Key Findings

- Alcohol-specific mortality rates have fallen slightly and there is a small increase in the rate of alcohol-related deaths. However, overall trends remain broadly flat.

- The mortality rate from chronic liver disease has increased for the first time in the series (since 2006-08).

- New data which measures the potential years of life lost due to an alcohol-related cause shows 294,000 years of life lost before the age of 75 in 2015.

- Years of life lost have fallen consistently over the past decade.

- Gender and inequality gaps persist across the updated measures showing that disproportionate levels of harm are impacting on men and the most deprived.

- The rate of alcohol-related road traffic accidents continues to fall.

What's new?

This latest update to the Local Alcohol Profiles for England (LAPE) includes the addition of 2015 deaths, a data revision to the March 2016 mortality values following a small error and new data showing years of life lost due to alcohol-related conditions.

One new indicator:
- 1.02 Years of life lost due to alcohol-related conditions

Updates to four existing indicators:
- 2.01 Alcohol-specific mortality
- 3.01 Mortality from chronic liver disease
- 4.01 Alcohol-related mortality
- 12.01 Alcohol related road traffic accidents

Alcohol-related hospital admissions data will be updated in May 2017.

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New data on potential years of life lost due to alcohol-related conditions has been included in the Local Alcohol Profiles for England for the first time. This has replaced the previous 'Months of life lost due to alcohol' indicator to ensure consistency with other measures of premature mortality that are published by PHE. The new indicator measures the potential years of life lost in adults who died under 75 years of age due to an alcohol-related cause and as such reflects the reduction in a population’s potential life expectancy caused by alcohol consumption.

In 2015 there were an estimated 294,000 years of life lost in England up to the age of 75 (a rate of 552.3 years lost per 100,000 population). The rate of years of life lost fell by 1.3% in the latest year and has fallen most years since the beginning of the time series (2008). Again the rate for men (797.1 years lost per 100,000 population) is more than double the rate for women (311.3 years lost per 100,000 population). The inequalities gap is greatest for men where the rate for the most deprived 10% of the population (1028.7 years lost per 100,000 population) is more than double that of the least deprived 10% of the population (505.8 per 100,000 population). For men and women combined, 55,100 potential years of life were lost in the most deprived decile compared with 12,500 years in the most affluent decile.
Alcohol-specific mortality – deaths from conditions wholly caused by alcohol

There were 17,700 alcohol-specific deaths in England between 2013 and 2015. The rate of alcohol-specific mortality is down 1% (to 11.5 deaths per 100,000 population) compared to the previous 3-year period, a second successive fall. This has been driven by a fall of 1.3% for males. Alcohol-specific mortality in females remains flat. However, the rate of alcohol-specific mortality for men (15.9 per 100,000 population) is more than double the rate for women (7.3 per 100,000 population).

Alcohol-related harms have a disproportionate impact on the most deprived areas of the country. The alcohol-specific mortality rate for the most deprived 10% of the population was 16.2 per 100,000 population, which is more than double that of the least deprived 10% of the population (6.9 per 100,000 population).

Alcohol-related mortality – deaths from conditions wholly or partially caused by alcohol

In 2015 there were an estimated 23,500 deaths related to alcohol use. The rate of alcohol-related mortality increased slightly to 46.1 per 100,000 population in 2015 from 45.5 in 2014. As with alcohol-specific mortality, the rate for men (66.6 per 100,000 population) is more than double the rate for women (29.0 per 100,000 population).
The alcohol-related mortality rate for the most deprived 10% of the population was 56.2 per 100,000 population, which is significantly higher than that of the least deprived 10% of the population (35.2 per 100,000 population).

Deaths from Chronic Liver Disease

The rate of mortality from chronic liver disease has increased by 2% compared to the previous 3-year time period (at 11.7 deaths per 100,000 population). This is the first increase since the start of the LAPE series (2006-08) and has been driven by a rise of 2.8% for females and a rise of 1.5% for males. The rate of mortality from chronic liver disease for men (15.4 per 100,000 population) is almost double the rate for women (8.2 per 100,000 population).

Again, the inequalities gap is substantial for both males and females, with the rate in the most deprived areas up to double the rate in the least deprived.
The rate of alcohol-related road traffic accidents in England fell by 6.2% (to 26.0 per 1,000 road traffic accidents) for the latest time period (2013-15) compared to the earliest period in the LAPE series (2010-2012). By local authority, the rates ranged from 5.3 per 1,000 accidents in Hammersmith and Fulham to 55.4 per 1,000 accidents in Gravesham. In general, rates are higher in rural areas and rates are significantly lower in London, although the number of accidents in London is high compared with other regions.
Data revisions

Since the March 2016 update a small error in the methodology used for generating mortality indicators for LAPE has been identified. This was caused by the incorrect application of adjustment factors to account for ICD10 coding changes which were made by ONS in 2011 and 2014. The revisions impact more on the earlier periods in the time series. Specifically, the revised time series has 1.8% fewer alcohol-specific deaths in 2006-08 and 0.2% fewer deaths in 2012-14 compared to the values published in March 2016. The reduction in the number of alcohol-related deaths was consistently below 1% across the time series.

Background

- The Local Alcohol Profiles for England (LAPE) have been published on an annual basis since 2006. These profiles have been designed to help local government and health services assess the effect of alcohol use on their local populations. They will inform commissioning and planning decisions to tackle alcohol use and improve the health of local communities.
- The LAPE data tool helps local areas assess alcohol-related harm and monitor the progress of efforts to reduce this. fingertips.phe.org.uk/profile/local-alcohol-profiles
- Definitions and methodology for all LAPE indicators is described in our user guide. fingertips.phe.org.uk/documents/LAPE%202016%20User%20Guide_260416.pdf

⇒ PHE’s alcohol-mortality data differs from the data released by the ONS. PHE’s alcohol-related data uses a definition that captures the wider burden of alcohol consumption by including both deaths that are specifically caused by alcohol and deaths that are related to alcohol (such as strokes and certain cancers).
⇒ The ONS alcohol-mortality definition includes deaths that are directly caused by alcohol and some liver disease which PHE include as partially attributable conditions.
⇒ The ONS measure is closer to PHE’s alcohol-specific mortality definition but not identical.
⇒ Work is underway to improve the consistency of outputs on alcohol-related deaths across the UK. ONS will be holding a consultation on their definition in the summer of 2017 with the view to PHE and ONS moving to a common definition.