Alcohol mortality definition review
28 June 2017
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1. Summary

Since 2006, Office for National Statistics (ONS) and some other parts of the Government Statistical Service (GSS) have reported on alcohol-related deaths using a National Statistics (NS) definition intended to identify deaths from conditions for which most are due to alcohol. Different definitions are used across government, including government agencies and the devolved administrations, to measure alcohol-related mortality, with the total number of deaths varying substantially. This consultation aims to review which causes of death are appropriate to include in the NS definition, with the view to having a harmonised approach.

This review details the current definition, notes the comparability between this definition and other definitions and lays out potential options for a revised NS definition.

Comments on the content of this review and other suggestions for NS definition, are invited. Responses should be returned by 4 August 2017.

2. The National Statistics definition of alcohol-related deaths, as it currently stands

The current National Statistics (NS) definition of alcohol-related deaths (see Table 1), agreed via a user consultation held in 2006, was developed for the purposes of monitoring alcohol-related deaths across all constituent countries of the UK, using consistent methodology based solely on the information collected at death registration. The NS definition is based on the underlying cause of death and primarily concerns chronic conditions resulting exclusively from the long-term misuse of alcohol and, to a lesser extent, acute effects of alcohol poisoning.

With the exception of certain liver diseases (see Section 4), the definition does not contain other conditions that are not exclusively caused by alcohol, such as cancers of the mouth, oesophagus and liver. Neither does it include deaths from accidents or violence where the use of alcohol was part of the causal circumstances.

The definition follows a principle, common to most Office for National Statistics (ONS) mortality outputs, that each individual death must be assigned an underlying cause, thus allowing consistent analysis at any geographical level and by any death registration variable, but precluding the use of attributable fractions or probabilistic assignment based on any other data.

ONS uses the NS definition to produce an annual bulletin on alcohol-related deaths in the UK. ONS uses this definition to respond to Parliamentary Questions, media and customer data requests. This definition is also used by the devolved countries of the UK in some of their work. Using the NS definition, there were 8,758 alcohol-related deaths in the UK in 2015.
Table 1: Current 2006 National Statistics definition of alcohol-related deaths

<table>
<thead>
<tr>
<th>ICD-10 code</th>
<th>Description of condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10</td>
<td>Mental and behavioural disorders due to use of alcohol</td>
</tr>
<tr>
<td>G31.2</td>
<td>Degeneration of nervous system due to alcohol</td>
</tr>
<tr>
<td>G62.1</td>
<td>Alcoholic polyneuropathy</td>
</tr>
<tr>
<td>I42.6</td>
<td>Alcoholic cardiomyopathy</td>
</tr>
<tr>
<td>K29.2</td>
<td>Alcoholic gastritis</td>
</tr>
<tr>
<td>K70</td>
<td>Alcoholic liver disease</td>
</tr>
<tr>
<td>K73</td>
<td>Chronic hepatitis, not elsewhere classified</td>
</tr>
<tr>
<td>K74</td>
<td>Fibrosis and cirrhosis of liver</td>
</tr>
<tr>
<td></td>
<td>(Excluding K74.3 to K74.5 - Biliary cirrhosis)</td>
</tr>
<tr>
<td>K86.0</td>
<td>Alcohol induced chronic pancreatitis</td>
</tr>
<tr>
<td>X45</td>
<td>Accidental poisoning by and exposure to alcohol</td>
</tr>
<tr>
<td>X65</td>
<td>Intentional self-poisoning by and exposure to alcohol</td>
</tr>
<tr>
<td>Y15</td>
<td>Poisoning by and exposure to alcohol, undetermined intent</td>
</tr>
</tbody>
</table>

3. Other definitions used across government to measure alcohol-related mortality


**Alcohol-related mortality**

The PHE definition of alcohol-related mortality includes all diseases where there is evidence that alcohol plays a contributory part in all or a proportion of deaths. These include those where alcohol consumption is causally implicated in all cases (that is, wholly attributable conditions such as alcoholic liver disease) in addition to a proportion of deaths where alcohol is causally linked to some of the deaths (that is, partially attributable conditions such as cancers of the mouth, oesophagus and liver). Using this definition, there were 23,530 alcohol-related deaths in England during 2015. Using the definition employed by Office for National Statistics (ONS), which uses the same deaths registrations data, there were 6,813 deaths in England during 2015. For succinctness, in this review we refer to this as PHE’s “wide” definition.

**Alcohol-specific mortality**

PHE’s definition of alcohol-specific mortality includes causes of death that are wholly attributable to alcohol consumption. In addition, and unlike the ONS definition, PHE’s alcohol-specific indicator also counts any death that mentions ethanol poisoning, methanol poisoning, or the toxic effect of alcohol on the death certificate. In 2015, there were around 6,000 alcohol-specific deaths in England, which is more similar to the number of deaths when using the definition employed by ONS (6,813). For succinctness, in this review we refer to this as PHE’s “narrow” definition.

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1 Please note: PHE’s LAPE is predominately interested in estimates of risk at the level of local authority. Due to the smaller number of deaths, PHE pool 3 years of alcohol-specific deaths data. For succinctness and for ease of understanding, we took the average of PHE’s 2013 to 2015 total of 17,668 deaths to provide an approximate annual number of deaths when using this definition.
In the devolved countries of the UK, Northern Ireland Statistics and Research Agency (NISRA) and National Records of Scotland (NRS) use the NS definition of alcohol-related deaths to produce annual updates of these deaths. Public Health Wales use PHE’s two indicators to produce equivalent figures for Wales and the Scottish Public Health Observatory has developed their own “wide” indicator.

4. Comparison of NS and PHE definitions

When comparing the definitions, the National Statistics (NS) definition of alcohol-related deaths (6,813 deaths in 2015) is most similar to Public Health England’s (PHE’s) narrow indicator of alcohol-specific mortality (approximately 6,000 deaths in 2015) as both definitions mainly include conditions that are wholly attributable to alcohol (see Table 2). The main difference between the two definitions is that the NS definition includes:

- all deaths due to unspecified chronic hepatitis (ICD-10 code, K73)
- all deaths due to fibrosis and cirrhosis of the liver (ICD-10 code, K74, excluding biliary cirrhosis)

In 2015, unspecified chronic hepatitis accounted for just 3 of the 6,813 alcohol-related deaths in England (NS definition), whereas fibrosis and cirrhosis of the liver accounted for 23% of the deaths (1,573 out of 6,813). These conditions are included in PHE’s wide definition as evidence suggests that a proportion of these deaths are due to causes other than alcohol consumption (see Section 6 for further information on this).

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-10 Code</th>
<th>National Statistics (ONS)</th>
<th>Alcohol specific (PHE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol-induced pseudo-Cushing’s syndrome</td>
<td>E24.4</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Mental and behavioural disorders due to use of alcohol</td>
<td>F10</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Degeneration of nervous system due to alcohol</td>
<td>G31.2</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcoholic polyneuropathy</td>
<td>G62.1</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcoholic myopathy</td>
<td>G72.1</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcoholic cardiomyopathy</td>
<td>I42.6</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcoholic gastritis</td>
<td>K29.2</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcoholic liver disease</td>
<td>K70</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic hepatitis, not elsewhere classified *</td>
<td>K73</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Fibrosis and cirrhosis of liver *</td>
<td>K74.0-K74.2, K74.6-K74.9</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcohol-induced acute pancreatitis</td>
<td>K85.2</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Alcohol induced chronic pancreatitis</td>
<td>K86.0</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
<tr>
<td>Fetal alcohol syndrome (dysmorphic)</td>
<td>Q86.0</td>
<td>Underlying Cause</td>
<td>✓</td>
</tr>
</tbody>
</table>
Alcohol mortality definition review

5. Why are we consulting on the NS definition of alcohol-related deaths?

As outlined in the previous section, different definitions are used across government to measure deaths associated with alcohol consumption. Each of these definitions provides varying estimates of alcohol-related harm, which may confuse users of the statistics and lead to misunderstandings of, for example, the scale of and/or the trends in alcohol mortality. Given that the National Statistics (NS) definition has not been reviewed in over 10 years, we are taking this opportunity to review the definition, with the view to having a harmonised approach to measuring alcohol mortality. This consultation will ensure that the definition is still meeting user needs in the way that is outlined in the Code of Practice for Official Statistics in the UK.

6. Considering a revised National Statistics definition

Office for National Statistics (ONS) requires a single, statistically and medically accurate definition of deaths due to the consumption of alcohol, with which to report trends, answer Parliamentary Questions and to respond to media and other customer requests for information. As with the current National Statistics (NS) definition, any revised indicator should be based solely on the information collected at the time of death registration and should apply a consistent methodology for all deaths in the UK. In light of these requirements, when reviewing a potential revision to the NS definition of alcohol-related deaths, three options could be considered:

1. we keep the National Statistics definition of alcohol-related deaths as it currently stands
2. we adopt Public Health England’s (PHE’s) definition of alcohol-specific deaths as it currently stands
3. we adopt a revised alcohol-specific deaths indicator for both ONS and PHE
Why are we not proposing a “wide” measure of alcohol-related mortality?

Wide definitions have the advantage that they provide a more realistic estimate of the true burden of alcohol on mortality, as they include a number of common conditions where a substantial proportion of deaths are caused by alcohol. Such definitions work by applying sex- and age-specific fractions (called attributable fractions) to individual causes of death. When they are applied to partially attributable causes of death, attributable fractions provide the proportion of deaths caused by alcohol consumption.

Attributable fractions are derived by combining academic research about the impact of alcohol consumption on different conditions with data on alcohol consumption. Given that adult drinking habits vary considerably across different areas of Great Britain and that the government does not have a single survey that measures drinking habits consistently across the UK, developing a wide measure for the UK would be complex; this approach would also be inconsistent with other ONS mortality outputs that are based solely on the information collected at the time of death registration. Producing our own attributable fractions would also unnecessarily duplicate work of some devolved countries of the UK in addition to that of PHE.

**Option 1: We keep the National Statistics definition of alcohol-related deaths as it currently stands**

Due to there being comparable codes in two versions of the International Classification of Diseases (9th and 10th revisions), one advantage of the current NS definition (see Table 1) is that it benefits from a long time series, reported in our annual bulletin from 1994 onwards. Any change to the definition risks causing confusion among users and could give the false impression that alcohol-related harm has increased or decreased relative to historical figures. There is also a risk that a change could be seen as politically motivated, affecting public confidence in these statistics.

There are, however, several disadvantages to maintaining the current NS definition. First of all, the definition includes all deaths with an underlying cause of fibrosis and cirrhosis of liver (ICD-10 code K74; excluding biliary cirrhosis). These deaths accounted for 21% (1,838 deaths) of the 8,758 alcohol-related deaths in the UK during 2015.

The justification for including these deaths in the current NS definition is based on there being a well-established and strong link between alcohol consumption and liver cirrhosis (see Carrao et al., 2004; Rehm et al., 2010). Despite this strong link, it is estimated that a third of cirrhosis cases are not alcohol-related and hence only a proportion of these deaths should be considered a direct consequence of alcohol consumption. In a similar vein, diagnoses of other causes of cirrhosis, such as hepatitis C, have increased in England and Wales since 2006. As such, relative to when the NS definition was developed, it could now be the case that a smaller proportion of cirrhosis deaths may be due to alcohol misuse.

Second, the NS definition of alcohol-related deaths also includes all deaths with an underlying cause of unspecified chronic hepatitis (ICD-10 code K73). Despite this code only accounting for a small number of annual deaths (3 of the 8,758 alcohol-related deaths in the UK in 2015), the

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2 PHE calculated this by applying the risk of dying from liver cirrhosis for different levels of alcohol consumption to the proportion of the population (derived from England survey data) who reported drinking the same levels of alcohol. The latest estimates of risk were based on those reported in Rehm et al. (2010).
“unspecified” nature of this code makes it difficult to determine whether alcohol consumption is or is not causally implicated.

Third, despite including a majority of conditions where alcohol is wholly implicated, the NS definition does not include a number of other causes of death which, by definition, are wholly attributable to alcohol. These causes include: alcohol-induced pseudo-Cushing’s syndrome (E24.4); alcoholic myopathy (G72.1); alcohol-induced chronic pancreatitis (K85.2); fetal induced alcohol syndrome (dysmorphic) (Q86.0); and excess alcohol blood levels (R78.0).

**Option 2: We adopt PHE’s “narrow” definition of alcohol-specific deaths as it currently stands**

Another possibility is that the revised NS definition could take the form of PHE’s indicator of alcohol-specific mortality as it currently stands (see Table 2).

This approach would remove partially attributable liver diseases and add a number of wholly attributable conditions. However, as described in section 3, PHE’s indicator of alcohol-specific mortality counts any death that mentions ethanol poisoning, methanol poisoning, or the toxic effect of alcohol (ICD-10 codes T51.0, T51.1 and T51.9, respectively). PHE includes these deaths as it is not possible for all poisonings to be recorded as the underlying cause of death and it was felt that deaths from alcohol poisoning were therefore being under-counted.

However, further analysis of the mortality records has now shown that this approach results in deaths being counted that cannot be considered wholly attributable to the misuse of alcohol. For instance, when the underlying cause was not an alcohol-specific condition, 57% of the deaths that mention alcohol poisoning had an underlying cause of accidental poisoning that was not alcohol-specific, such as a drug-related cause (2,068 of 3,647 deaths; see Table 3, which refers to deaths registered in England and Wales between 2011 and 2015).

**Table 3: Underlying causes of death recorded when T51.0, T51.1 or T51.9 are mentioned and the underlying cause is not already an alcohol-specific cause, persons in England and Wales, deaths registered 2011 to 2015**

<table>
<thead>
<tr>
<th>Underlying cause (ICD-10 code)</th>
<th>Deaths mentioning T51.0, T51.1 or T51.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental poisoning other than by alcohol (X40 to X44, X46 to X49)</td>
<td>2,068</td>
</tr>
<tr>
<td>Intentional self-harm, other than self-poisoning by alcohol (X60 to X64, X66 to X84)</td>
<td>372</td>
</tr>
<tr>
<td>Undetermined intent, other than poisoning by alcohol (Y10 to Y14, Y16 to Y34)</td>
<td>348</td>
</tr>
<tr>
<td>Falls (W00 to W19)</td>
<td>276</td>
</tr>
<tr>
<td>Accidental drowning and submersion (W65 to W74)</td>
<td>91</td>
</tr>
<tr>
<td>Exposure to smoke, fire and flames (X00 to X09)</td>
<td>58</td>
</tr>
<tr>
<td>Other accidental threats to breathing (W75 to W84)</td>
<td>46</td>
</tr>
<tr>
<td>Pedestrian injured in transport accident (V01 to V09)</td>
<td>43</td>
</tr>
</tbody>
</table>
Transport occupant injured in transport accident, including “other land transport accident” (V40 to V89) 43
Accidental exposure other (X58 to X59) 40
Exposure to forces of nature (X30 to X39) 25
Motorcycle rider injured in transport accident (V20 to V29) 17
Contact with heat and hot substances (X10 to X19) 10
Exposure to inanimate mechanical forces (W20 to W49) 6
Exposure to animate mechanical forces (W50 to W64) 6
Exposure to electric current, radiation etc. (W85 to W99) 5
Other external (Y35 to Y98) 3
Assault (X85 to Y09) 3
Cyclist injured in transport accident (V10 to V19) 1
Water transport accident (V90 to V94) 1
Non-external 185
All T-code deaths without an alcohol-specific underlying cause 3,647

**Option 3: We adopt a revised alcohol-specific death indicator**

Options 1 and 2 both result in over-counting deaths that are wholly attributable to alcohol. Hence, a third option would be to use a revised alcohol-specific death indicator. This indicator would only include deaths that are, by definition, wholly attributable to the consumption of alcohol (see Table 4).

Compared with the current NS definition of alcohol-related deaths, the proposed alcohol-specific definition removes all deaths due to partially attributable liver disease (ICD-10 codes, K73 and K74). The proposed definition adds the following deaths where the underlying cause is wholly attributable to alcohol consumption: alcohol-induced pseudo-Cushing’s syndrome (E24.4); alcoholic myopathy (G72.1); alcohol-induced chronic pancreatitis (K85.2); fetal induced alcohol syndrome (dysmorphic) (Q86.0); excess alcohol blood levels (R78.0).

For the reasons outlined under “Option 2,” the proposed definition does not include deaths that mention ethanol poisoning, methanol poisoning, or the toxic effect of alcohol (ICD-10 codes T51.0, T51.1 and T51.9, respectively) unless the underlying cause of death is wholly attributable to alcohol. In addition, ONS would not include the following ICD-10 codes in the proposed definition, as these are not used in mortality coding to define the underlying cause of death: evidence of alcohol involvement determined by blood alcohol level (Y90); evidence of alcohol involvement determined by level of intoxication (Y91).
This final option will provide a harmonised approach to measuring deaths most directly due to alcohol consumption. One caveat with this proposed NS definition is that the time series would have to begin in 2001, which is the first year ONS mortality statistics were produced using ICD-10. This is due to it not being possible to translate some of the alcohol-specific codes from 10th revision of the International Classification of Diseases into the 9th revision.

Table 4: Proposed National Statistics definition of “alcohol-specific” deaths, compared with the current National Statistics definition of “alcohol-related” deaths.¹

<table>
<thead>
<tr>
<th>ICD-10 code</th>
<th>Description of condition</th>
<th>Proposed definition</th>
<th>Current definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>E24.4</td>
<td>Alcohol-induced pseudo-Cushing’s syndrome</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>F10</td>
<td>Mental and behavioural disorders due to use of alcohol</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>G31.2</td>
<td>Degeneration of nervous system due to alcohol</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>G62.1</td>
<td>Alcoholic polyneuropathy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>G72.1</td>
<td>Alcoholic myopathy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>I42.6</td>
<td>Alcoholic cardiomyopathy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>K29.2</td>
<td>Alcoholic gastritis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>K70</td>
<td>Alcoholic liver disease</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>K73</td>
<td>Chronic hepatitis, not elsewhere specified</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>K74</td>
<td>Fibrosis and cirrhosis of the liver (excludes biliary cirrhosis, K74.3 to K74.5)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>K85.2</td>
<td>Alcohol-induced acute pancreatitis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>K86.0</td>
<td>Alcohol induced chronic pancreatitis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Q86.0</td>
<td>Fetal induced alcohol syndrome (dysmorphic)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>R78.0</td>
<td>Excess alcohol blood levels</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>X45</td>
<td>Accidental poisoning by and exposure to alcohol</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>X65</td>
<td>Intentional self-poisoning by and exposure to alcohol</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Y15</td>
<td>Poisoning by and exposure to alcohol, undetermined intent</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

¹ Relative to the current NS definition: dark shaded rows show new conditions added to the proposed definition; light shaded rows show conditions removed from the proposed definition.

7. What will be the impact of the proposed National Statistics definition of alcohol-specific deaths?

In light of the available options, if users are keen for there to be a harmonised approach to measuring alcohol-specific mortality, option 3 provides our preferred option as this deals with the caveats outlined in options 1 and 2.

To help you understand the impact of this proposed change in definition, we have outlined the impact on the statistics for the UK as a whole and for each of its countries. We do this by comparing the current National Statistics (NS) definition of alcohol-related deaths (option 1) with the proposed definition of alcohol-specific deaths (option 3).

7a – Impact on alcohol mortality statistics in the UK

When using the current NS definition (option 1), there were 8,758 alcohol-related deaths in the UK in 2015. When using the proposed definition of alcohol-specific deaths (option 3), there were 7,006 alcohol-specific deaths in the UK in 2015. This represents a 20% reduction in the number of deaths, which is largely explained by the proposed definition excluding deaths due to fibrosis and cirrhosis of the liver.
When looking at age-standardised rates of death, the proposed definition of alcohol-specific deaths generally gives a pattern of year-to-year rises and falls, and longer-term changes and trends, which are similar to those produced by the current NS definition of alcohol-related deaths. However, the alcohol-specific rate is significantly lower for each year between 2001 and 2015, as determined by overlapping 95% confidence intervals (see Figure 1). These findings are also the case when looking at the sexes separately.

The consistency in the pattern of findings is largely explained by a large proportion of the deaths, in both definitions, being caused by alcoholic liver disease. There are, however, some slight differences in the messages produced by the two definitions. For instance, for the current NS definition, the rate of death in 2015 is not significantly different to that observed in 2001; for the proposed NS definition, the rate of death in 2015 is significantly higher than that observed in 2001.

Figure 1: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 persons, deaths registered in the UK, 2001 to 2015

7b – Impact on alcohol mortality statistics in England

When using the current definition (option 1), there were 6,813 alcohol-related deaths in England in 2015. When using the proposed definition of alcohol-specific deaths (option 3), there were 5,306 deaths in England during the same year, a reduction of around 22%.

The proposed definition of alcohol-specific deaths generally follows the same pattern of findings when compared with the current definition of alcohol-related deaths, however, the alcohol-specific rate is significantly lower for each year between 2001 and 2015 for both males and females (see Figures 2 and 3 in the Annex).
7c – Impact on alcohol mortality statistics in Northern Ireland

When using the current definition (option 1), there were 310 alcohol-related deaths in Northern Ireland in 2015. When using the proposed definition of alcohol-specific deaths (option 3), there were 282 deaths in Northern Ireland during the same year, a reduction of around 9%.

The proposed definition of alcohol-specific deaths generally follows the same pattern of findings when compared with the current definition of alcohol-related deaths. For males and females, due to the relatively small number of deaths producing a larger degree of statistical uncertainty, when comparing the definitions, there are no significant differences in the rates of death for each year between 2001 and 2015. However, it is clear that, over the period as a whole, the proposed definition’s rates are lower than the current definition’s rates (see Figures 4 and 5 in the Annex).

7d – Impact on alcohol mortality statistics in Scotland

When using the current definition (option 1), there were 1,150 alcohol-related deaths in Scotland in 2015. When using the proposed definition of alcohol-specific deaths (option 3), there were 1,045 deaths in Scotland during the same year, a reduction of around 9%.

The proposed definition of alcohol-specific deaths generally follows the same pattern of findings when compared with the current definition of alcohol-related deaths. For males and females, due to the relatively small number of deaths producing a larger degree of statistical uncertainty, when comparing the definitions, there are no significant differences in the rates of death for each year between 2001 and 2015. However, it is clear that, over the period as a whole, the proposed definition’s rates are lower than the current definition’s rates (see Figures 6 and 7 in the Annex).

7e – Impact on alcohol mortality statistics in Wales

When using the current definition (option 1), there were 463 alcohol-related deaths in Wales in 2015. When using the proposed definition of alcohol-specific deaths (option 3), there were 361 deaths in Wales during the same year, a reduction of around 22%.

The proposed definition of alcohol-specific deaths generally follows the same pattern of findings when compared with the current definition of alcohol-related deaths. For males and females, due to the relatively small number of deaths producing a larger degree of statistical uncertainty, there tend to be few statistically significant differences in the rates of death for each year between 2001 and 2015. When differences do occur, the alcohol-specific death rates are significantly lower than the alcohol-related death rates. However, it is clear that, over the period as a whole, the proposed definition’s rates are lower than the current definition’s rates (see Figures 8 and 9 in the Annex).

7f – Summary of the impact of the proposed National Statistics definition of alcohol-specific deaths

When comparing the definitions, age-standardised rates of alcohol-specific death (proposed NS definition) tend to be lower than age-standardised rates of alcohol-related death (current NS definition). This is particularly the case at the geographical levels of the UK and England where the rates for males and females are significantly different for each year between 2001 and 2015. For Northern Ireland, Scotland and Wales, when comparing the definitions, alcohol-specific rates tend
to be lower than rates of alcohol-related death; however, the magnitude of these differences is not always clear due to the smaller number of deaths in these countries producing a larger degree of statistical uncertainty.

Despite the differences, the trends produced by the two definitions are largely comparable in terms of year-to-year rises and falls in addition to longer-term changes. As such, adopting the proposed NS definition of alcohol-specific deaths would have minimal impact on our understanding of change over time, particularly from a public health perspective.

8. Consultation questions

8a – Your views on the issues raised

1. What is the relative value to users of statistics of more comparable definitions of alcohol-related harm across government, versus a longer comparable time series?

Please explain your answer as far as possible with reference to specific public health, government policy and/or scientific needs for the information.

2. What are the relative merits of the current National Statistics definition, the Public Health England (PHE) narrow definition and the PHE wide definition?

Please explain your answer as far as possible with reference to specific public health, government policy and/or scientific needs for the information and/or particular issues of statistical methodology.

3. Should the National Statistics definition of alcohol-related deaths be kept as it is (option 1), replaced with the PHE definition (option 2), replaced with the proposed definition of alcohol-specific deaths (option 3), or changed in some other way?

Please support your answer as far as possible with reference to expert opinion, epidemiological studies or other evidence. If appropriate, please state the specific ICD-10 codes you would prefer to be included or excluded, with reasons.

4. Should the National Statistics definition include both narrow (alcohol-specific) and wide (alcohol-related or alcohol-attributable) options?

Please explain your answer as far as possible with reference to specific public health, government policy and/or scientific needs for the information. If appropriate, please state the specific ICD-10 codes you would prefer to be included or excluded in a broader definition, with reasons.

5. Do you have any other comments on indicators of alcohol-related deaths or related issues?
8b – About you

1. Please give your name, job title, institutional affiliation and contact email.

2. Please state briefly the nature of your involvement in statistics or policy relevant to alcohol-related harm and area(s) of relevant specialist expertise.

3. Are you willing for ONS to contact you, if necessary, to clarify your response or discuss issues raised?

4. Are you willing to be identified in the published report of this consultation?

9. How to respond to this consultation

To take part in the consultation, please respond using the form provided at:

https://consultations.ons.gov.uk/health-and-life-events/alcohol-mortality-definition-review

If you wish to contact us about the consultation, please contact the Mortality Analysis Team by telephone (+44 (0)1633 456068) or email: mortality@ons.gsi.gov.uk

10. Consultation timetable

This consultation will run from 28 June 2017 to 4 August 2017.

11. After the consultation

We will publish a summary of the comments made no more than 12 weeks after the consultation closes. Any changes that have been identified through the consultation process will be implemented in the next annual publication.

12. Getting in touch

If you have any queries or comments about the consultation process, please email Simeon Bowen at ons.communications@ons.gsi.gov.uk or call 0845 601 3034.

You can also write to us at the following address:

Consultation Coordinator,
Room 1.101
Office for National Statistics,
Government Buildings,
Cardiff Road,
Newport,
South Wales,
NP10 8XG.

For further information on ONS consultations, please visit https://consultations.ons.gov.uk/

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13. Confidentiality and data protection

As someone who is interested in ONS statistics, we’d welcome your views. We may use your contact details to get in touch about future surveys or consultations. You can opt out at any time by emailing ons.communications@ons.gsi.gov.uk.

The information you send us may be passed to other parts of government. Your response might be made available if required under a Freedom of Information request.

We aim to be as open and transparent as possible, so we will publish all responses to this survey. This will include the name of your organisation and with your permission, also your name. We will not publish personal contact details.

14. Accessibility

All material relating to this consultation can be provided in Braille, large print or audio formats on request. British Sign Language interpreters can also be requested for any supporting events.
15. Annex 1: Figures to support section on the impact of the proposed National Statistics definition change

Figure 2: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 males, deaths registered in England, 2001 to 2015

Figure 3: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 females, deaths registered in England, 2001 to 2015

1 Error bars show 95% confidence intervals.
Figure 4: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 males, deaths registered in Northern Ireland, 2001 to 2015

![Graph showing alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 males.](image)

Figure 5: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 females, deaths registered in Northern Ireland, 2001 to 2015

![Graph showing alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 females.](image)

1 Error bars show 95% confidence intervals.
Figure 6: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 males, deaths registered in Scotland, 2001 to 2015

Figure 7: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 females, deaths registered in Scotland, 2001 to 2015

Error bars show 95% confidence intervals.
Figure 8: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 males, deaths registered in Wales, 2001 to 2015

Figure 9: Alcohol-related (current definition) and alcohol-specific (proposed definition) death rates per 100,000 females, deaths registered in Wales, 2001 to 2015

1 Error bars show 95% confidence intervals.