Public Health Directorate Profile

Subject: Alcohol Profile 2021
Date: 24 February 2022

Introduction

This publication 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.

This report provides the latest available data on alcohol, its use, and its harms in Jersey since the previous iteration of this report in 2019[1]. Due to the coronavirus pandemic, some data for 2020 and 2021 is not available. Indicators provided in this report are based on the population estimates and projections for 2019 and 2020, respectively, and these are likely to be re-adjusted once results of the 2021 Census have been published. See appendix for further detail on methodology and data sources.

Key findings

- the average alcohol consumption per Jersey adult (aged 15 years or older) in 2019 was 11.5 litres of pure alcohol per year (equivalent to approximately 8 pints of beer or 2.5 bottles of wine per week)
- the price of alcohol in Jersey, relative to other household expenditure, increased between 2008 and 2020
- in 2021 around one third (34%) 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 five)
- drinking behaviour in Jersey differed to that in England, for example:
    - in 2019 the average alcohol consumption per adult was 17% higher in Jersey (11.5 litres per year) than in the UK (9.8 litres per year)
    - Fewer Jersey adults were teetotal in 2021 (14%), compared to England (20%)[2]
- in 2019, hospital admissions specifically related to alcohol were higher in Jersey than the English age-standardised rate (733 compared to 644 per 100,000 population[3]). Three quarters of admissions were males.
- over the three-year period 2018-2020, the age standardised rate of alcohol-specific deaths per 100,000 population in Jersey was 8.6, similar to the rate in England of 10.6 per 100,000 population
- alcohol played a role in almost one in five of all crimes recorded in Jersey in 2020. Around 3 in 10 (30%) assaults and serious assaults, a third (32%) of domestic assaults and a third (32%) of offences in the St Helier night-time economy involved alcohol
- in 2020, claims due to alcohol-related sickness and ailments totalled £537,500. Almost half of this amount (47%) was due to around 65 claims related specifically to alcoholism

[1] Statistics Jersey, Alcohol Profile 2018, published 27 February 2019
[2] ONS, Adult drinking habits in Great Britain: 2017
[3] The English rate, from Public Health England is that for the latest available time period, the financial year 2016/17.

Jersey Alcohol Profile 2021

Average annual alcohol consumption was

11.5 litres

of pure alcohol

per person aged 15 and over (equivalent to approx. 8 pints of beer per week)

1 in 4 drinkers drink at potentially hazardous or harmful levels

Islanders drink, on average, a sixth (16%) less than a decade ago, in 2010

The number of 16-34 year olds that are tee total has doubled between 2014 and 2021

Around 1 in 5 of all crimes were recorded as involving alcohol

Since June 2000, alcohol prices have increased more than retail prices

In 2018-2020, there were

35 deaths

in Jersey related to the consumption of alcohol these represent 2% of all deaths.

In 2019, there were **777 admissions to hospital** with an alcohol-specific condition

Focus on ...

Age-related Patterns

Increasing numbers of younger adults (16-34 yr olds) report being teetotal compared to older adults (see Figure 7). The proportion of children who report having never drunk alcohol is also increasing over time (see Figure 15). However, the young adults who do drink are more likely to report impacts on ability to function (such as not being able to remember what happened when drinking the night before) than adults aged 35 or over (see Table 3).

In contrast, middle aged adults (35 – 64 yr olds) are most likely to report exceeding the recommended weekly alcohol intake of 14 units (see Figure 11) and to report drinking at harmful or hazardous levels (see Figure 13)

Gender-related Patterns

As in the UK, Jersey's rates of self-reported binge drinking, and rates of harmful and hazardous drinking were higher amongst males (see Figures 9 & 13). Males were also more likely to report exceeding the weekly recommended alcohol intake of 14 units, with 28% of men doing this on a regular basis compared to just 11% of women (see Figure 11). The majority (77%) of hospital admissions for alcohol-specific conditions are male (see Section 6.3)

Impact of the COVID-19 Pandemic

Pandemic-related interruptions to some of the data sources, along with changing factors like a drop in visitor numbers and the functioning of the night-time economy, mean that it is challenging to interpret all Jersey's alcohol trends with certainty over 2020 and 2021. However, the report includes some indicators which offer insights into possible impacts of the pandemic.

The proportion of adults who reported binge drinking monthly or more was 34% in 2021, similar to that over the previous 7 years (between 35% and 37% - see Figure 10). There was a slight uptick in those exceeding recommended weekly alcohol intake of 14 units to 24% in 2020 (see Figure 12), but in 2021 the proportion returned to 20%, similar to the pre-pandemic rate of 18-19%. Referrals to the drug and alcohol service for problems with alcohol were similar in 2020 to previous years, as were deaths linked to alcohol (see Figures 21 & 27). The proportion of crimes involving alcohol was also similar in 2020 to that in the previous four years (see Figure 33). The lack of significant changes in these alcohol indicators over 2020 and 2021 does not mean the pandemic has had no impact at all on alcohol trends in Jersey, and data for per capita consumption and hospitalisations over the period continues to be gathered and analysed.

Contents

1. Alcohol Consumption

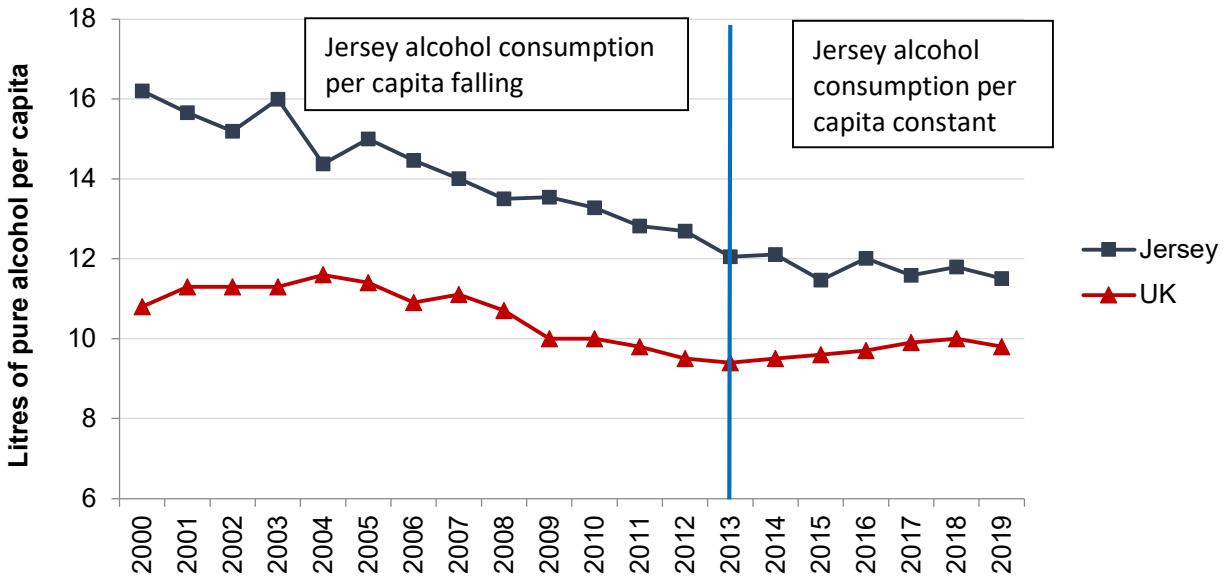
1.1 Per capita consumption over time

The total amount of pure alcohol sold in Jersey each year was used to calculate the volume of alcohol consumed per resident aged 15 years or older (accounting for tourists and seasonal workers) for comparison with the UK (Figure 1) and other OECD countries (Figure 2).

In 2019, Jersey's mean average per capita consumption was 11.5 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 2013 (Figure 1).

The current level of consumption equates to approximately 2.5 bottles of wine *or* 8 pints of strong beer *or* over half a bottle of spirits per week and is in excess of the NHS current recommended guidelines of 14 units per week[4] (approximately 1.6 bottles of wine or 5 pints of strong beer).

Figure 1: Litres of alcohol consumed per capita in Jersey and UK, 2000 – 2019[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)

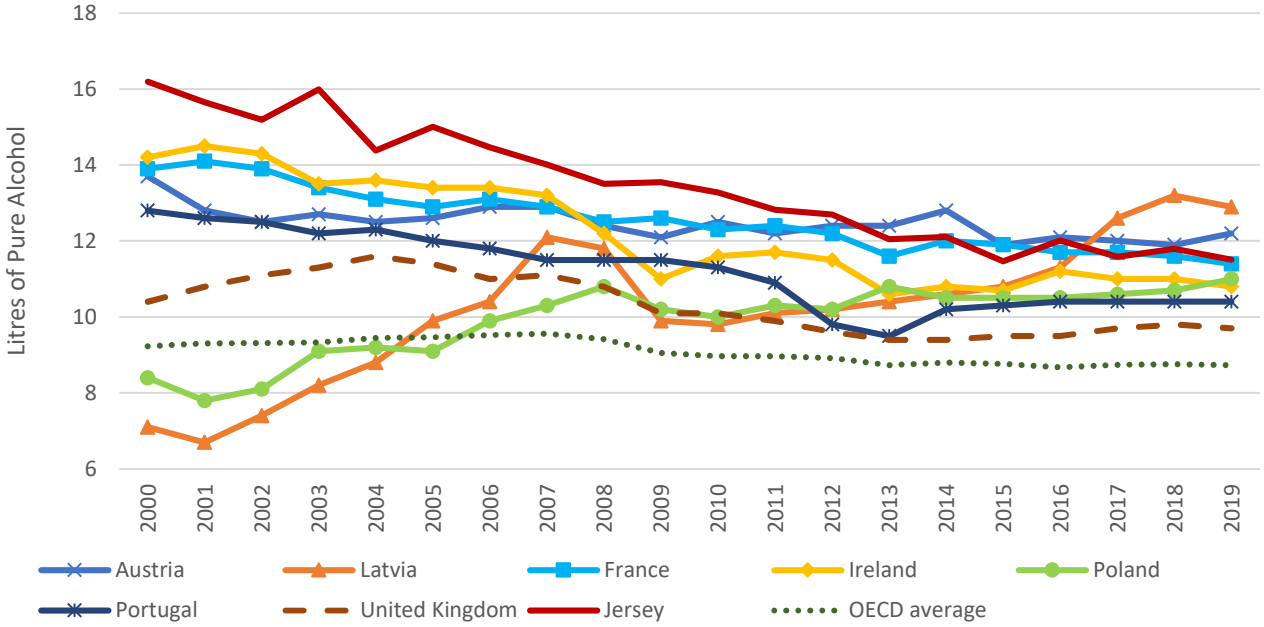
Measured through sales data, overall alcohol consumption averaged 8.7 litres per person across OECD countries in 2019, down from 9.1 litres in 2009 (Figure 2). Latvia reported the highest consumption in 2019 (12.9 litres), followed by Austria (12.2 litres); consumption in France was 11.4 litres, and in Poland was 11.0 litres.

While alcohol consumption in Jersey (11.5 litres) remained one of the highest of the OECD countries, it was now closer to the others (similar to France for example).

[4] www.nhs.uk/live-well/alcohol-support/the-risks-of-drinking-too-much/

[5] The denominator for Per capita alcohol consumption is calculated by combining the population estimate, number of seasonal workers numbers and the latest tourism statistics. The 2020 round of passenger exit fieldwork (data gathering) was postponed due to the pandemic, therefore, there were no official tourism figures published for 2020. Analysis of visitor numbers would have been challenging as the profile of passengers would have been very different to previous years. Public Health were therefore unable to produce an accurate denominator, and consequently the 2020 consumption figure is not included in this report.

Figure 2: Litres of alcohol consumed per capita in Jersey and selected OECD countries, 2000 – 2019

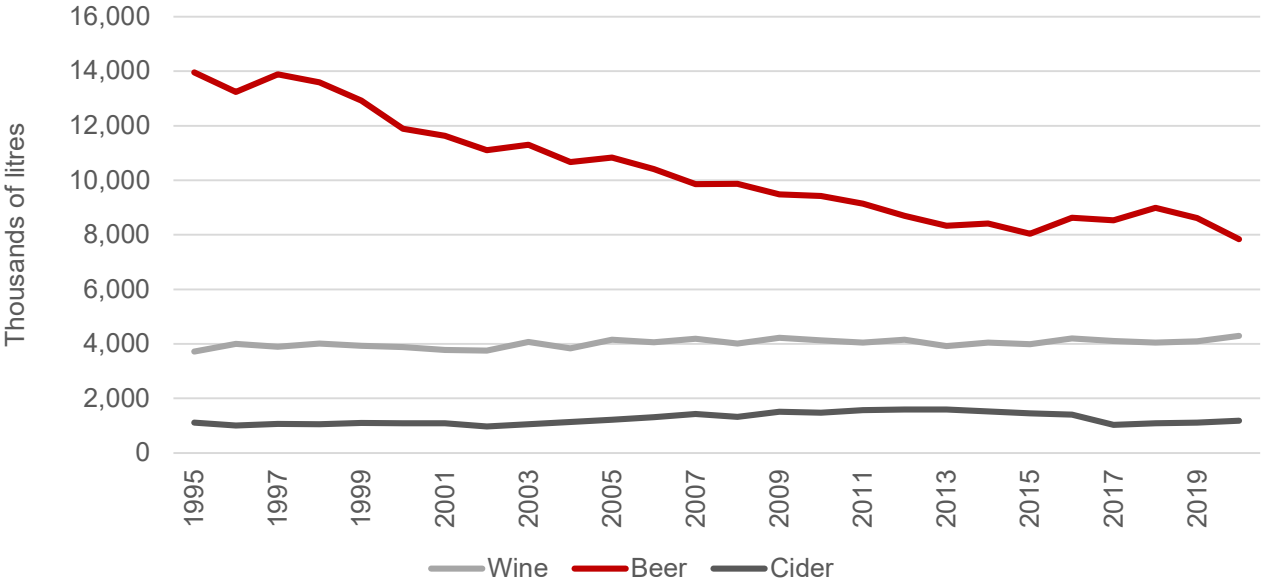


Source: Health risks - Alcohol consumption - OECD Data

1.2 Alcohol Impôts

Impôts[6] (excise duty) is applied to imported goods, including alcohol. Over the period 1995 to 2020 the quantities of beer imports decreased by 44%, whereas wine imports increased by 15%; Cider imports were essentially unchanged (7%).

Figure 3: Quantities of dutiable wine, beer and cider, thousands of litres

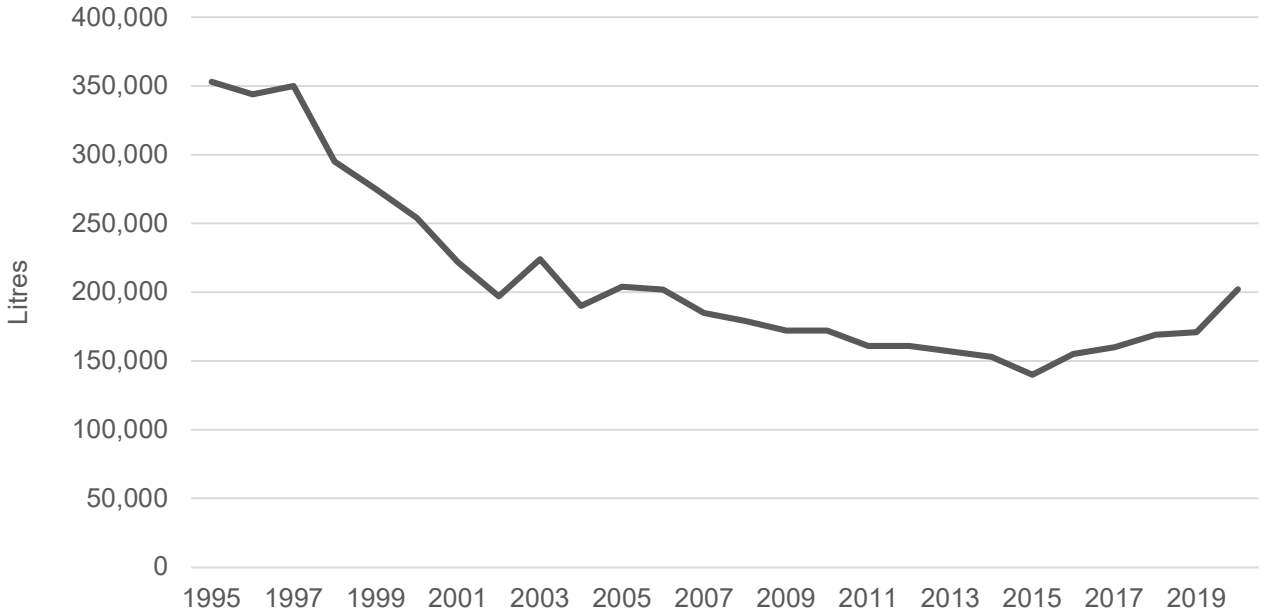


Source: Impôts and customs statistics (gov.je)

[6] Impots 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 1995 to 2020 the quantities of spirit imports decreased by 43%. There was a steady decline in imports to 2015, then a gradual climb to over 200,000 litres in 2020.

Figure 4: Quantities of dutiable sprits, thousands of litres



Source: Impôts and customs statistics (gov.je)

In 2020 the number of passengers arriving in Jersey[7] was 78% fewer than in 2019, with 900,000 fewer passengers arriving than the year before[8]. For information, the decrease in passenger volumes during 2020 was largely a result of the travel disruption caused by the COVID-19 pandemic.

There was a small decrease (3%) in the quantities of alcohol to which excise duty was applied between 2019 and 2020.

[7] Jersey Statistics | Visit Jersey Trade & Media

[8] Due to COVID-19, Jersey has not been able to conduct the ongoing Exit Survey to provide details of visitor numbers and expenditure from April 2020 to the end of 2021. In the absence of data on visitor numbers, Visit Jersey have continued to report on monthly passenger arrivals which include both residents and visitors. Over the whole of 2020, passenger arrivals at 249,750 were 78% lower than in 2019

2. Cost of alcohol over time

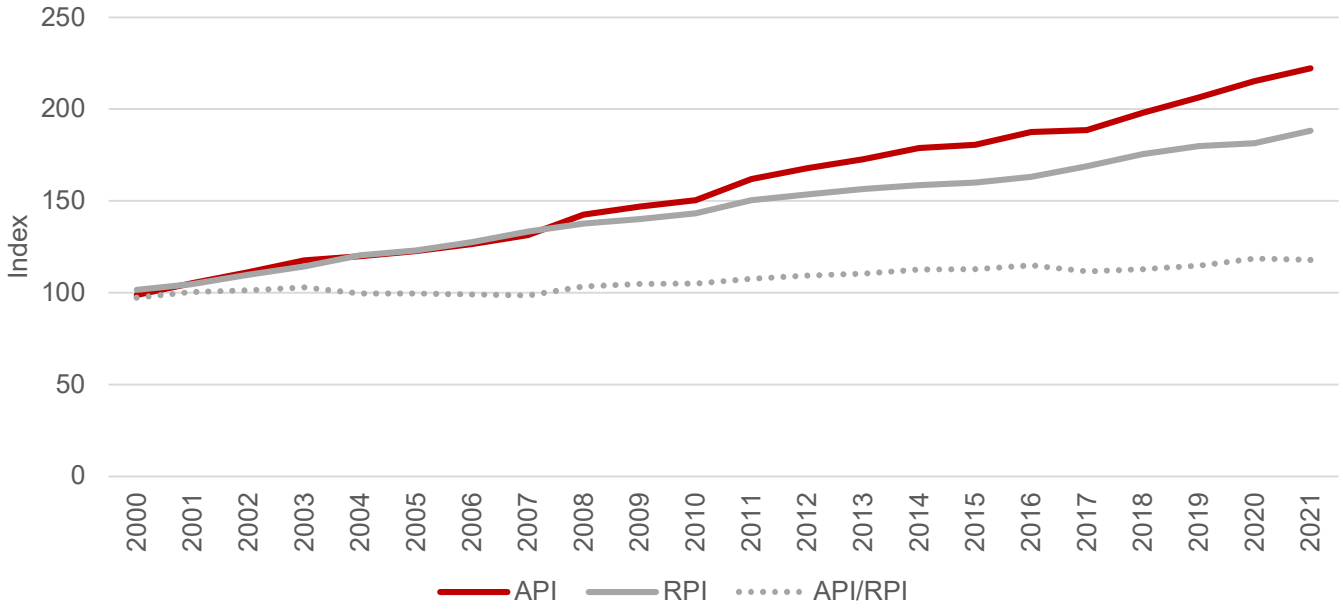
2.1 Relative price of alcohol over time

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 compares the API with the RPI starting at the base quarter (June 2000). From 2000 to 2007, the API followed the RPI closely. Between 2008 and 2021, the price of alcohol increased relative to the RPI. (See Table 1).

Figure 5: Alcohol Price Index (API) compared to all-items Retail Price Index (RPI), 2000 – 2021



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

Table 1: Alcohol Price Index (API) compared to all-items Retail Price Index (RPI), 2000-2007; 2008-2018 and 2019-2021

Period	API % increase	RPI % Increase	Difference in percentage points
Q2 2000 – Q4 2007	31.3	33.3	-2.0
Q1 2008 – Q4 2018	46.4	30.4	16.0
Q1 2019 – Q4 2021	8.0	6.2	1.8

2.2 Proportion of Alcohol Spend: licenced and off-licence premises

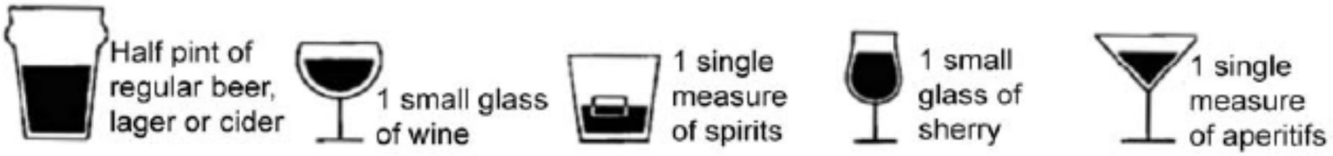
2019-2020 Living Costs and Household Income Survey (LCHIS)

The 2019-2020 round of the Living Costs and Household Income Survey (formerly the Household Spending and Income Survey) commenced in July 2019 and was due to run continuously over the subsequent twelve-month period. However, the developing Covid-19 situation led the Chief Statistician to decide to stop the fieldwork (data-gathering) in March 2020. The Chief Statistician aims to publish the analyses from the available 2019-2020 LCHIS dataset during 2022.

3. Characteristics of drinking habits (adults)

Data on self-reported drinking habits among adults is sourced from the 2021 Health Activity and Wellbeing Survey[10], run by the Public Health Directorate in conjunction with Jersey Sport. This survey covered adults aged 16 and over living in private households on the Island.

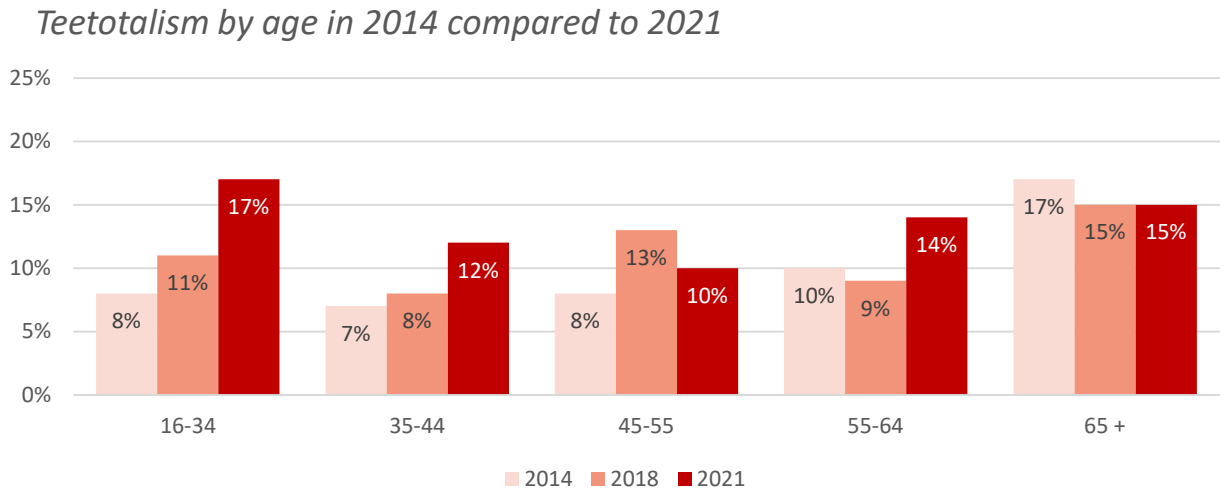
Figure 6: Alcohol Units, example quantities



3.1 Teetotalism

In 2021, one in seven (14%) of Jersey adults reported never drinking alcohol[11]. For comparison in 2017, one in five (20%) of people in Great Britain reported themselves to be teetotal[12]. The percentage of Jersey adults who reported never drinking alcohol has risen slightly overall since 2014 (from 10% to 14%). Rates of teetotalism amongst the young (16-34 year olds) have changed most dramatically, more than doubling between 2014 and 2021 from 8% to 17%.

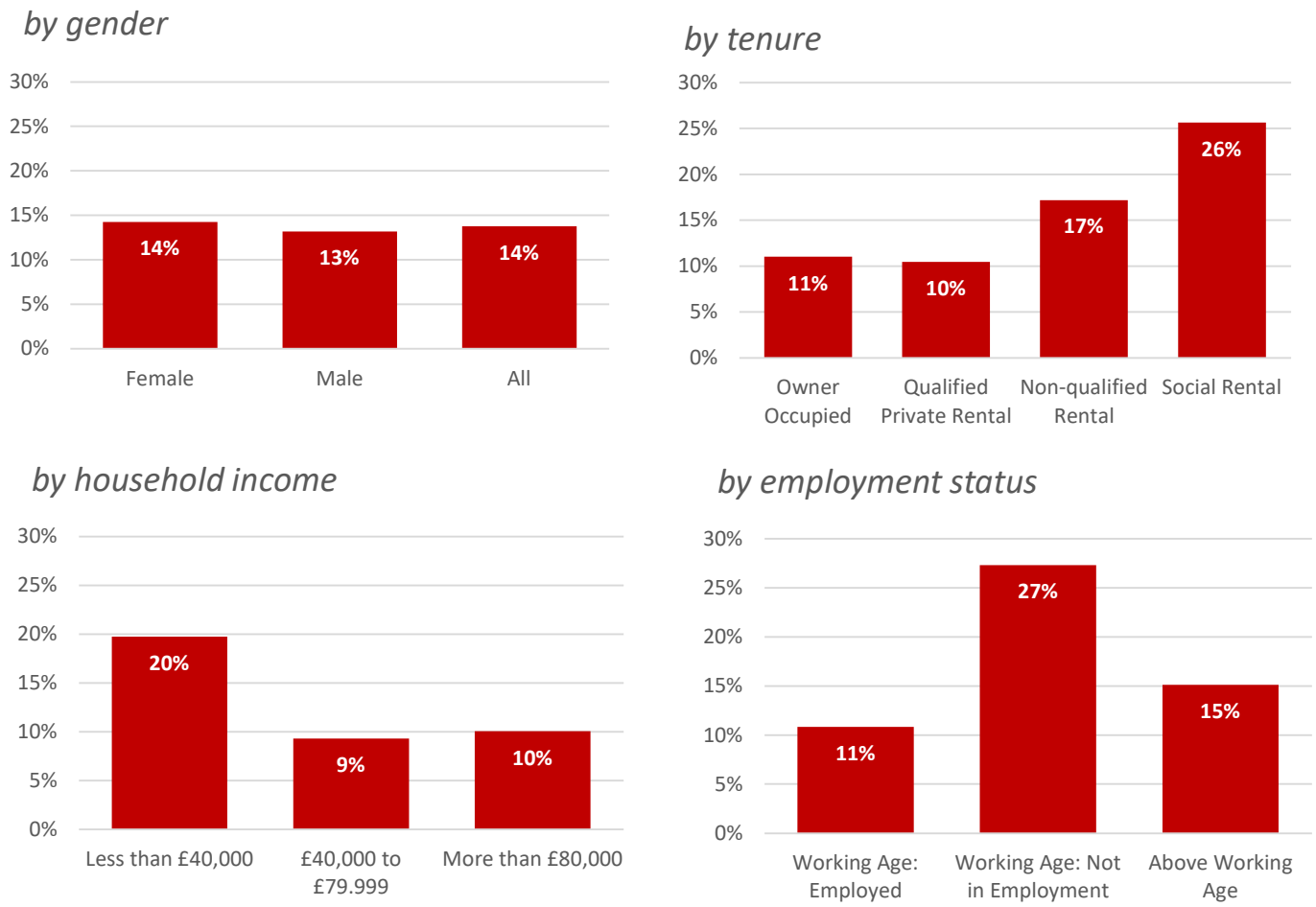
Figure 7: Percentage of adults that reported NEVER drinking alcohol by age, 2014, 2018 and 2021



Around one in six younger people (16-34 year olds) reported being teetotal, compared to just one in ten 45-55 year olds. More detailed breakdowns of adults who reported never drinking alcohol (by sex, household income, tenure and employment status) are shown in Figure 8. Those living in owner occupied or qualified private rental were least likely to report never drinking alcohol. Those with an annual household income of less than £40,000 were most likely to report never drinking alcohol, and those of working age who are not in employment (including homemakers, students and unemployed) were more likely to report never drinking than those who were employed or above working age.

[10] Results from the rest of the survey will be published later in 2022
[11] Public health Directorate and Jersey Sport, Health, Activity and Wellbeing Survey 2021
[12] ONS, Adult drinking habits in Great Britain: 2017

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

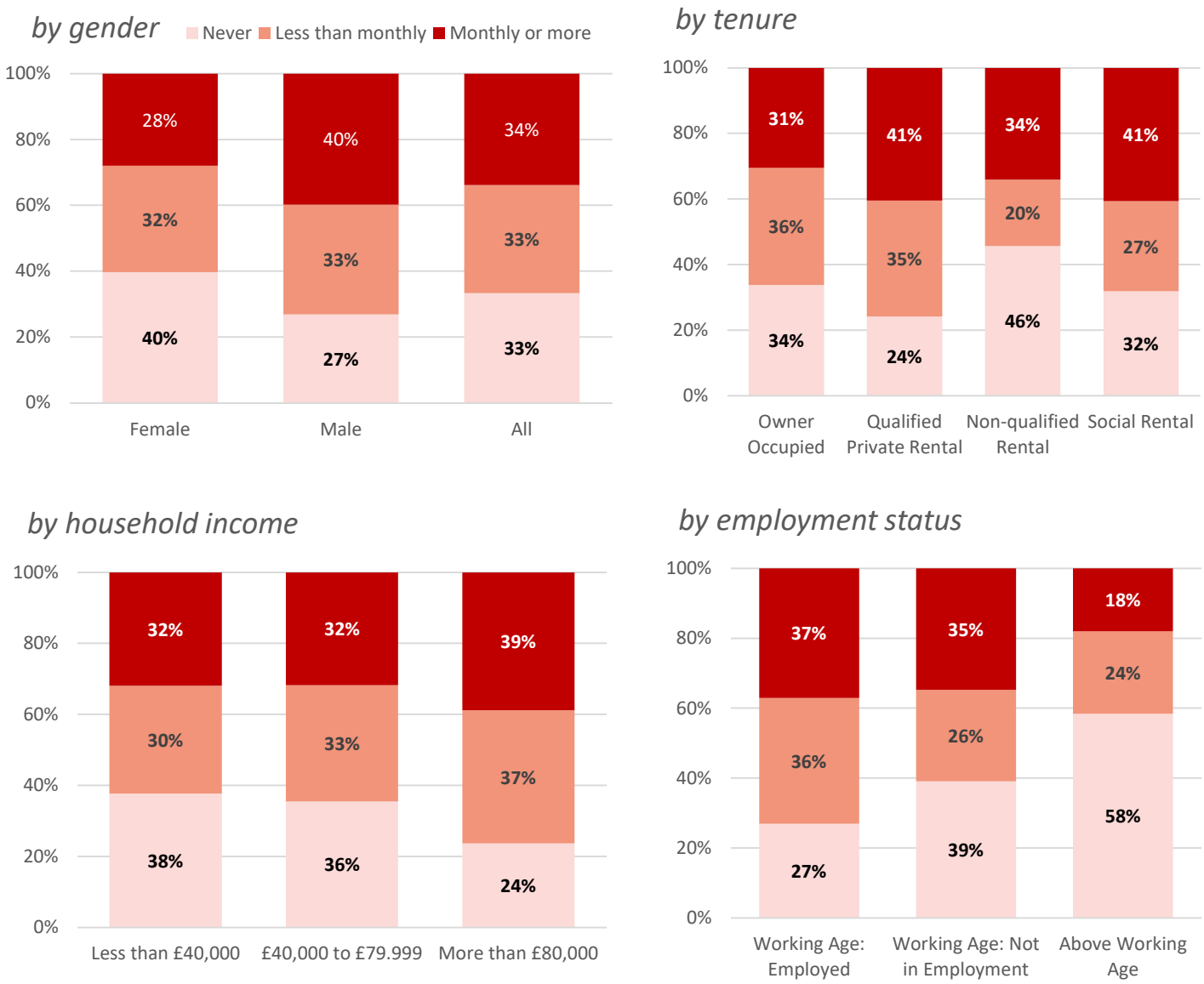


3.2 Binge Drinking

The definition of binge drinking is based on the UK Office for National Statistics (ONS) definition. Specifically, this concerns 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) and females who drink 6 units or more on one day (around three pints of normal strength beer or two large glasses of wine)[13].

The Heath, Activity and Wellbeing Survey (2021) asked how frequently a person drank more than 6 or 8 units of alcohol on a single occasion in the last year[14]. Figure 9 shows a breakdown of the 2021 results. Results showed that females, those on low incomes, and those above working age were *less likely* to report binge drinking. Males, those with higher household incomes (more than £80,000 per year) and employed people of working age were *more likely* to report binge drinking.

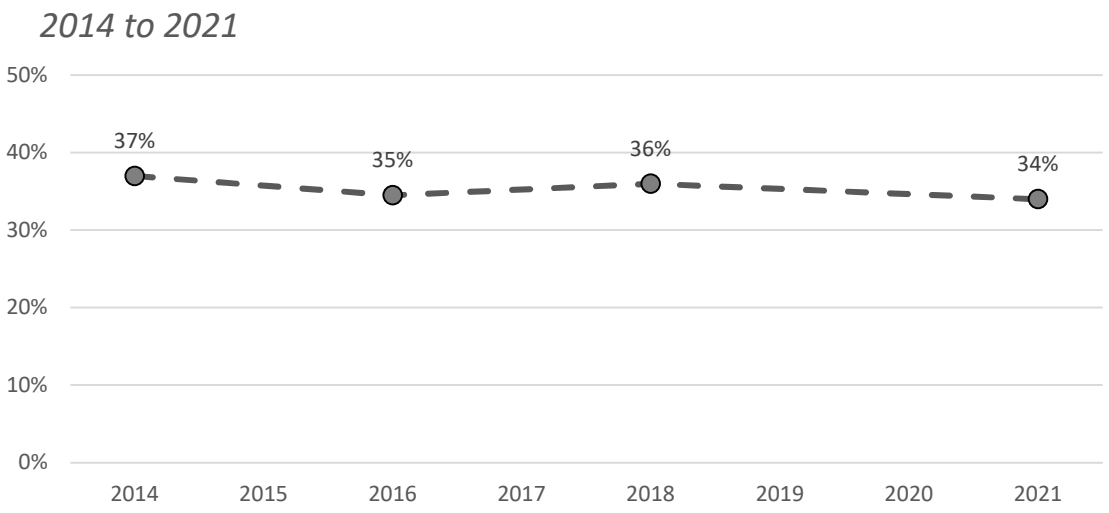
Figure 9: Percentage of adults that reported drinking more than 8 (men) or 6 (women) units of alcohol per day



[13] NHS guidelines now define binge drinking as consuming more than 6 units on one day for both males and females.
[14] 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.

Over the period 2014 to 2021, the proportion of adults that reported binge drinking at a frequency of monthly or more has stayed relatively constant (between 34% and 37%)

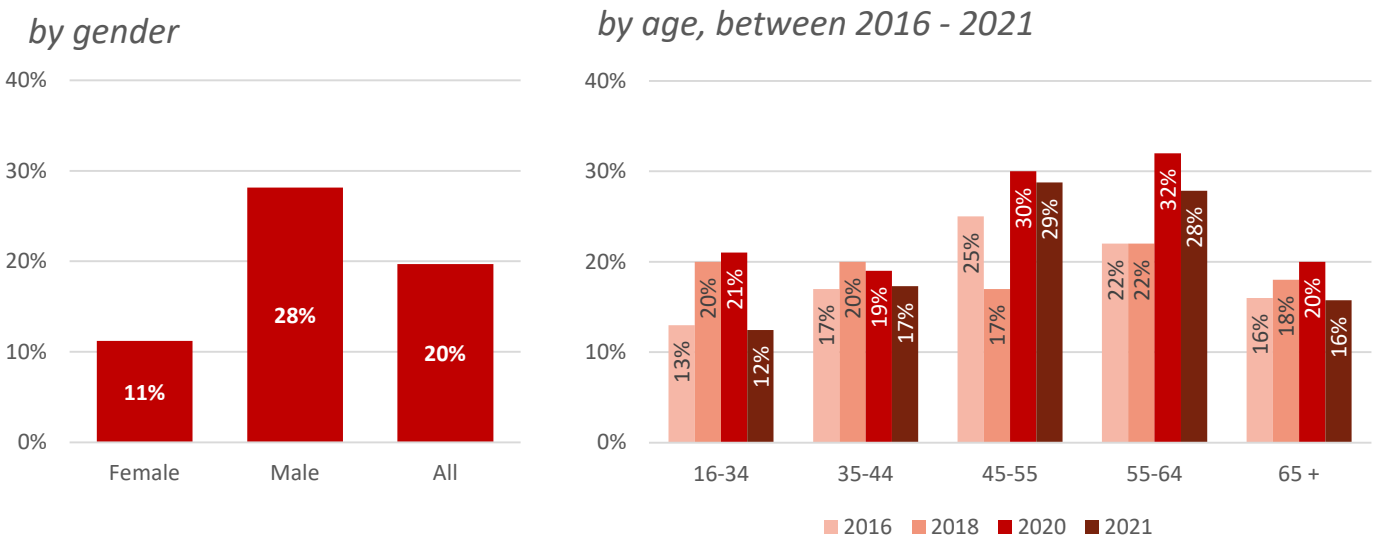
Figure 10: Percentage of adults that reported drinking more than 8 (men) or 6 (women) units of alcohol per day at a frequency of monthly or more, between 2014 and 2021



3.3 Recommended levels of weekly alcohol intake: 14 units

Current NHS guidelines[15] advise both men and women not to drink more than 14 units of alcohol a week on a regular basis. The 2021 Health Activity and Wellbeing Survey showed 1 in 5 (20%) Jersey adults drank in excess of 14 units on a typical week. Over a quarter (28%) of males drank more than the recommended weekly limit of 14 standard alcoholic drinks, compared to 11% of females. For comparison, NHS England data shows that in England, 25% of males and 11% of females drank more than 14 units of alcohol per week[16]. There were no significant trends when grouped by household income, tenure or employment status. The percentage of adults reporting exceeding the recommended weekly intake was highest amongst 45 to 64 year olds, and has been higher in these groups in 2020/21 than in 2016 and 2018 (Figure 11).

Figure 11: Percentages of adults drinking more than 14 units of alcohol per week

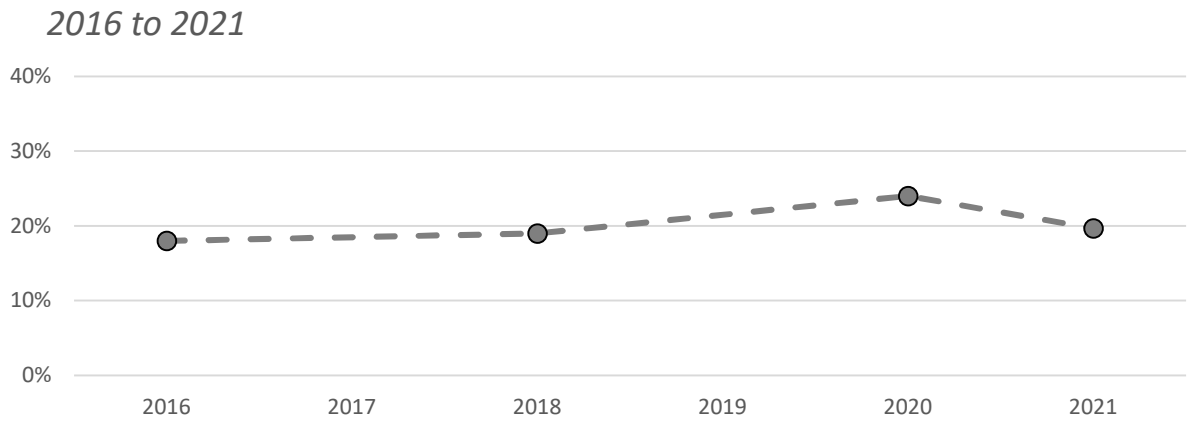


[15] www.nhs.uk/live-well/alcohol-support/

[16] Health Survey for England 2018 [NS] - NHS Digital

The percentage of adults reporting drinking more than 14 units of alcohol a week on a regular basis rose slightly overall in 2020[17], but in 2021 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 in 2016, 2018, 2020 and 2021



The 2020 Jersey Opinions and Lifestyle Survey[17] also asked respondents "Since the coronavirus (COVID-19) outbreak, are you drinking alcohol more or less often than before?"; 17% of respondents reported drinking less often, 54% reported no difference, whilst 29% reported more often, indicating that the COVID-19 pandemic may have triggered an increase in alcohol consumption for some people.

3.4 Hazardous and harmful drinking

The Health and Wellbeing Survey 2021 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.

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

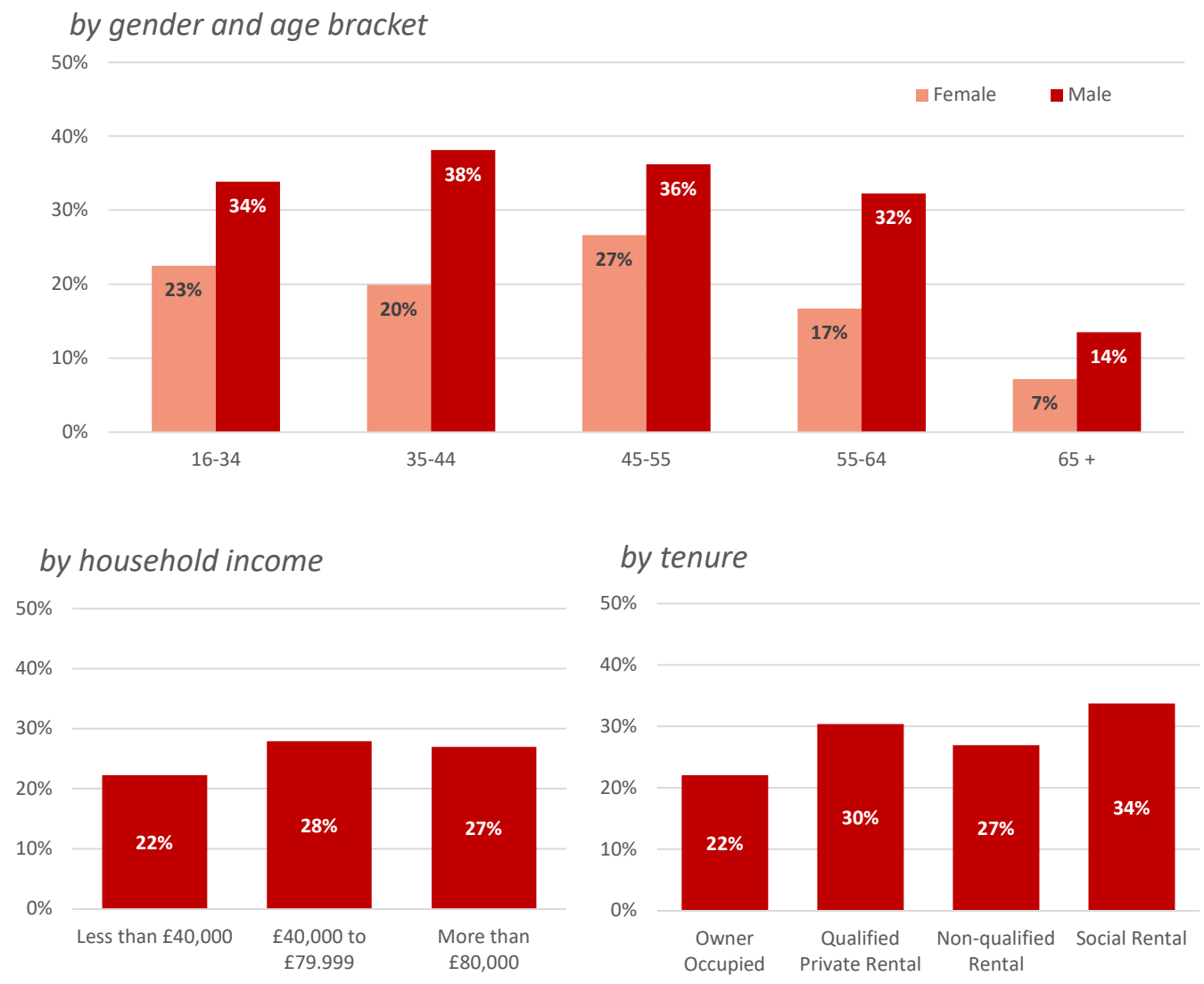
Scoring: a total of 3 or more indicates hazardous or harmful drinking
Source: Public Health England

[17] *Statistics Jersey, Jersey Opinions and Lifestyle Survey 2020*

A quarter (25%) of respondents to the 2021 Health Activity and Wellbeing survey had a FAST score which indicated drinking at a level hazardous or harmful to their health. The rate of hazardous or harmful drinking was higher in men (one in three) than in women (one in five) (Figure 13). Levels of hazardous and harmful drinking were higher in those aged under 65. Almost two in every five men in the 35-44 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 qualified rental or social rental accommodation.

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.

Figure 13: Percentage of adults with a FAST score indicating drinking at harmful or hazardous levels



The percentage of Jersey residents with FAST scores indicating harmful or hazardous levels has remained fairly constant over the period 2010-2021, between 21% and 26%.

4. Drinking During Pregnancy

The hospital maternity department collects details of the alcohol consumption by expectant mothers as part of pre-natal checks[18].

In 2019 and 2020:

- 62% 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

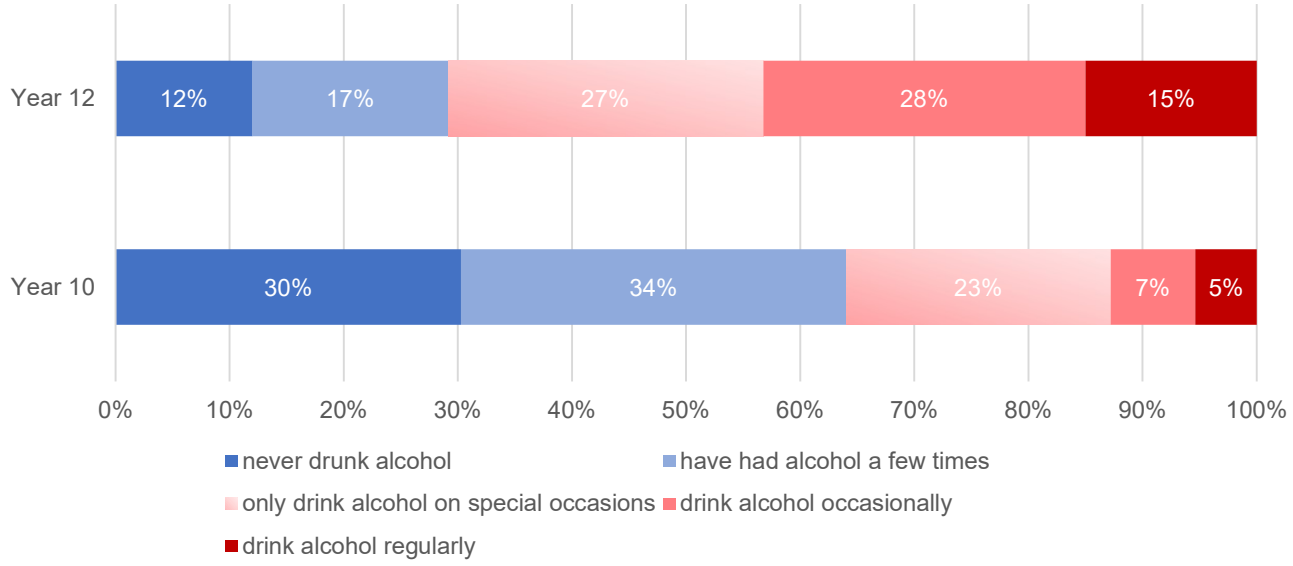
It is difficult to assess people's alcohol consumption, as it relies on people being truthful and accurate about how much they drink. This may be even more difficult in pregnant women, as they may feel guilt or stigma associated with drinking alcohol in pregnancy, making them less likely to report it.

5. Characteristics of drinking habits (children and young people)

5.1 Overall drinking habits

In the 2019 Jersey Children and Young People Survey (JCYPS)[19], children were asked to select the statement that best described their drinking habits. The results (Figure 14) indicated a higher percentage of the older age groups using alcohol; over 30% of 14–15-year-olds had never drunk alcohol, but this dropped to 12% of 16–17-year-olds. Conversely, the proportion of children drinking alcohol regularly increases sharply with age from 5% of 14–15-year-olds, to 15% of 16–17-year-olds. Statistics Jersey are due to publish the results of the Jersey Children and Young People Survey in March 2021, which will include questions on drinking alcohol.

Figure 14: Young people's drinking habits



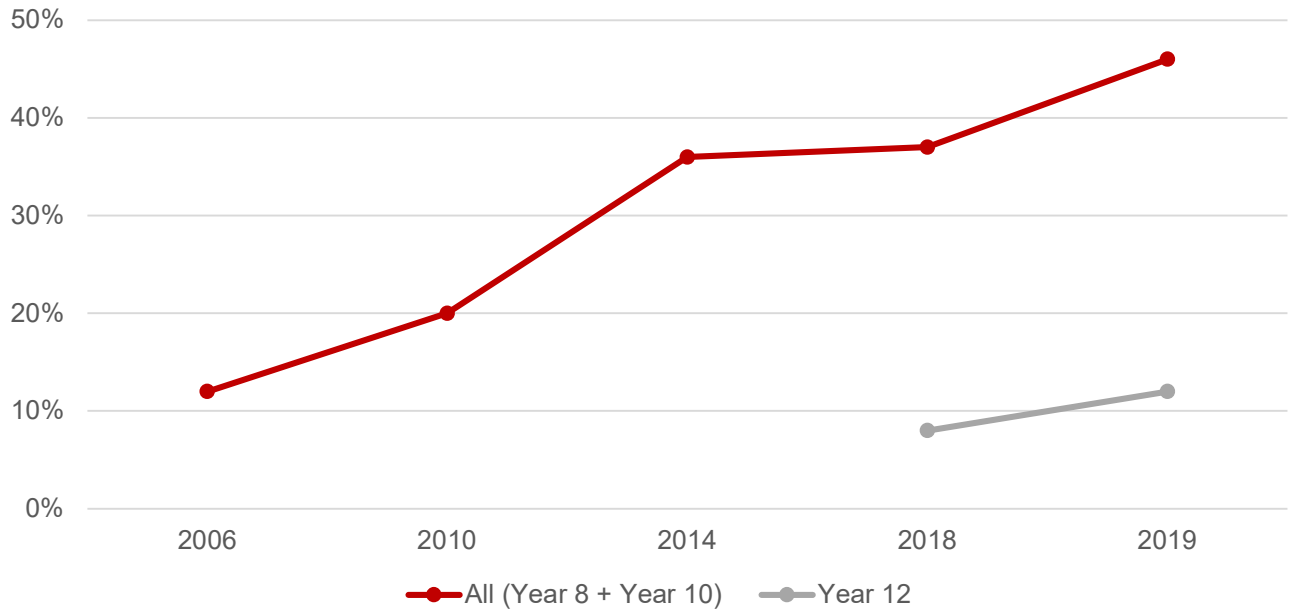
Source: R Jersey Children and Young People's Survey 20200811 SJ.pdf (gov.je)

[18] 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

[19] Formerly called the Health-Related Behaviour Questionnaire, this is a 4-yearly survey of all schoolchildren in Jersey in school years 6, 8 and 10. For the first time in 2018, Year 12 children were also included in the survey which was re-named the Jersey School Survey.

The percentage of young people in Years 8 and 10 who report having never drunk alcohol has increased over the period 2006 to 2020 (Figure 15). Individually, both Year 8 and Year 10 followed a similar pattern of increase.

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

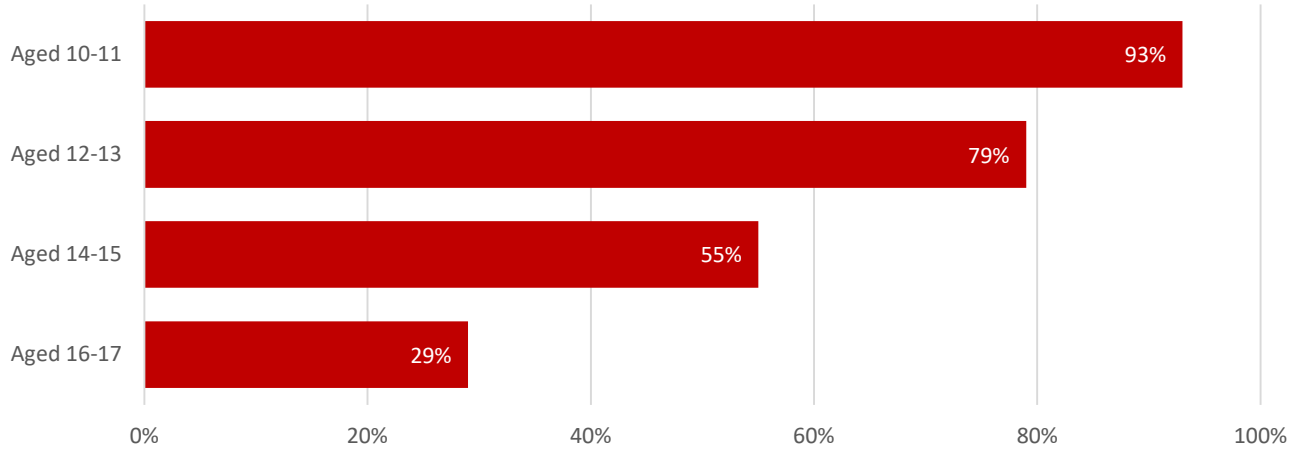


Source: R Jersey Children and Young People's Survey 20200811 SJ.pdf (gov.je)

5.2 Drunken-ness

By Year 12 (age 16-17), around seven in ten (71%) of children reported having been 'really drunk', on at least one occasion, whilst less than one in two (45%) of Year 10 (age 14-15), although 'really drunk' is clearly a subjective measure (see Figure 16).

Figure 16: Percentage of children that report NEVER having been 'really drunk'

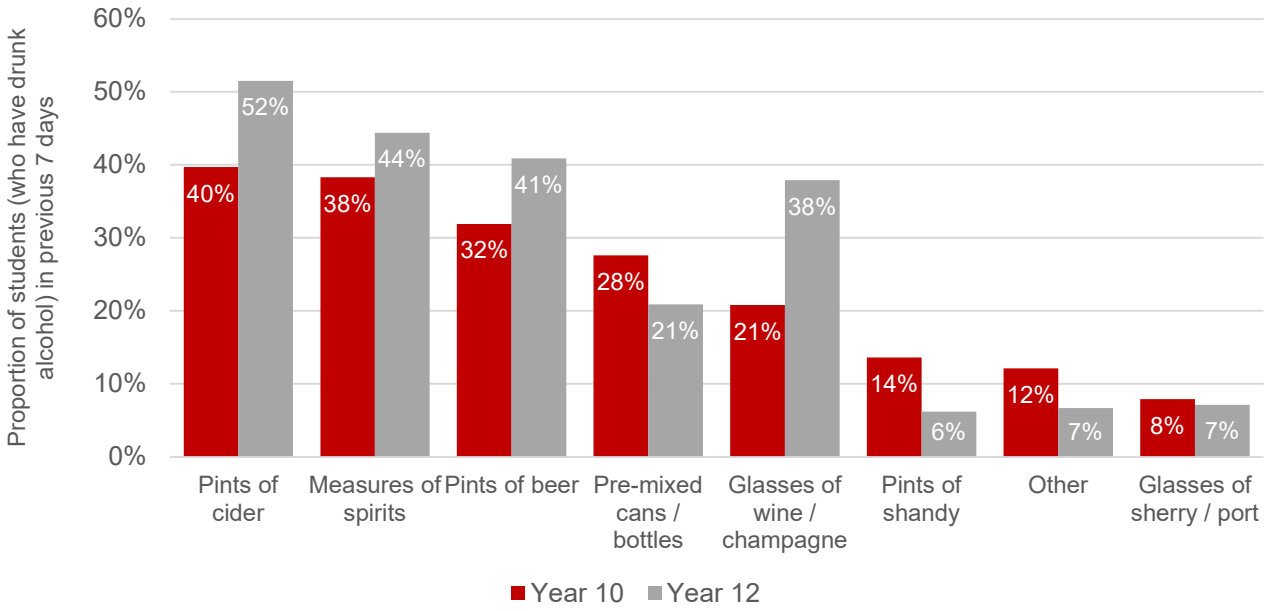


Source: R Jersey Children and Young People's Survey 20200811 SJ.pdf (gov.je)

5.3 Types of alcohol consumed

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 cider than any other drink type. The consumption of wine, cider and beer saw the greatest increase in consumption between Year 10 (aged 14-15) to Year 12 (age 16-17) compared to the consumption of spirits and pre-mixed drinks, which only increased marginally (see Figure 17).

Figure 17: Proportion of students in Year 10 and 12 (who have drunk alcohol) in previous 7 days



Source: R Jersey Children and Young People's Survey 20200811 SJ.pdf (gov.je)

6. Health implications of alcohol

6.1 Ability to function

The Health, Activity and Wellbeing Survey 2021 asked three questions to identify the effect of alcohol on some aspects of a person's ability to function. The three questions were:

- How often in the last year have you failed to do what was normally expected of you because of your drinking? (Figure 18)
- Has a relative, friend, doctor or other health-worker been concerned about your drinking or suggested that you cut down? (Figure 19)
- How often in the last year have you been unable to remember what happened the night before because you had been drinking? (Figure 20)

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 (Figure 18), and 4% report being unable to remember what happened the night before monthly or more (Figure 20). One in 20 people (5%) report a relative, friend, doctor or other health worker being concerned about their drinking during the last year (figure 19).

Figure 18: How often in the last year have you failed to do what was expected of you because of your drinking?

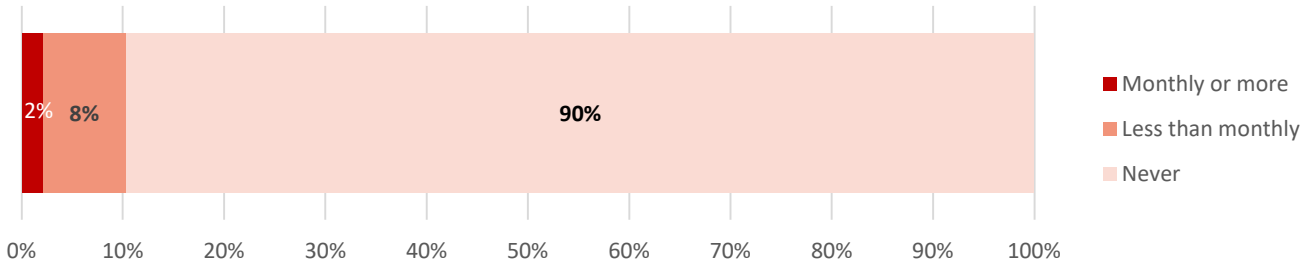


Figure 19: Has a relative, friend, doctor or other health-worker been concerned about your drinking?

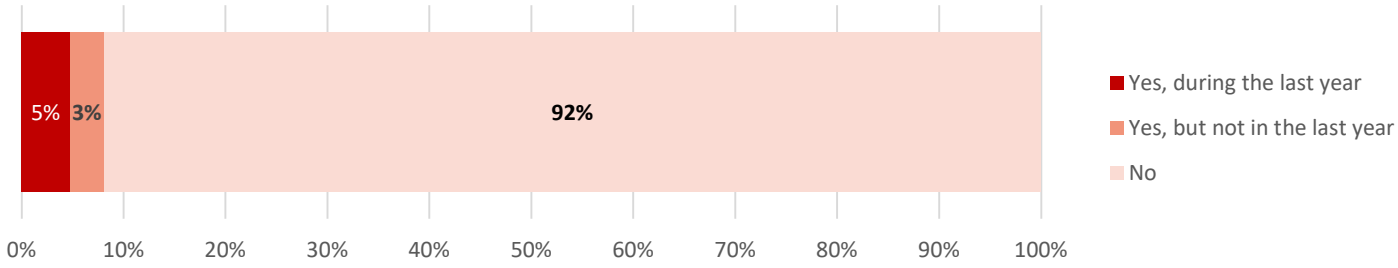
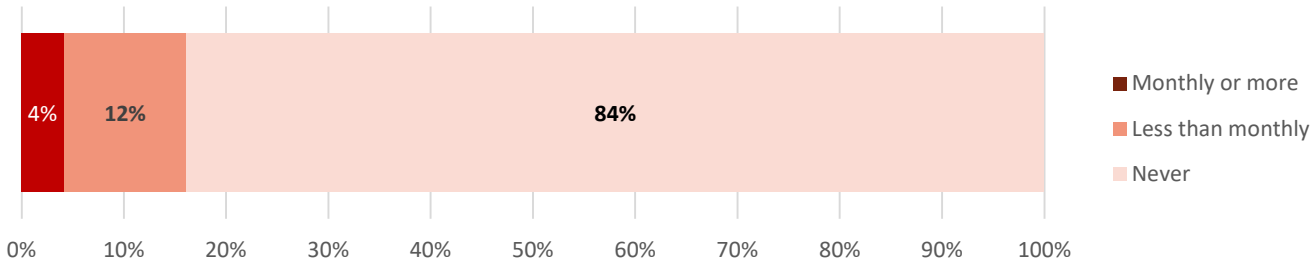


Figure 20: How often in the last year have you been unable to remember what happened the night before?



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%.

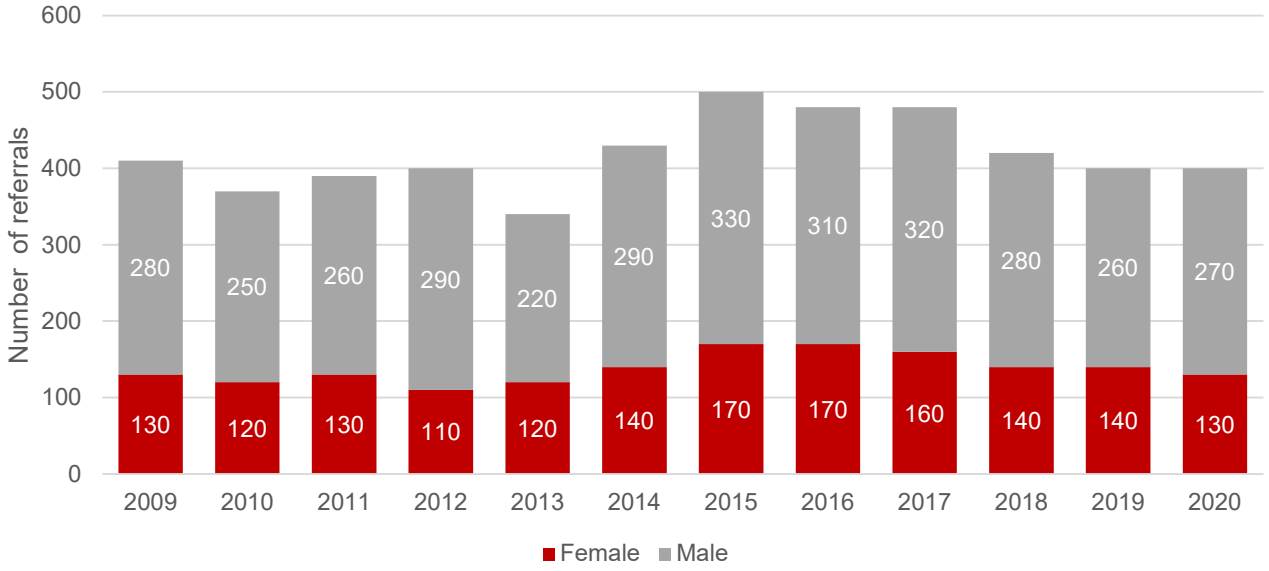
Table 3. Percentage of respondents to the 2021 Health Activity and Wellbeing Survey who indicated impacts on ability to function

Percentage of respondents who indicated the following impacts of drinking on ability to function:	Age Bracket				
	16-34	35-44	44-54	55-64	Over 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%

6.2 Alcohol misuse

In 2020, over 500 people were referred to the Jersey Drug and Alcohol Service, of which 400 people (78%) were referred for problems related to alcohol (either as a primary or secondary substance). Figure 21 shows the count of referrals to the Jersey Drug and Alcohol Service for problems with alcohol over the period 2009-2020.

Figure 21: Referrals to the Drug and Alcohol Service for problems with Alcohol, 2009-2020



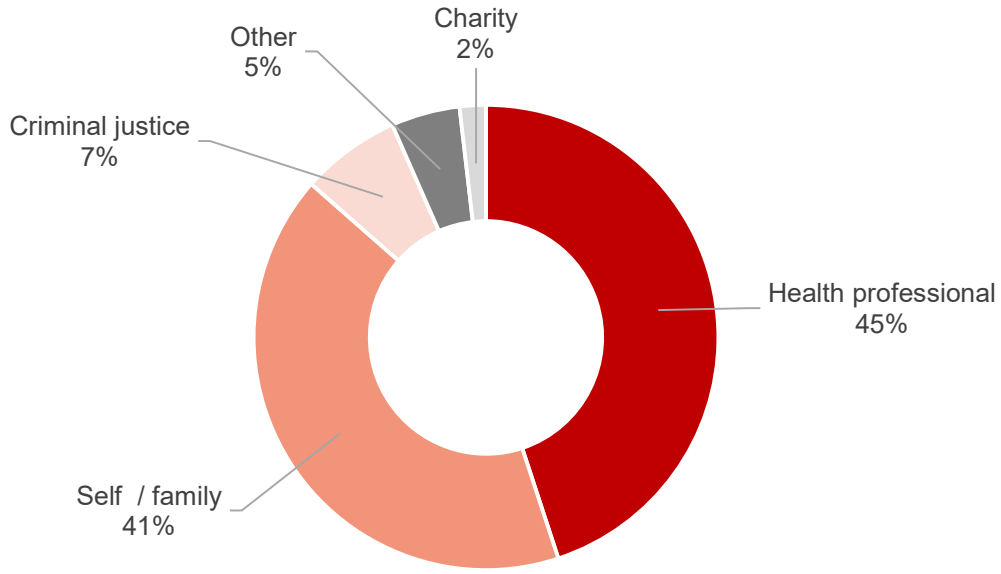
Source: Government of Jersey Alcohol Team

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
- 90% had problems *only* with alcohol, 10% had problems with a combination of alcohol and other substances

Figure 22 shows that the majority of alcohol linked referrals to the Jersey Drug and Alcohol Service come either from health professionals (including GPs, mental health professionals, alcohol liaison nurses and routes via the hospital) or from the person themselves or members of their family.

Figure 22: Origin of referrals to Drug and Alcohol Service



Source: Government of Jersey Alcohol Team

6.3 Hospitalisation

This section reports information on hospital admissions due to alcohol consumption. Note that the measure is number of admissions, not number of persons admitted. If individuals have multiple admissions, these each count separately in the figures.

Public Health England produce three different measures of hospital admissions due to alcohol consumption: alcohol-specific admissions; alcohol-related admissions (narrow); and alcohol-related admissions (broad). Each measure differs in terms of how directly alcohol consumption is responsible for the admission (for further details, see Annex 1). In this report, only alcohol-specific admissions are presented.

Alcoholic-specific admissions

In 2020, there were 777 hospital admissions specifically related to alcohol consumption, an age-standardised rate of 733 episodes per 100,000 population. Around three quarters of the admissions (77%) were males.

Over the period 2012 to 2020, the age-standardised admission rate for males has reduced from 1,420 to 1,130 admissions per 100,000 population. Female rates have remained relatively more constant from 2012-2019.

Figure 23: Alcohol-specific hospital admissions (age-standardised rates), 2012-2019

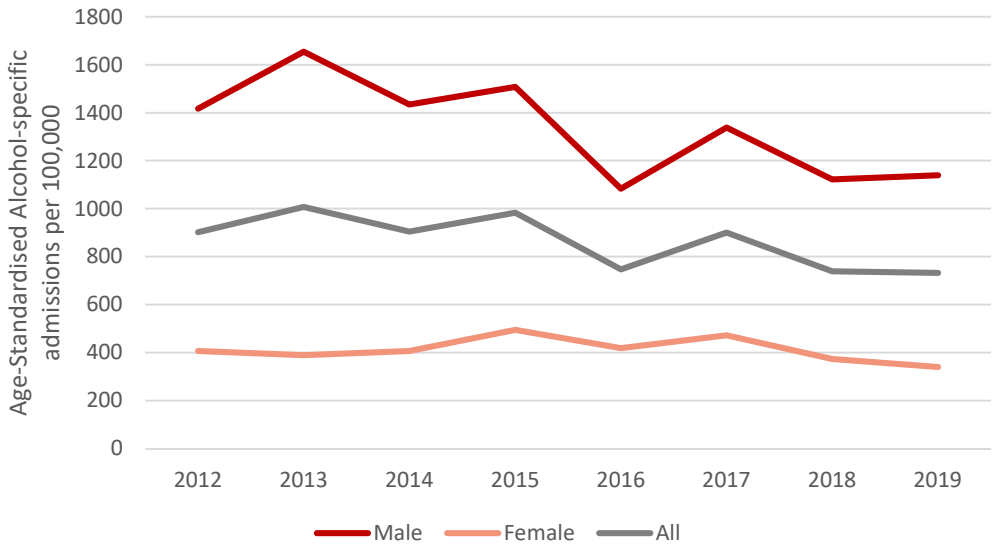
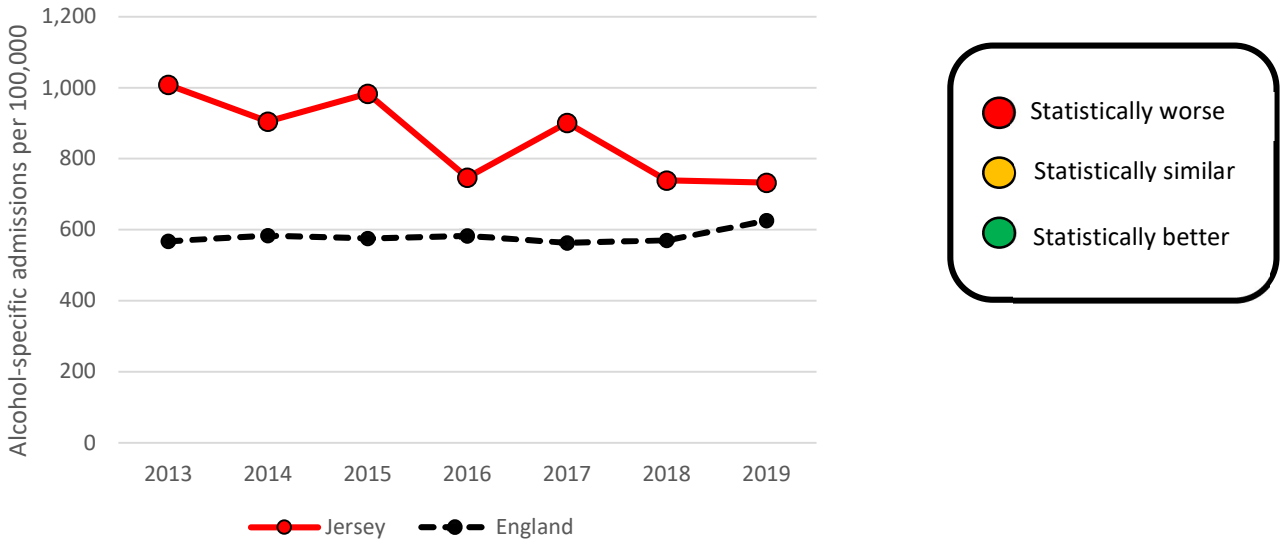


Figure 24 shows that alcohol-specific hospital admission rates in Jersey were significantly higher than those in England every year between 2013 and 2019. This difference has declined over the last 7 years from 78% higher in 2013 to 9% in 2019. The decrease in alcohol-specific hospital admissions is mainly due to the rate decreasing amongst males (see Figure 25). In 2019, Jersey's age-standardised rate of 733 episodes per 100,000 population was higher than that of England in the 2019 period[20], at 626 admissions per 100,000 population.

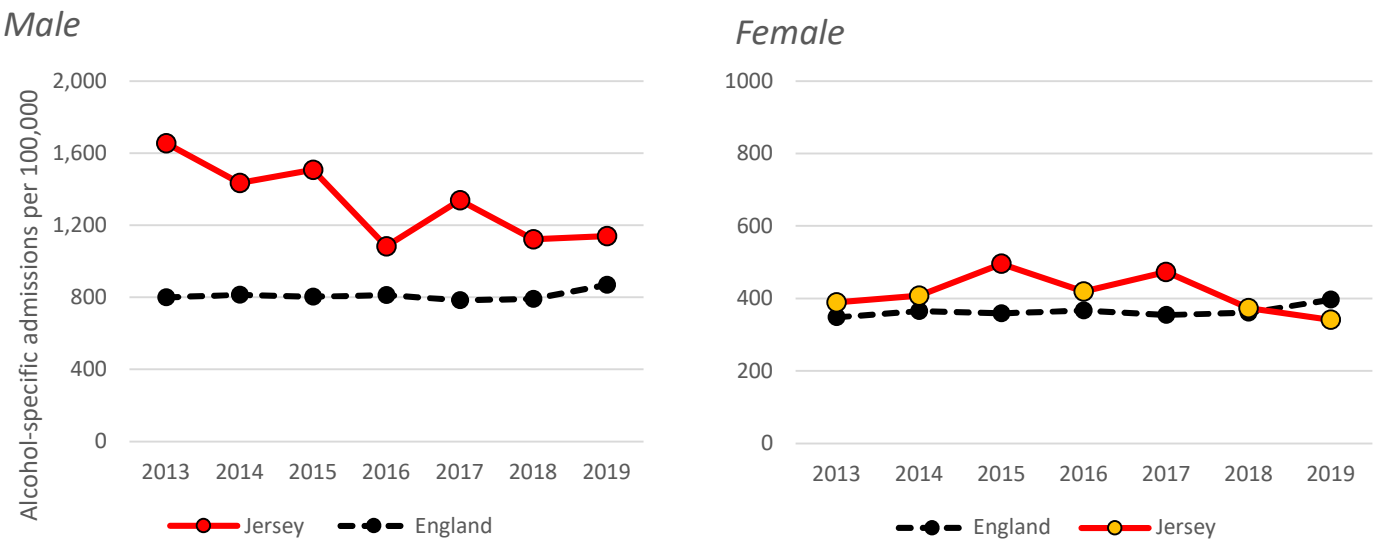
Figure 24: Alcohol-specific hospital admissions (population age standardised), Jersey and England[21]



[20] Financial year 2019/2020: PHE publish their information by financial year April to April

[21] Fingertips.phe.uk/profile/local-alcohol-profiles Indicator ID 92906

Figure 25: Alcohol-specific hospital admissions (population age standardised), Jersey and England[22], males and females



6.4 Under 18 hospital admissions due to alcohol consumption

Over the three-year period 2017-2019, there were 50 admissions to hospital of under 18-year-olds with a primary or secondary diagnosis for an alcohol-specific condition.

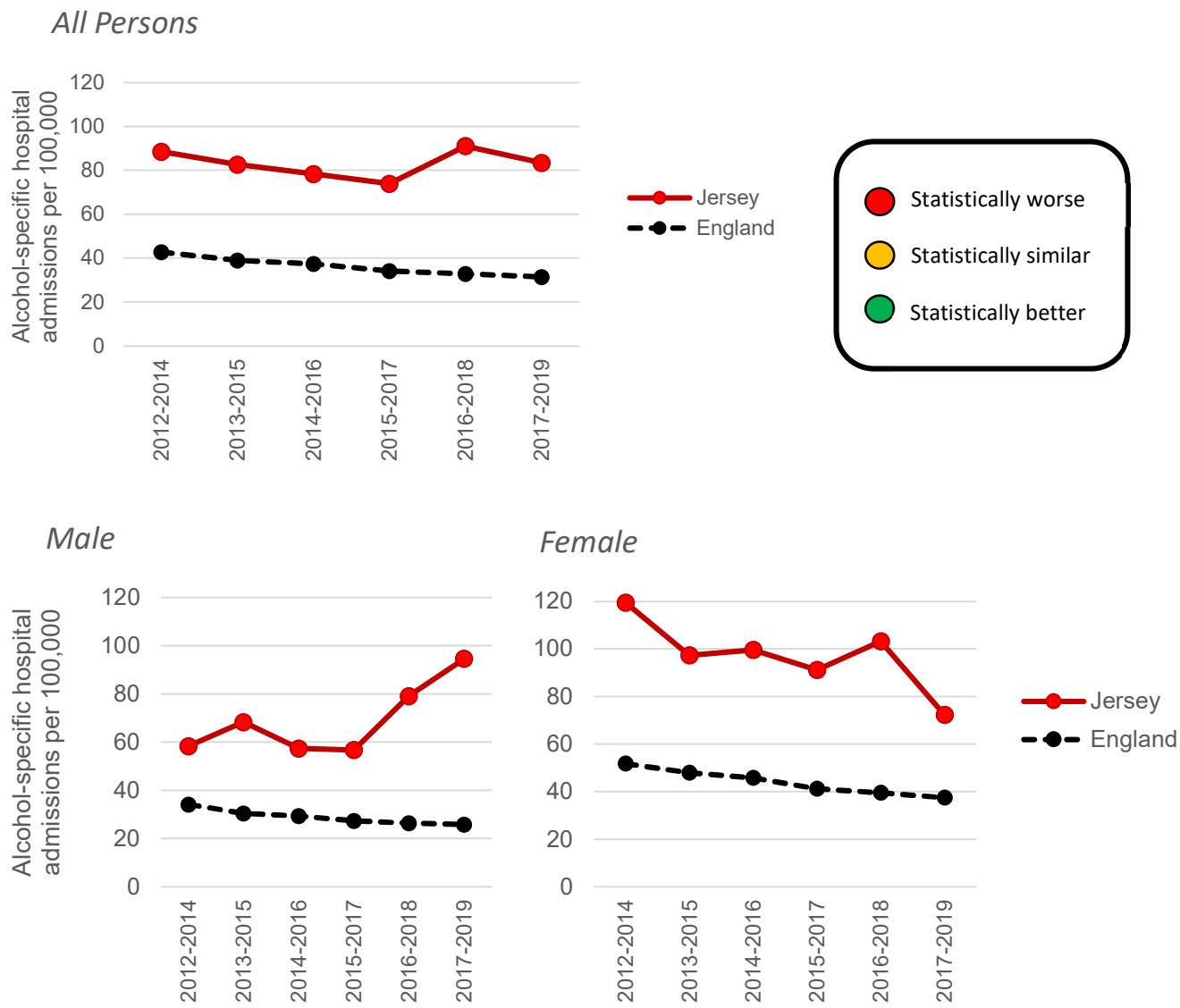
On average, the number of male admissions was greater than the number of female admissions. Over the period 2017-2019, females averaged 7 admissions per year at a crude rate of 72.3 admissions per 100,000 females aged under 18, while males averaged 10 admissions per year at a crude rate of 94.6 admissions per 100,000 males aged under 18.

Over the period 2017-2019[23], crude rates for alcohol-specific hospital admissions of under 18s in England were significantly lower than Jersey (males: 25.9 admissions per 100,000 aged under 18; and females: 37.5 admissions per 100,000 aged under 18).

[22] Fingertips.phe.uk/profile/local-alcohol-profiles Indicator ID 92906

[23] Jersey data is for calendar years whereas English data is measured over financial years (measured April to April)

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



Source: Jersey Health Informatics team and Public Health England[24]

[24] Public health profiles - OHID (phe.org.uk)

7. Deaths linked to alcohol

Deaths may be caused by conditions which are wholly or partially attributable to alcohol consumption. There are two methods of measuring death related to alcohol consumption.

Alcohol-specific deaths: these are deaths that are medically known to be exclusively caused by alcohol consumption (that is wholly attributable causes). In October 2017, the UK Office of National Statistics (ONS) and Public Health England (PHE) harmonised their definitions of alcohol-specific deaths. What the ONS previously called 'alcohol-related deaths' have been renamed 'alcohol-specific deaths'. The list of ICD-10 codes constituting the alcohol-specific deaths, and how these differ from the previous 'alcohol-related deaths' can be found in Annex 1.

Alcohol-related deaths: a Public Health England measure, 'alcohol-related deaths' were previously referred to as alcohol attributable deaths; these include all alcohol-specific deaths, plus deaths where alcohol is causally implicated in some but not all cases. PHE calculate alcohol-related deaths by applying an alcohol attributable fraction (AAF) to each cause of death. The AAF ranges from 0 to 1.0 and it describes the proportion of people dying from a particular condition where alcohol consumption is a cause. For example, a condition with an AAF of 1.0 indicates that all cases related to this condition are caused by alcohol (wholly attributable). A condition with an AAF of 0.2 indicates that 20% of cases related to this condition are caused by alcohol consumption (Please refer to the Notes section below).

Deaths due to chronic liver disease: Public health England also measure mortality from chronic liver disease[25] as it is one of the principal causes of death in England, 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.

[25] Fingertips.phe.uk/profile/local-alcohol-profiles indicator 3.01

7.1 Alcohol-specific deaths

Due to relatively small numbers, alcohol-specific deaths are measured over a three-year period. Figures 27 and 28 show the age-standardised rate of deaths for Jersey and England.

- over the period 2018- 2020, there were 35 deaths (13.0 per 100,000 people) from alcohol-specific causes registered in Jersey, similar when compared to the period between 2015-2017
- all of these alcohol-specific deaths were of people aged under 75 years and resulted in almost 500 years of lost life (YOLL[26])
- the rate of alcohol-specific deaths for males in 2018-2020 was around triple the rate for females (19.3 and 6.8 deaths per 100,000 people respectively)

Figure 27: Alcohol-specific deaths: rates all people

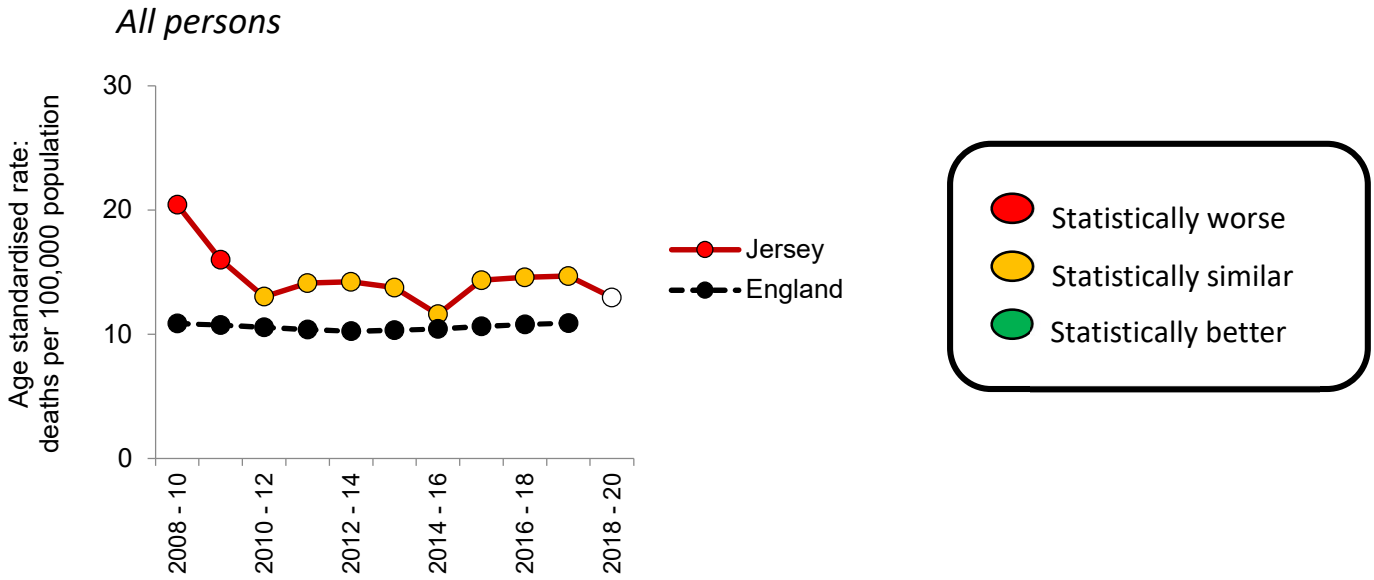
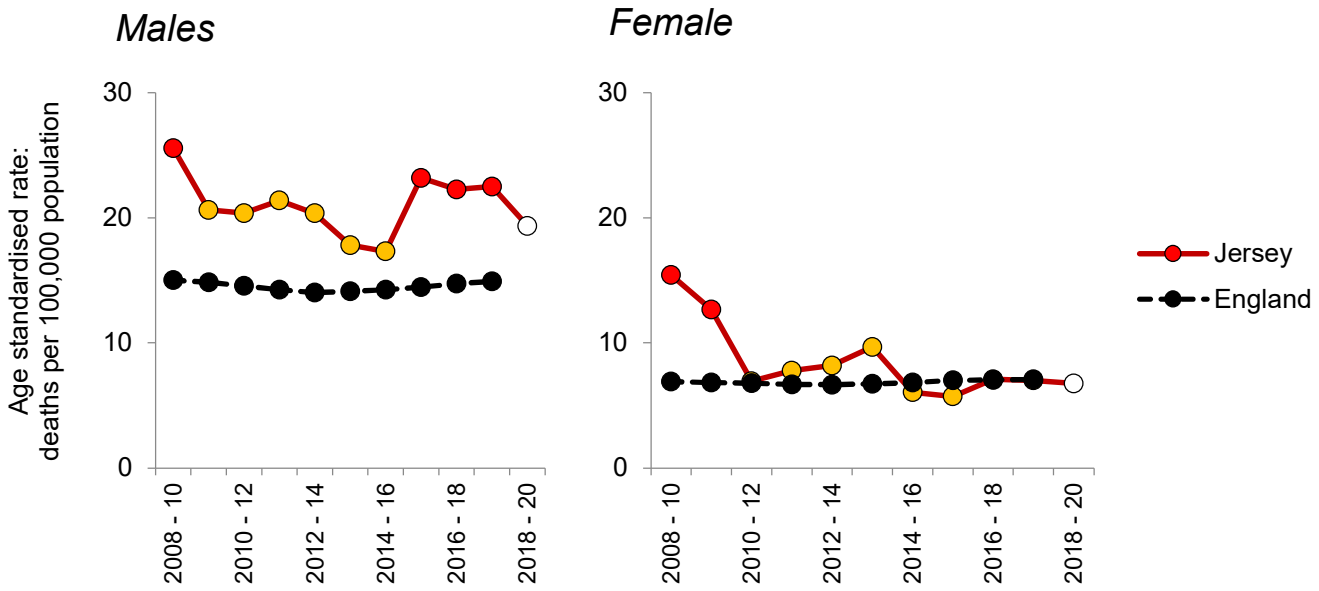


Figure 28: Alcohol-specific deaths: rates of males and females



Source: Public Health intelligence Jersey and Public Health England[27]

[26] A definition of years of life lost can be found in the background notes

[27] Public health profiles - OHID (phe.org.uk)

7.2 Alcohol-related deaths

In 2020, more than 40 people died[28] from alcohol-related causes, an age-standardised rate of 34.5 per 100,000 population. This rate was statistically similar to the English rate of 37.8 per 100,000. Around two-thirds of the alcohol-related deaths were males.

Figure 29: Alcohol-related deaths: rates of all people

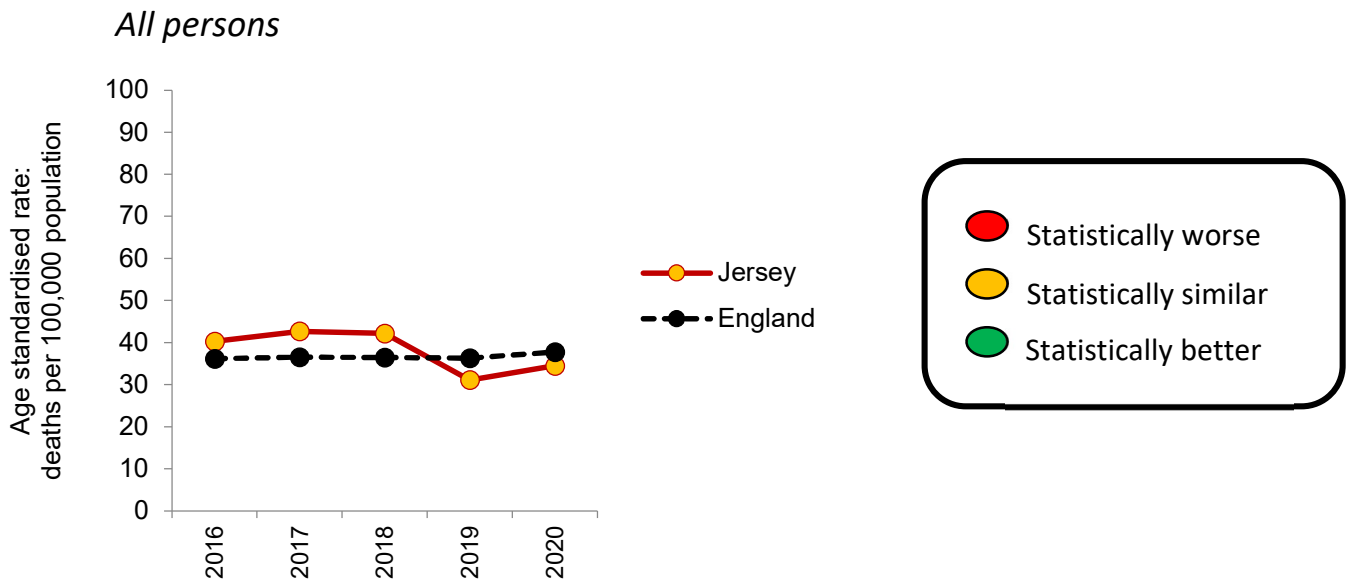
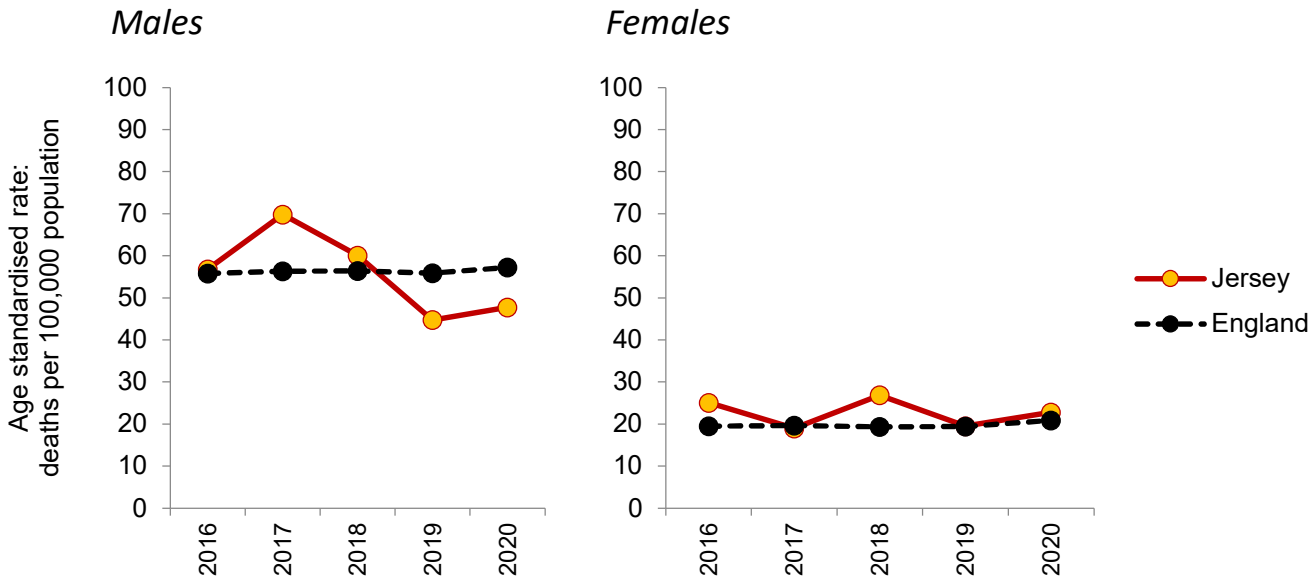


Figure 30: Alcohol-related deaths: rates of males and females



Source: Public Health intelligence Jersey and Public Health England[29]

[28] Note: as the number of alcohol-related deaths is based both on the number of deaths within specific death codes and the alcohol attributable fraction associated with those codes, the calculated number of alcohol-related deaths is notional and not necessarily a whole number

[29] Public health profiles - OHID (phe.org.uk)

7.3 Deaths from chronic liver disease

Most liver disease is preventable, and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

Over the period 2018-2020, chronic liver disease[30] accounted for almost 30 deaths. Of these, all were of people aged under 75 years, resulting in almost 420 years of life lost (YOLL).

Figure 31: Deaths from chronic liver disease: rates of all people

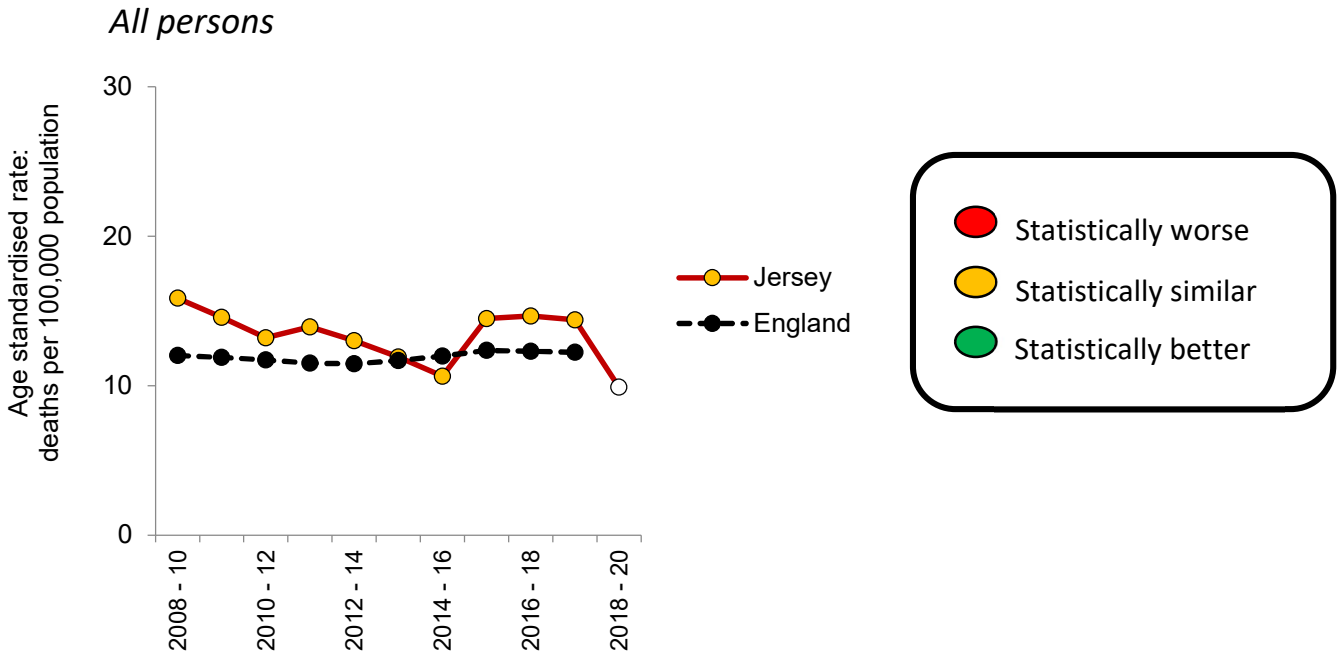
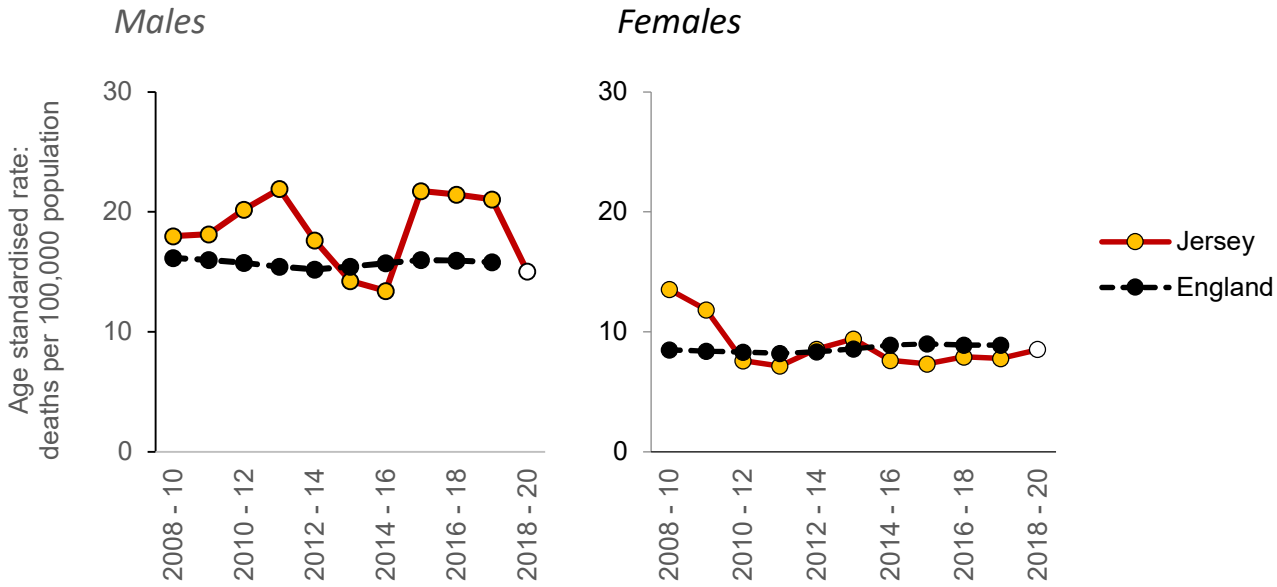


Figure 32: Deaths from chronic liver disease: rates of males and females



Source: Public Health intelligence Jersey and Public Health England[31]

[30] Includes ICD-10 codes K70 (alcoholic liver disease), K73 (chronic hepatitis, not classified elsewhere) and K74 (fibrosis and cirrhosis of the liver)

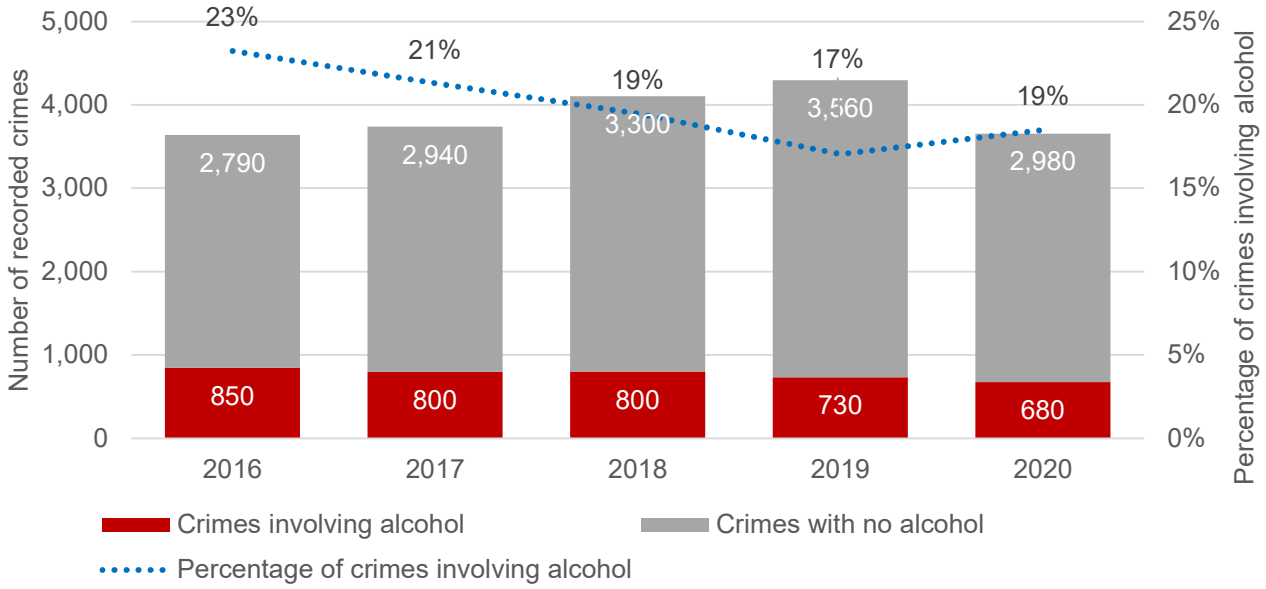
[31] Public health profiles - OHID (phe.org.uk)

8. Wider effects of alcohol

8.1 Crime

In 2020, around 3,650 crimes were recorded by States of Jersey Police. Of these, 680 (19%) were recorded by the officer attending as involving alcohol in some way. Figure 33 shows that while the percentage of crimes involving alcohol had gradually declined between 2016 and 2019, there was a return in 2020 to a similar proportion seen in 2018.

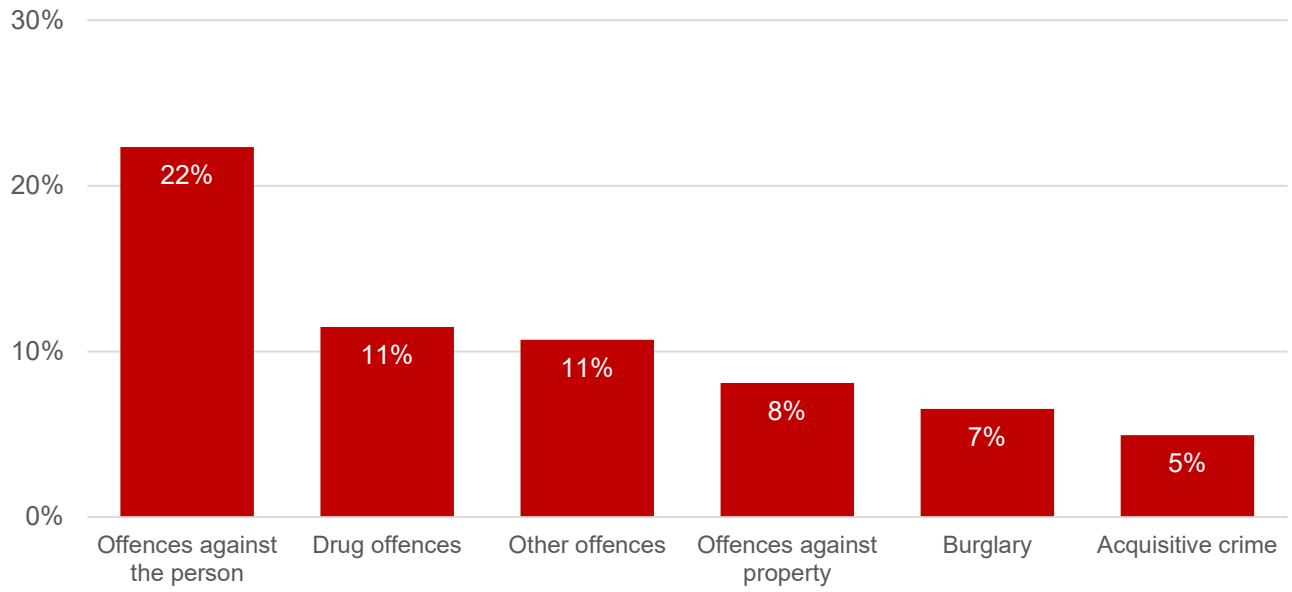
Figure 33: Count of crimes in Jersey with and without alcohol: 2014-2020



Source: States of Jersey Police

Over the three years (2018-2020), offences against the person (e.g. affray and assault) were the types of crime most likely to involve alcohol, involving over one in five (22%) of crimes against the person[32].

Figure 34: Different offence types – proportion involving alcohol (2018-2020)



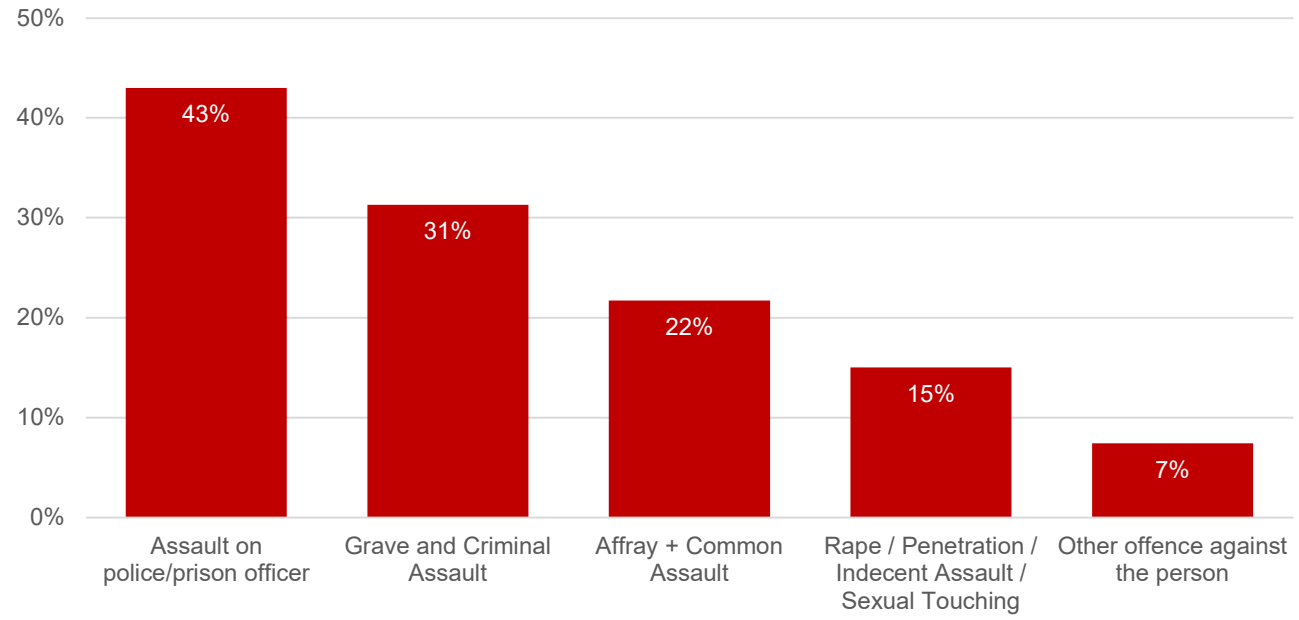
Source: States of Jersey Police

[32] Other offences – includes crimes such as Dangerous driving, Offences under the Firearms Law, and Perverting the course of Justice.

Crimes against the person

More detailed analysis of crimes against the person over the period 2018-2020 shows the proportion of each subcategory of crimes against the person which involved alcohol (Figure 35).

Figure 35: Types of crimes against the person: percentage that involved alcohol 2018-2020

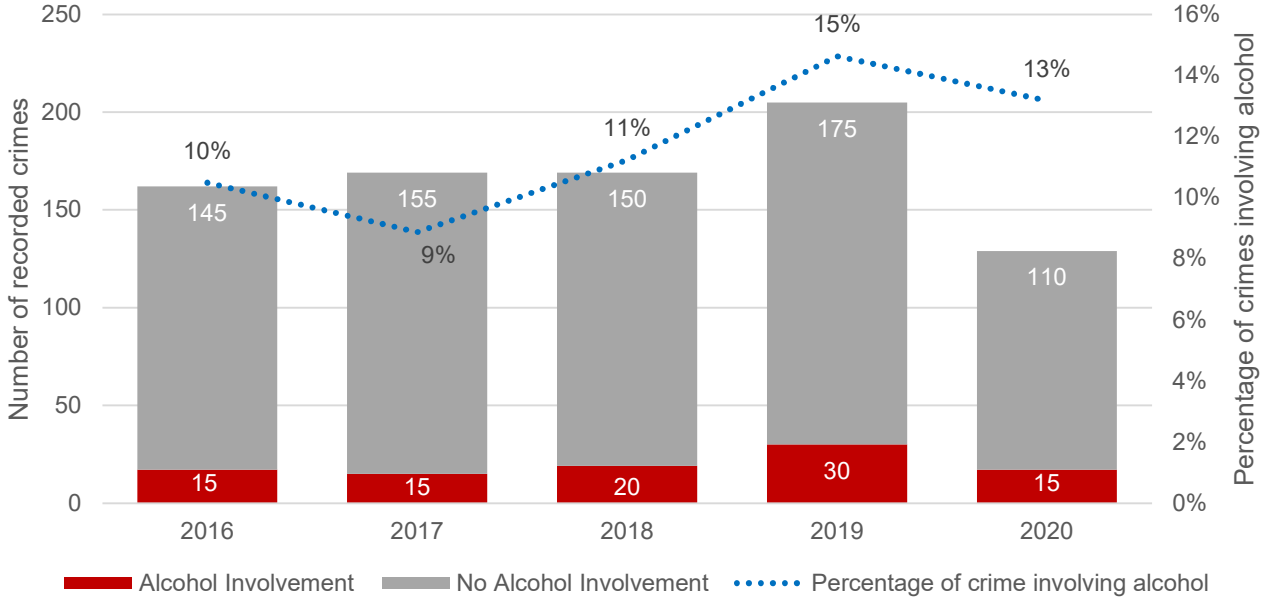


Source: States of Jersey Police

Sexual Offences

The percentage of alcohol-related sexual offences recorded by Jersey Police climbed between 2017 and 2019, then fell again in 2020 to around one in ten offences (13%). For details on the offence categories included under "sexual offences" please see Annex 3.

Figure 36: Proportion of alcohol-related Sexual offences in Jersey: 2016-2020

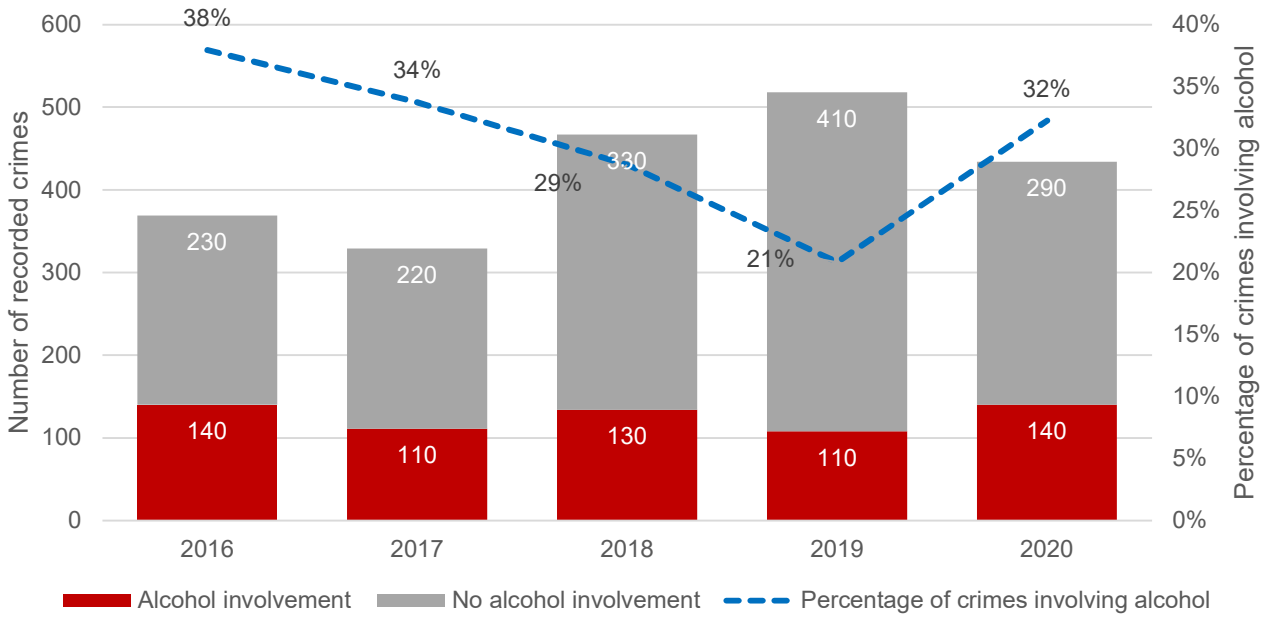


Source: States of Jersey Police

Domestic Crime[33]

"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 2020, the percentage of domestic offences which were alcohol-related recorded by Jersey police rose back up to 32%, a similar proportion to that recorded in 2017.

Figure 37: Count of Domestic Crime offences in Jersey with and without alcohol: 2016-2020



Source: States of Jersey Police

Over the three years 2018-2020, 87% of domestic crimes were offences against the person. The most common type of domestic crimes were Common Assaults (of which 32% involved alcohol) and Grave and Criminal Assaults (36% 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, 2018-2020

		Total offences	Domestic crime	Offences in the St Helier night-time economy
Common assault	Number of Offences	2,180	680	470
	% Involving alcohol	25%	32%	31%
Grave and criminal Assault	Number of Offences	1,140	275	165
	% Involving alcohol	34%	36%	44%

Source: States of Jersey Police

[33] Note that domestic crime is a subcategory of all crime. For example, assaults counted under domestic crime also appear under all crime, and crimes again the person.

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 Helier[34].

Over the period 2018 - 2020, 760 crimes were recorded as occurring in the St Helier night-time economy, of which 250 were linked to alcohol (32%).

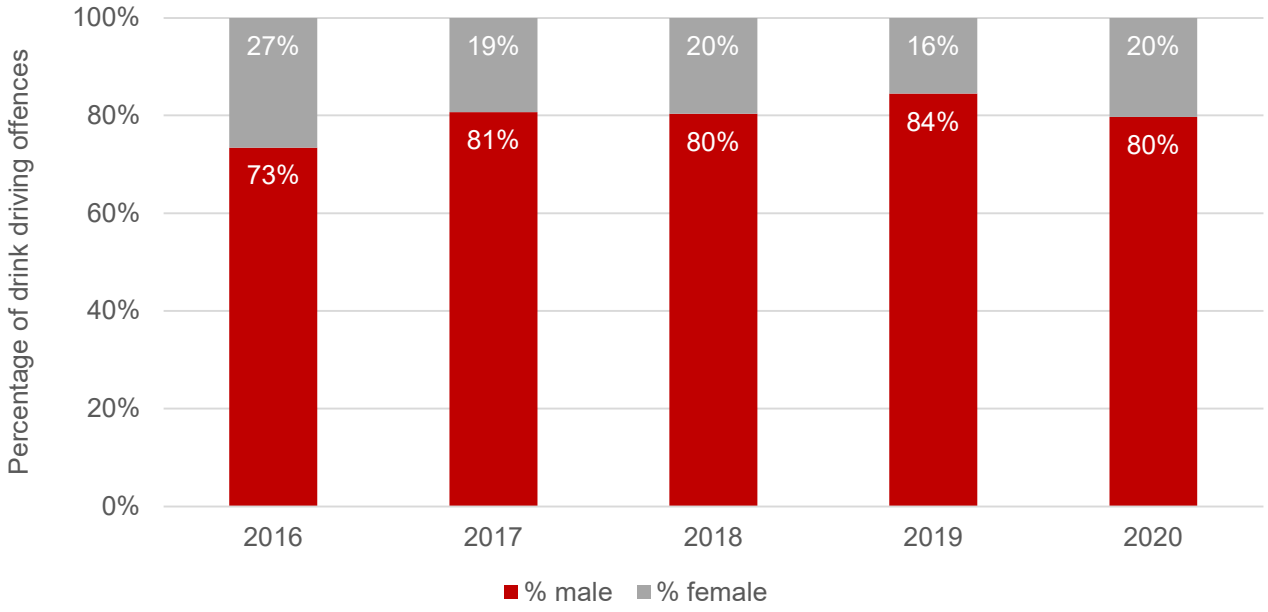
The two most common crimes in the St Helier night-time economy were common assault (470 offences, of which 31% involved alcohol), and grave/criminal assaults (165 offences, of which 44% involved alcohol) – see Table 4.

Drink Driving[35]

There were 120 recorded drink-driving offences in 2020. The number of annual drink-driving offences recorded will be affected by year-on-year differences in the number of proactive police stops[36].

Between 2017 and 2020 the percentage of recorded drink-driving offences perpetrated by males has remained at around 80% (Figure 38).

Figure 38: Percentage of drink-driving offences – 2016-2020, by sex



Source: States of Jersey Police

Although the overall level of drink driving offences recorded has declined over the period 2016 to 2020, from 140 to 120 respectively, the percentage of road traffic collisions (RTCs) caused by drivers under the influence of alcohol has remained essentially similar at around 30%.

[34] 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.

[35] 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.

[36] Due to the Covid-19 pandemic, a decision was made to suspend the policy requirement to subject every driver involved in an RTC to a roadside breath test. This was seen as a necessary precaution to safeguard officers. Officers could still arrest if alcohol use was suspected and then revert to the use of the substantive machine at Police Headquarters

8.2 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 2020[37], the Social Security Department spent £537,400 on 121 benefit claims due to alcohol-related sickness and ailments. Almost half of this amount (£255,100) was due to 64 claims for alcoholism. The amount spent on benefit claims due to alcohol-related sickness has fallen from £946,300 in 2010 (Figure 39).

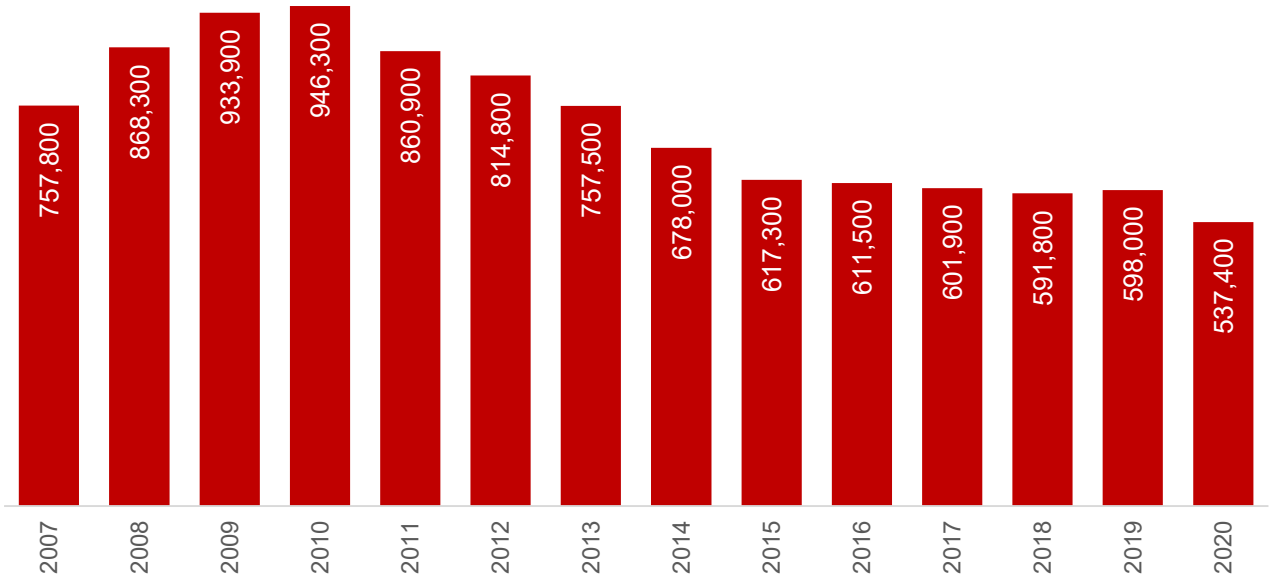
The Social Security expenditure on benefits due to alcohol-related ailments accounts for around 1% of the total benefit expenditure in 2020 and is paid to claimants making up less than 1% of all LTIA, STIA and Invalidity benefit claimants.

In 2020:

- a total of £255,100 was paid out by Social Security for alcoholism, comprising: £204,900 for LTIA; £23,700 for Invalidity benefit; and £26,600 for STIA claims
- the total paid out in 2020 was 12 per cent lower than that paid out for claims due to alcoholism in the previous year 2019 (£291,500)
- over the three years, 2018-2020, the average annual number of claims for alcoholism for LTIA was 45, for invalidity benefit was less than 5 and for STIA was 22; 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 14,800 days, although claimants may still be working. STIA claims for alcoholism covered 1,000 days, with claimants not working during this time. A total of 16,500 days were claimed for alcoholism in 2020 for STIA, LTIA and invalidity benefit
- between 2011 and 2020, the number of claims, expenditure and days claimed for alcoholism has remained similar for both LTIA and STIA; since 2011, the number of claims for Invalidity benefit has decreased by around 89%

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

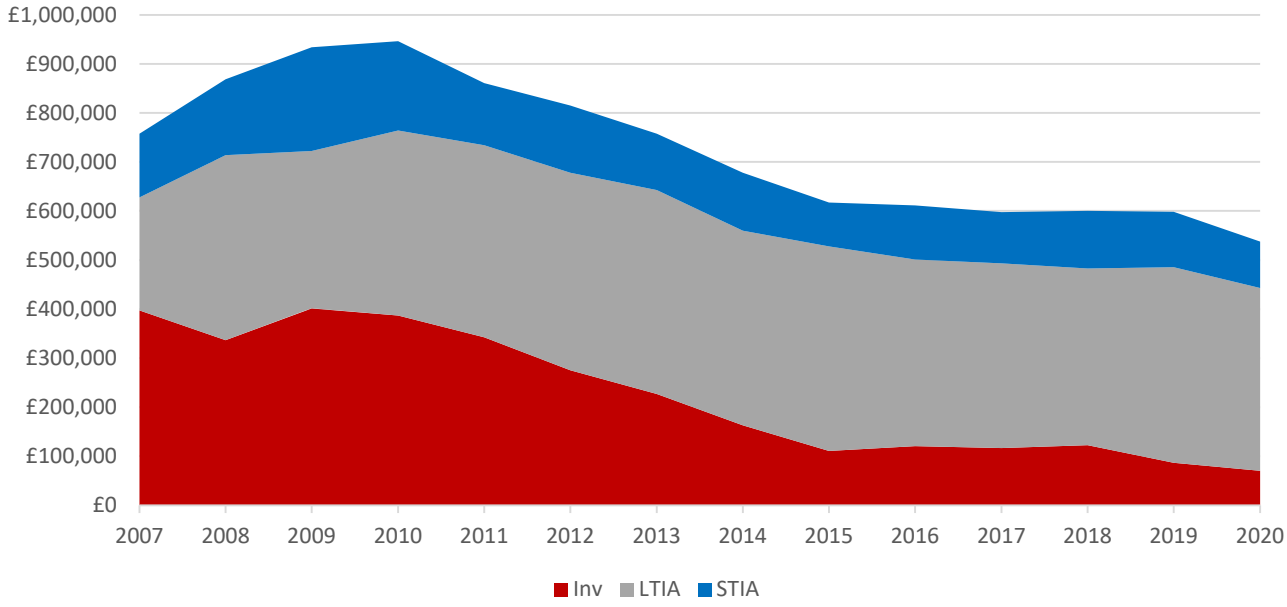
Figure 39: Social Security Department expenditure on benefits due to alcohol related ailments



Source: States of Jersey Social Security Department

The majority of alcohol-linked claims are long-term. Since 2007, long-term benefits (LTIA and Invalidity benefit) have accounted for over 80% of all benefit claims due to alcohol-linked ailments (Figure 40).

Figure 40: Social security expenditure on benefits due to alcohol related ailments



Source: States of Jersey Social Security Department

Background Notes

Methods

Per capita alcohol consumption

- Customs and Immigration supply information on volumes of alcohol imported into and produced in the Island
- the Island's 15+ population is estimated from Statistics Jersey's population projections, while estimating alcohol drank by tourists (numbers provided by Visit Jersey) and seasonal workers (numbers from the Statistics Jersey, Manpower Survey)
- there were no official tourism figures for 2020 or 2021, apart from passenger numbers which include resident and visitor movements. Imputing these numbers would be challenging as the profile of passengers would have been very different to previous years
- The figures supplied by Statistics Jersey are for seasonal, non-permanent jobs. 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 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%

Mortality

- mortality rates were calculated using the mid-year population estimates as the denominator
- rates were age-standardised using the 2013 European Standard Population
- 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 2020. A small number of inquests remain outstanding; numbers should therefore be considered provisional

Alcohol-attributable fraction

- attributable fractions are the proportion of a health condition (or mortality) that can be attributed to a particular risk factor (in this case alcohol), and depend on an individual's age and sex
- alcohol attributable fractions (AAFs), including Wholly Attributable Conditions (AAF=1.0) and Partially Attributable Conditions (1.0 > AAF > 0.0) are available in Public Health England's Alcohol-attributable fractions for England: an update - GOV.UK (www.gov.uk)

Hospital admissions

- in March 2017, Public Health England changed their methodology to count hospital admission episodes rather than numbers of people admitted to hospital with alcohol-specific or alcohol-related diagnoses. Throughout this report, hospital admissions refers to individual hospital admission episodes (i.e. each separate occasion that an individual is admitted into hospital)
- due to lack of available data, alcohol-related admissions were not calculated for Jersey
- Public Health England produced their data by financial year, whereas Jersey figures in this report cover the calendar year

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. deaths, hospital admissions, crimes etc.) have been rounded to the nearest 5.

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’

Annex 1: Hospital admission definitions

Alcohol-specific admissions: hospital admissions for alcohol-specific conditions. Admissions to hospital where the primary diagnosis, or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition.

Alcohol-related admissions (narrow) and Alcohol-related admissions (broad) are additional metrics calculated by Public Health England, but have not been calculated for Jersey in this report due to data availability.

Annex 2: Conditions wholly attributable to alcohol

Conditions included in the new (October 2017) definition of alcohol-specific deaths and the previous Office for National Statistics definition of alcohol-related deaths

Condition	**ICD-10 Code**	**New: Alcohol-Specific**	**Previous: Alcohol-Related**
Wholly attributable condition			
Alcohol-induced pseudo-Cushing's syndrome	E24.4	X	
Mental and behavioural disorders due to use of alcohol	F10	X	X
Degeneration of nervous system due to alcohol	G31.2	X	X
Alcoholic polyneuropathy	G62.1	X	X
Alcoholic myopathy	G72.1	X	
Alcoholic cardiomyopathy	I42.6	X	X
Alcoholic gastritis	K29.2	X	X
Alcoholic liver disease	K70	X	X
Alcohol-induced acute pancreatitis	K85.2	X	
Alcohol induced chronic pancreatitis	K86.0	X	X
Foetal alcohol syndrome (dysmorphic)	Q86.0	X	
Excess alcohol blood levels	R78.0	X	
Accidental poisoning by and exposure to alcohol	X45	X	X
Intentional self-poisoning by and exposure to alcohol	X65	X	X
Poisoning by and exposure to alcohol, undetermined intent	Y15	X	X
Partially attributable conditions			
Chronic hepatitis, not elsewhere classified	K73		X
Fibrosis and cirrhosis of liver	K74.0-K74.2, K74.6-K74.9		X

Source: UK Office for National Statistics

Annex 3: 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
Causing or inciting a sexual act with a female child 12 or younger
Causing or inciting a sexual act with a male child 12 or younger
Causing or inciting a sexual act with an older female child
Causing or inciting a sexual act with an older male child
Causing or inciting a sexual act with an older male child
Causing sexual act without consent
Commit with intent to commit a sexual offence
Gross indecency
Gross indecency with child
Incite to commit a sexual act
Indecent assault on a female
Indecent assault on a male
Indecent exposure
Other sexual offences
Rape of a female
Rape of a female child aged 12 or younger
Rape of a male
Rape of a male child aged 12 or younger
Sexual grooming of a female child
Sexual grooming of a male child
Sexual penetration of a female child aged 12 or younger
Sexual penetration of a female child without consent
Sexual penetration of a male child aged 12 or younger
Sexual penetration of a male without consent
Sexual touching of a female child aged 12 or younger
Sexual touching of a female without consent
Sexual touching of a male child aged 12 or younger
Sexual touching of a male without consent
Unlawful sexual intercourse with an older female child
Unlawful sexual penetration of an older male child
Unlawful sexual touching of an older female child
Unlawful sexual touching of an older male child
Unlawful Sexual Intercourse (USI) girl under 13 yrs.

Source: Government of Jersey