

Alcohol consumption



A good measure: Units and drinking guidelines • UK alcohol consumption

Alcohol consumption in Great Britain has risen per head of the adult population during the post-war years, more than doubling between the mid-1950s and late 1990s, when it hit double figures for the first time. It has fallen slightly from a peak of 11.6 litres in 2004; periods of slow economic activity in recent years may have contributed to this relative decline. Men consume on average more than twice as much alcohol – mainly beer – on a weekly basis as women, although in terms of amounts drunk, women now purchase more units of wine than men in total. According to research company Nielsen, roughly 7 in every 10 wine bottles sold in Britain’s supermarkets are bought by women.¹

This fact is also representative of a long-term increase in the proportion of alcohol purchased from off-licenced outlets and consumed at home rather than in pubs and bars; British Beer & Pub Association (BBPA) figures estimate that twice as much alcohol is now bought from off-licenced premises as from pubs and other on-licenced premises. This is thought to be due to the increased affordability of alcoholic beverages from off-licence vendors, relative to the cost of purchasing drinks in pubs and bars.

This factsheet provides a recent history of UK drinking patterns and trends, and explains how the recommended guidelines for alcohol consumption came to be.

¹ Financial Times (December 2014) ‘The other glass ceiling: women winemakers’
<<https://www.ft.com/content/0e0a597c-7ffc-11e4-adff-00144feabdc0>>

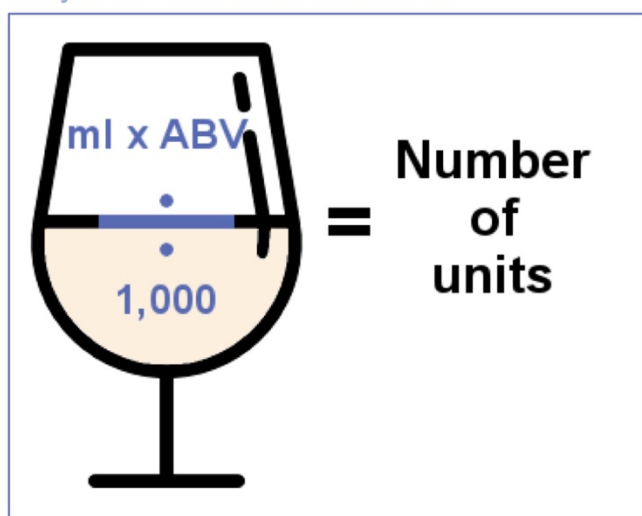


A good measure: Units and drinking guidelines

What is a unit of alcohol?

In the UK, consumption of alcoholic drinks is measured in units. Units are a simple way of expressing the quantity of pure alcohol in a drink, offering a standardised comparison of the volume of pure alcohol between alcoholic beverages.¹ They are calculated as follows:

Figure 1: How many units in an alcoholic drink?



The diagram illustrates the formula for calculating the number of units in an alcoholic drink. It features a wine glass partially filled with a light-colored liquid. Inside the glass, the text 'ml x ABV' is written above a horizontal line representing the liquid level. Below this line, the number '1,000' is written. To the right of the glass, an equals sign is followed by the text 'Number of units'.

$$\frac{\text{ml} \times \text{ABV}}{1,000} = \text{Number of units}$$

In the UK, 1 unit is equal to 8 grammes of pure alcohol, which is also equivalent to 10 millilitres of pure ethanol (alcohol). This takes approximately an hour for the average adult to process in the body (although there are many varying factors which mean all drinkers process alcohol differently).² The number of grammes that make up a unit varies between countries.*

The UK's low risk drinking guidelines: How did we get here?

In 2016, the Chief Medical Officers for the UK regions published a new set of alcohol consumption guidelines, split into three main categories: 1) regular drinking; 2) single drinking episodes; and 3) drinking in pregnancy.

* A roundup of drinking guidelines by nation is available on [Wikipedia](#)

Figure 2a: The official UK alcohol consumption guidelines – on regular drinking

New weekly guideline [this applies for people who drink regularly or frequently i.e. most weeks].

The Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Source: Department of Health, 'UK Chief Medical Officers' Alcohol Guidelines Review – Summary of the proposed new guidelines'

Figure 2b: The official UK alcohol consumption guidelines – on single drinking episodes

On single drinking episodes [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Source: Department of Health, 'UK Chief Medical Officers' Alcohol Guidelines Review – Summary of the proposed new guidelines'

Figure 2c: The official UK alcohol consumption guidelines – on pregnancy

The Chief Medical Officers' guideline is that:

- If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Source: Department of Health, 'UK Chief Medical Officers' Alcohol Guidelines Review – Summary of the proposed new guidelines'

The new guidelines replace a set of recommendations that were originally based on evidence submitted in a report by the Royal College of Physicians (RCP) to the UK government in 1987. This report acknowledged that there was “insufficient evidence to make completely confident statements about how much alcohol is safe”.³ However, in making the judgement that the public needed to be informed about the risks associated with drinking, it suggested the following guidelines for 'sensible limits of drinking':

- Men – no more than 21 units per week
- Women – no more than 14 units per week
- Both men and women should have 2 or 3 alcohol-free days
- The total number of weekly units should not be drunk in 1 or 2 bouts

These guidelines were based on the underlying assumption that they did not apply to children and adolescents, to adults who had particular health problems or a family history of alcohol problems or to women during pregnancy.

In 1995, the recommendations were reviewed by an inter-departmental government working group, following the publication of scientific evidence stating that small amounts of alcohol may have a protective effect against coronary heart disease. Despite this finding, leading health experts – including the British Medical Association (BMA)⁴ and the RCP – came to the conclusion that the 1987 guidelines were still the most appropriate means of communicating to the public the risks associated with drinking.⁵

Furthermore, it was agreed that clauses should be added to take account of short term episodes of heavy drinking which was argued to often correlate strongly with both medical and social harm. The Sensible Drinking report called for the establishment of daily benchmarks to help individuals 'decide how much to drink on single occasions and to avoid excessive drinking with its attendant health and social risks'.⁶

These new guidelines recommended that 'men should not regularly drink more than 3–4 units of alcohol a day and women should not regularly drink more than 2–3 units a day', and advised against the consumption of alcohol for at least 48 hours after an episode of heavy drinking, in order to allow affected parts of the body to recover fully.

The transition from weekly to daily guidelines effectively increased the weekly limit for men by 33% and women 50%, exceeding the previous threshold for low risk drinking as presented by the medical profession. These changes were met with concern by members of the health community, as they contradicted the evidence base and seemingly recommended 'safe' levels of drinking that were in fact over and above what was deemed a 'low risk' threshold.

The categorisation of weekly alcohol units consumed into low / moderate and high risk levels became part of the recommended guidelines.

Figure 3: Old alcohol consumption guidelines

Drinker type	Units per week	
	Men	Women
Moderate	Less than 21	Less than 14
Hazardous	21 – 50	14 – 35
Harmful	50+	35+

Sources: Dr Holmes, J. et al., 'Minimum Unit Pricing & Banning Below Cost Selling: Estimated policy impacts in England 2014/15', Sheffield Alcohol Research Group, School of Health and Related Research, University of Sheffield / British Medical Association (BMA) (1995), 'Alcohol: guidelines on sensible drinking', BMA, London

The 1995 report also extended the reach of the original recommendations to include guidance for pregnant women. They were warned against drinking alcohol – especially in the first three months of the pregnancy to lower the risk of miscarriage – but that if they did still drink, to consume not more than 1–2 units of alcohol once or twice a week and not to become intoxicated.

In 2009 the then Chief Medical Officer (CMO) for England introduced a new guideline, that no children under the age of 15 years should consume alcohol, after evidence indicated that drinking before this age increased the risk of alcohol dependency in later life and also affected cognitive development. The CMO guidance recommended:

An alcohol-free childhood is the healthiest and best option, but;⁷

- If children do drink alcohol, they should not do so until at least 15 years old;

- If 15 to 17-year-olds drink alcohol, it should be rarely, and never more than once a week. They should always be supervised by a parent or carer; and
- If 15 to 17-year-olds drink alcohol, they should never exceed the recommended adult daily limits (3–4 units of alcohol for men and 2–3 units for women)

In December 2011, the House of Commons Science and Technology Committee launched an inquiry into the current UK drinking guidelines, calling for a review of the evidence that had emerged since 1995 on the health risks associated with drinking, and also on levels of public understanding of the guidelines. The Committee received evidence from a number of organisations, including public health interest groups and the alcohol industry.

The Science and Technology Committee report, published in January 2012, concluded:

There are sufficient concerns about the current drinking guidelines to suggest that a thorough review of the evidence concerning alcohol and health risks is due. The Department of Health and devolved health departments should establish a working group to review the evidence and advise whether the guidelines should be changed. In the meantime, the evidence suggests that (i) in the context of the current daily guidelines, the public should be advised to take at least two alcohol-free days a week; and (ii) the sensible drinking limits should not be increased.⁸

The Coalition Government's Alcohol Strategy, published in March 2012, accepted a need to improve the UK public's poor understanding of and adherence to the current drinking guidelines, with around a third of adult men and a fifth of adult women drinking above the recommended limits. In order to tackle this problem, the government tasked the UK's Chief Medical Officers with overseeing a review of the drinking guidelines, with the mission of:

... tak[ing] account of available science on how we can best communicate the risks from alcohol, improving the public's understanding of both personal risks and societal harms. This will include whether separate advice is desirable for the maximum amount of alcohol to be drunk in one occasion and for people over 65. This could complement the existing guidelines for young people and women who are pregnant or trying to conceive.⁹

After two-and-a-half years of discussion led by the UK CMOs, involving three independent groups of experts considering the evidence on the health effects of alcohol, the new guidelines were published in January 2016.¹⁰

It was recommended that the guidelines should revert to a weekly, rather than a daily, recommended limit. A weekly format was seen to be an easier benchmark for people (most of the population) who do not drink alcohol daily.

The most notable change from the 1995 guidelines was the reduction in men's weekly recommended alcohol units to that of women, 14 units per week. Part of the reasoning for this decision was that:

... when drinking within the low risk guidelines, overall levels of risk are broadly similar for men and women; although the risks of immediate harms such as deaths from accidents are greater for men; longer term harms from illness are greater for women.¹¹

The new evidence also indicated the following:¹²

- The benefits for heart health of drinking alcohol are less and apply to a smaller group of the population than previously thought. The only group with potential to have an overall significant reduction in risk of death in the UK is women over the age of 55 (especially if drinking around 5 units a week or less);
- There are adverse effects from drinking alcohol on a range of cancers – this was not fully understood in 1995 – and these risks start from any level of regular drinking and then rise with the amounts of alcohol being drunk.

The expert groups stated that their advice on regular drinking “is based on the evidence that if people did drink at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime”, comparable to risks from other everyday activities, such as driving.¹³

¹ BBC News Health (November 2011), ‘Health Explained: What is a unit of alcohol?’ <<http://www.bbc.co.uk/news/health-15501779>>

² NHS Choices, ‘Alcohol Units’ <<http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx>>

³ Royal College of Physicians (1987), ‘The medical consequences of alcohol abuse, a great and growing evil’, Tavistock Publications Ltd

⁴ British Medical Association (BMA) (1995), ‘Alcohol: guidelines on sensible drinking’, BMA, London

⁵ Royal College of Physicians, Royal College of Psychiatrists, Royal College of General Practitioners (1995), ‘Alcohol and the Heart in Perspective, sensible limits reaffirmed’, Oxprint, Oxford

⁶ Department of Health (December 1995), ‘Sensible Drinking – The report of an Inter-Departmental Working Group’, DH, London, p. 24 <<http://bit.ly/2fsH8qA>>

⁷ Donaldson, Liam, (Sir) (December 2009), ‘Guidance on the consumption of alcohol by children and young people. A report by the Chief Medical Officer’, Department of Health, pp. 13–29 <<http://bit.ly/2eFV4ir>>

⁸ House of Commons Science and Technology Committee (December 2011), ‘Alcohol guidelines: eleventh report of session 2010-12’, p. 3 <<http://www.publications.parliament.uk/pa/cm201012/cmselect/cmsctech/1536/1536.pdf>>

⁹ Secretary of State for the Home Department (March 2012), ‘The Government’s Alcohol Strategy’, p. 24 <<https://www.gov.uk/government/publications/alcohol-strategy>>

¹⁰ Gov.uk (August 2016), ‘Alcohol consumption: advice on low risk drinking’, p. 2 <<https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>>

¹¹ Gov.uk (January 2016), ‘Alcohol consumption: advice on low risk drinking’, p. 5

¹² Gov.uk (January 2016), ‘UK Chief Medical Officers’ Alcohol Guidelines Review: Summary of the proposed new guidelines’ <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf>

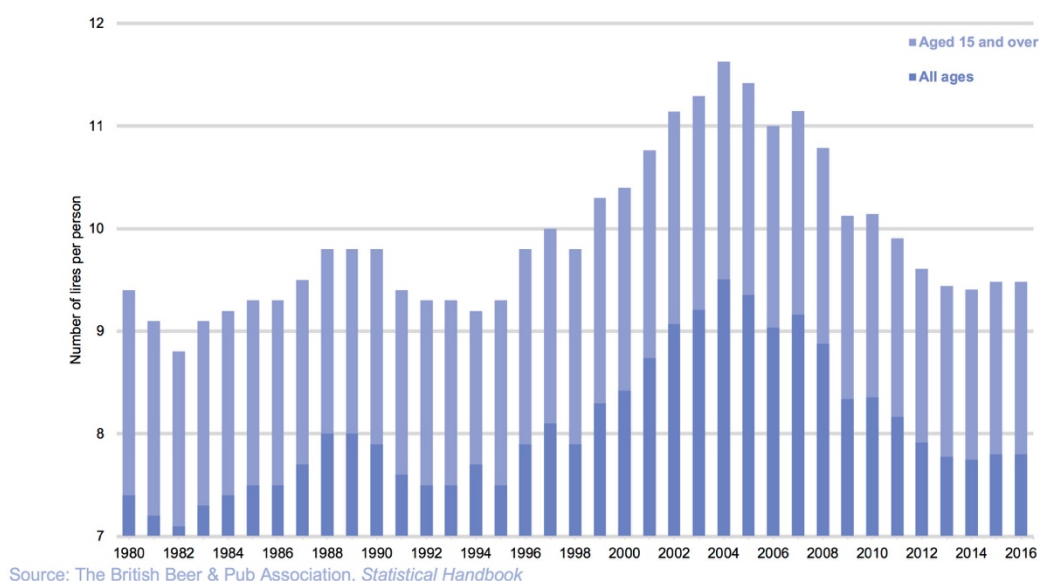
¹³ Gov.uk (January 2016), ‘Alcohol consumption: advice on low risk drinking’, p. 5



UK alcohol consumption

Figure 4 below displays the long-term trends in UK alcohol consumption since 1980. The latest available data estimates total alcohol consumption in the UK at 9.5 litres per person aged 15 years and older and 7.8 litres per person on average throughout the entire population in 2015.¹ This forms part of a recent downward trend from a peak of 11.6 and 9.5 litres per head respectively in 2004.

Figure 4: Consumption of alcohol, United Kingdom, 1980 to present



Recorded UK alcohol consumption per head for those 15 years of age and over first hit double digits in 1997, rising to a peak of 11.6 litres in 2004. 2011 was the first year in which recorded UK adult alcohol consumption fell below 10 litres per head since 1999. Recorded UK alcohol consumption in total has remained broadly in line with trends in adult consumption, also peaking in 2004 at a high of 9.5 litres per head, before falling to 7.8 litres in 2015.

The Office for National Statistics (ONS) also provides data on alcohol consumption in the UK, in conjunction with the Health & Social Care Information Centre (HSCIC). The ONS *Opinions and Lifestyle Survey* asks those who drank in the previous week how much they drank on their heaviest drinking day of the week.

In 2016, 29 million people aged 16 years and over reported that they had drunk alcohol in the week before interview. 8.2% (2.4 million) of them claimed to have consumed alcohol above the recommended weekly guidelines on their heaviest drinking day in that week.²

The most recent survey shows men are nearly three times more likely to drink above the weekly unit guidelines of 14 units (as stated in the Chief Medical Officers' advice) than women on their heaviest drinking day (11% compared with 4%, see figure 5a).

Figure 5a: Proportion of drinkers who drink within / above WEEKLY unit guidelines on their heaviest drinking day of the week, by sex and age, Great Britain

11% of men and 4% of women drank more than 14 units on their heaviest drinking day in the past week.

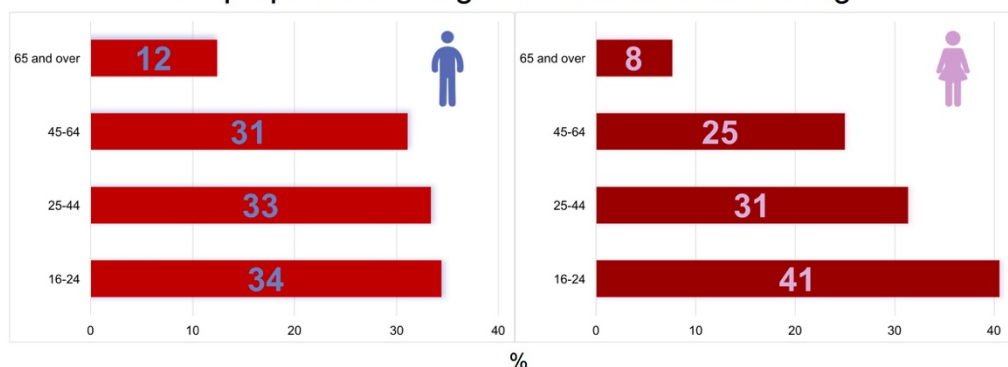


Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

Of those who drank alcohol in the last week, just over a quarter (27%) were classified as binge drinkers.** Figure 5b categorises the proportion of binge drinkers by sex and age.

Figure 5b: Proportion of those who drank alcohol in the last week who binge drank on their heaviest drinking day, by sex and age, Great Britain

Among both sexes, the youngest adults are most likely to binge drink* on their heaviest drinking day of the week. The proportion of binge drinkers declines with age.

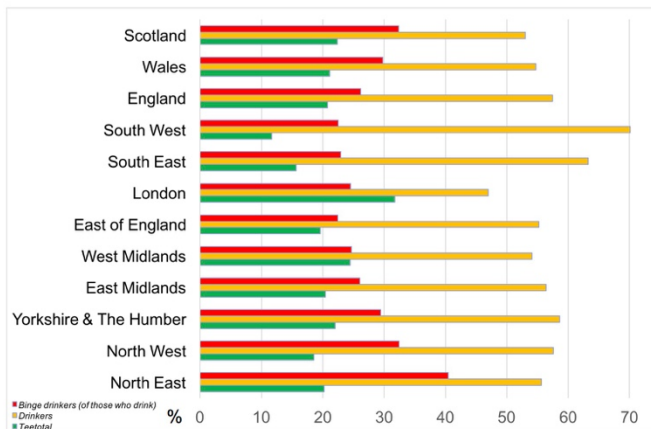


Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

* Binge drinking is defined as men who report exceeding eight units of alcohol on their heaviest drinking day in the week before interview, and women who report exceeding six units.

** The Government's Alcohol Strategy defines binge drinkers as men who report exceeding eight units of alcohol on their heaviest drinking day in the week before interview, and women who report exceeding six units.

Figure 6: How people drink, by region, Great Britain



The highest proportion of drinkers live in the southern regions of Great Britain (South West and South East).

Of those drinkers, those from the north (North East and North West) were most likely to binge drink.

You are most likely to find teetotalers in London.

Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

Figure 7a shows that most drinkers drank on at least one occasion in the week, and just one-in-ten did so at least five days in that week.

Figure 7a: Drinking frequency in the week before interview, Great Britain

In 2016:



57% of drinkers drank on at least one day in the last week



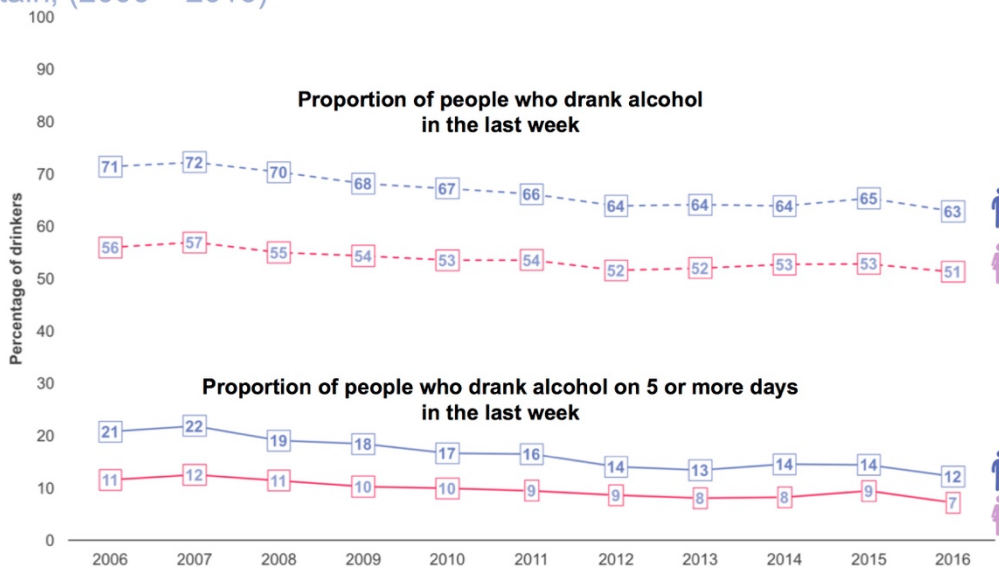
10% of drinkers drank on at least five days in the week

Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

Trend data show that the frequency of drinking is on the decline. The proportion of men drinking weekly has fallen at a faster rate than women in the past decade, although it remains higher (figure 7b).

In 2016, 63% of British men and 51% of British women were reported to have had an alcoholic drink in the last week. 12% of men and 7% of women claimed to have done so on five or more days in the week.

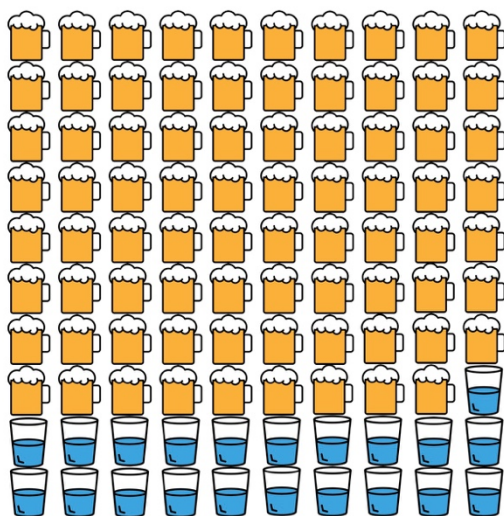
Figure 7b: Drinking frequency in the week before interview, by sex, Great Britain, (2006 – 2016)



Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

In contrast, just over a fifth of those surveyed reported abstaining from alcohol entirely in 2016 (figure 8).

Figure 8: Proportion of adults who are teetotal, Great Britain



In 2016:

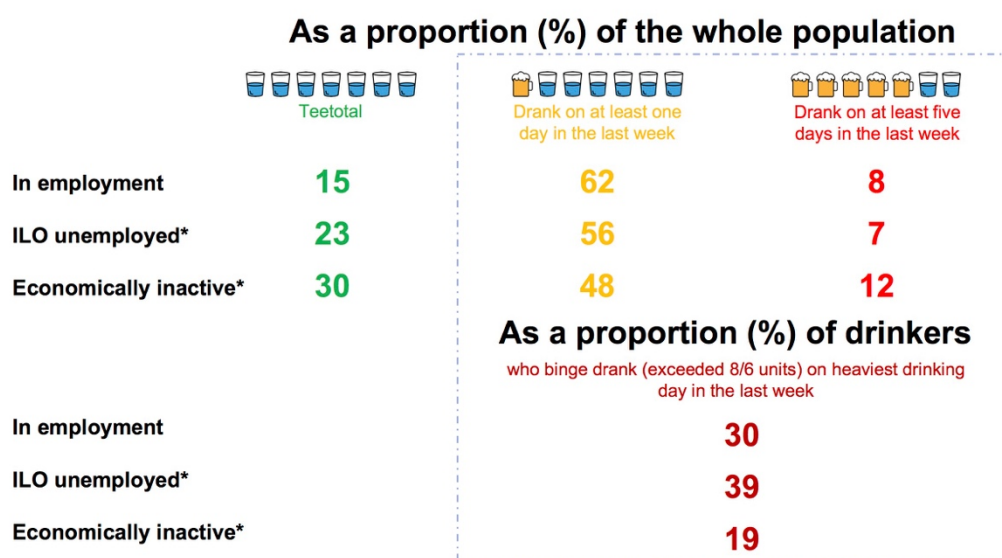
21% of people in Great Britain declared themselves teetotal

Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

Figures 9a, b, and c show how drinking habits differ according to socioeconomic factors.

As a proportion of the whole population, those in employment are most likely to drink at least once in the week (62%) leading up to interview. Figure 9a shows that economically inactive people (a group represented by students and the retired) are most likely to drink on at least five days in that week (12%), but are also most likely to abstain from drinking (30%). Unemployed drinkers are most likely to binge drink (39%) on the heaviest drinking day in the week.

Figure 9a: Drinkers' habits, by economic activity

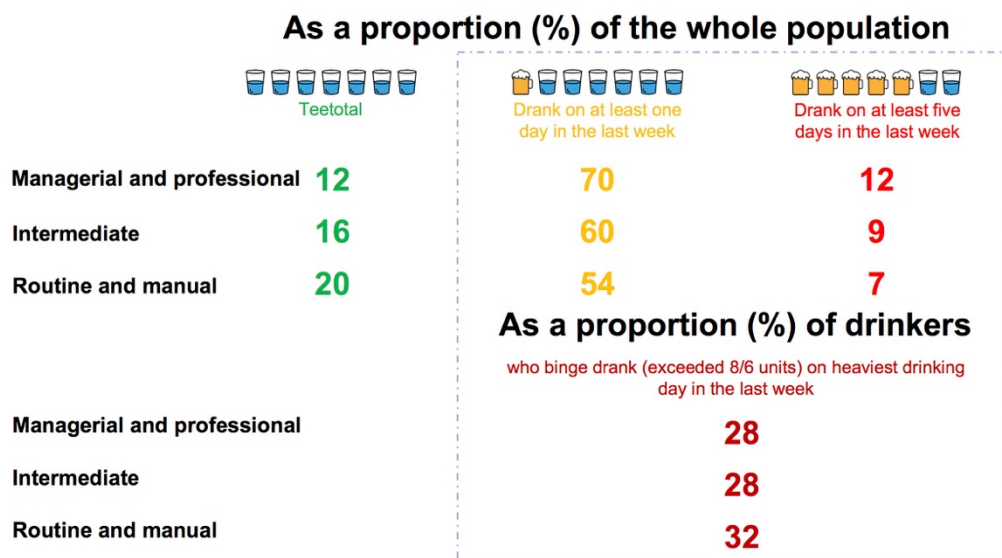


Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

* International Labour Organisation (ILO) definitions of economic activity have been used. Unemployed people are those who are not in work, but are looking for work, while economically inactive people are those who are neither in work nor looking for work.

Figure 9b shows that of those in employment, the managerial and professional classes drink most frequently (12%). Although routine and manual workers are most likely to abstain from drinking (20%), they are also most likely to binge drink on the heaviest drinking day in the last week, highlighting a greater disparity in drinking behaviours compared with other workers.

Figure 9b: Drinkers' habits, by occupation



Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

Figure 9c illustrates a positive correlation between income and the frequency of alcohol consumption. The proportion of those who drink at least once in a week is lowest among low-income earners (45% of those earning under £9,999.99), rising to 77% for the highest income earners (those earning £40,000 or more). Low-income earners are also least likely to drink on at least five days in the week (7%); those on the highest incomes are most likely to do so (13%). Although the range is small (six percentage points), the proportion of drinkers who binge drank was lowest among low-income earners.

Figure 9c: Drinkers' habits, by income



Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

It also shows a negative correlation between income and abstinence; the proportion of teetotal low earners is highest in the lowest incomes bracket (29%), falling to 9% for those earning £40,000 or more.

Wine was the most popular drink of choice for 46% of Britons on their heaviest drinking day of the week in 2016. Wine and beers were the most popular drink of choice for 48% of Britons who binge drank. Figure 10 shows that when split by sex, women were most likely to consume wine on their heaviest drinking day of the week (60% drinkers and 70% of those who binge drank), whereas men were most likely to drink normal strength beer / stout / lager / cider (67% and 53% respectively).

Figure 10: Types of drink consumed on heaviest drinking day in the week before interview, Great Britain

In 2016:



Men were most likely to consume normal strength beer / stout / lager / cider on their heaviest drinking day of the week

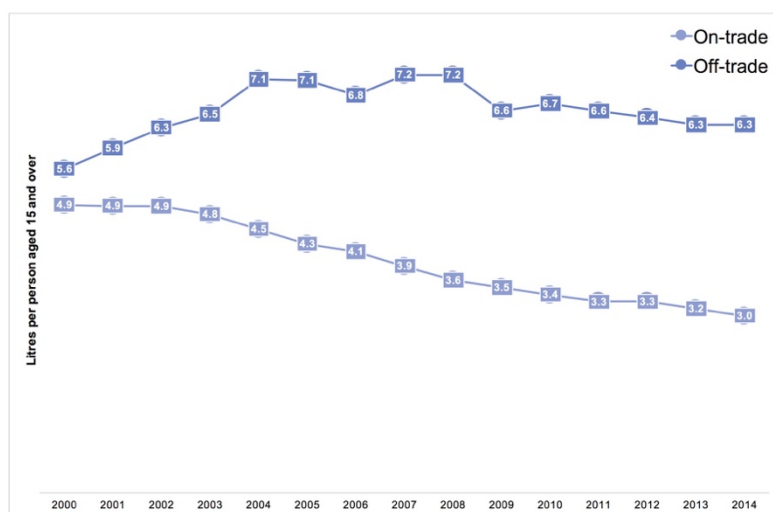


Women were most likely to consume wine on their heaviest drinking day of the week

Source: Office for National Statistics (May 2017), *Adult drinking habits in Great Britain: 2005 to 2016*

Figure 11 demonstrates the increasing disparity between on and off-trade consumption that has occurred since the turn of the 21st century. On trade consumption among adults in the UK – drinking alcohol purchased from venues such as pubs, nightclubs, and hotels – has declined by 1.9 litres since 2000, from 4.9 to 3 litres of pure alcohol per person (pp) aged 15 years and older in 2014. In contrast, off-trade consumption – drinking alcohol purchased from retailers in a domestic capacity – has increased 0.7l over the same period, from 5.6 in 2000 to 6.3 litres per person (pp) in 2014.

Figure 11: On-trade versus off-trade consumption, litres of pure alcohol, 2000 to present



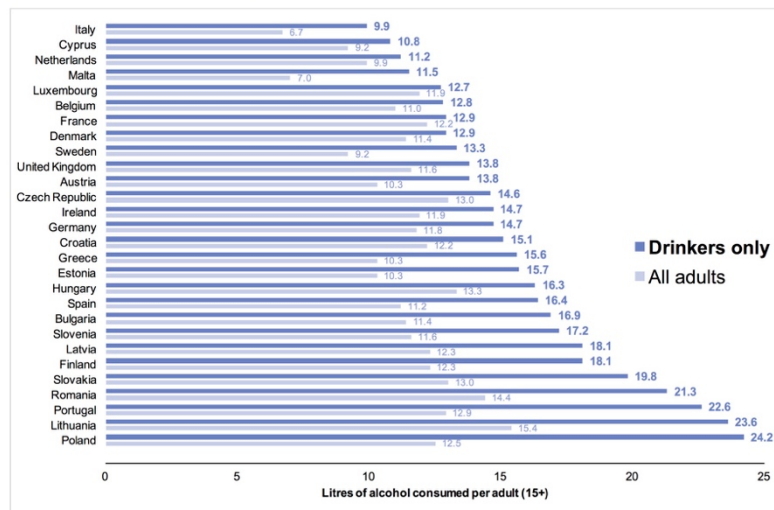
Source: The British Beer & Pub Association, *Statistical Handbook*

Off-trade consumption reached a peak of 7.2l of pure alcohol pp in 2007/8, and now stands at more than twice the level of alcohol consumed in the on-trade. 2008 so far marks the biggest difference between on and off-trade consumption levels this century (3.6l).

Much of the shift of alcohol purchases to off-licence premises has been attributed to the increasing affordability of alcohol sold by the major supermarkets. One market research data company calculated that off-trade alcohol sales came to £11.6bn in the 12 months to August 2014, and indicated that the offers of bargain priced wines and champagnes from discount chains was partly responsible – sales through Aldi and Lidl in particular rose 25.4% over the period.³

According to international data, the average UK drinker consumed 13.8l alcohol (defined as beer, wine or spirits) in 2010. Across all EU member states, Polish drinkers were found to consume the most alcohol at 24.2l. Romania (21.3l), Portugal (22.6l), and Lithuania (23.6l) were the other nations where average consumption levels among drinkers exceeded 20 litres.

Figure 12: Alcohol consumption in the European Union, litres per adult drinker (in pure alcohol, 15+), 2010



Source: World Health Organisation, *Global Information System on Alcohol and Health 2014*

The concentration of alcohol consumption in Poland is very narrowly concentrated among 52% of the adult population. In the UK, drinking is concentrated among four-fifths of all adults.

At the other end of the scale, Italy was the only country where the average drinker consumed fewer than 10 litres of alcohol.

Unrecorded alcohol consumption

It is important to note that the official figures do not take into account the levels of unrecorded alcohol consumed. For instance, the National Audit Office (NAO) estimates that the tax gap for beer duty accounted for up to 14% of the UK market in 2009-2010.⁴

The World Health Organisation (WHO) describes unrecorded alcohol as:

... alcohol that is not taxed and is outside the usual system of governmental control, because it is produced, distributed and sold outside formal channels. Unrecorded alcohol consumption... includes consumption of homemade or informally produced alcohol (legal or illegal), smuggled alcohol, alcohol intended for industrial or medical uses, alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction), as well as consumption of alcohol by tourists.⁵

As a result, it is difficult to calculate the actual amount of alcohol consumed. The most recent WHO estimates believe UK unrecorded alcohol consumption to amount to approximately 1.2 litres per head for the population aged 15+ years.⁶

Underestimation

Alcohol taxation data collected by HM Revenue & Customs can be seen as more robust than self-reporting via surveys in that it shows the actual volume of alcohol bought and sold. This is also true of alcohol sales data collected privately by market research companies, as they enable a more objective and accurate estimate of alcohol consumption, compared with self-reported surveys.

However, estimating alcohol consumption using sales data is subject to its own biases and limitations, and is therefore not wholly representative of UK alcohol consumption. These include: retailer non-response; wastage and spillage; non-inclusion of some alcohol sales outlets; consumption by tourists; and unrecorded alcohol. The overall impact of these biases is such that actual population levels of consumption are likely to be underestimated.⁷

Given these limitations, the ONS admits that:

Obtaining reliable information about drinking behaviour is difficult, and social surveys consistently record lower levels of consumption than would be expected from data on alcohol sales. This is partly because people may consciously or unconsciously underestimate how much alcohol they consume. Drinking at home is particularly likely to be underestimated because the quantities consumed are not measured and are likely to be larger than those dispensed in licensed premises.⁸

On measuring alcohol consumption, the Public Health England report *'The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review'* states:

It is widely acknowledged that household surveys underestimate population level alcohol consumption with estimates suggesting they record between 55% and 60% of consumption compared with actual sales. Retrospective analysis reports the discrepancy to be 430 million units a week, equivalent to a bottle of wine per adult drinker per week.⁹

If this is the case, then it can be assumed that official statistics on the consumption of alcohol are conservative estimates.

¹ Tettenborn, Mark (August 2016), 'Statistical Handbook 2015', British Beer & Pub Association (BBPA), London: Brewing Publications Limited, p. 29

² Office for National Statistics (May 2017), 'Adult drinking habits in Great Britain 2005 to 2016'

<<https://www.ons.gov.uk/releases/aduldrinkinghabitsingreatbritain2015>>

³ Daily Mail (October 2014), 'The Gogglebox effect: Britons follow the example of tipsy TV couple by spurning the pub and drinking more at home' <<http://dailym.ai/1o70tQj>>

⁴ National Audit Office (NAO) (January 2012), 'Renewed Alcohol Strategy: A Progress Report', p. 4

<<http://www.nao.org.uk/report/hm-revenue-and-customs-renewed-alcohol-strategy-a-progress-report/>>

⁵ World Health Organisation (WHO) (May 2014), 'Global status report on alcohol and health 2014', p. 5

<http://www.who.int/substance_abuse/publications/global_alcohol_report/en/>

⁶ WHO, 'Global status report on alcohol and health 2014', p. 246

⁷ Robinson M (January 2015) 'Regional alcohol consumption and alcohol-related mortality in Great Britain: novel insights using retail sales data' BMC Public Health <DOI: 10.1186/1471-2458-15-1>

⁸ Office for National Statistics (ONS), 'Chapter 2 – Drinking (General Lifestyle Survey Overview – a report on the 2011 General Lifestyle Survey)' <<http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-2.html>>

⁹ Public Health England (December 2016), 'The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review', pp.19–20



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