

## Headlines

- the **average alcohol consumption** per Jersey adult (aged 15 years or older) in 2018 was **11.8 litres of pure alcohol per year**
  - while this figure dropped from 16.2 litres per year in 2000 to 11.5 litres per year in 2015, it has remained fairly constant since
  - 11.8 litres of pure alcohol per year is 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 2015** but has **remained flat since**
- drinking behaviour in Jersey differed to that in England:
  - **11% of Jersey adults were teetotal** compared 20% of adults in England
  - in 2017 the average alcohol consumption per adult was **20% higher in Jersey** (11.6 litres per year) **than in the UK** (9.7 litres per year)
- since 2006, the percentage of children in **Years 8 and 10** that have **never drunk alcohol** has **increased**
- in 2017, rates of alcohol-specific **hospital admissions** for **under 18s** were significantly **higher** in Jersey than in England, for both males and females
- in 2017, **945 hospital admissions** were specifically **related to alcohol**. This number equates to an age-standardised rate of 900 admissions per 100,000 population, **significantly higher** than the English age-standardised rate of 563 per 100,000 population<sup>1</sup>
- over the three-year period **2015-17**, there were **40 alcohol-specific deaths** in Jersey; this number represents an age-standardised rate of **12.8 per 100,000 population**, similar to the England age-standardised rate of 10.6 per 100,000 population
- **alcohol** played a role in **14% of all crimes** recorded in Jersey in 2018. Of specific types of crime:
  - 1 in 4 assaults and more than **1 in 3 serious assaults** were recorded by police as involving alcohol
  - two-fifths of domestic assaults involved alcohol
  - two-fifths of assaults and half of the serious assaults in the St Helier night-time economy involved alcohol
- in 2018, claims due to **alcohol-related** sickness and ailments **totalled £600,000**. Almost half of this amount was due to 75 claims related specifically to alcoholism

## 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.

See appendix for further detail on methodology and data sources.

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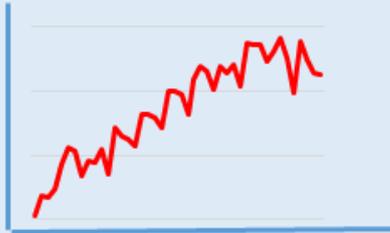
<sup>1</sup> The English rate, from Public Health England is that for the latest available time period, the financial year 2016/17.



Average alcohol consumption per person has remained **fairly constant** since 2015 after 15 years of reducing



Average consumption is **11.8 litres of pure alcohol per year** (equivalent to 8 pints of beer per week)



Relative price of alcohol has remained **essentially flat** since 2016, after 8 years of increasing



**11%** of adults in Jersey reported **never drinking** alcohol, compared to **20%** of adults in the UK



**Males** and people with **higher income** were more likely to drink **above** the NHS recommended **limit of 14 units** of alcohol per week

By the age of 17, more than **three-quarters** of children reported having been '**really drunk**' at least once



In 2018, **almost a quarter (23%)** of adults reported drinking alcohol at a level considered hazardous or harmful to their health.

The rate of **alcohol-specific hospital admissions for males** has decreased in recent years



...but remained significantly **higher** than in England



The rate of **alcohol-specific deaths** for all people in Jersey was **similar** to England...



...as was the rate of **alcohol-related death**



From 2016-18, **1 in 4 assaults**, and **1 in 3 serious assaults** were recorded by Jersey police as **involving alcohol**

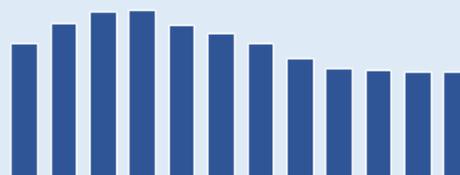


**Social Security expenditure** on benefits due to

- alcoholism
- detox
- drug and substance dependency
- liver disease

was **£600,000** in 2018...

...a similar level to each of the previous 3 years



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# Alcohol Consumption

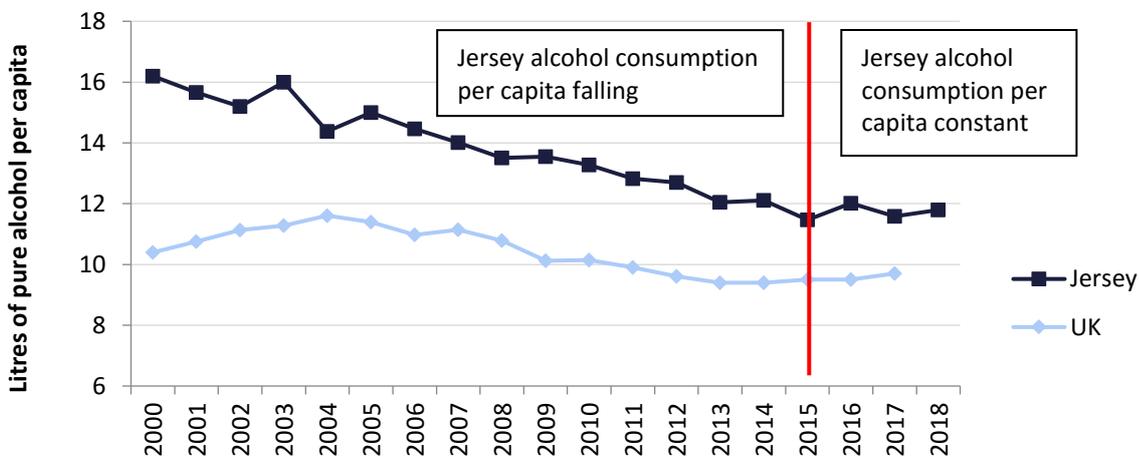
## Per capita consumption over time

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 2018, Jersey’s mean average per capita consumption was 11.8 litres of pure alcohol per person aged 15 or older. The level of per capita consumption has remained fairly constant since 2015 after a steady reduction from 2000 to 2015 (Figure 1).

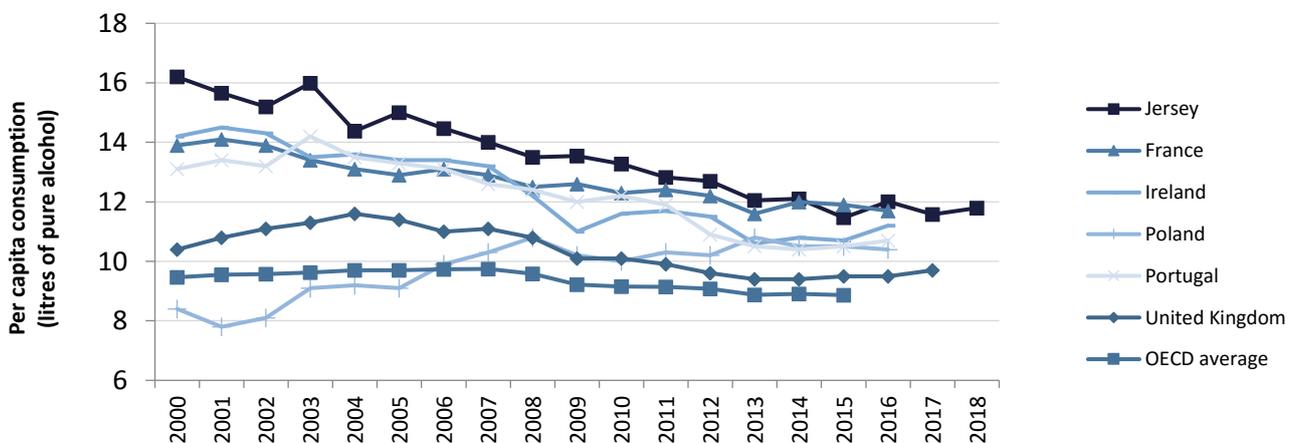
The current level of consumption equates to approximately 2.5 bottles of wine *or* 8 pints of strong beer *or* over half a bottle of spirits per week and is in excess of the NHS current recommended guidelines of 14 units per week<sup>2</sup> (approximately 1.6 bottles of wine or 5 pints of strong beer).

**Figure 1: Litres of alcohol consumed per capita in Jersey and UK, 2000 - 2018**



OECD data (Figure 2) showed that over the period 2000 to 2016 the spread of average alcohol consumption per capita from selected European countries analysed has narrowed (from around 8-16 litres per capita in 2000 to around 10-12 litres per capita in 2016). While alcohol consumption in Jersey remained one of the highest of the five countries considered, it was now closer to the others (similar to France for example), and closer to the OECD average.

**Figure 2: Litres of alcohol consumed per capita in Jersey and selected OECD countries, 2000 - 2018**



Source: OECD

<sup>2</sup> [www.nhs.uk/live-well/alcohol-support/the-risks-of-drinking-too-much/](http://www.nhs.uk/live-well/alcohol-support/the-risks-of-drinking-too-much/)

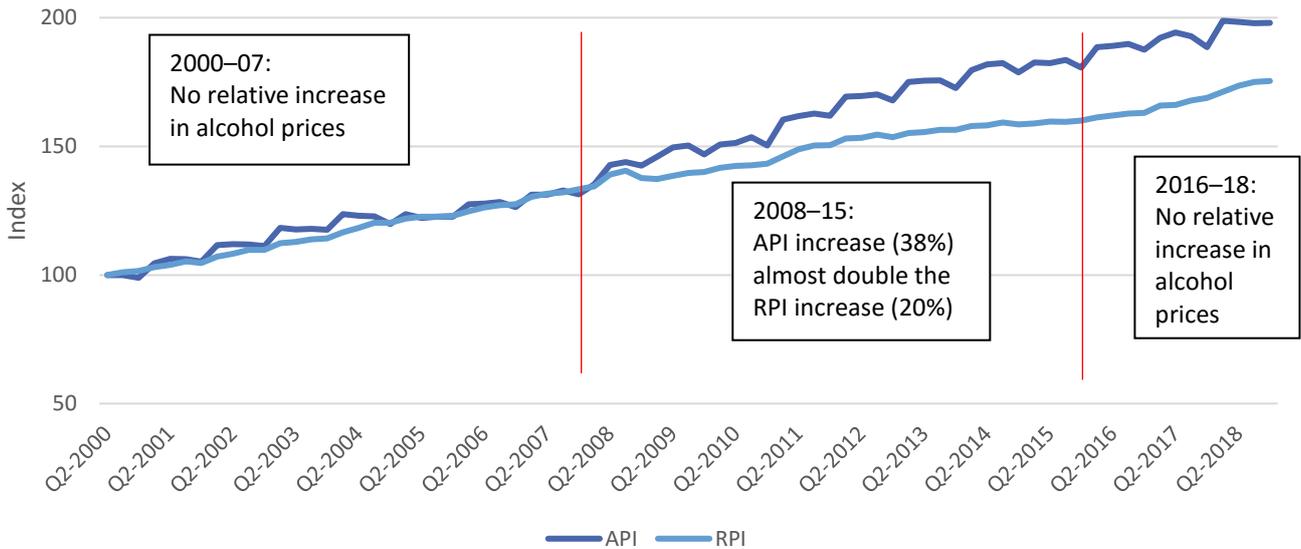
## Cost of alcohol over time

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 3 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 2015, the price of alcohol increased relative to the RPI. Since 2016, the API has again remained relatively constant compared to the RPI (see Table 1).

**Figure 3: Alcohol Price Index (API) compared to all-items Retail Price Index (RPI), 2000 - 2018**



**Table 1: Alcohol Price Index (API) compared to all-items Retail Price Index (RPI), 2000-07; 2008-15 and 2016-18**

Period	API % increase	RPI % Increase	Difference in percentage points
Q2 2000 – Q4 2007	31.3	33.3	-2.0
Q4 2007 – Q4 2015	37.5	20.0	17.5
Q4 2015 – Q4 2018	9.6	9.6	0.0

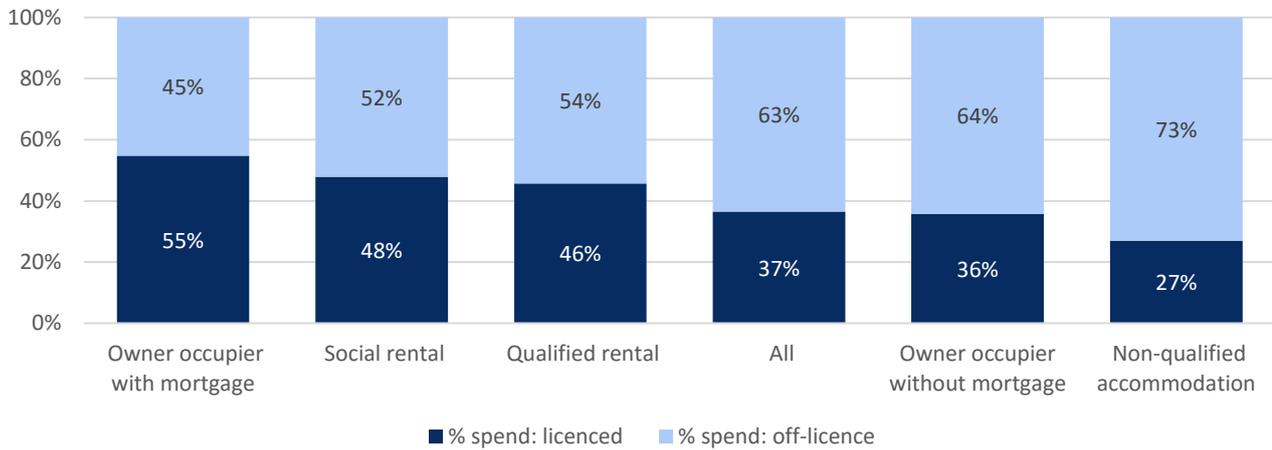
## Proportion of Alcohol Spend: licenced and off-licence premises

Based on the most recent Jersey household spending survey (2014-15), almost two-thirds (63%) of money spent on alcohol was spent at off-licenced premises<sup>3</sup>. The proportion of spend varied amongst different social groups: owner occupiers with a mortgage spent the lowest proportion on alcohol in off-licenced premises (45%), while those in non-qualified accommodation spent the highest proportion on alcohol (73%) in an off-licence (Figure 4)<sup>4</sup>.

<sup>3</sup> Note that this analysis compares alcohol spend – not alcohol consumed. The analysis takes no account of the fact that drinks are likely to be more expensive in licenced premises than in off-licence premises. Further work would be required to estimate alcohol consumption via these two modes of purchase.

<sup>4</sup> These figures should be treated with some caution. It is anticipated that alcohol purchased from licenced premises (e.g. a pub) is more likely to be under-reported than alcohol bought from an off-licenced premises (e.g. a supermarket).

**Figure 4: Proportion of alcohol spend: licenced and off-licenced premises – by tenure<sup>5</sup>**



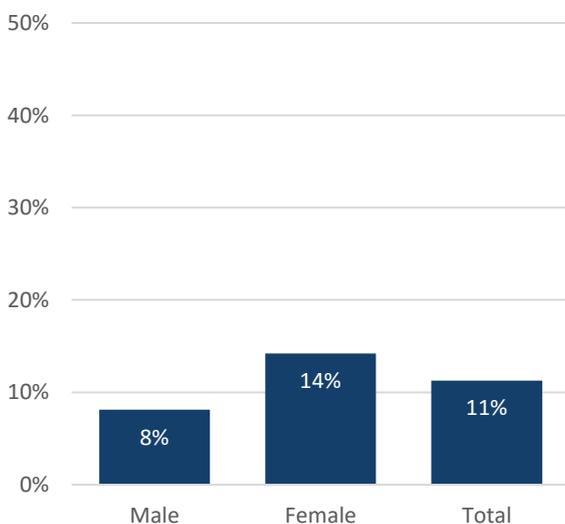
## Characteristics of drinking habits (adults)

### Teetotalism

In 2018, one in ten (11%) of Jersey adults reported never drinking alcohol<sup>6</sup>. More detailed breakdowns of adults who reported never drinking alcohol (by sex, equivalised household income<sup>7</sup>, tenure and employment status) are shown in Figure 5.

**Figure 5: Percentage of adults that reported NEVER drinking alcohol<sup>8</sup>**

#### by sex



#### by equivalised income



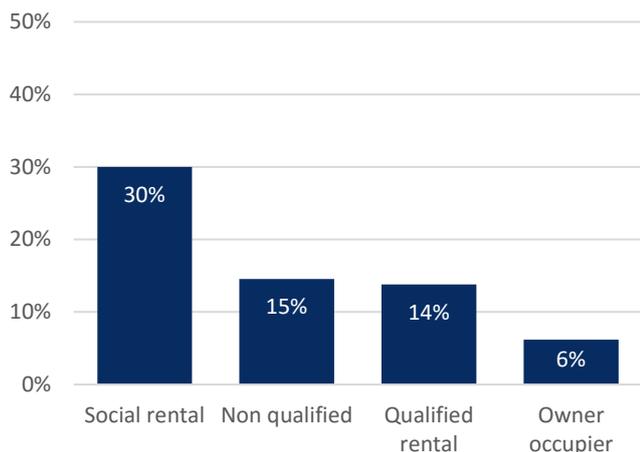
<sup>5</sup> Household spending survey 2014/15

<sup>6</sup> Jersey Opinions and Lifestyle Survey 2018

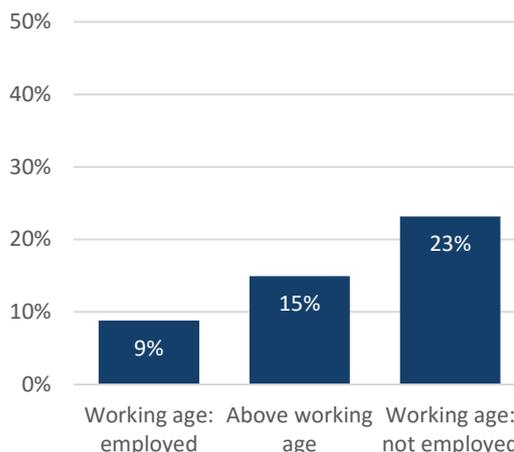
<sup>7</sup> Equivalised income is a notional figure derived from the actual income of a household, and the make-up of that household (in terms of number of adults and children). The figure presented is the notional income of that household if it had consisted of two adults only. Equivalised income is useful when grouping or comparing households by their income whilst taking into account the number and age of household members. The three equivalised income bands are based on an equal number of people falling into each band, giving a low, medium and high equivalised income band.

<sup>8</sup> Jersey Opinions and Lifestyle Survey 2018

**by tenure**



**by employment status**



The percentage of Jersey adults who reported never drinking alcohol has remained fairly similar since 2014 (between 10% and 12%). In 2017, 20% of people in Great Britain reported themselves to be teetotal<sup>9</sup>.

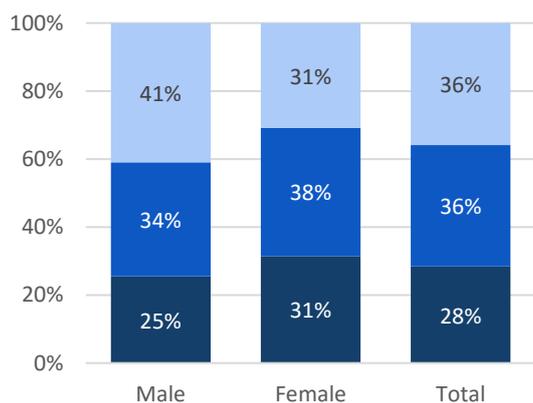
**Binge Drinking**

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)<sup>10</sup>.

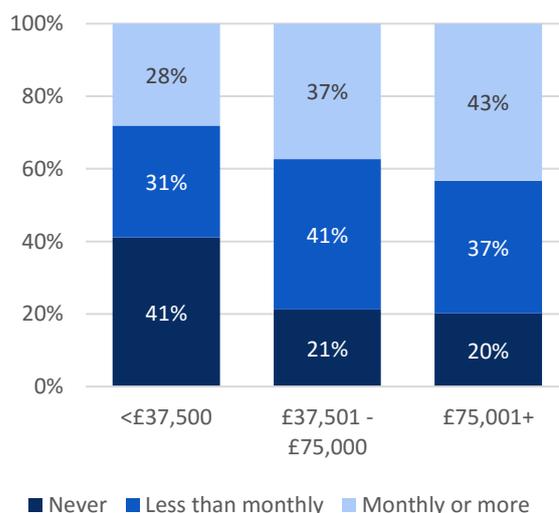
The Jersey Opinion and Lifestyle Survey (JOLS) asked how frequently a person drank more than 6 or 8 units of alcohol on a single occasion in the last year<sup>11</sup>. Figure 6 shows a breakdown of the 2018 JOLS results.

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

**by sex**



**by equivalised income**

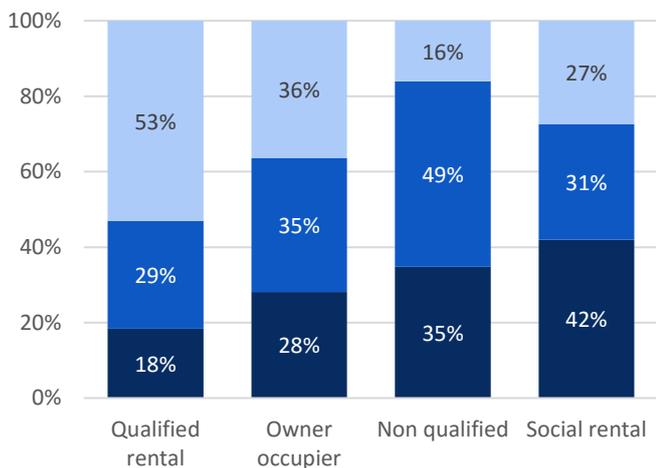


<sup>9</sup> ONS, Adult drinking habits in Great Britain: 2017

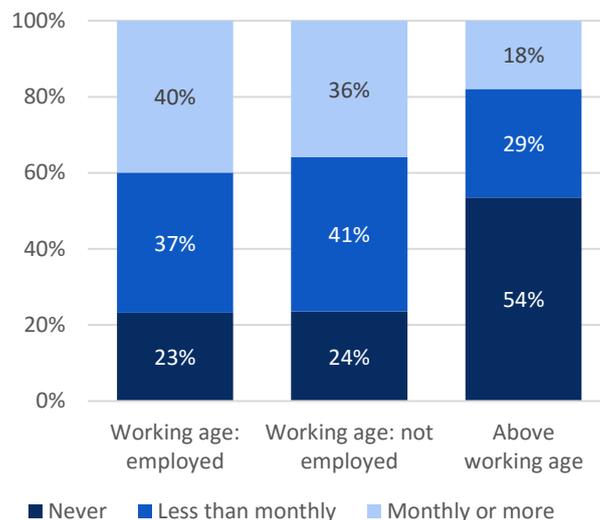
<sup>10</sup> NHS guidelines now define binge drinking as consuming more than 6 units on one day for both males and females. JOLS 2018 was based on the ONS definition, and is therefore used in this report.

<sup>11</sup> This is not directly comparable to the ONS Adult drinking habits in Great Britain: 2017 report which gives the percentage of people that had binge drank in the previous 7 days.

### by tenure



### by employment status



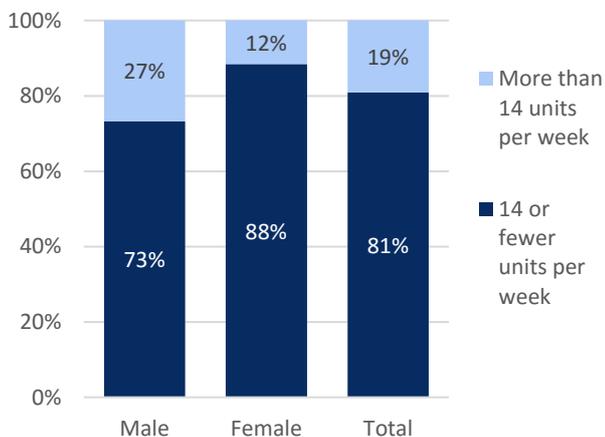
Results showed that those on low incomes, retired persons, and those living in social rental accommodation are less likely to binge drink. The percentage of people binge drinking at a frequency of monthly or more has remained similar (between 35% and 37%) since 2014.

### Recommended levels of weekly alcohol intake: 14 units

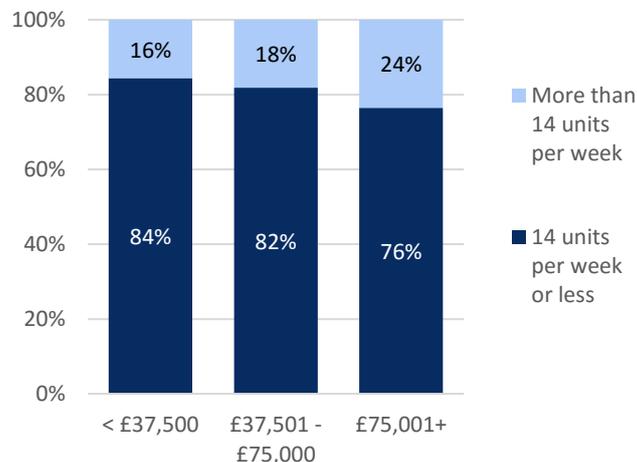
Current NHS guidelines<sup>12</sup> advise both men and women not to drink more than 14 units of alcohol a week on a regular basis. The 2018 JOLS survey showed almost 1 in 5 (19%) Jersey adults drank in excess of 14 units on a typical week. Males and those with a higher income were more likely to drink more than 14 units of alcohol per week (Figure 7).

Figure 7: Percentages of adults drinking more than 14 units of alcohol per week:

### by sex

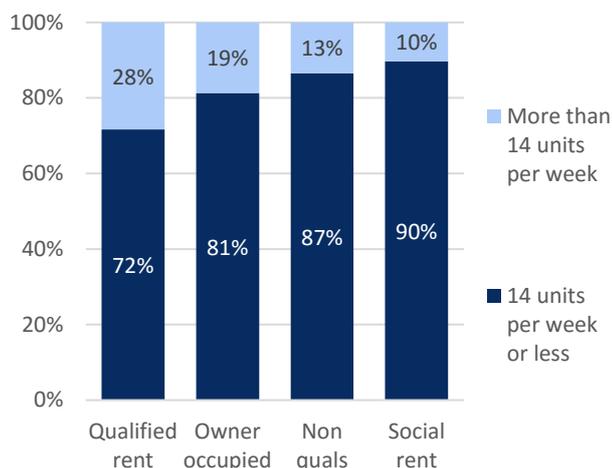


### by equivalised income

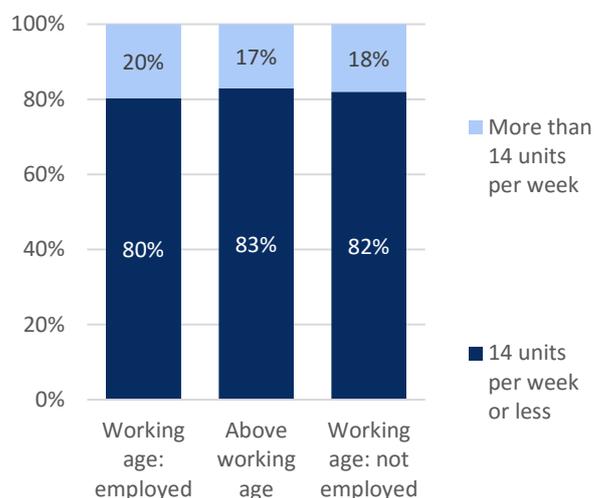


<sup>12</sup> [www.nhs.uk/live-well/alcohol-support/](http://www.nhs.uk/live-well/alcohol-support/)

### by tenure



### by employment status



For comparison, NHS England data shows that in England, 31% of males and 16% of females drank more than 14 units of alcohol per week<sup>13</sup> in 2016: these proportions are statistically similar to those in Jersey.

## Hazardous and harmful drinking

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

**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
<b>Only answer the following questions if your answer above is monthly or less</b>					
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, during the last year

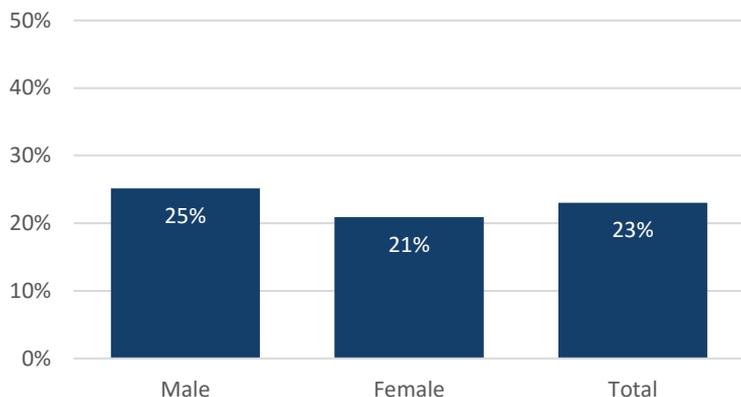
Scoring: a total of 3 or more indicates hazardous or harmful drinking

Source: Public Health England

Almost a quarter (23%) of respondents to JOLS 2018 had a FAST score which indicated drinking at a level hazardous or harmful to their health (Figure 8). As a self-completion postal questionnaire delivered to a random selection of private households, it is likely that JOLS under-represents alcohol dependent adults who are more likely to be homeless or 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.

<sup>13</sup> [digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2018/part-4](https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2018/part-4)

**Figure 8: Percentage of adults with a FAST score indicating drinking at harmful or hazardous levels**

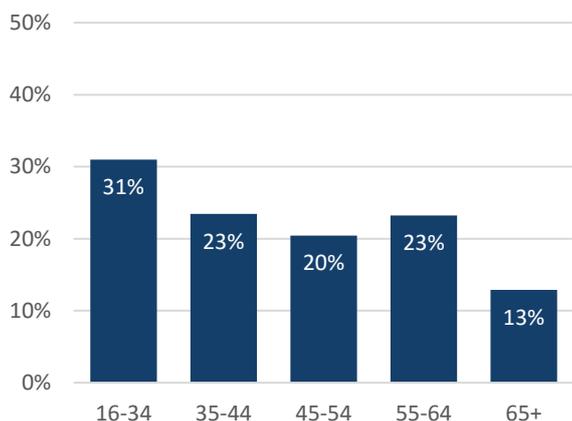


### Characteristics of hazardous and harmful drinkers

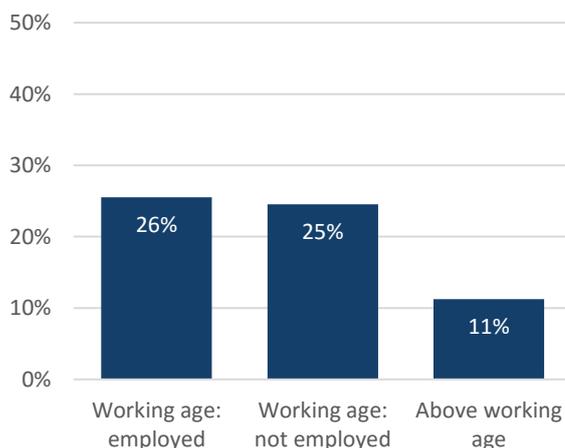
Analysing the JOLS responses by different categories (Figure 9) showed that levels of hazardous and harmful drinking were higher in younger age groups, higher income groups and those living in qualified rental accommodation.

**Figure 9: Percentage of adults with a FAST score indicating drinking at harmful or hazardous levels**

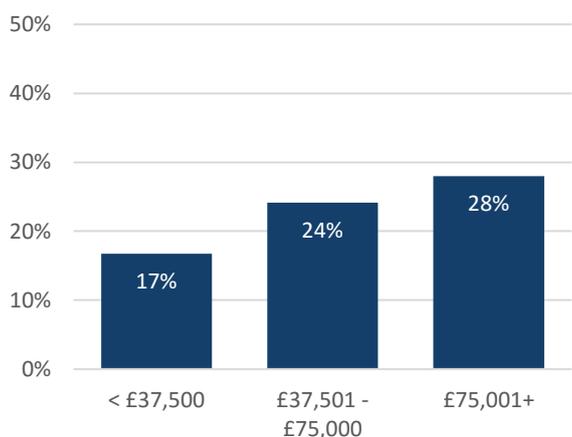
#### by age bracket



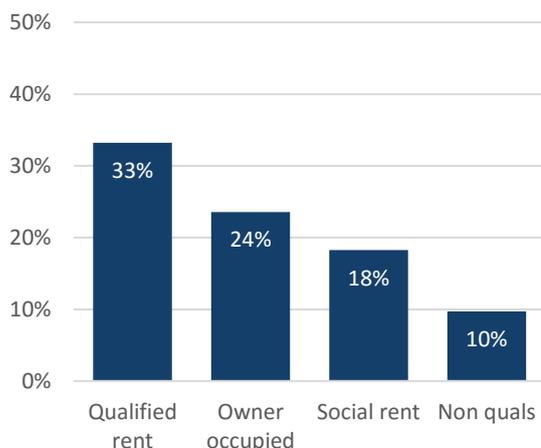
#### by employment status



#### by equivalised income



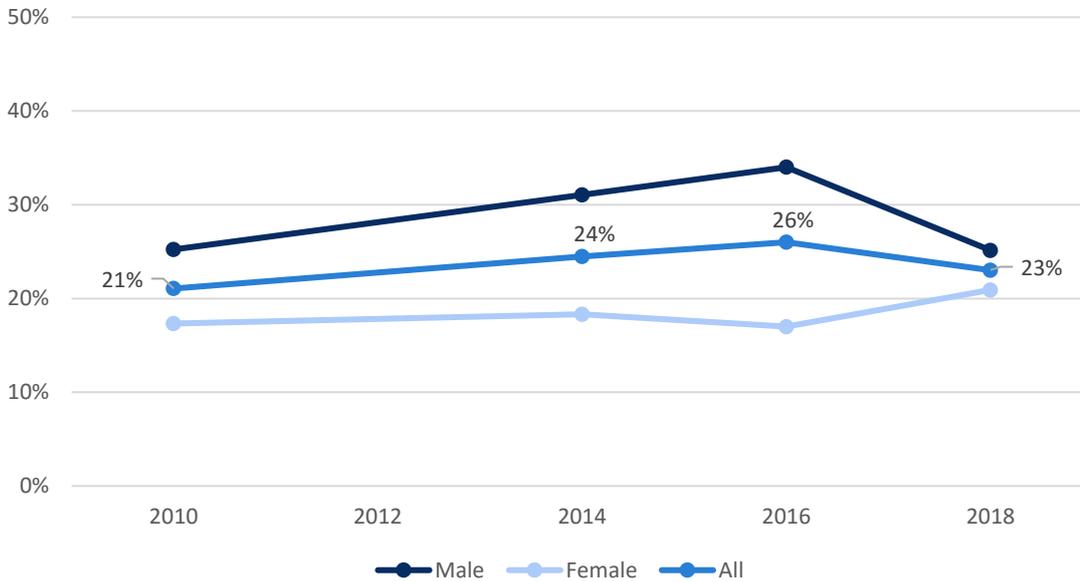
#### by tenure



## Hazardous and harmful drinking over time

The percentage of Jersey residents with FAST scores indicating harmful or hazardous levels has remained fairly constant over the period 2010-2018 (Figure 10). Neither the male or female percentages have changed significantly over the period 2010-2018. A higher percentage of males returned scores indicating harmful or hazardous drinking levels than females, although the percentages were more similar in the most recent survey.

**Figure 10: Percentage of adults with a FAST score indicating drinking at harmful or hazardous levels, 2010-2018**



## Drinking During Pregnancy

The hospital maternity department collects details of the alcohol consumption by expectant mothers. In 2017 and 2018:

- over 95% of expectant mothers that went on to deliver a baby reported not drinking alcohol during their pregnancy
- those that did report drinking alcohol, drank small amounts or occasionally
- 60% of women drank alcohol to some extent before their pregnancy, over 90% of them ceased drinking completely during their pregnancy

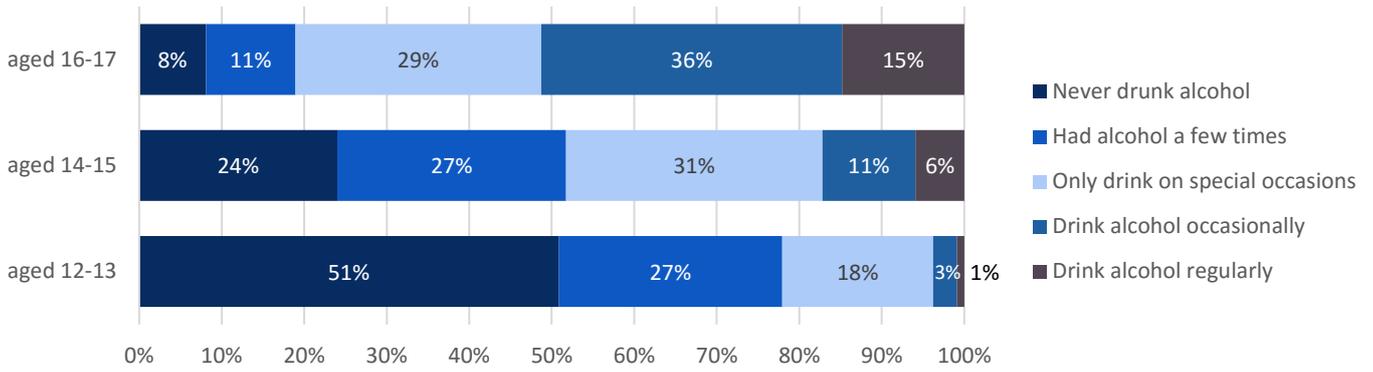
## Characteristics of drinking habits (children and young people)

### Overall drinking habits

In the 2018 Jersey School Survey<sup>14</sup>, children were asked to select the statement that best described their drinking habits. The results (Figure 11) indicated increasing use of alcohol in the older age groups: over 50% of 12-13 year olds had never drunk alcohol, but this dropped to 8% of 16-17 year olds. Conversely, the percentage of regular drinkers increased from less than 1% of 12-13 year olds, to 15% of 16-17 year olds.

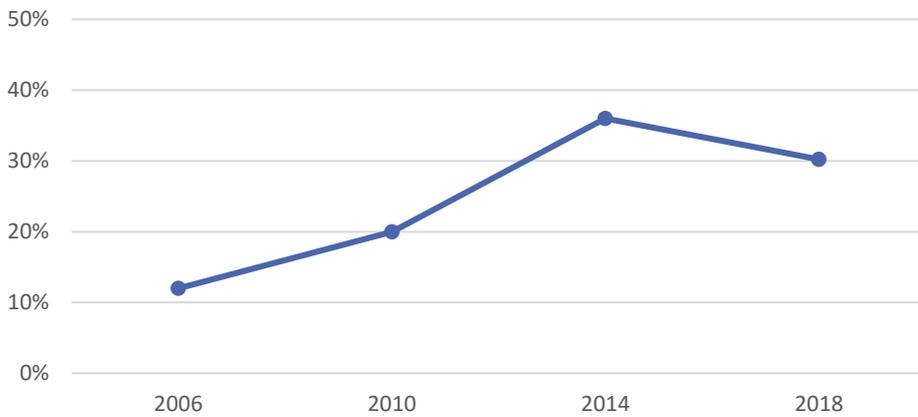
<sup>14</sup> Formerly called the Health Related Behaviour Questionnaire, this is a 4-yearly survey of all schoolchildren in Jersey in school years 6, 8 and 10. For the first time in 2018, Year 12 children were also included in the survey which was re-named the Jersey School Survey.

**Figure 11: Young people’s drinking habits**



The percentage of young people in Years 8 and 10<sup>15</sup> who have never drunk alcohol has increased over the period 2006 to 2018 (Figure 12). Individually, both Year 8 and Year 10 followed a similar pattern of increase.

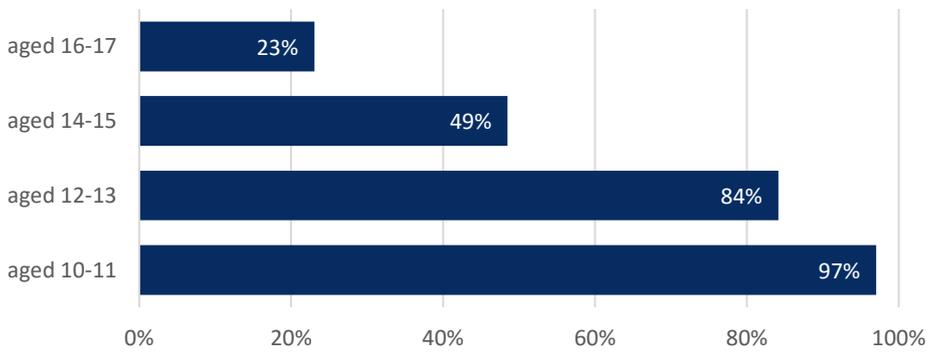
**Figure 12: Percentage of young people in Years 8 (aged 12-13) and 10 (aged 14-15) who have never drunk alcohol**



### Drunken-ness

By Year 12 (age 16-17), over three-quarters of children reported having been ‘really drunk’ (see Figure 13), although ‘really drunk’ is clearly a subjective measure.

**Figure 13: Percentage of children that report NEVER having been ‘really drunk’**

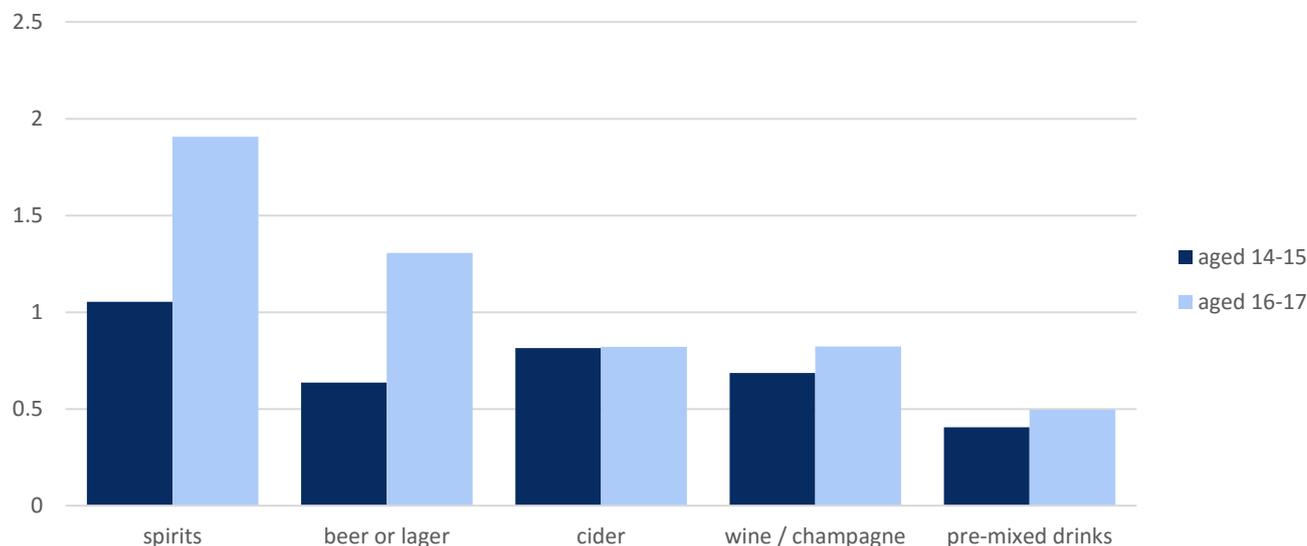


<sup>15</sup> Year 12 not included as there is no comparison data available prior to 2018.

## 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 spirits than any other drink type. The consumption of spirits, and beer / lager almost doubled from Year 10 (aged 14-15) to Year 12 (age 16-17) compared to the consumption of cider, wine and pre-mixed drinks, all of which only increased marginally (see Figure 14).

**Figure 14: Units of alcohol consumed in previous 7 days, average per drinker by drink type**



## Health implications of alcohol

### Ability to function

The JOLS questionnaire 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 15)
- Has a relative, friend, doctor or other health-worker been concerned about your drinking or suggested that you cut down? (Figure 16)
- How often in the last year have you been unable to remember what happened the night before because you had been drinking? (Figure 17)

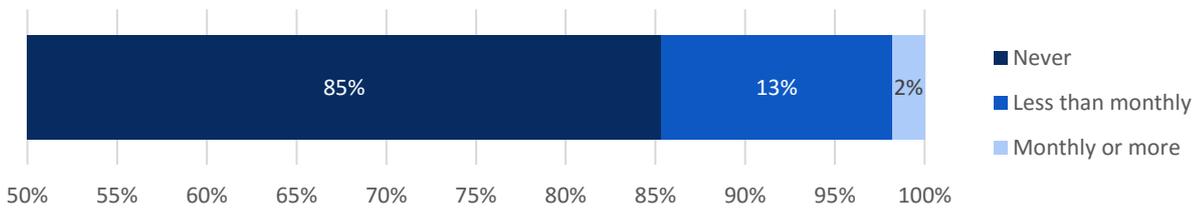
**Figure 15: How often in the last year have you failed to do what was expected of you because of your drinking?**



**Figure 16: Has a relative, friend, doctor or other health-worker been concerned about your drinking?**



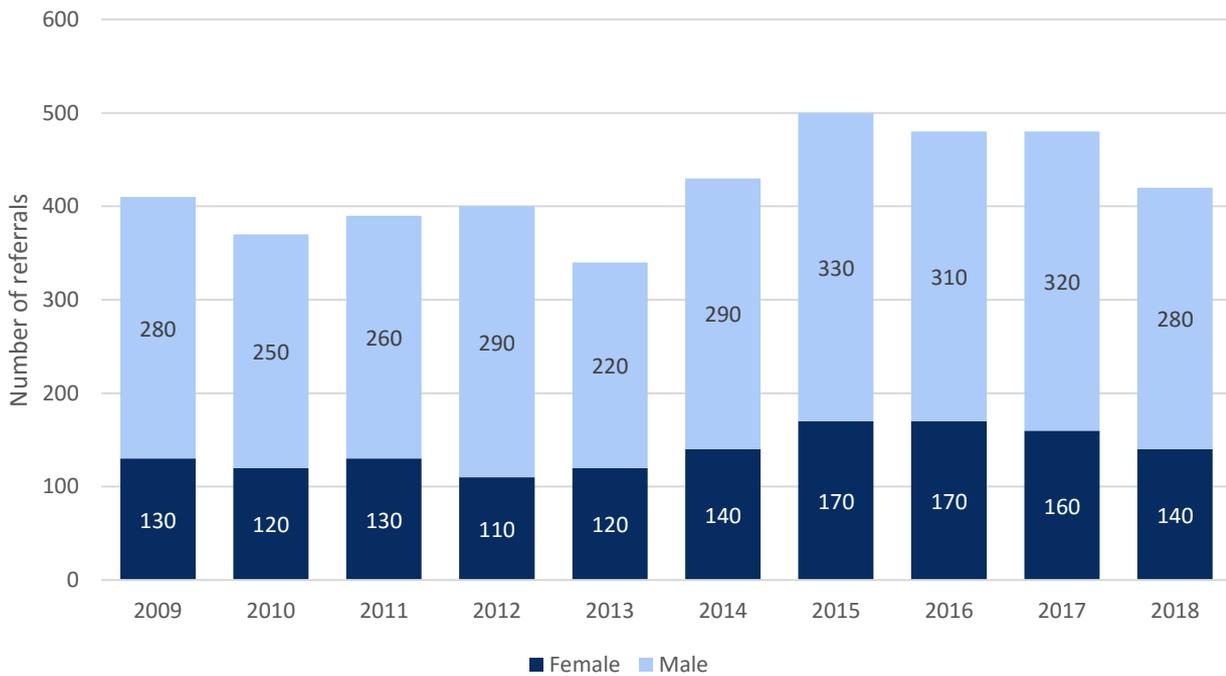
**Figure 17: How often in the last year have you been unable to remember what happened the night before?**



### Alcohol misuse

In 2018, 540 people were referred to the Jersey Drug and Alcohol Service, of which 420 people (78%) were referred for problems related to alcohol (either as a primary or secondary substance). Figure 18 shows the count of referrals to the Jersey Drug and Alcohol Service for problems with alcohol over the ten-year period 2009-2018.

**Figure 18: Referrals to the Drug and Alcohol Service for problems with Alcohol, 2009-2018**

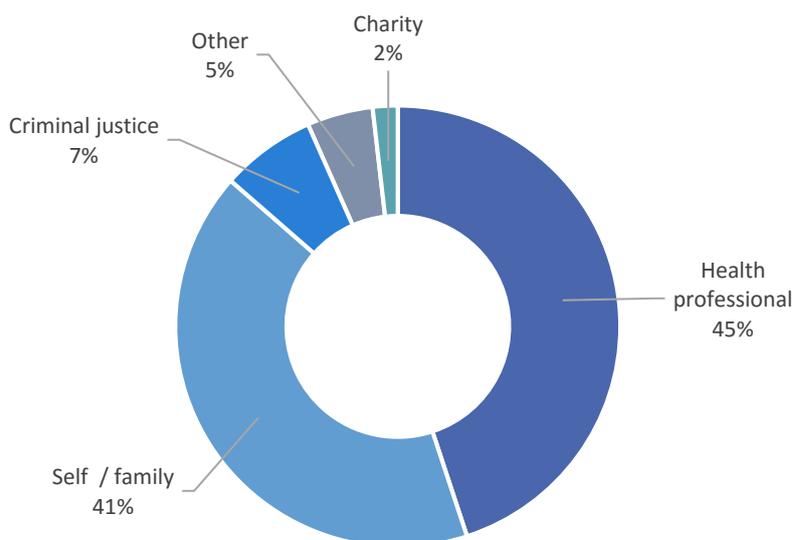


Over the last ten years the profile of those referred to the Drugs and Alcohol Service for alcohol linked problems has remained similar, with the following attributes:

- two-thirds (67%) were males, and one-third (33%) females
- more than 70% were aged over 35, and less than 10% aged under 25 years
- almost two-thirds (64%) had been referred to the Drug and Alcohol Service previously
- over 90% had problems *only* with alcohol, 10% had problems with a combination of alcohol and other substances

Figure 19 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 19: Origin of referrals to Drug and Alcohol Service**



## 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 2018, there were 775 hospital admissions specifically related to alcohol consumption, an age-standardised rate of 739 episodes per 100,000 population. Almost three-quarters of the admissions (74%) were males.

Over the period 2012 to 2018, the age-standardised admission rate for males has reduced from 1,420 to 1,120 admissions per 100,000 population. Female rates have remained relatively more constant (Figure 20).

**Figure 20: Alcohol-specific hospital admissions (age-standardised rates), 2012-18**

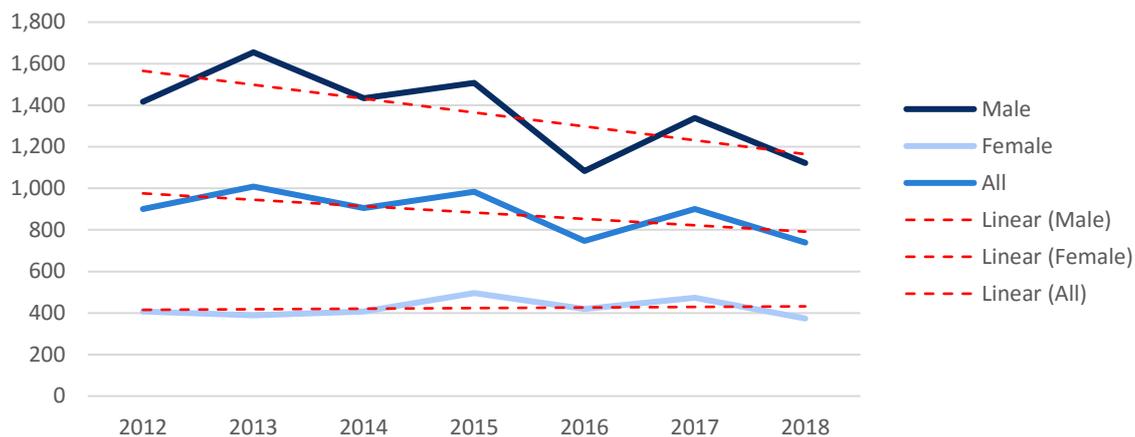
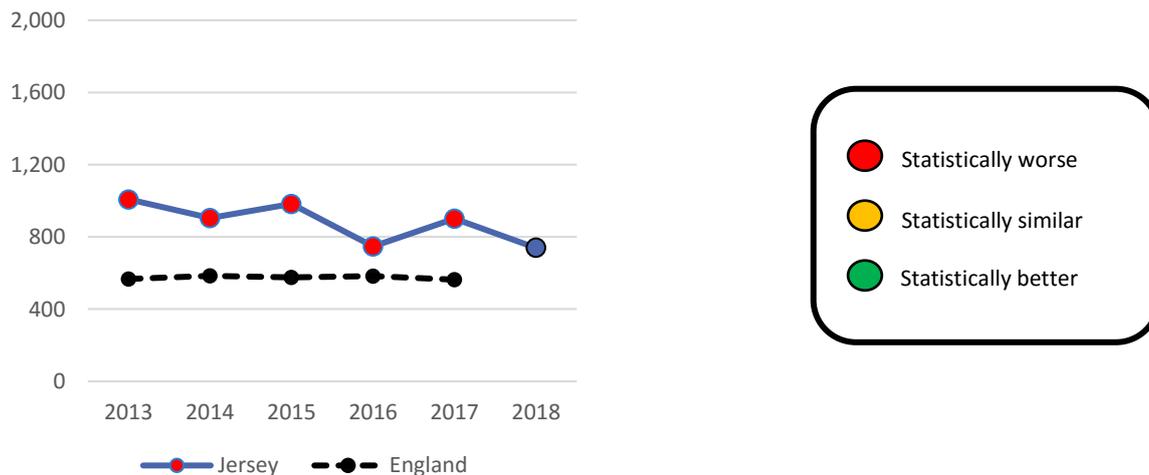
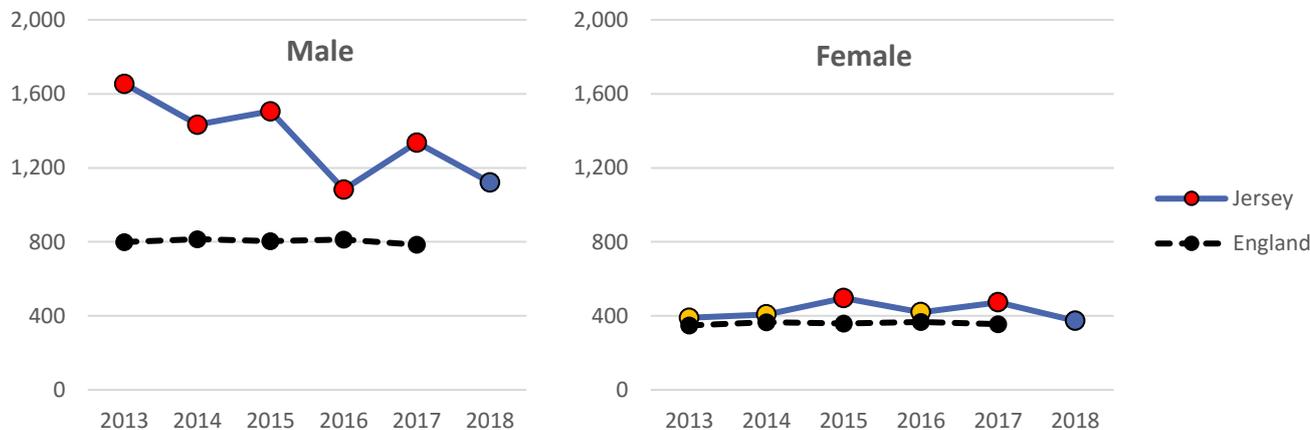


Figure 21 shows that alcohol-specific hospital admission rates in Jersey are significantly higher than those in England. This difference is mainly due to the rates of male alcohol-specific hospital admissions which, while decreasing since 2013, remain significantly higher than in England (see Figure 22). In 2017, the most recent year for which English comparison data is available<sup>16</sup>, there were 945 alcohol related hospital admissions in Jersey, an age-standardised rate of 900 admissions per 100,000 population, and significantly higher than England’s age-standardised rate of 563 admissions per 100,000 population.

**Figure 21: Alcohol-specific hospital admissions, Jersey and England**



**Figure 22: Alcohol-specific hospital admissions, Jersey and England, males and females**



<sup>16</sup> Financial year 2016/17: PHE publish their information by financial year April to April

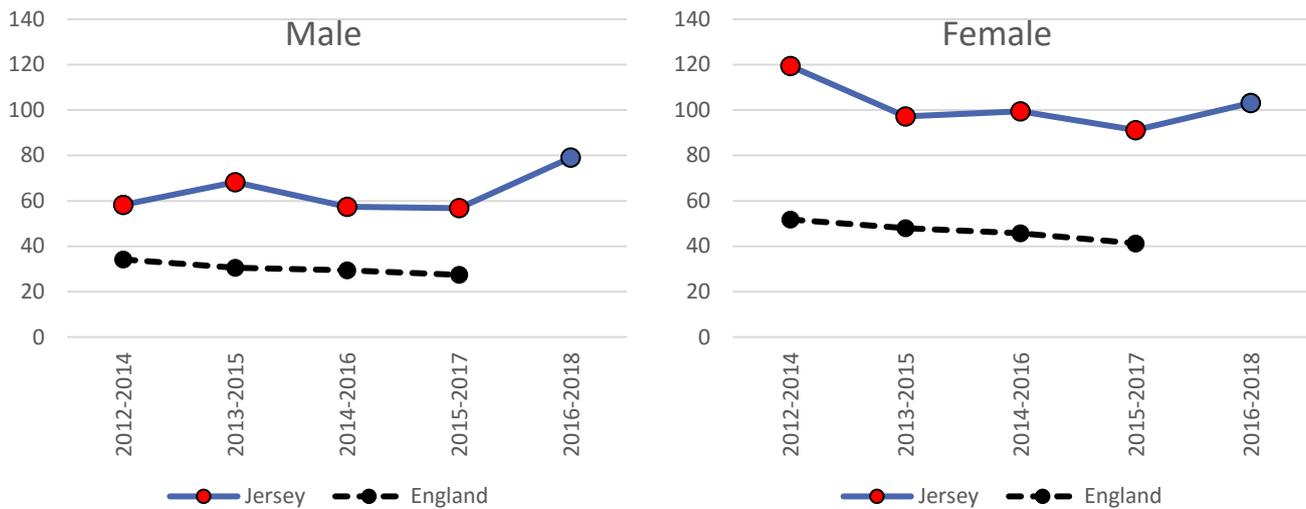
## Under 18 hospital admissions due to alcohol consumption

Over the three-year period 2016-2018, there were 55 admissions to hospital of under 18 year olds with a primary or secondary diagnosis for an alcohol-specific condition. Only a very small percentage of under 18s had multiple alcohol-specific hospital admissions.

On average, the number of female admissions was greater than the number of male admissions. Over the period 2016-18, females averaged 10 admissions per year at a crude rate of 100 admissions per 100,000 females aged under 18, while males averaged 8 admissions per year at a crude rate of 80 admissions per 100,000 males aged under 18.

Over the period 2014/15 to 2016/17<sup>17</sup>, crude rates for alcohol-specific hospital admissions of under 18s in England were significantly lower (males: 27.4 admissions per 100,000 males aged under 18; and females: 41.3 admissions per 100,000 females aged under 18).

**Figure 23: Under 18s alcohol-specific hospital admission rates per three-year interval: England and Jersey**



Source: Jersey Health Informatics team and Public Health England

## 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.

<sup>17</sup> Jersey data is for calendar years whereas English data is measured over financial years (measured April to April)

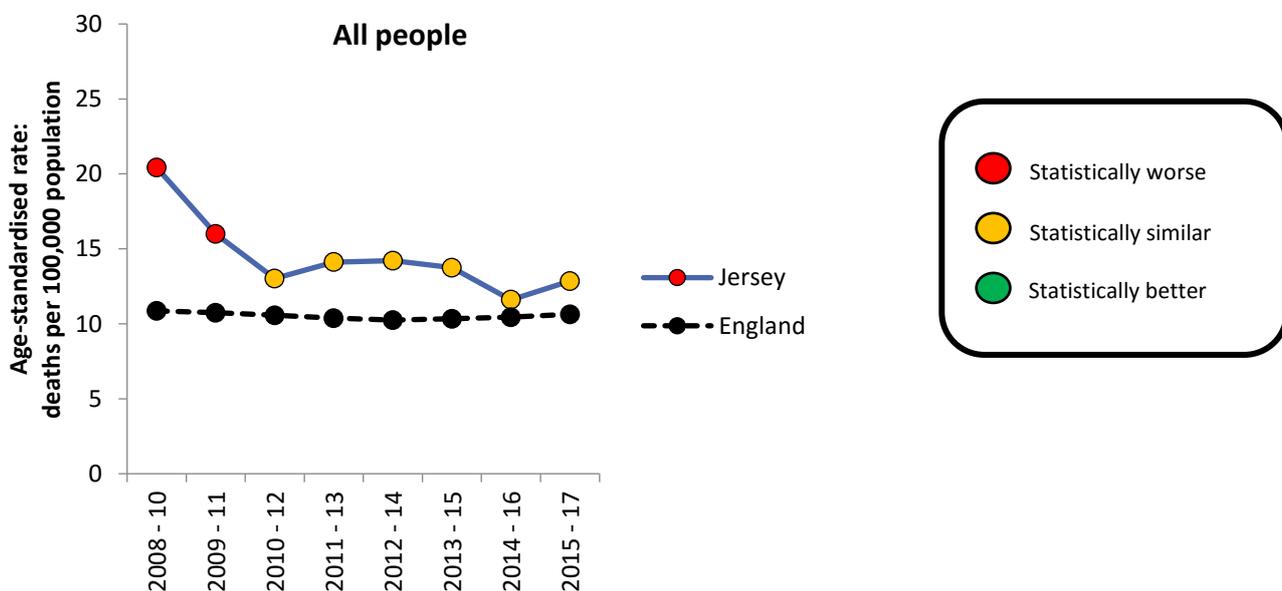
**Deaths due to chronic liver disease:** Public health England also measure mortality from chronic liver disease<sup>18</sup> as it is one of the principal causes of death in England, with people dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity, which are both amenable to public health interventions.

## Alcohol-specific deaths

Due to relatively small numbers, alcohol-specific deaths are measured over a three-year period. Since the previous Jersey Alcohol Profile 2016, the definition of an alcohol-specific death has changed. All numbers and rates in this report are calculated using the new definition in order to enable comparison over time.

Figures 24 and 25 show the age-standardised rate of deaths for Jersey and the UK. Over the period 2015-17, almost 40 people died from alcohol-specific causes (an age-standardised rate of 12.8 deaths per 100,000 population). Almost 90% of these alcohol-specific deaths were of people aged under 75 years, and resulted in almost 650 years of lost life (YOLL<sup>19</sup>).

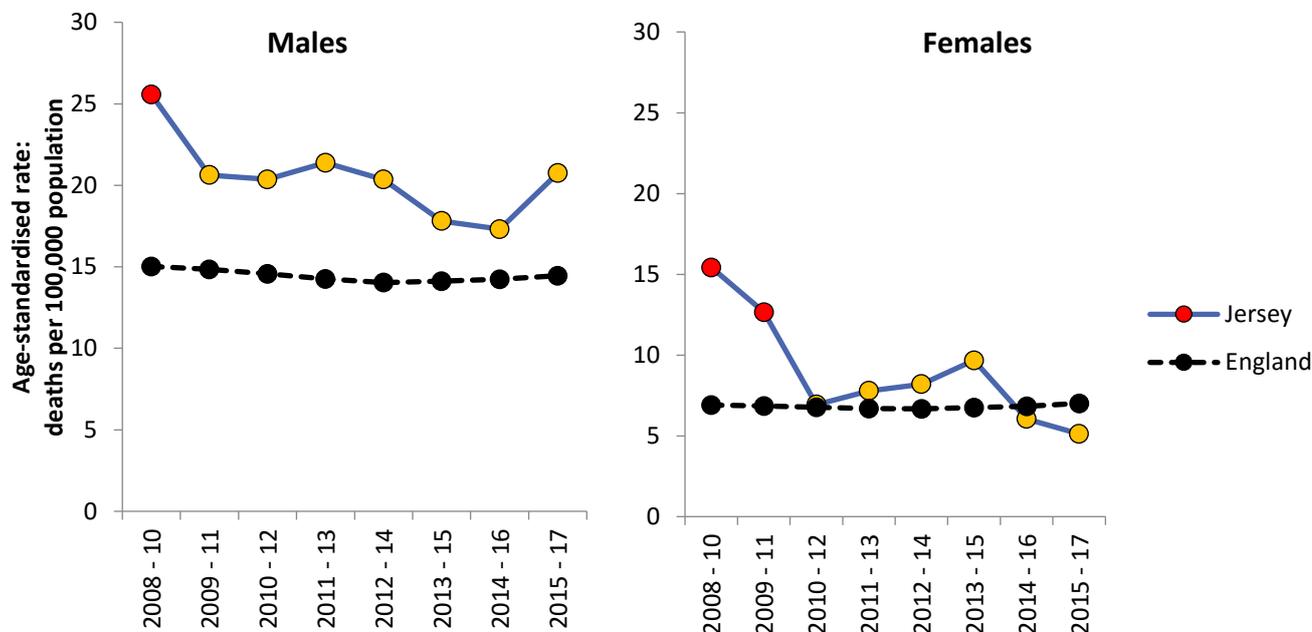
**Figure 24: Alcohol-specific deaths: rates all people**



<sup>18</sup> [Fingertips.phe.uk/profile/local-alcohol-profiles](http://Fingertips.phe.uk/profile/local-alcohol-profiles) indicator 3.01

<sup>19</sup> A definition of years of life lost can be found in the background notes

Figure 25: Alcohol-specific deaths: rates of males and females

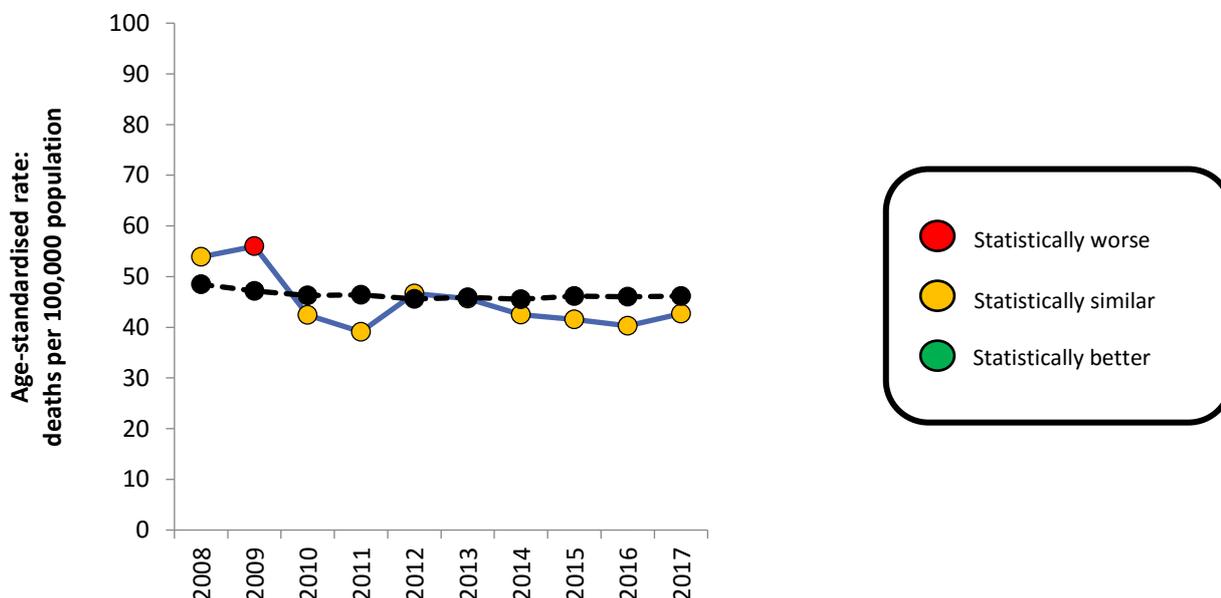


Source: Statistics Jersey and Public Health England

### Alcohol-related deaths

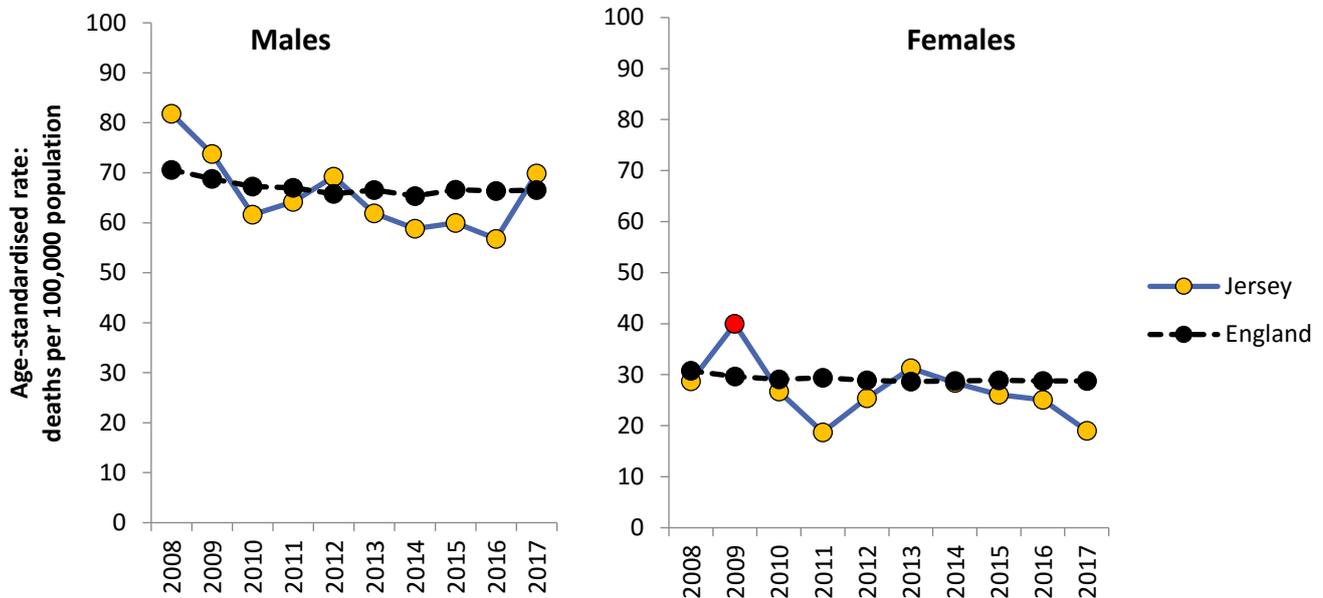
In 2017, more than 40 people died<sup>20</sup> from alcohol-related causes, an age-standardised rate of 42.7 per 100,000 population. This rate was statistically similar to the English rate of 46.2 per 100,000. Over three-quarters of the alcohol-related deaths were males.

Figure 26: Alcohol-related deaths: rates of all people



<sup>20</sup> 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.

Figure 27: Alcohol-related deaths: rates of males and females

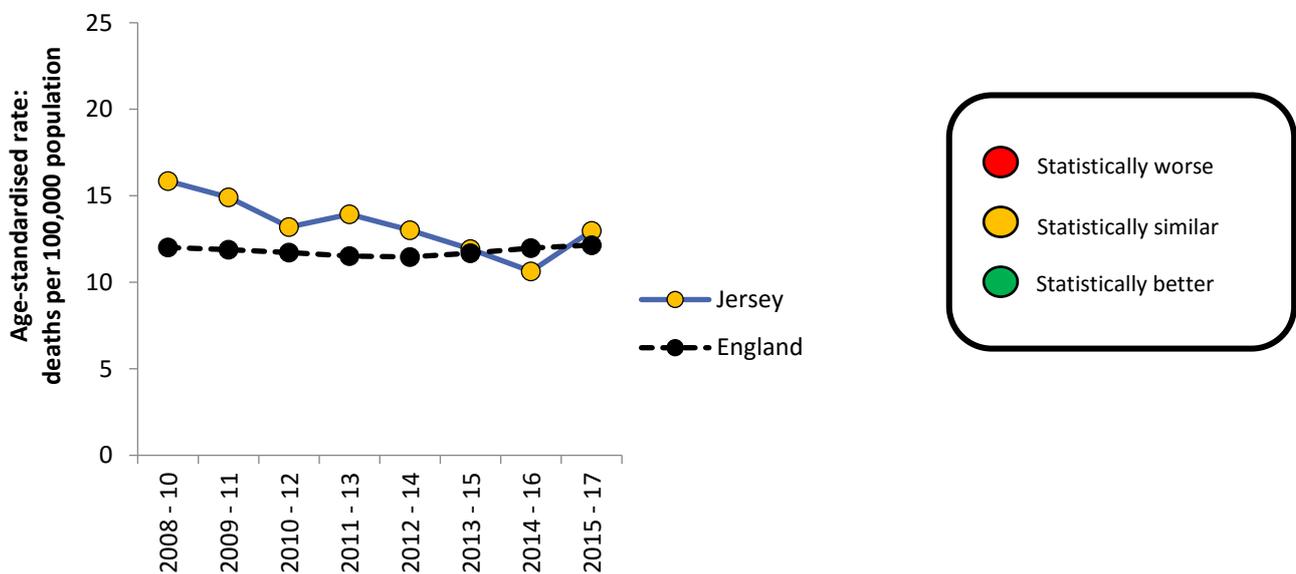


Source: Statistics Jersey and Public Health England

### Death from chronic liver disease

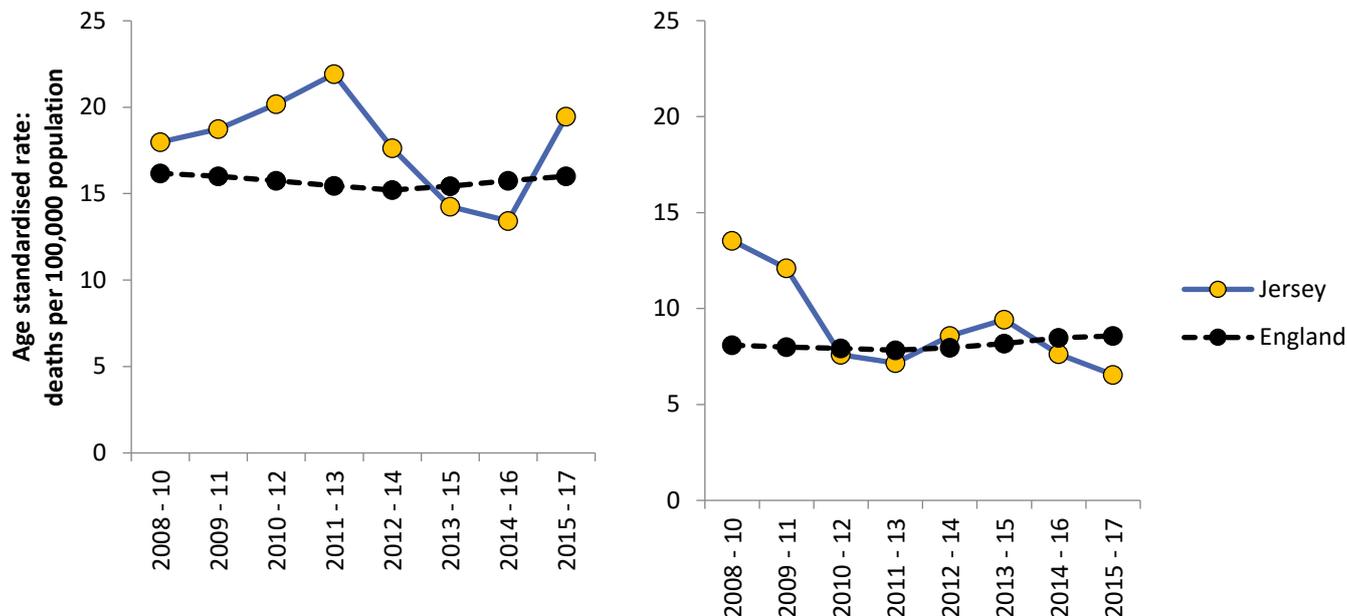
Over the period 2015-17, chronic liver disease<sup>21</sup> accounted for almost 40 deaths. Of these, more than 80% were of people aged under 75 years, resulting in almost 500 years of life lost (YOLL).

Figure 28: Deaths from chronic liver disease: rates of all people



<sup>21</sup> Includes ICD-10 codes K70 (alcoholic liver disease), K73 (chronic hepatitis, not classified elsewhere) and K74 (fibrosis and cirrhosis of the liver)

Figure 29: Deaths from chronic liver disease: rates of males and females



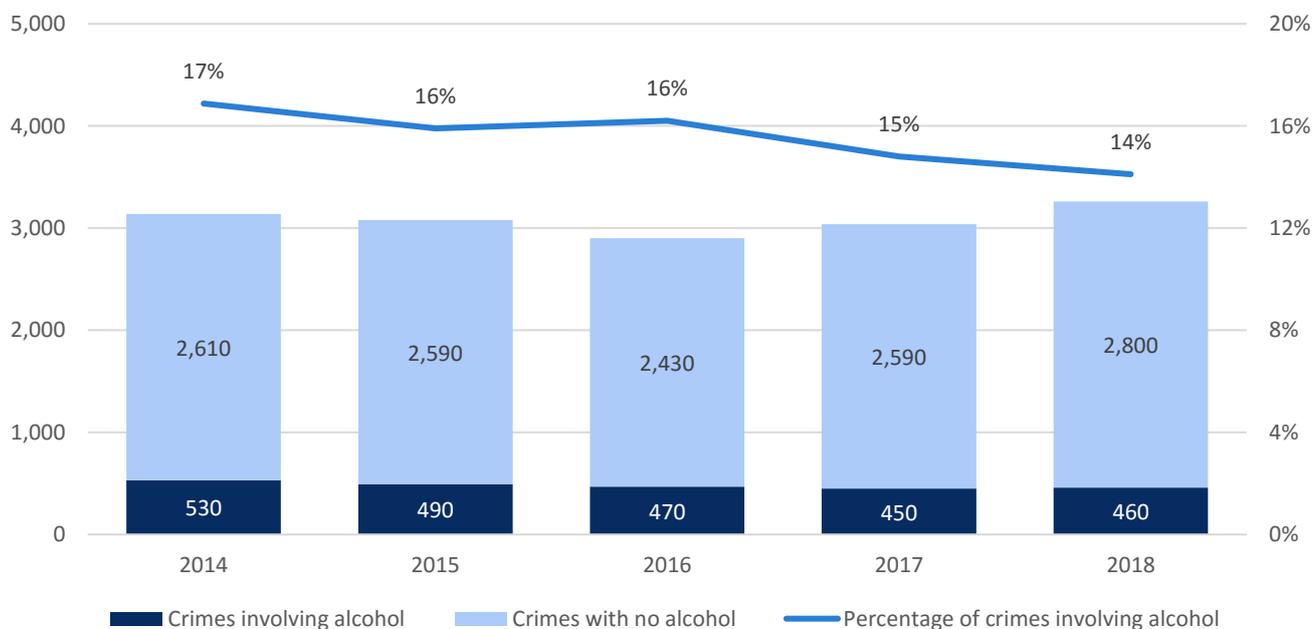
Source: Statistics Jersey and Public Health England

## Wider effects of alcohol

### Crime

In 2018, more than 3,260 crimes were recorded by States of Jersey Police. Of these, 460 (14%) were recorded by the officer attending as involving alcohol in some way. Figure 30 shows that while the percentage of crimes involving alcohol has reduced, the overall number has remained relatively similar over the last 4 years.

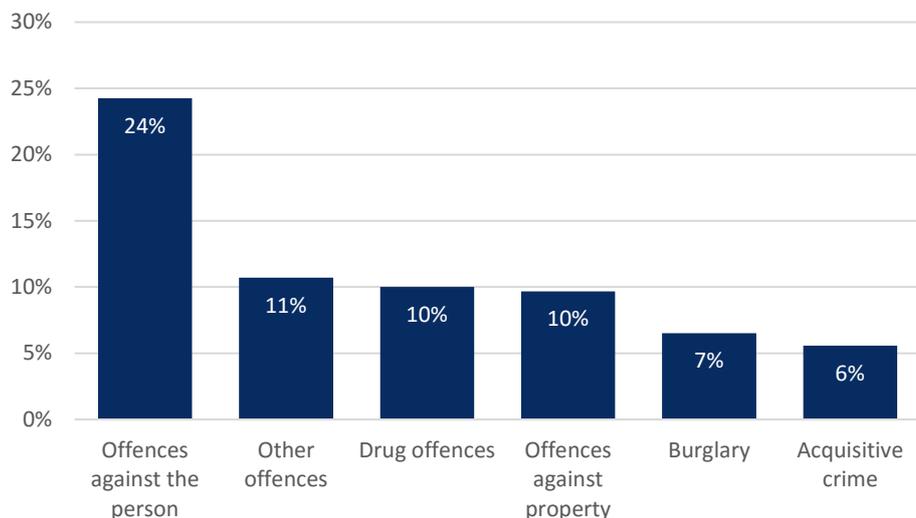
Figure 30: Count of crimes in Jersey with and without alcohol: 2014-2018



Source: States of Jersey Police

Over the last three years (2016-2018), offences against the person (e.g. affray and assault) were the types of crime most likely to involve alcohol (almost one in four of crimes against the person).

**Figure 31: Different offence types – proportion involving alcohol (2016-2018)**

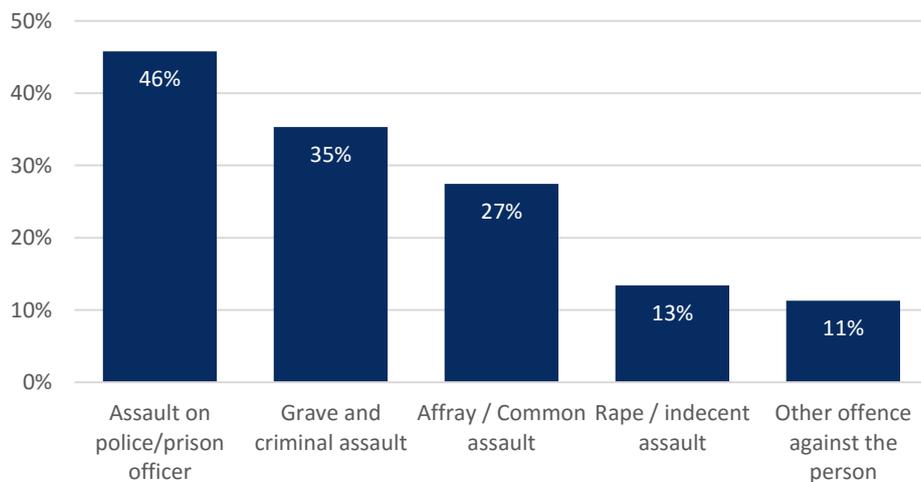


Source: States of Jersey Police

### Crimes against the person

More detailed analysis of crimes against the person over the period 2016 to 2018 shows the proportion of each subcategory of crimes against the person which involved alcohol (Figure 32).

**Figure 32: Types of crimes against the person: percentage that involved alcohol 2016-18**



Source: States of Jersey Police

### Domestic Crime

“Domestic crime” is defined as any crime between parties who are related (including step-relations), spouses, partners or ex-partners<sup>22</sup>. Over the period 2016-18 there were 1,170 domestic crimes, of which 33% involved alcohol.

Over the three years 2016-18, 89% of domestic crimes were offences against the person. The most common type of domestic crimes were common assaults (of which 38% involved alcohol) and grave and criminal assaults (41% involved alcohol) – see Table 3.

<sup>22</sup> Note that domestic crime is a subcategory of all crime. For example, assaults counted under domestic crime also appear under all crime, and crimes against the person.

**Table 3: Summary of assaults linked to alcohol, all offences, domestic offences and offences in the St Helier night time economy**

		All offences	Domestic crime	Offences in the St Helier night time economy
Common assault	Number of Offences	1,925	590	480
	% involving alcohol	27%	38%	40%
Grave and criminal Assault	Number of Offences	680	250	175
	% involving alcohol	35%	41%	49%

Source: States of Jersey Police

### Night time economy

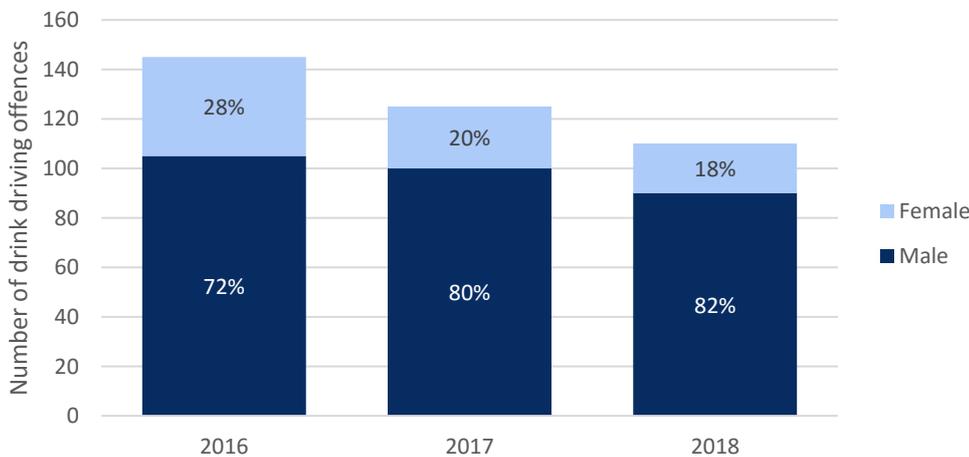
Crimes considered as being associated with the St Helier night time economy are those occurring between 8pm and 4am, in or outside licenced premises, commercial premises or on the street within the parish of St Helier<sup>23</sup>.

Over the period 2016 to 2018, 760 crimes were recorded as occurring in the St Helier night time economy, of which 310 (41%) were linked to alcohol. The two most common crimes in the St Helier night time economy were common assault (480 offences, of which 40% involved alcohol) and grave / criminal assaults (175 offences, of which 49% involved alcohol) – see Table 3.

### Drink Driving

There were 110 recorded drink driving offences in 2018, a reduction of almost a quarter (24%) from 2016. The number of annual drink driving offences recorded will be affected by year on year differences in the number of proactive police stops. Over this period, the percentage of recorded drink driving offences perpetrated by males has increased from 72% to 82% (Figure 33).

**Figure 33: Number of drink driving offences – 2016-18, by sex**



Source: States of Jersey Police

Although the overall level of drink driving offences recorded has reduced over the period 2016 to 2018, the number of road traffic collisions (RTCs) caused by drivers under the influence of alcohol has remained essentially similar at around 35.

<sup>23</sup> 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.

## 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

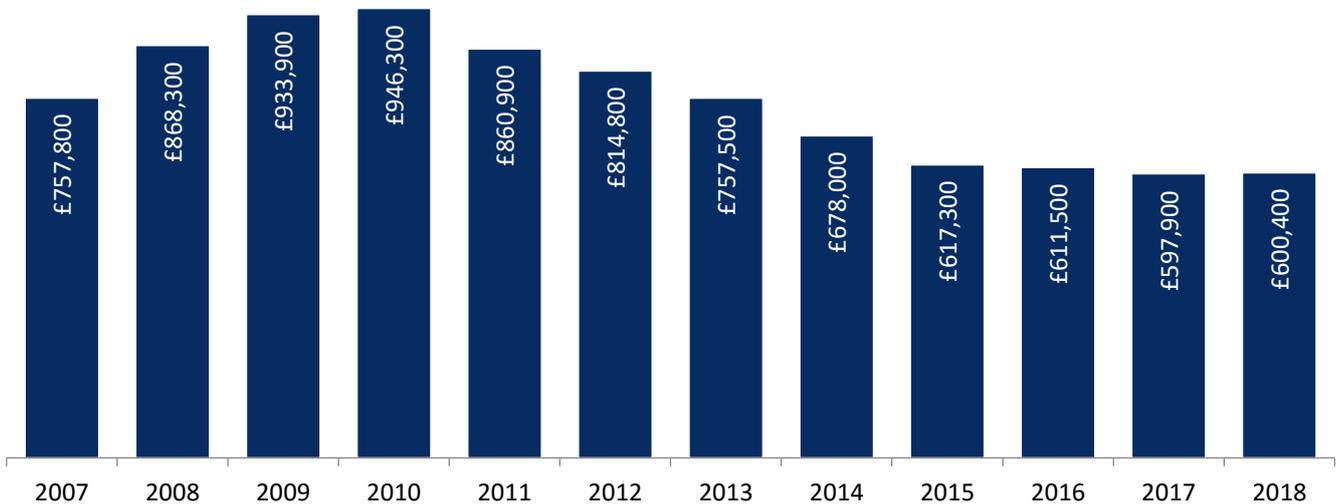
Social Security Department expenditure due to alcohol-related sickness or ailments is defined under one of four categories:

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

In 2018, the Social Security Department spent £600,000 on 140 benefit claimants due to alcohol-related sickness and ailments. Almost half of this amount (£281,000) was due to 75 claims for alcoholism. The amount spent on benefit claims due to alcohol has been around £600,000 in each of the last four years (Figure 34).

The Social Security expenditure on benefits due to alcohol-related ailments accounts for less than 2% of the total benefit expenditure in 2018, and is paid to claimants making up less than 1% of all LTIA, STIA and Invalidation benefit claimants.

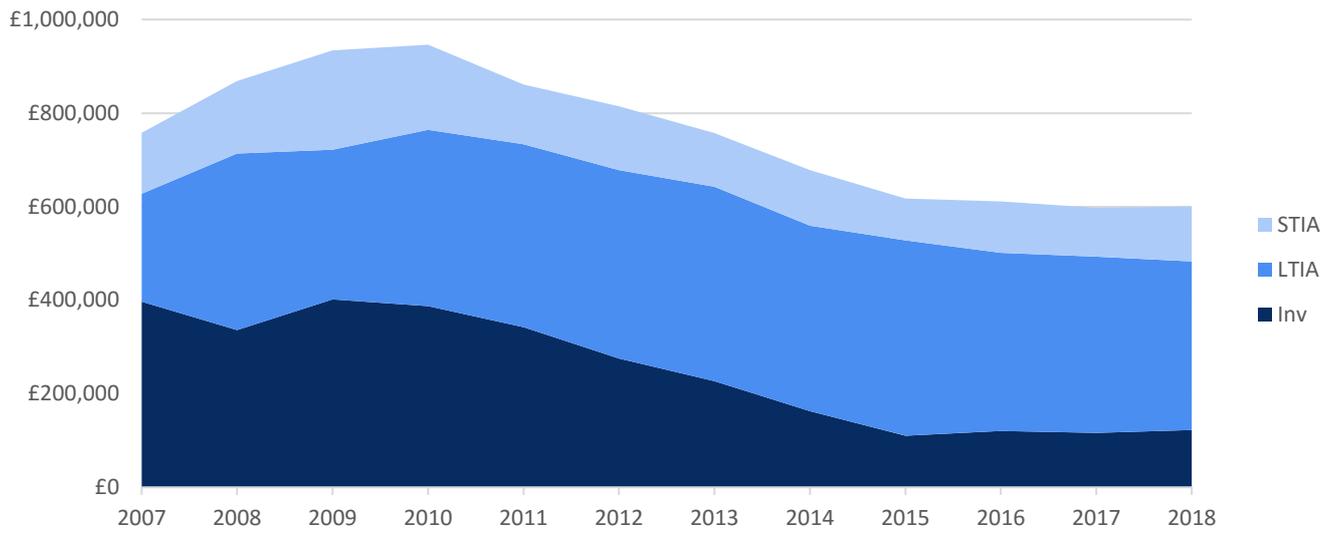
**Figure 34: Social Security Department expenditure on benefits due to alcohol related ailments**



Source: States of Jersey Social Security Department

The majority of alcohol-linked claims are long-term. Since 2007, long-term benefits (LTIA and Invalidation benefit) have accounted for over 80% of all benefit claims due to alcohol-linked ailments (Figure 35).

**Figure 35: 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 drunk by tourists (numbers provided by Visit Jersey) and seasonal workers (numbers from the Manpower Survey)
- 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 2017. 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 ( $1.0 > \text{AAF} > 0.0$ ) are available in Public Health England's 'Local Alcohol Profile for England 2017 User Guide'

#### 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.

For JOLS data, the confidence intervals used are taken from the JOLS report itself. In 2018, the following confidence intervals were calculated:

- all adults:  $\pm 3\%$
- age-band: between  $\pm 5\%$  (age 65+ years) and  $\pm 9\%$  (age 16-34 years)

- sex:  $\pm 4\%$  for females and  $\pm 5\%$  for males
- tenure: owner-occupiers  $\pm 4\%$ ; qualified rent  $\pm 8\%$ ; social rent  $\pm 9\%$ ; non-qualified accommodation  $\pm 17\%$

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’

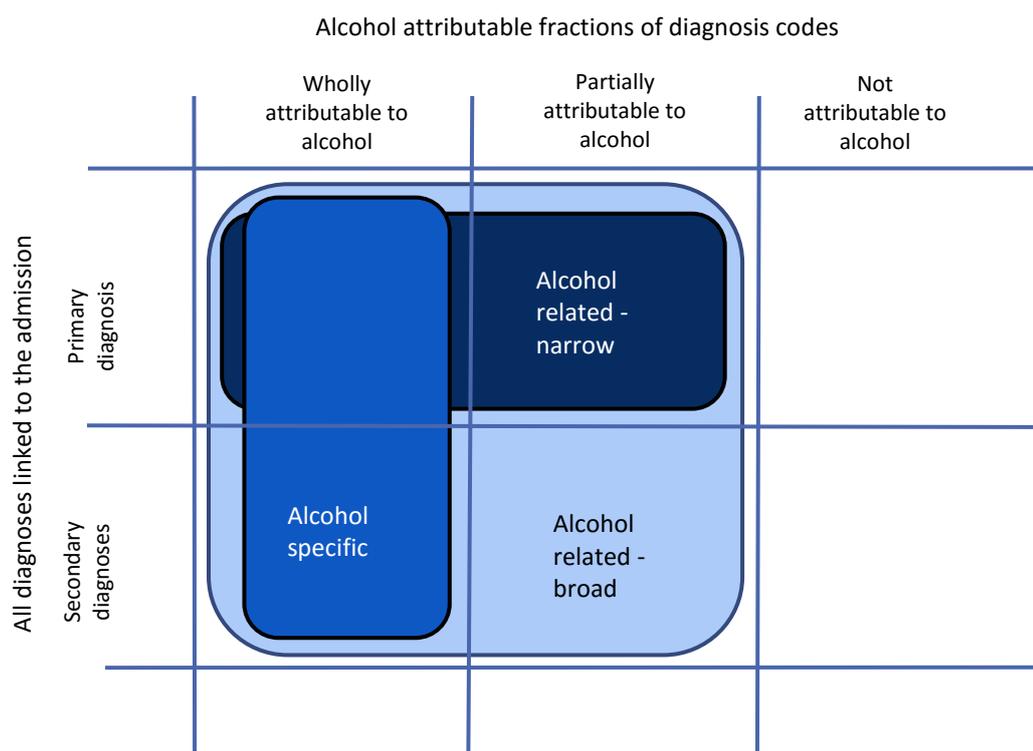
## Annex 1: Hospital admission definitions

**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):** hospital admissions where the primary diagnosis is an alcohol attributable code (including the alcoholic-specific codes), or a secondary diagnosis is an alcohol-related external cause. For each episode identified, a fraction is applied, based on the diagnostic code, age group and sex of the patient, which relates to the perceived contribution of alcohol to the admission.

**Alcohol-related admissions (broad):** hospital admissions where the primary or any of the secondary diagnoses are an alcohol attributable code (including the alcoholic-specific codes). For each episode identified, a fraction is applied, based on the diagnostic code, age group and sex of the patient, which relates to the perceived contribution of alcohol to the admission.

**Figure 36: Representation of different PHE definitions of hospital admissions linked to alcohol**



## 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
<b>Wholly attributable condition</b>			
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
Fetal 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
<b>Partially attributable conditions</b>			
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*