

Compendium

Adult Drinking Habits in Great Britain, 2013

Teetotalism, drinking in the week before interview, binge drinking (heavy episodic drinking) and frequent drinking, including changes in drinking patterns in recent years.



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1 . Key points in 2013

- More than one in five adults (21%) said that they do not drink alcohol at all. This has increased slightly since 2005 (19%). Young adults (aged 16 to 24) were primarily responsible for this change, with the proportion of young adults who reported that they do not drink alcohol at all increasing by over 40% between 2005 and 2013
- The proportion of adults who binged at least once in the week before interview decreased from 18% in 2005 to 15% in 2013. Young adults were mainly responsible for the decrease in binge drinking, with the proportion who had binged falling by more than a third since 2005, from 29% to 18%
- The proportion of young adults who drank frequently has fallen by more than two-thirds since 2005. Only 1 in 50 young adults drank alcohol frequently in 2013.
- Almost a third of adults in London (32%) said that they do not drink alcohol at all. This was considerably higher than any other region of Great Britain
- Adults in the north of England and in Scotland who drank in the week before interview were more likely to have binged than adults elsewhere in Great Britain

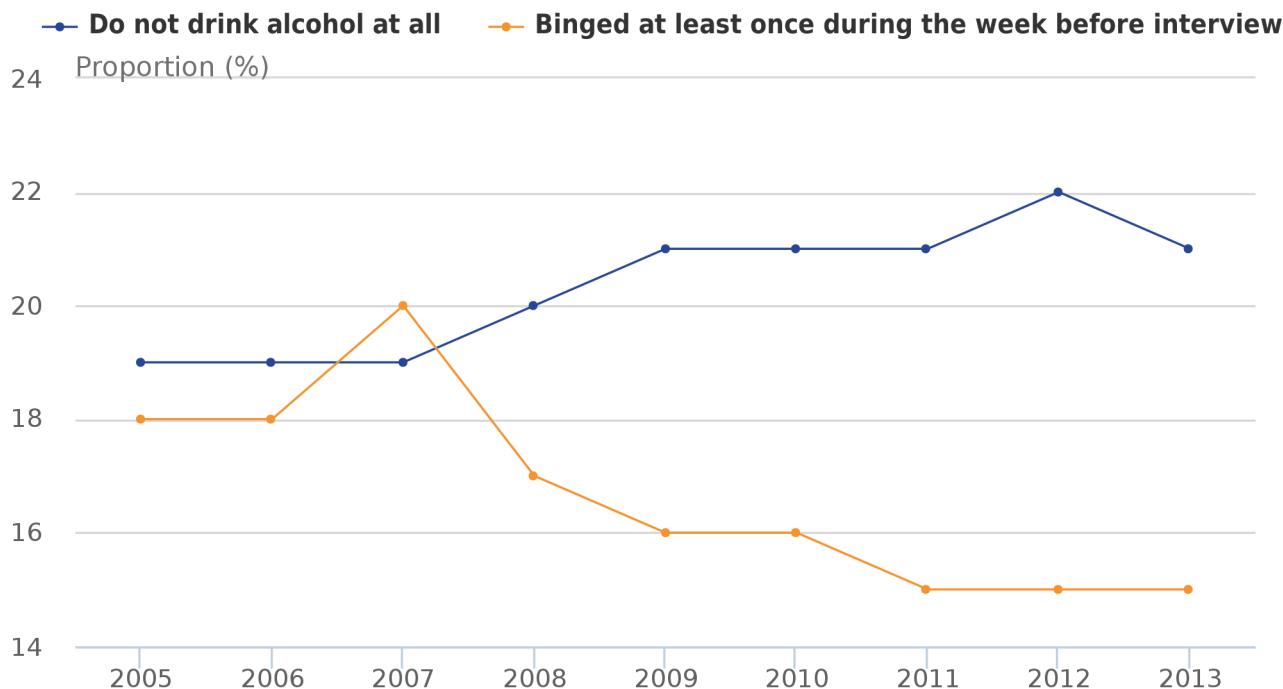
2 . Summary

Between 2005 and 2013 there was a small but gradual increase, from 19% to 21%, in the proportion of adults who said that they do not drink alcohol at all (teetotallers), as shown in Figure 1. Binge drinking also fell over this period, from 18% to 15%, although there has been little change since 2011. The fall in binge drinking over the period was partly because fewer adults chose to drink alcohol and partly because when people did drink they drank less.

Generally, the falls in drinking between 2005 and 2013 were a result of changes among younger adults, with little or no change in older groups.

In 2013 young adults (those aged 16 to 24) became just as likely to be teetotallers as those aged 65 and over (27%). Between 2005 and 2013 there was a rise of over 40% in the proportion of young adults who said that they do not drink alcohol at all. In contrast, when young adults did drink they still remained the most likely group to have binged. 4 in 10 young adults who drank alcohol in the week before interview exceeded 8/6 units (meaning 8 units for men, 6 units for women) on at least one day. This fell in older age groups, to less than 1 in 10 of those aged 65 and over.

Figure 1: Teetotalism and binge drinking amongst adults, Great Britain, 2005-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

1. Adults are those aged 16 and over
2. Teetotallers are those who said that they do not drink alcohol at all
3. In line with the Government's Alcohol Strategy, men are considered to have binged if they drank more than eight units of alcohol on their heaviest drinking day in the week before interview, and women if they drank more than six units

3 . Why do these results matter?

Alcohol misuse is a leading cause of ill-health in Great Britain. It can contribute to a number of serious health conditions, including cancer, liver disease and heart disease. In 2011/12 there were more than a million [alcohol related hospital admissions](#) in England alone, and it is estimated that alcohol misuse costs the NHS in England approximately [£3.5 billion](#) every year. ONS estimates that in 2013, just over 7,000 deaths registered in England and Wales were alcohol-related. This equates to about 1.4% of all deaths for that period.

Excessive consumption of alcohol is also associated with violent crime. In just over a half of all instances of violent crime in England and Wales in 2013/14, the [victim believed that the perpetrator was drunk](#).

Reducing the harm caused by alcohol is an important priority for the UK Government and devolved administrations. [The Government's Alcohol Strategy](#) highlights the ambitions to reduce the number of adults drinking above the NHS guidelines and to reduce binge drinking (or heavy episodic drinking).

[NHS guidelines](#) suggest that men should not regularly exceed 3-4 units of alcohol per day and that women should not regularly exceed 2-3 units per day. [The Government's Alcohol Strategy](#) defines binge drinking as men who self-report exceeding more than eight units of alcohol on their heaviest drinking day in the week before interview and women who self-report exceeding six units. Two units of alcohol is approximately the same as one pint of normal strength lager, or one medium sized (175 ml) glass of wine.

People's perceptions of heavy drinking differ from the measures set out in the [Government's Alcohol Strategy](#). Although 15% of adults reported binge drinking in the week before interview, less than half a percent said that they drink heavily.

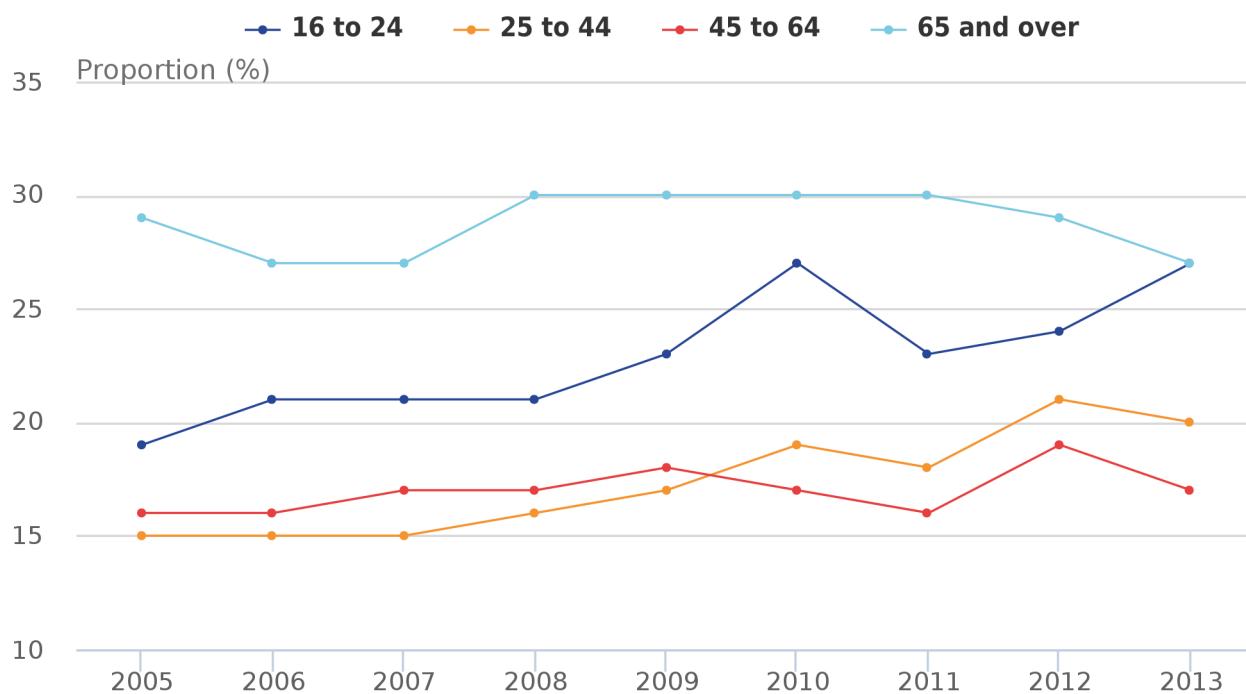
4 . Gradual rise in the proportion of adults who say that they do not drink at all

More than one in five adults (21%) in 2013 said that they were teetotallers (that is, they said that they do not drink alcohol at all). This had slowly increased since 2005, from 19%. This increase in teetotallers between 2005 and 2013 was due to a rise among those aged 16 to 44, with young adults (those aged 16 to 24) seeing a 43% increase over this period.

The rise in teetotalism in younger adults was not reflected among older people

Whilst there has been an increase in teetotalism among those aged 16 to 44 between 2005 and 2013, this has been less noticeable in older age groups with a slight fall seen in those aged 65 and over, Figure 2.

Figure 2: Teetotal adults, by age, Great Britain, 2005-2013



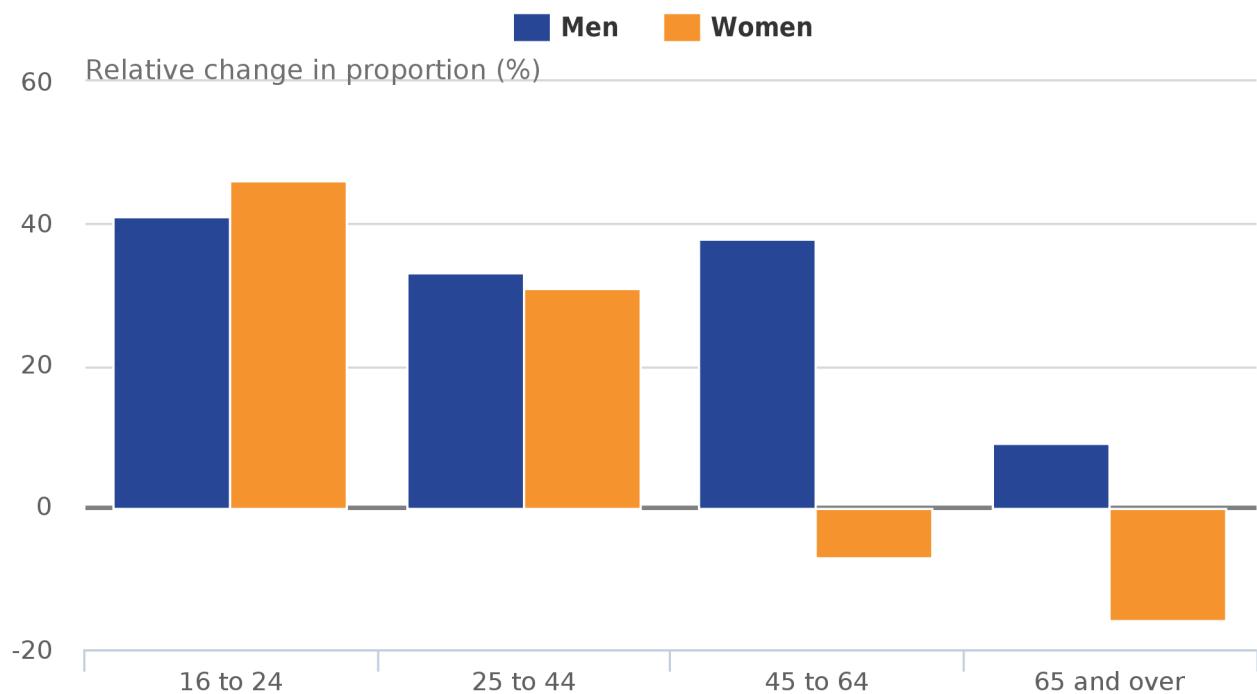
Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

1. Adults are those aged 16 and over
2. Teetotallers are those who said that they do not drink alcohol at all

Among those aged 65 and over, the change in teetotalism between 2005 and 2013 resulted from a 16% fall in the proportion of women reporting that they do not drink alcohol at all, Figure 3.

Figure 3: Relative change in the proportion of adult teetotallers, by age and sex, Great Britain, 2013



Source: Opinions and Lifestyle Survey, General Household Survey - Office for National Statistics

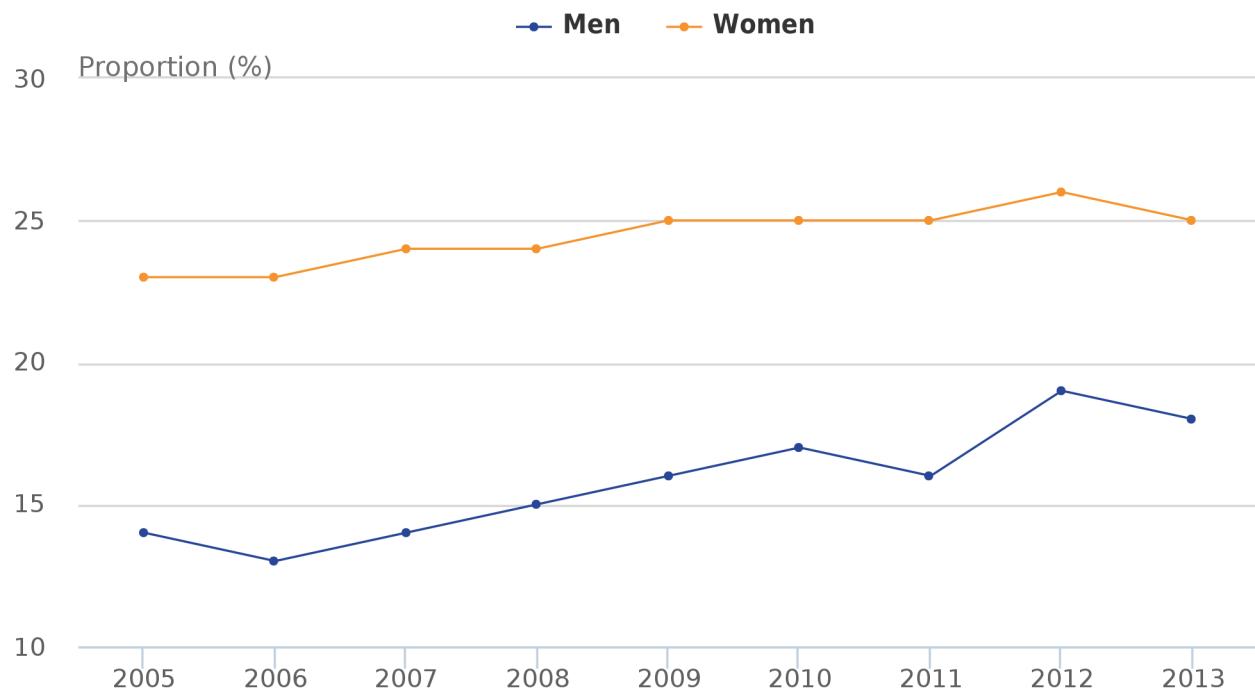
Notes:

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

Teetotalism increased among both men and women, but remained more common among women

Women remained more likely than men to be teetotallers (25% vs. 18%), Figure 4, although the proportion has been rising more quickly for men, Figure 4.

Figure 4: Adult teetotallers, by sex, Great Britain, 2005-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

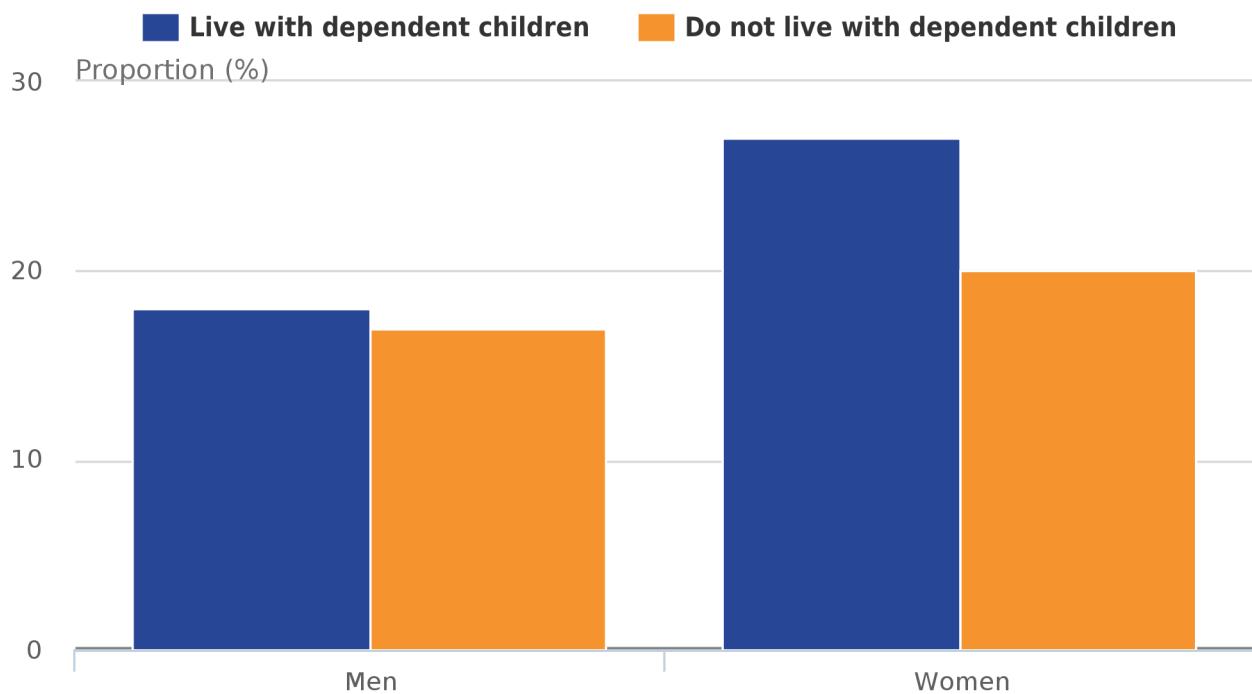
1. Adults are those aged 16 and over
2. Teetotallers are those who said that they do not drink alcohol at all

Women were more likely to be teetotallers if they shared their household with dependent children

The drinking habits of parents can influence those of their children with teenagers [more likely to get drunk](#) if they have seen their parents drunk.

In 2013 women were more likely to be teetotallers if they lived with dependent children, a difference that was not seen among men, Figure 5. More than one in four women aged 16 to 60 who lived with dependent children were teetotallers, compared with about one in five women who did not live with dependent children.

Figure 5: Teetotal adults aged 16-60, by sex and whether dependent children live in the household, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Teetotallers are those who said that they do not drink alcohol at all
2. Those aged 16 and over have not been classed as dependent children

5 . Binge drinking falls by more than a sixth between 2005 and 2013

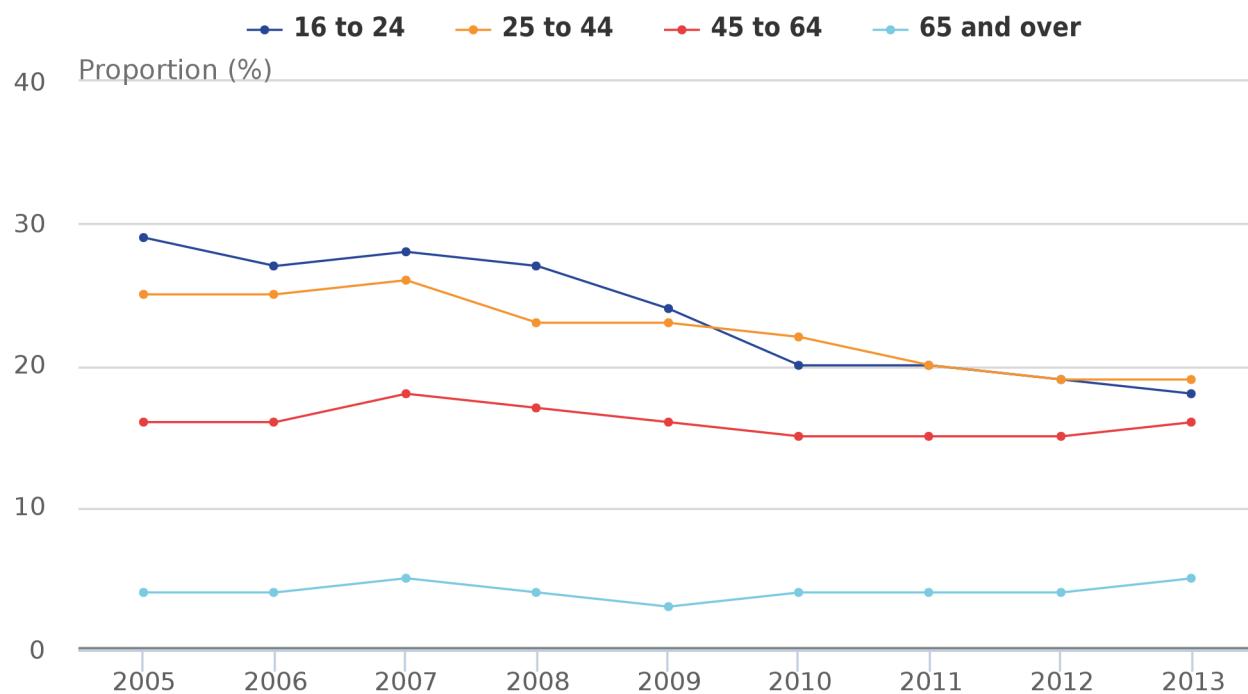
The short term [consequences of binge drinking](#) can include slower reaction times and loss of coordination, which can increase an individual's risk of accident or injury. Longer term, binge drinking is associated with increased risk of strokes, cancers, liver disease and high blood pressure.

Binge drinking among adults decreased from 18% in 2005 to 15% in 2013 but has remained relatively unchanged since 2011.

The fall in binge drinking between 2005 and 2013 was confined to younger age groups

The fall in binge drinking between 2005 and 2013 was only seen among young adults (aged 16 to 24) and those aged 25 to 44, Figure 6. Binge drinking among young adults fell from 29% to 18% over this period, and fell from 25% to 19% among those aged 25 to 44. Despite these falls, binge drinking continued to be more common in these age groups.

Figure 6: Binge drinking among adults, by age, Great Britain, 2005-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

1. In line with the limits outlined in the Government's Alcohol Strategy, men are considered to have binged if they reported drinking more than eight units of alcohol on their heaviest drinking day in the week before interview, and women if they reported drinking more than six units

The fall in binge drinking between 2005 and 2013 is partially explained by increases in the proportion of young adults and those aged 25 to 44 who were teetotallers. People have also been drinking less frequently. The proportion of young adults who drank frequently (on five or more days) in the week before interview fell by more than two-thirds between 2005 and 2013. In 2013 only 1 in 50 young adults drank frequently in the week before interview. As well as becoming less likely to drink alcohol at all and less likely to drink frequently, young adults also became less likely to binge when they did drink.

It is difficult to attribute the fall in binge drinking among young people to any particular factor. It is known that [people who start drinking at a younger age](#) are likely to drink more frequently, and in greater quantities, in adulthood.

One possible factor could be that underage drinking has been targeted in recent years. In 2003 changes were made to the [conditions for licensed premises in England and Wales](#), which made it more difficult for underage drinkers to purchase alcohol themselves. Since then, schemes such as [Challenge 21](#) and [Challenge 25](#) have also been introduced in an effort to reduce the availability of alcohol to underage drinkers. Although it is not possible to assess the scale to which such factors may have had an impact on the availability of alcohol to underage drinkers, it is likely that when combined these factors have contributed somewhat to the reduction in drinking among young adults.

Fall in binge drinking among men and women, but men remain more likely to binge

Binge drinking fell among both men and women between 2005 and 2013, with binge drinking continuing to be more common among men (19% vs. 12%).

Figure 7: Binge drinking among adults, by sex, Great Britain, 2005-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

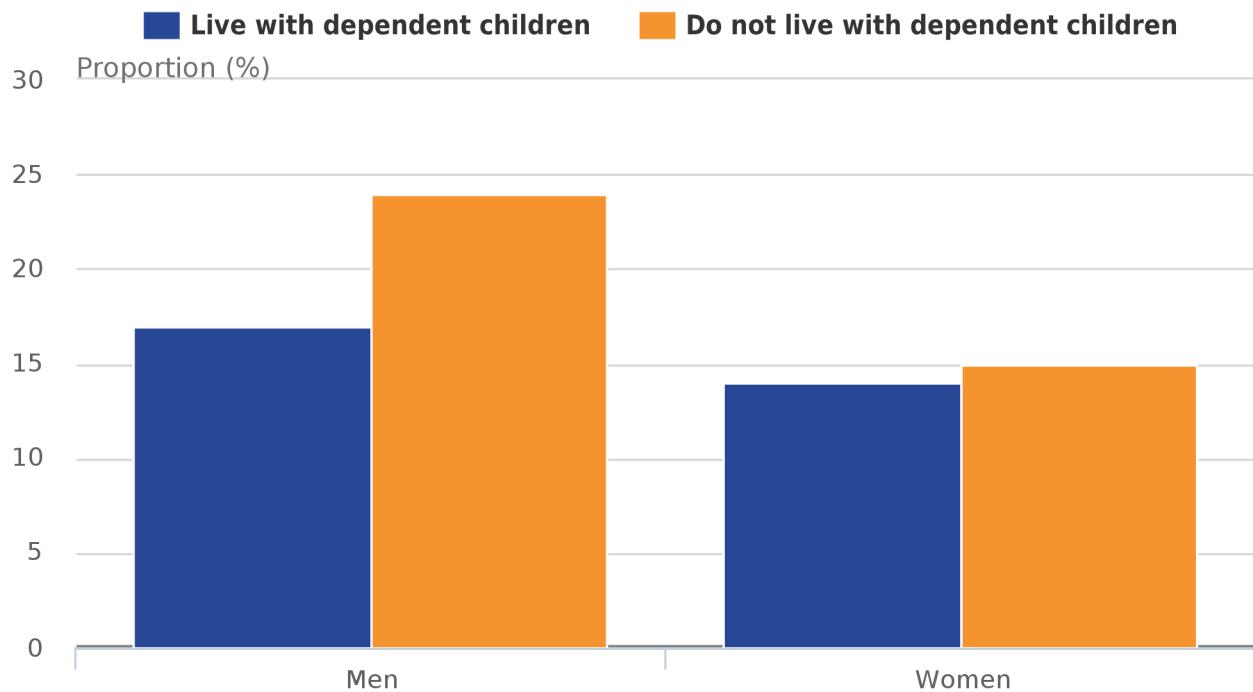
Notes:

1. Adults are those aged 16 and over
2. In line with the limits outlined in the Government's Alcohol Strategy, men are considered to have binged if they reported drinking more than eight units of alcohol on their heaviest drinking day in the week before interview, and women if they reported drinking more than six units

Men were less likely to binge drink if they shared their household with dependent children

In 2013, men were less likely to binge drink if they lived with dependent children (17% vs. 24%), Figure 8, although the reasons for this are unclear. This difference was not present for women, although the likelihood that women had binged was still relatively low. These findings are in contrast to those seen for teetotalism, where women were more likely to be teetotalers if they lived with dependent children with little difference seen in men.

Figure 8: Binge drinking among adults aged 16 to 60, by sex and whether dependent children live in the household, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

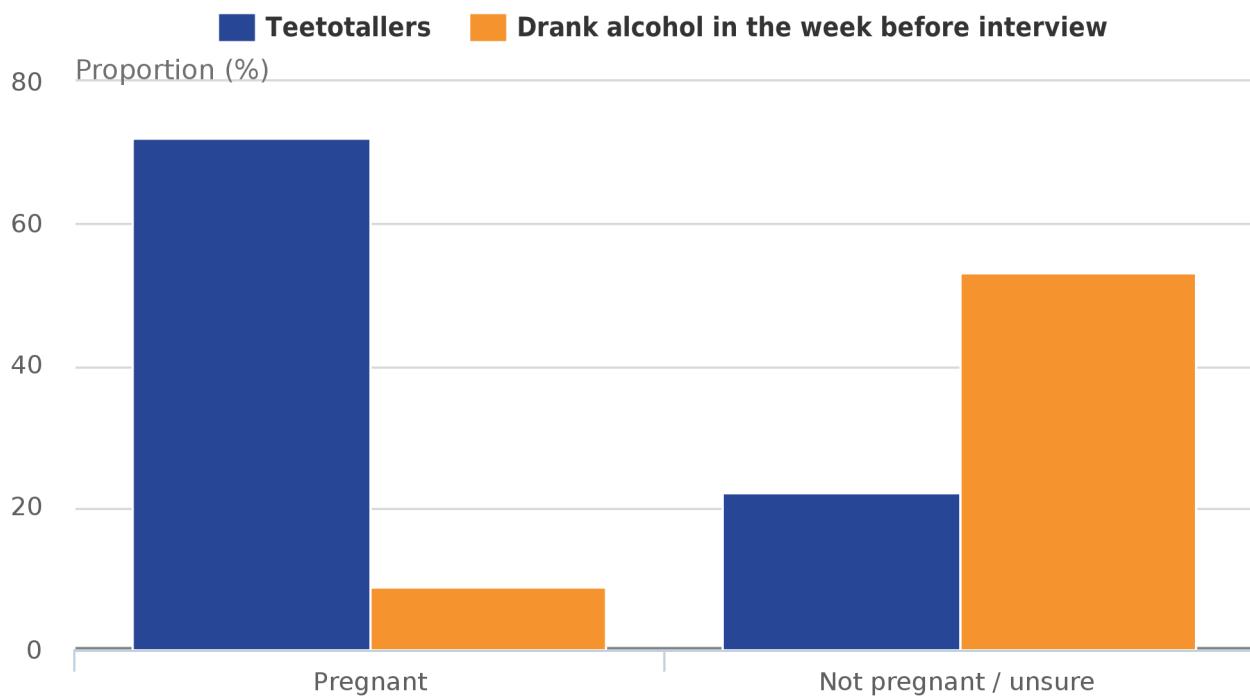
1. Children aged 16 and over have not been classed as dependent children
2. In line with the limits outlined in the Government's Alcohol Strategy, men are considered to have binged if they reported drinking more than eight units of alcohol on their heaviest drinking day in the week before interview, and women if they reported drinking more than six units

6 . Drinking in pregnancy

Drinking alcohol during pregnancy can affect the development of the baby, with drinking later in pregnancy being associated with increased risk of premature birth. Advice from the Department of Health and the NHS is that pregnant women should not drink alcohol at all during their pregnancy. Those who do choose to drink should not exceed one or two units of alcohol once or twice a week.

Pregnant women were more than three times as likely to be teetotallers as other women (72% vs. 22%), as shown in Figure 9. Pregnant women were also less likely to have drunk in the week before interview. Fewer than 1 in 10 pregnant women drank in the week before interview compared with more than 5 in 10 of those who were not pregnant or unsure.

Figure 9: Teetotal women and women who drank in the week before interview, by pregnancy status, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

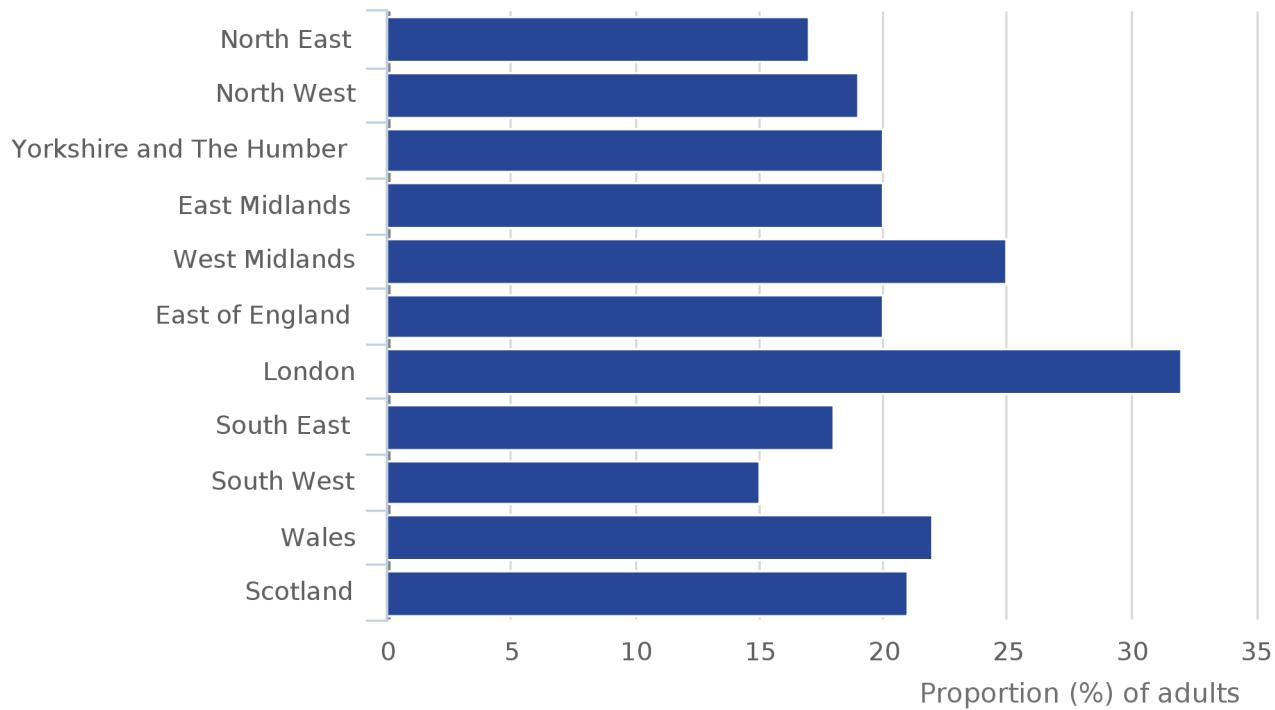
1. Teetotallers are those who said that they do not drink alcohol at all

7 . Regional differences in drinking habits

Adults living in London most likely to be teetotallers

In 2013 almost one in three adults living in London (32%) said they were teetotallers. This was considerably higher than the Great Britain average of 21%, and higher than the proportion in any other single region of Great Britain, Figure 10.

Figure 10: Teetotal adults, by region, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Adults are those aged 16 and over
2. Teetotallers are those who said that they do not drink alcohol at all

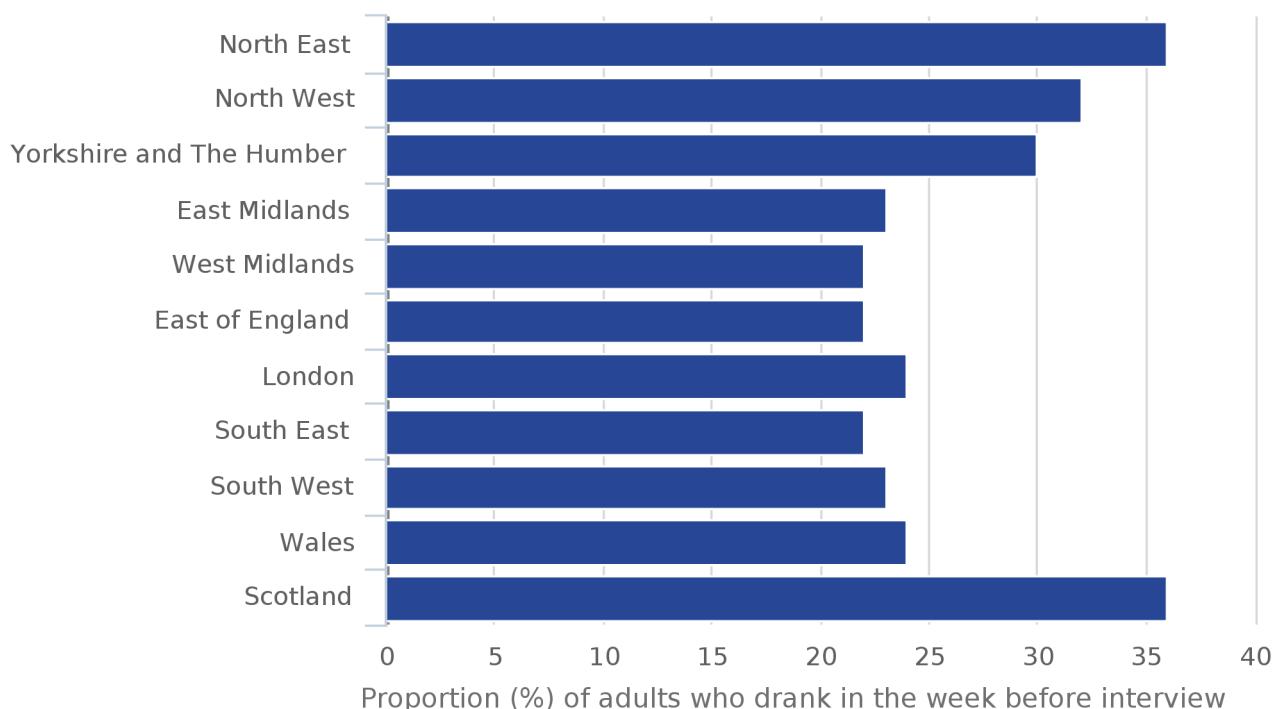
Although it is difficult to attribute regional differences to any single factor, London is the most ethnically diverse region of the UK and has a lower than average population age of just 33. Both of these factors may play a part in London having a higher than average number of teetotallers.

Drinkers living in the north of England and in Scotland were most likely to have binged

Drinkers (those who drank in the week before interview) in the north of England and in Scotland were most likely to have binged. Around a third of drinkers in these regions had binged, compared with less than a quarter of those in other parts of Great Britain.

However it is difficult to explain these regional differences with any particular factor.

Figure 11: Binge drinking among adults who drank in the week before interview, by region, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. In line with the limits outlined in the Government's Alcohol Strategy, men are considered to have binged if they reported drinking more than eight units of alcohol on their heaviest drinking day in the week before interview, and women if they reported drinking more than six units

8. Background notes

1. The Opinions and Lifestyle Survey

The data in this report were collected on the [Opinions and Lifestyle Survey \(OPN\)](#) - an omnibus survey run by the Office for National Statistics. The survey is run monthly and is open for both government and non-government organisations to run questions.

The OPN is currently the only randomised probability sample omnibus survey in Great Britain and provides a fast, reliable and flexible service to customers.

More information on the survey and survey methodology can be found in the [Opinions and Lifestyle Survey Information Guide \(175.5 Kb Pdf\)](#).

2. How to commission a module on the survey

Clients can enquire about purchasing modules of questions by emailing the survey manager at opinions@ons.gsi.gov.uk.

3. Comparability

This report provides information on the alcohol consumption habits of adults in Great Britain, and follows on from the series of releases from the General Household Survey (GHS) and General Lifestyle Survey (GLF).

The OPN and GHS/GLF provide comparable results. However there are some differences in the design and content of the surveys. More information can be found in the '[Opinions and Lifestyle Survey, Smoking Habits Amongst Adults, 2012](#)' publication.

In 2006, some changes were introduced to the methodology used to estimate alcohol consumption. The assumed number of units for 'normal strength beer, stout, lager, or cider', 'strong beer, stout, lager or cider' and 'wine' categories changed. The 2005 estimates produced in this report have been recalculated and based on the same alcohol content assumptions as later estimates.

The methodology for estimating wine consumption also changed in 2006. From 2006, respondents were asked about wine glass size, from a choice of small (125ml), medium (175ml) or large (250ml). Previously it was assumed that 175ml glasses had been used. The 2005 estimates do not, therefore, account for these potential differences in wine glass size.

4. Coherence

There are a number of other sources of alcohol consumption data. Some of these have been listed below, together with a brief explanation of their comparability with the OPN.

Health Survey for England (Health and Social Care Information Centre), Welsh Health Survey (Welsh Government) and Scottish Health Survey (Scottish Government)

There are some differences in the approach to data collection between these surveys. One difference is in the collection modes used to collect drinking data on these surveys.

The Opinions and Lifestyle Survey collects data using Computer Assisted Personal Interviewing (CAPI). This is the main method used on the Health Survey for England (HSE) and Scottish Health Survey (SHeS). However on HSE and SHeS paper booklets are used to collect alcohol consumption data for 16 and 17 year olds and in certain cases those aged 18 to 24 (18 to 19 for SHeS).

The main collection mode for the Welsh Health Survey (WHS) is paper questionnaire.

Alcohol consumption data collected using CAPI tend to be lower than those using paper questionnaires. More information about these differences can be found in '[An Analysis of Mode Effects Using Data From the Health Survey for England 2006 and the Boost Survey for London](#)'.

More information on each of these surveys, and the data collected, can be found on the [Health and Social Care Information Centre](#), [Welsh Government](#) and [Scottish Government](#) websites.

5. Reliability

It is likely that the estimates underestimate drinking levels to some extent. Social surveys consistently produce estimates of alcohol consumption that are lower than the levels indicated by alcohol sales data. This is likely to be because people either consciously or unconsciously underestimate their alcohol consumption.

6. Approach to statistical significance

Where estimates for different populations have been described as different throughout this commentary, they have been tested and found to be significantly different at 5% significance level ($p < 0.05$).

95% confidence intervals for each table value have been supplied as a [separate table \(204 Kb Excel sheet\)](#). Where historical data have been provided, confidence intervals have been supplied for the last two years (2012 and 2013).

7. Assumed levels of alcohol in beverages

Table 1 shows the assumed number of units for each measure of each drink type collected on the Opinions and Lifestyle Survey.

Table 1: Assumed alcohol content of drinks and measures collected on the Opinions and Lifestyle Survey

Type of drink	Measure	Assumed units of alcohol
Normal strength beer, stout, lager or cider	Half-pint	1.0
Normal strength beer, stout, lager or cider	Pint	2.0
Normal strength beer, stout, lager or cider	Small can	1.5
Normal strength beer, stout, lager or cider	Large can	2.0
Normal strength beer, stout, lager or cider	Bottle	1.5
Normal strength beer, stout, lager or cider	Schooner	1.3 ¹
Strong beer, stout, lager or cider	Half-pint	2.0
Strong beer, stout, lager or cider	Pint	4.0
Strong beer, stout, lager or cider	Small can	2.0
Strong beer, stout, lager or cider	Large can	3.0
Strong beer, stout, lager or cider	Bottle	2.0
Strong beer, stout, lager or cider	Schooner	2.7 ²
Spirits or liqueurs	Standard 25ml measure	1.0
Sherry or martini	Glass	1.0
Wine (including champagne and babycham)	Small glass (125ml)	1.5
Wine (including champagne and babycham)	Medium glass (175ml)	2.0
Wine (including champagne and babycham)	Large glass (250ml)	3.0
Wine (including champagne and babycham)	Bottle	9.0
Wine (including champagne and babycham)	Unknown glass size	2.0
Alcopops	Small can	1.5
Alcopops	Standard bottle	1.5
Alcopops	Large bottle	3.5

Source: Office for National Statistics

Notes:

1. A schooner is 2/3 of a pint. When people said that they drank normal strength beer, stout, lager or cider in schooners, a value of 4/3 (four divided by three) units was used for each schooner that was consumed

2. A schooner is 2/3 of a pint. When people said that they drank normal strength beer, stout, lager or cider in schooners, a value of 8/3 (eight divided by three) units was used for each schooner that was consumed

8. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.