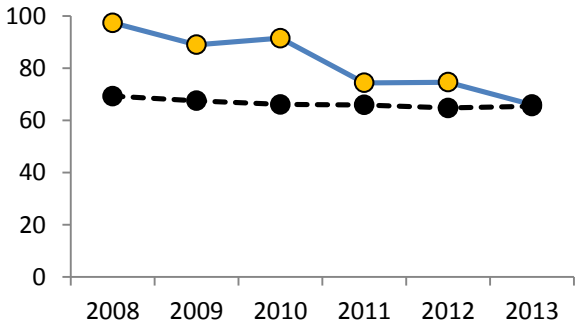
Mortality from chronic liver disease (Female)



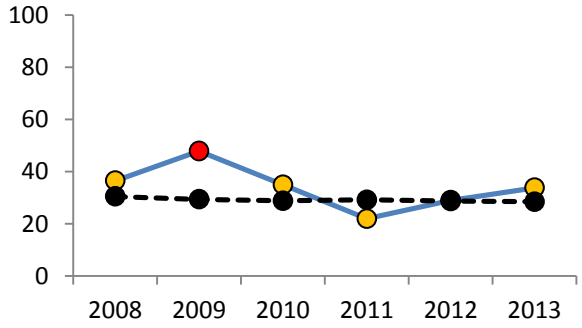
Alcohol-related mortality (Persons)



Alcohol-related mortality (Male)



Alcohol-related mortality (Female)



Source: Health Intelligence Unit, Public Health England

Liver Disease

Liver disease is largely preventable and a significant cause of premature mortality in Jersey, accounting for around 20 deaths a year. Whilst approximately 5 per cent of liver disease is attributable to autoimmune disorders (diseases characterised by abnormal functioning of the immune system), most liver disease is due to three main risk factors: alcohol, obesity and viral hepatitis. For the purposes of this report, indicators which consider all liver diseases and alcoholic liver disease are compared to Public Health England data to give a picture of the burden of alcohol locally.

Table 6: Liver disease indicators (PHE measures)

Indicator	Period	Jersey Value	Jersey 95% CI	Eng. Value	Eng. 95% CI	Eng. best/ highest	Eng. worst/ lowest
Under 75 mortality rate from liver diseases (Persons)	2011-13	20.2	(15.1, 26.4)	17.9	(17.7, 18.1)	11.3	43.4
Under 75 mortality rate from liver diseases (Male)	2011-13	29.0	(20.4, 39.9)	23.6	(23.2, 23.9)	14.3	58.9
Under 75 mortality rate from liver diseases (Female)	2011-13	11.6	(6.6, 18.9)	12.5	(12.2, 12.7)	7.4	27.7
Under 75 mortality rate from alcoholic liver disease (Persons)	2011-13	12.6	(8.7, 17.5)	8.8	(8.6, 8.9)	0.9	24.2
Under 75 mortality rate from alcoholic liver disease (Male)	2011-13	18.2	(11.8, 27.0)	11.8	(11.5, 12.0)	1.9	34.6
Under 75 mortality rate from alcoholic liver disease (Female)	2011-13	7.0	(3.3, 12.9)	5.9	(5.7, 6.0)	0.0	15.0

Source: Health Intelligence Unit, Public Health England

Figure 15 shows the Jersey rates in comparison with the England average. For all of the indicators considered, Jersey rates are not significantly different to those for England.

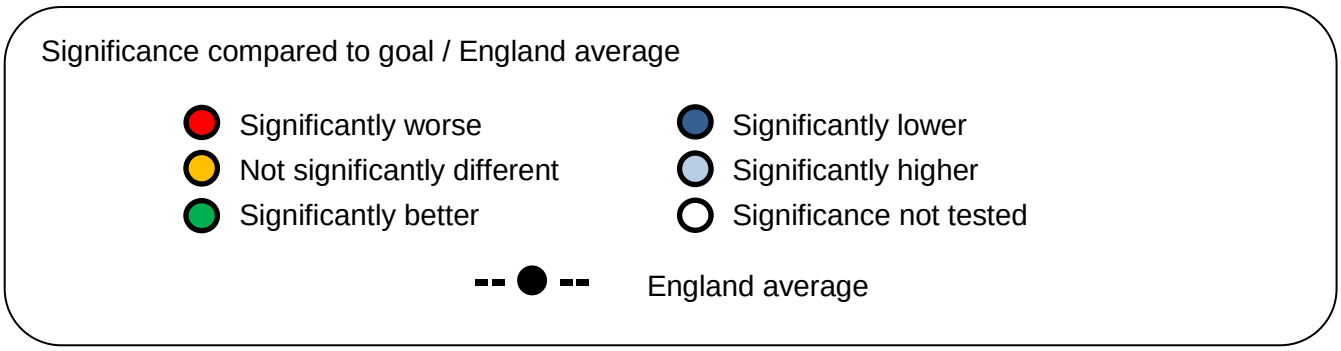
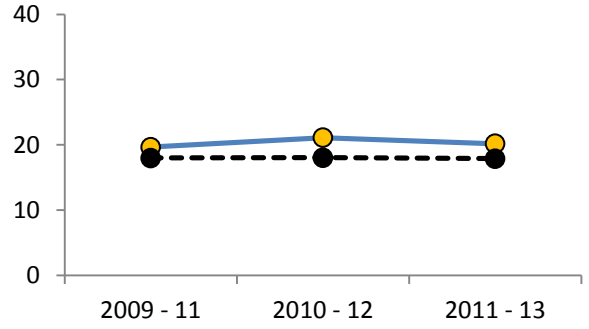
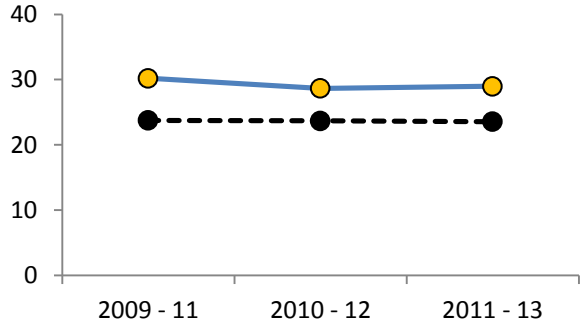


Figure 15: Liver disease indicators (PHE measures)

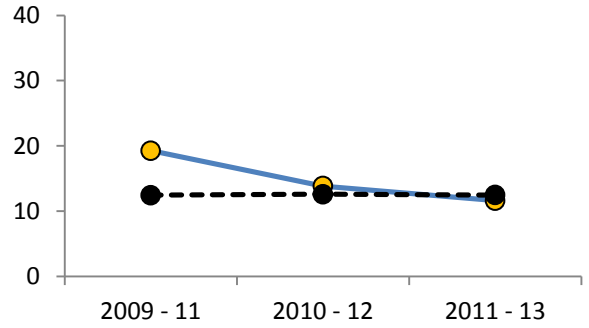
Under 75 mortality rate from liver diseases (Persons)



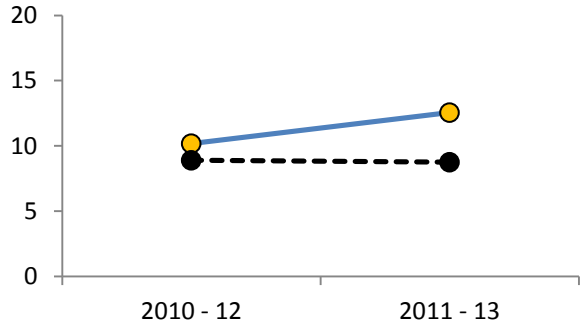
Under 75 mortality rate from liver diseases (Male)



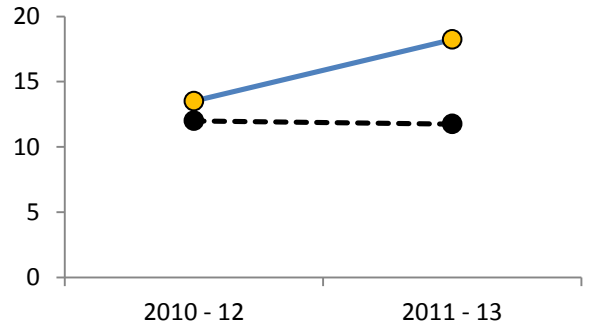
Under 75 mortality rate from liver diseases (Female)



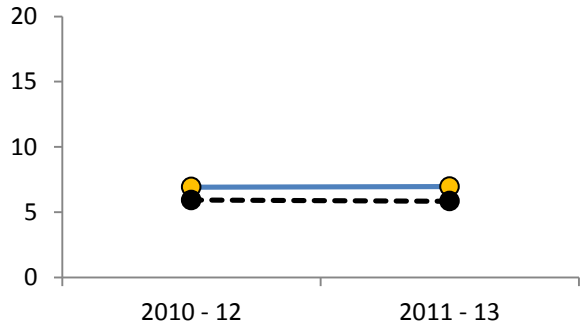
Under 75 mortality rate from alcoholic liver disease (Persons)



Under 75 mortality rate from alcoholic liver disease (Male)



Under 75 mortality rate from alcoholic liver disease (Female)



Source: Health Intelligence Unit, Public Health England

Alcohol-related Crime

Data on alcohol-related crime was provided by the States of Jersey Police. Crime figures can be affected by campaigns run by the Police, such as effort focused on public order offences or licensing enforcement, as well as proportions of crimes reported to the police and how crimes are recorded. For this reason, trend analysis should be treated with caution. A total 3,121 crimes were committed in 2014, a crude rate of 31.5 crimes per 1,000 population. Table 7 gives the number of crimes recorded over the two-year period 2013-2014, along with the proportion of those where alcohol was recorded as being involved. For more information on crime statistics in Jersey, please see background notes.

Table 7: Offences recorded by the States of Jersey Police 2013-2014, rounded to nearest 100

Type of Crime	Total Offences	Proportion where alcohol was involved
Acquisitive crime	2,000	9%
Burglary	400	6%
Offences against property	1,100	11%
Offences against the person	2,400	32%
Drug offences	300	12%
Other offences	200	18%
Total offences	**6,300**	**18%**

Source: States of Jersey Police

Nearly one in five of all crimes recorded in 2013 and 2014 had alcohol involvement. One in three (32 per cent) recorded offences against the person had alcohol involved, this category includes common assault, grave and criminal assault and indecent assault. Half (52 per cent) of assaults on police and prison officers had alcohol involvement.

Domestic Violence

There are around 300 incidents of domestic violence reported to the States of Jersey Police annually. More than two-fifths (44 per cent) were recorded as having alcohol involvement, as judged by the officer attending the scene. It is likely that this represents an undercount as incidents where no suspect or offender is present cannot be recorded as involving alcohol.

However, the data provided by States of Jersey Police reveals that since the beginning of 2012, almost 500 incidents of domestic violence involving alcohol have occurred locally.

Evening Street Violence

The number of incidents of evening street violence has reduced from more than 300 in 2012, to around 200 in 2013 and 2014. However, the proportion recorded as involving alcohol has remained constant at around 61 per cent of all recorded incidents.

Drink-Driving

Around 160 drink-driving incidents are recorded by the States of Jersey Police each year, with around 50 a year where a road traffic collision or hit and run incident occurred. The majority of drink-drive incidents are committed by males (79 per cent), whilst the greatest proportions are committed by 21-30 year olds.

Young People and Alcohol

The information presented in this chapter relates to drinking patterns of children in Jersey. Two main sources of information are used to describe drinking patterns and the effects of alcohol use by children. The first source is a survey of school children run by the States of Jersey Health Intelligence Unit, which asks children about their health and lifestyle behaviours. The second source is hospital admission data, taken from the Hospital computer system and analysed by the Health Intelligence Unit. For further information on both of these sources, please see the Background Notes section of this report.

Drinking among children

The 2014 Young People's Health and Lifestyle survey report[12] contains information on drinking behaviours by children aged 12-15 in secondary schools in Jersey.

The key findings for 2014 were:

- Around half (52 per cent) of 12-13 year olds have never drunk alcohol, decreasing to one in five (20 per cent) of 14-15 year olds. The proportion of children who have never drunk alcohol has increased since 2010, where only 30 per cent of 12-13 year olds and 9 per cent of 14-15 year olds had never drunk.
- Boys were more likely to have drunk alcohol in the 12-13 age group, while equal proportions of girls and boys had drunk alcohol in the older age group (14-15 years).
- 1 in 6 (16 per cent) of 14-15 year olds had drunk alcohol in the seven days prior to the survey. This proportion has continued to decline since 1998 when 54 per cent of pupils in this age group reported drinking in the last week. The proportion of young people who reported they drank in the previous seven days continues to be lower than the UK and lower than Guernsey.
- Around three-fifths (62 per cent) of pupils who drank alcohol in the last week did so on one day only.
- Pupils who drank in the previous week drank a mean of 7.1 units of alcohol. In England this figure was 8.2 units of alcohol.
- Cider was drunk by the greatest percentage of young people in the seven days prior to the survey, followed closely by spirits and beer. The top three drinks consumed by girls (in descending order) were spirits, wine and cider and by boys: cider, beer and spirits.
- Two-fifths (40 per cent) of 14-15 year olds reported having been really drunk at least once in their life.

For more information on the drinking habits of young people in Jersey, see the Health Intelligence Unit report '*A picture of Health Jersey 2014: Reflections on the health and lifestyle of young people ages 10-15 years*'[13]

[12] States of Jersey Public Health Intelligence Unit, A picture of Health Jersey 2014: Reflections on the health and lifestyle of young people ages 10-15 years, published 2 March 2015, available from www.gov.je
[13] States of Jersey Public Health Intelligence Unit, A picture of Health Jersey 2014: Reflections on the health and lifestyle of young people ages 10-15 years, published 2 March 2015, available from www.gov.je

Under 18 Hospital Admissions due to Alcohol Consumption

Over the period 2012-2014, there were less than 10 children under 18 admitted to hospital each year with a primary or secondary diagnosis for an alcohol-specific condition. The rate for Jersey is 30 per 100,000 population aged under 18 annually. This is not significantly different to the England average for the same period (40 per 100,000).

Social Security Expenditure

Information provided by the Social Security Department on the cost of claims due to alcoholism are presented here.

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 GP's 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 is no longer available to new claimants, due 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 was payable as a result of permanent illness and designed as 'income replacement' and did not allow claimants to undertake work whilst claiming.

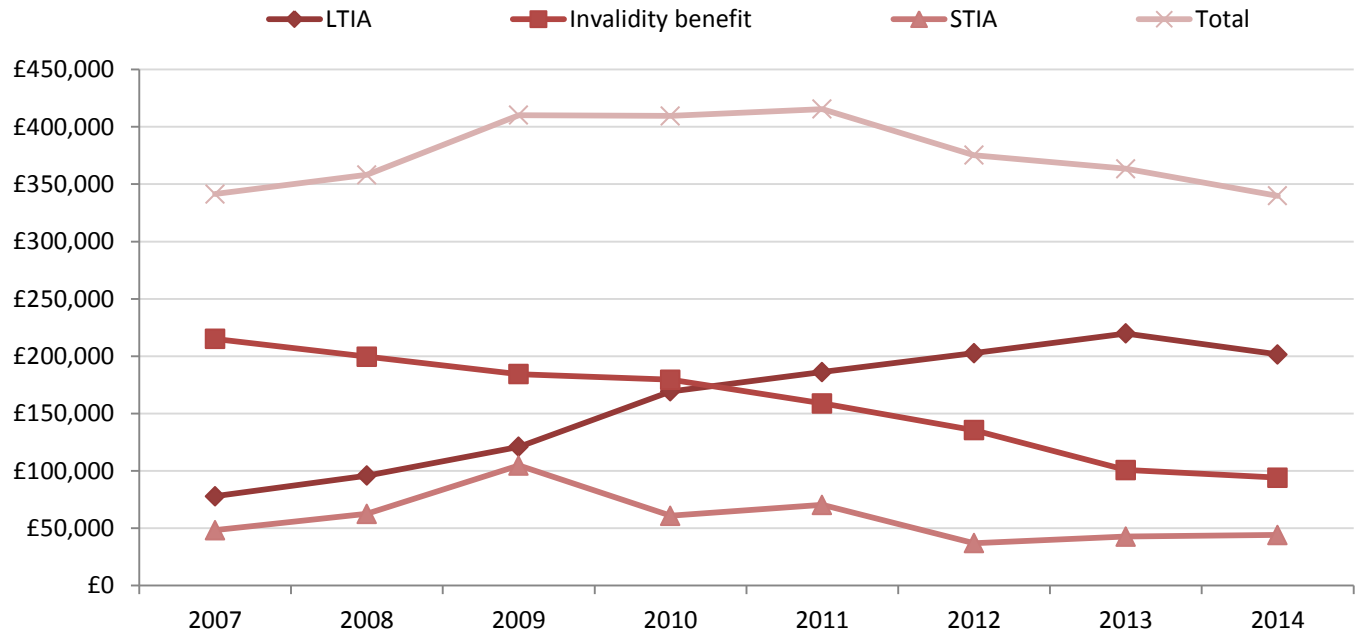
Expenditure on benefits due to alcoholism

Information reported here is for claims made where the illness reported is alcoholism. This is likely to be an underestimate of the number of people claiming benefit for alcoholism, as an alternative diagnosis (such as depression) may be recorded rather than the explicit ailment code for alcoholism in some cases.

Social security data shows that in 2014:

- A total of £339,900 was paid out for alcoholism; £201,600 for LTIA, £94,100 for Invalidity benefit and £44,100 for STIA claimants.
- The total expenditure on alcoholism in 2014 was 6 per cent lower than that paid out by the Social Security Department for claims for alcoholism in 2013; £363,500.
- Between 2007 and 2014, the average number of claims each year for LTIA was 38, whilst the average number of claims for invalidity benefit for alcoholism each year is 18 and STIA was 26.
- Around 30,000 claims are paid by the Social Security Department each year for STIA, LTIA and invalidity benefit, alcoholism accounts for less than 1 per cent of the total number of claims.
- In 2014, claims for LTIA for alcoholism covered 15,600 days, although claimants may still be working, this was a decrease on the previous year, 2013, which covered 17,800 days. A total 20,600 days were claimed for alcoholism in 2014 for STIA, LTIA and invalidity benefit.
- Since 2007, the number of claims, expenditure and days claimed for alcoholism has doubled for LTIA (Figure 16), whilst the number of claims for invalidity benefit has decreased by more than a half, as anticipated, over the same period. The number of claims for STIA has reduced by 45 per cent.

Figure 16: Expenditure on STIA, LTIA and INV* for alcoholism, 2007-2014



** LTIA was introduced in 2004, with invalidity benefit no longer accepting new claimants from this time.*
Source: Social Security Department

The total expenditure by the Social Security Department on benefits relating to alcoholism has decreased slightly since 2011 when the combined expenditure on STIA, LTIA and invalidity benefit was at its highest since 2007.

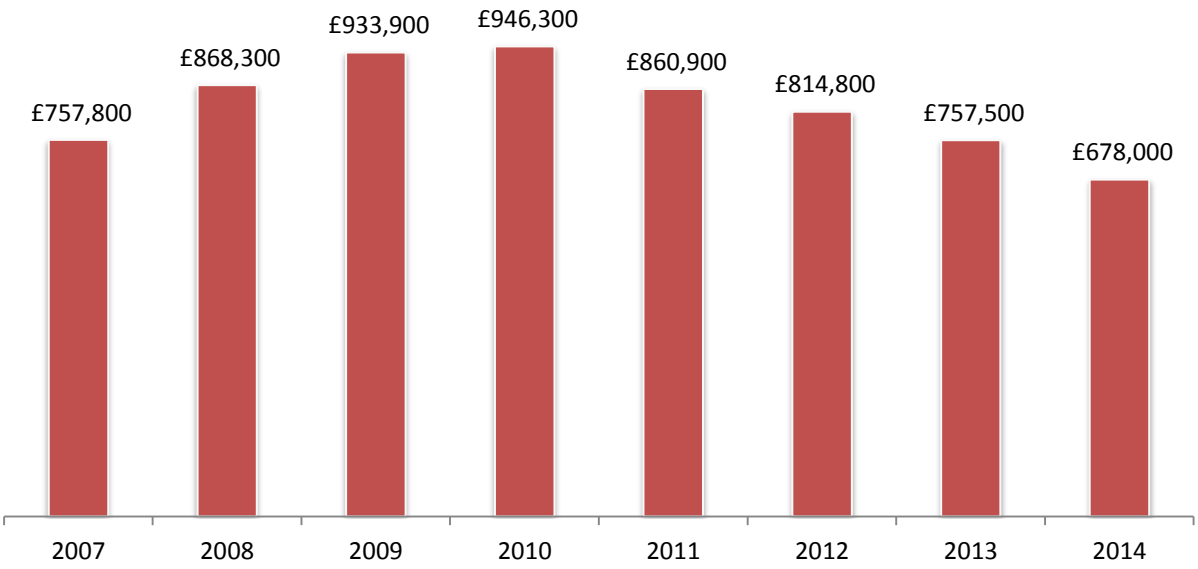
Expenditure on benefits due to alcohol-related sickness and ailments (including alcoholism)

Alcohol-related sickness and ailments are defined by the Social Security Department as alcoholism, detox, drug and substance dependency and liver disease and cirrhosis.

Social security department data for alcohol-related sickness and ailments shows that for 2014:

- £678,000 was paid for a total 169 claims.
- This latest total represents a 10 per cent decrease on the previous year, 2013 when expenditure was £757,500 and is the lowest expenditure for eight years (Figure 17).
- Over half of claims (54 per cent) for alcohol-related sickness and ailments were for long term incapacity allowance.
- A total of 43,000 days were claimed for in 2014 for alcohol related sickness; 20,600 for alcoholism, 3,400 for detox, 13,100 for drug and substance dependency and 6,200 for liver disease and cirrhosis.

Figure 17: Expenditure on alcohol-related sickness and ailments, 2007-2014



Source: Social Security Department

Prescribing

Information on prescribing items for the treatment of alcohol dependence are provided by the Social Security Department.

The three main drugs prescribed for the treatment of alcohol dependence in primary care settings and in hospital are Acamprosate Calcium, Disulfiram and Nalmefene.

Presented here are data on prescription items and net drug cost for drugs used to treat alcohol dependence. Prescription items give a measure of how often a prescriber has decided to write a prescription for the treatment of alcohol dependence. The number of items is not a good measure of the volume of drugs prescribed as different practices may use different durations of supply.

Alcohol dependency prescription items show:

- Around 650 items were prescribed (in a primary care setting or in hospital) in the period April 2014 – March 2015 for the treatment of alcohol dependency and dispensed in the community.
- The net drug cost of these prescribed items over this period was £19,000.
- 62 per cent of the three main drugs prescribed for the treatment of alcohol dependence are for Disulfiram. This differs to the prescribing patterns reported for England[14] for 2014, where 71 per cent of items prescribed were for Acamprosate Calcium.

[14] Health and Social Care Information Centre, Statistics on Alcohol England 2015, published 25 June 2015, available from www.hscic.gov.uk

Table 8: Drugs prescribed for alcohol dependency, April 2014-March 2015

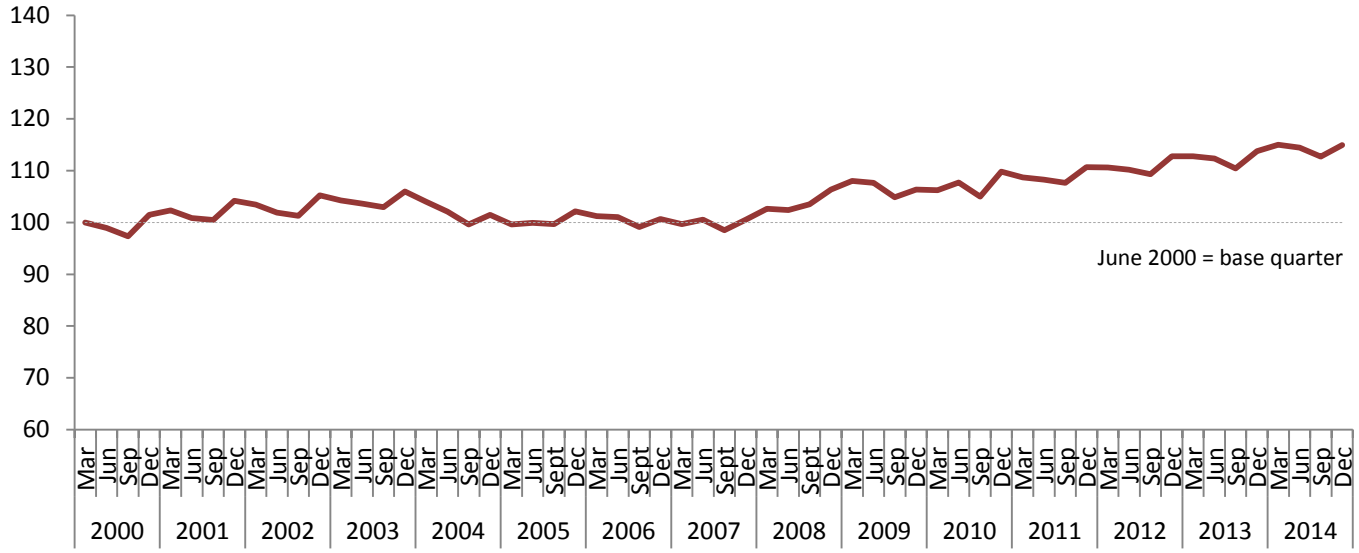
Drugs prescribed for the treatment of alcohol dependency	Number of prescriptions dispensed	Total net drug cost (£)
Acamprosate Calcium	150	4,000
Disulfiram	400	7,500
Nalmefene	100	7,500
Total	**650**	**19,000**

Source: Social Security Department

Prices

Using data provided the States of Jersey Statistics Unit; analysis of the price of alcohol is possible. These include the alcohol price index (API), retail price index (RPI) and relative alcohol price index (defined as API/RPI).

Graph 18: Relative alcohol price index: 2000 to 2014



Data source: States of Jersey Statistics Unit

In Jersey, prices of alcoholic drinks, as measured by the alcohol price Index:

- Have increased more than the retail price index since June 2000 (an arbitrarily chosen base year).
- Between 2000 and 2014 the price of alcohol increased by 14 per cent more than retail prices generally.

Graph 19: Relative alcohol price index, Jersey and United Kingdom, 2000 to 2013

Data source: States of Jersey Statistics Unit, HSCIC Lifestyle Statistics (based on ONS data)

Comparing relative alcohol prices in Jersey to those in the United Kingdom over the same period reveals that the price of alcohol rose at a greater rate in Jersey (14 per cent) compared to the United Kingdom where prices remained in line with inflation (see Graph 19).

The HSCIC have used a measure of real households' disposal income to measure the affordability of alcohol over time. Their findings reveal that alcohol was some 61 per cent more affordable in 2013 than it was in 1980, and nearly 13 per cent more affordable since 2000[15]. Comparable data for Jersey is not currently available.

The alcohol price index used in the relative alcohol price index relates to a 'basket of alcoholic drinks' priced by the States of Jersey Statistics Unit and provides an overall picture of the price of alcohol. It is not designed to measure the affordability of the cheapest alcohol, nor is it designed to measure the affordability of pure alcohol. It is intended to be used as an indicator – it's relevance at an individual level will depend on the extent to which an individual's choice of drinks match the drinks included in the measure.

Comparing the cost of alcohol in Jersey to the cost in Guernsey and the UK since 2005 reveals that the average price of alcoholic drinks has increased by more in both Guernsey (55 per cent) and Jersey (49 per cent) than in the UK (36 per cent).[16]

Table 9 shows that the mean retail prices of alcoholic drinks in Jersey in June 2015 were higher than those in the UK, by 20 per cent for a pint of bitter and by 13 per cent for both a pint of lager and a nip of whisky.

Table 9: Average retail prices of matched alcoholic drinks in Jersey and the UK: June 2015

Alcoholic drinks	Mean price (in pence)		Difference in Pence	Percentage difference
	Jersey	UK		
Draught bitter, per pint	354	296	58	20
Draught lager, per pint	391	345	46	13
Whisky, per 25ml nip	295	260	35	13

Source: States of Jersey Statistics Unit

[15] Health and Social Care Information Centre, Statistics on Alcohol England 2014, published 24 May 2014, available from www.hscic.gov.uk
[16] States of Jersey Statistics Unit, Annual price comparison report, June 2015, published 9 Sept 2015, available from www.gov.je

Other indicators

Employees in Bars

In December 2014, there were 1,020 employees[17] working in the beverage serving activities industry[18]. This is 2 per cent of total employment in Jersey in December 2014.

Household expenditure

The States of Jersey Statistics Unit run a Household Spending and Income Survey (HSIS) every five years. The most recent round of the survey ran for 12 months from April 2014, with results to be published by the end of 2015.

At the time of publication, results for this latest round were not available for inclusion in this report. The previous round of the survey ran in 2009 -2010.

The results for the 2009/2010 round of HSIS found that:

- On average, households in Jersey spent £9.40 a week on alcoholic drinks (off premises). This comprised of an average £1.20 on spirits and liqueurs, £6.00 on wines and fortified wines and £2.10 on beer, lager, cider and perry.
- The survey also found that households in Jersey spent an average £22.70 a week in restaurants and £19.20 in cafes, bars and takeaways etc. a week.
- Alcoholic drinks (off premises) accounted for 1 per cent of weekly spending on average, while 3 per cent was spent in restaurants and 3 per cent in cafes, bars and takeaways etc.

For more information on household spending, see the States of Jersey Statistics Unit Report *Jersey Household Spending Survey 2009/10* available from www.gov.je

[17] Source: States of Jersey Statistics Unit
[18] Defined as SIC code 55400 'Bars', this includes public house undertakings, bar and nightclub undertakings, restaurant/bar undertakings, Wine bar undertakings

Definitions and Glossary of Terms

Age standardised rates

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.

Alcohol-specific conditions

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. The alcohol-attributable fraction is 1.0 because all cases (100 per cent) are caused by alcohol.

Alcohol-related conditions

Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. The attributable fractions for alcohol-related outcomes used here range from between 0 and less than 1.0. For example, the alcohol-attributable fraction for mortality from pneumonia among men aged 75 and over is 0.10 because the latest epidemiological data suggest that 10 per cent of pneumonia cases among this population are due to alcohol[19]. Outcomes where alcohol has a protective effect (i.e. the fraction is less than 0) are not included when the alcohol-attributable fractions are applied to mortality and hospital episode statistics.

Confidence Intervals

The 95% Confidence Interval is used as a way of quantifying the uncertainty around a point estimate. This uncertainty arises as factors influencing the indicator are subject to chance occurrences that are inherent in the world around us. These occurrences result in random fluctuations in the indicator value between different areas and time periods. Jersey has a comparatively small population so rates or percentage estimates over short periods of time are sensitive to random fluctuations in numbers of events. Confidence intervals quantify the uncertainty in the estimate and, generally speaking, describe how different the point estimate could have been if the underlying conditions stayed the same, but chance had led to a different set of data. In health profiles, confidence intervals are given with a 95% stated probability level. Where confidence intervals for two estimates are available these can be examined to gauge the statistical significance of the difference in estimates. Non-overlapping confidence intervals signify that estimates are likely to be significantly different. Overlapping confidence intervals, by contrast, suggest that true values of the two estimates may be the same.

[19] Public Health England, Local Alcohol Profiles for England 2015 User Guide, published 2 June 2015, available from www.lape.org.uk

Conditions

Acute – symptoms appear and change or worsen rapidly.

Chronic – develops and worsens over an extended period of time.

Crude Rates

A crude rate refers to the number of events per 1,000 or 100,000 population.

Drinking frequency

Binge drinking - in line with the NHS recommendations, men are considered to have binged if they drank more than eight units of alcohol on one day and woman if they drank more than six units. These are double the NHS recommendations for the amount of units to consume on one day.

Frequent drinking – this is classified as those who drink on five or more days in a week.

Teetotal

Teetotallers are those who say that they do not drink alcohol at all.

YOLL/YWLL

Years of life lost is a measure of premature mortality which is used to compare the mortality experience of different populations for all causes of death and/or particular causes of death by quantifying the number of years **not** lived by individuals who die under a given cut-off age. The most frequently used cut-off age is 75, this having been set as an age that everyone can be expected to reach. The age of 65 can also be used to calculate years of working life lost (YWLL) which is a useful indicator of the economic impact of premature deaths.

Background Notes

1. The profile provides facts about how Jersey compares with other areas. It does not seek to answer why the figures are as they are or what may need to be done about them, though these will be important questions to consider.

2. Comparisons are performed on a like-for-like basis unless otherwise stated. Where a comparable figure uses a mid-year population, the Jersey rates are calculated using the average of the two applicable end-year population estimates as published by the States of Jersey Statistics Unit. This estimate of the mid-year population assumes that half of births, deaths and migration occurs in the first half of the calendar year.

3. Population figures have been provided by the States of Jersey Statistics Unit and are based on results of the 2011 Census and population projections. For further information see www.gov.je/census

4. This report uses the 2013 European Standard Population in the calculation of age-standardised rates. Directly age standardised rates use age specific rates for a population and apply these to the standard population to adjust for differences in age and sex structures between populations to allow comparisons across time and place.

5. Percentages may not add up to 100 per cent due to rounding.

6. Deaths
   (1) Death figures are compiled from returns to the Registrars in each parish in Jersey. The Marriage and Civil Status (Jersey) Law 2001 requires all deaths to be notified within 5 days of the date of death.
   (2) The number of deaths may differ from previously published figures due to the inclusion of data from inquests which can take up to 18 months to complete and register. This means that total deaths in a given year should be treated as provisional and used with caution.
   (3) The results are based on analysis of all deaths of Jersey residents registered as having occurred in calendar years 2011 to 2013. Deaths are reported on for the year they occur, this differs to the UK who report on deaths registered each year.
   (4) Cause of death is classified using the tenth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD-10).
   (5) Coding of Jersey deaths is undertaken by the Office for National Statistics on a quarterly basis.
   (6) Potential Years of Life lost estimates the number of years a person would have lived had they not died prematurely. It is based on the assumption that every individual could be expected to live until the age of 75 and premature death before that age may be preventable.

7. The States of Jersey Statistics Unit provide statistics on litres of pure alcohol consumed per capita. This is calculated using information supplied by Customs and Immigration on volumes of alcohol imported into the Island and population figures generated by the Statistics Unit along with information from the Tourism department on the number of visitors each year.

8. The Jersey Annual Social Survey is a voluntary postal and internet survey run independently by the States of Jersey Statistics Unit. The survey is sent to more than 3,000 randomly selected households each year, and has a high response rate of around 52%. In addition to the very good response rates overall, statistical weighting techniques are used to compensate for different patterns of non-response from different sub-groups of the population. The result is that the survey results can be considered broadly accurate and representative of Jersey's population. As with all sample surveys, there is an element of statistical uncertainty, typically around ±2 percentage points for proportions relating to the overall population. For further details see www.gov.je/JASS.

9. Data on hospital admissions is taken from the hospital computer system TRAK which was implemented in June 2011. Admissions data are classified using the International Classification of Diseases (ICD-10); each admission can have up to 20 diagnosis fields which provide the reasons why the patient was admitted to hospital. These diagnosis fields are used in the analysis of alcohol-attributable hospital admissions in this report.

10. Alcohol attributable fractions (AAFs) are used to calculate the number of hospital admissions attributable to alcohol. They were developed by the North West Public Health Observatory (NWPHO) which is now part of Public Health England. NWPHO led a review of the methodology used to estimate alcohol related admissions in 2012 which led to a revision of the fractions used. For this reason, the previously published figures for alcohol attributable admissions are not comparable to those contained in this report. For further information on the change to the methodology see www.hscic.gov.uk.

11. The Social Security Department have provided information on the number of sickness benefit claims made to their department along with details of number of prescription items and costs for alcohol-dependency drugs. For further information see www.gov.je.

12. Details on alcohol-related crime have been provided by the States of Jersey Police. These figures can be affected by campaigns being run by the Police and are reliant on officers recording when alcohol has been involved. Figures for Jersey have not been compared on a like-for-like basis to English crime figures due to differences in the legal systems and recording mechanisms. For further information on Jersey crime statistics see jersey.police.uk.

13. Data provided by the States of Jersey Statistics Unit was used to analyse changes in the price of alcohol in comparison to retail prices overall. This data uses information collected for the purpose of calculating the Retail Prices Index. The alcohol price index used in the relative alcohol price index relates to a 'basket of alcoholic drinks' priced by the States of Jersey Statistics Unit and provides an

overall picture of the average change in price of alcoholic drinks. It is not designed to measure the affordability of the cheapest alcohol, nor is it designed to measure the affordability of pure alcohol. It is intended to be used as an indicator – it's relevance at an individual level will depend on the extent to which an individual's choice of drinks match the drinks included in the measure.

14. Household expenditure on alcohol was taken from the States of Jersey Statistics Unit Report *Jersey Household Spending Survey 2009/10* available from www.gov.je. The most recent round of the survey ran for 12 months from April 2014, with results to be published by the end of 2015.

15. Data on the drinking behaviours of young people in Jersey is taken from the The Young People's Health and Lifestyle Survey (formally known as the Health Related Behaviours Survey) which is run by the States of Jersey Health Intelligence Unit through Jersey schools. The latest round ran in 2014, and the questionnaire was carried out with students in all primary schools across the Island at ages 10-11 years (school year 6) and in all secondary schools across the Island at 12-13 years (school year 8) and 14-15 years (school year 10). A total of 2,675 students completed the survey, representing an 86 per cent response rate. The survey questions cover a range of health topics including family background and home life through to specific health issues such as diet, physical activity, drugs, alcohol, smoking and wellbeing. With the survey methodology used there is 95% confidence that the sample percentages accurately represent the whole population percentage to ± 2 percentage points. For further information please see the report on www.gov.je

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