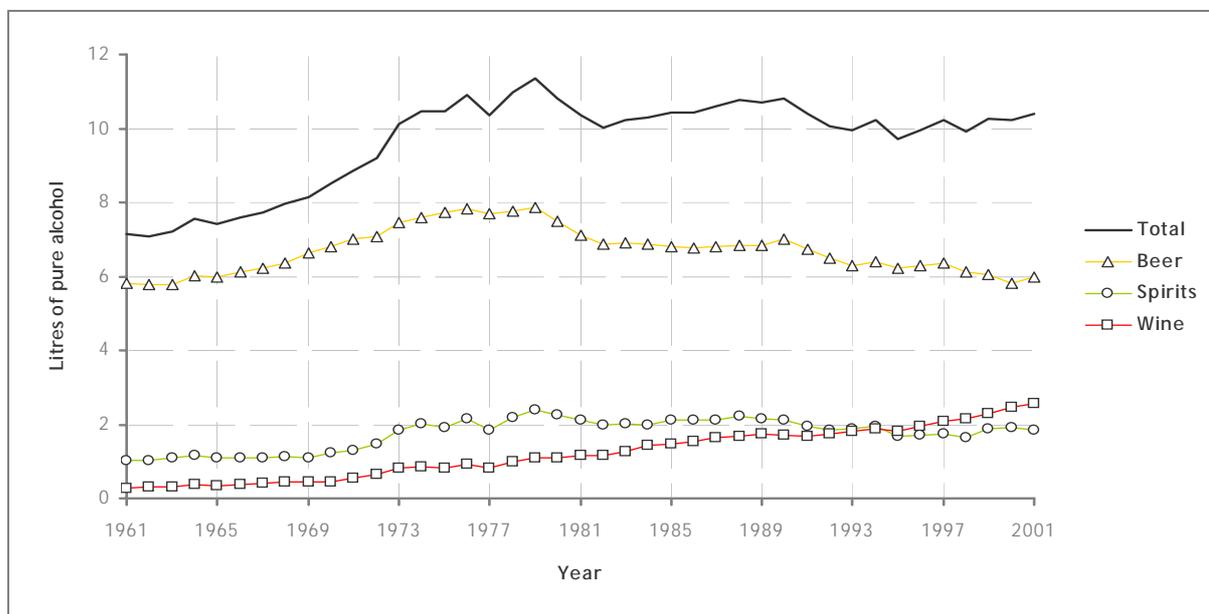


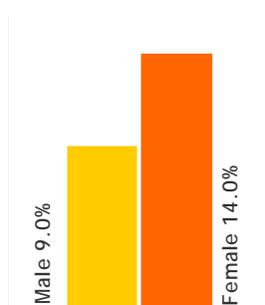
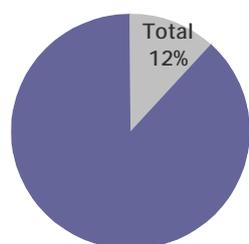
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND (THE)

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers



2000 national survey of adults aged 16 to 74 years old (total sample size $n = 8580$).¹

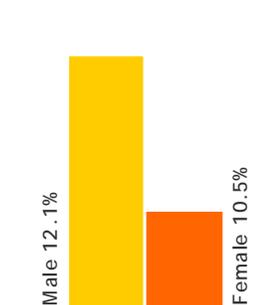
According to the 2002 General Household Survey of Great Britain (total sample size $n = 14\ 770$, males $n = 6828$ and females $n = 7942$; aged 16 years and above), the rate of last week abstainers found was 34% (total), 26% for men and 41% for women.²

A 2000 national survey of about 1000 respondents aged 18 to 64 years conducted by the European Comparative Alcohol Study (ECAS) project found the rate of abstainers to be 11% among males and 14% among females (based on the most frequently consumed beverage for each respondent).³

According to the WHO GENACIS Study (2000 survey; total sample size $n = 1586$, males $n = 775$ and females $n = 811$; age range 20 to 64 years), the rate of last year abstainers was 12.2% (total), 8.4% (males) and 15.8% (females).⁴

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 8% (males) and 14% (females). Data is for after year 1995.⁵

Heavy and hazardous drinkers (among drinkers)



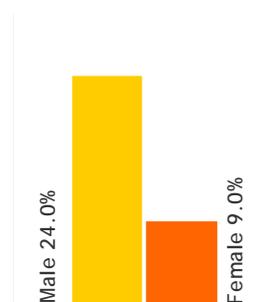
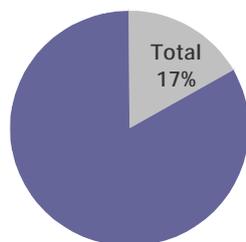
Data from the WHO GENACIS study. National survey conducted in 2000 (age group 20 to 64 years). Total sample size $n = 1586$; males $n = 775$ and females $n = 811$. Definition used: average consumption of 40 g or more of pure alcohol a day for males and 20 g or more of pure alcohol a day for females.⁴

According to the 2002 General Household Survey of Great Britain (total sample size $n = 14\,770$; males $n = 6828$ and females $n = 7942$; aged 16 years and above), 38% of men reported having drunk more than four units of alcohol on at least one day in the past week and 23% of women reported having drunk more than three units of alcohol on at least one day in the past week. 21% of men reported having drunk more than eight units of alcohol on at least one day in the past week and 10% of women reported having drunk more than six units of alcohol on at least one day in the past week.²

According to a 2000 national survey of subjects 16 to 74 years (total sample size $n = 8580$), 39% of men and 42% of women reported heavy and hazardous drinking (note that this figure is for among drinkers only). Heavy and hazardous drinking was defined for men as having five or more standard drinks on a typical drinking day and for women as having three or more standard drinks on a typical drinking day. In the same study, overall around a quarter (26%) of respondents were assessed as being hazardous drinkers, as indicated by a score of 8 or above on the AUDIT questionnaire.¹

A random sample of over 700 adults resident in Northern Ireland found that among drinkers (75% of men and 60% of women), 15.8% of men and 5.7% of women obtained a CAGE score of 3 or 4 (problem drinkers).⁶

Heavy episodic drinking



2000 national survey of adults aged 16 to 74 years old (total sample size $n = 8580$). Heavy episodic drinking was defined as consumption of six or more drinks on one occasion at least weekly during the past year.¹

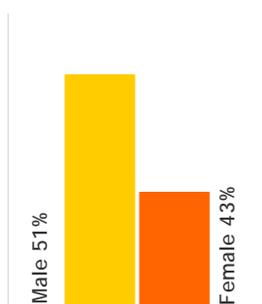
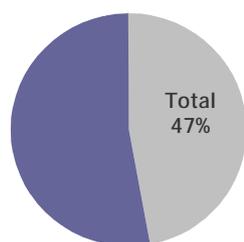
According to the WHO GENACIS Study (2000 ECAS survey; total sample size $n = 972$, males $n = 396$ and females $n = 576$; age range 20 to 64 years), the rate of heavy episodic drinking among drinkers was 58.5% for men and 34.2% for women. Heavy episodic drinking was defined as consumption of 75 g or more of pure alcohol in one sitting at least once a month in the last year.⁴

In a national survey of a sample representative of the adult population aged 18–64 years, the percentage of binge drinking occasions of all drinking occasions in the last 12 months was 40% among men and 22% among women. Binge drinking was defined as an occasion when the respondent had consumed at least one bottle of wine, 25 centilitres of spirits or four cans of beer.³

In a nationally representative sample of subjects aged 18–64 years, the annual frequency of binge drinking in the past year was 48.7 among males and 16.3 among females. Binge drinking was defined as consuming at least a bottle of wine, 25 centilitres of spirits or four cans of beer.⁷

According to a national survey conducted in 2003 (total sample size $n = 1416$; aged 15 years and over), the average number of times that respondents had consumed the equivalent of one bottle of wine, five pints/bottles of beer or five measures of spirits on one drinking occasion was 2.16.⁸

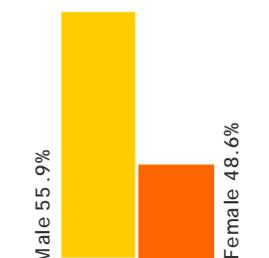
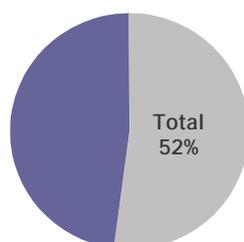
Youth drinking (alcohol consumers)



Data from the 1999 ESPAD survey. Total sample size $n = 2641$; males $n = 1280$ and females $n = 1361$; age group 15 to 16 years. Alcohol consumer was defined as lifetime use of 40 times or more.⁹

In a 2002 national survey of pupils in school years 7–11 in England (aged mainly 11–15 years old; total sample size $n = 9737$, males $n = 5026$ and females $n = 4711$), the rate of lifetime prevalence of alcohol use was 61% (total), 62% (males) and 60% (females).¹⁰

Youth drinking in England (drink at least weekly)



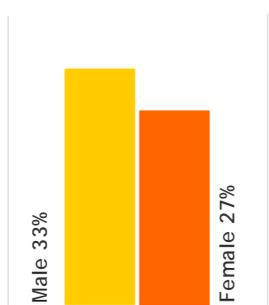
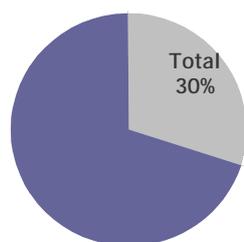
HBSC survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size $n = 1773$. Data shown is only for England.¹¹

Corresponding numbers for Scotland (total sample size $n = 1149$) and Wales (total sample size $n = 1164$) are 43.1% (total), 44.3% (boys) and 42% (girls) for Scotland, and, 56.3% (total), 58% (boys) and 54.4% (girls) for Wales.¹¹

According to the 1997/1998 HBSC survey 37% of 15-year-old boys and 33% of 15-year-old girls in Scotland (total sample size $n = 1727$), 53% of 15-year-old boys and 36% of 15-year-old girls in Wales (total sample size $n = 1427$), 47% of 15-year-old boys and 36% of 15-year-old girls in England (total sample size $n = 1872$) and 33% of 15-year-old boys and 20% of 15-year-old girls in Northern Ireland reported drinking beer, wine or spirits at least weekly.¹²

In a 2002 national survey of pupils in school years 7–11 in England (aged mainly 11 to 15 years old; total sample size $n = 9630$, males $n = 4961$ and females $n = 4669$), the rate of last week alcohol consumers was 24% (total), 25% (males) and 23% (females).¹⁰

Youth drinking (binge drinkers)



Data from the 1999 ESPAD survey. Total sample size $n = 2641$, males $n = 1280$ and females $n = 1361$; age group 15 to 16 years. Binge drinking was defined as consuming five or more drinks in a row three times or more in the last 30 days.⁹

It has been found that significant numbers of both male and female students are reported to exceed sensible weekly consumption guidelines.¹³

In a survey of 3075 second-year university students (1610 men and 1447 women, 18 sex not stated), it was found that 11% of the students were non-drinkers. Among drinkers, 61% of the men and 48% of the women exceeded “sensible” limits of 14 units per week for women and 21 for men. Hazardous drinking (36 or more units per week for women and 51 or more units per week for men) was reported by 15% of the drinkers. Binge drinking was declared by 28% of drinkers.¹⁴

In a 1998 survey of 264 undergraduates, 82% of males and 90% of females reported drinking alcohol. Of those drinking, 63% of males and 42% of females drank in excess of sensible weekly limits (14 units for females and 21 units for males), with 56% of males and 58.5% of females reported binge drinking.¹⁵

In a survey of 719 dental practitioners who started practice in the summer of 1999, 89% of males and 88% of females reported drinking alcohol. 35% of males and 36% of females drank above sensible levels (up to 21 units per week for males and 14 units for females), with 48% of males and 52% of females binge drinking.¹⁶

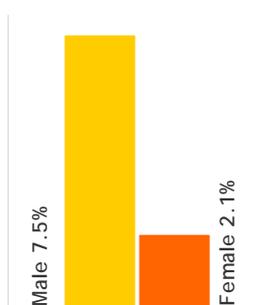
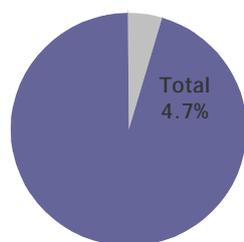
In a study of 136 second-year medical students (46 men and 90 women), 86% of the students drank alcohol. Among those who drank, a high proportion (52.6% of the men and 50.6% of the women) exceeded the recommended weekly limit of alcohol consumption of 21 units for men and 14 units for women per week.¹⁷

Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size $n = 1773$), the proportion of 15-year-olds in England who reported ever having been drunk two or more times was 55.1% for boys and 54.9% for girls. The corresponding rates for Scotland (total sample size $n = 1149$) were 51.9% for boys and 51.8% for girls, and for Wales (total sample size $n = 1164$), 58.3% for boys and 60.3% for girls.¹¹

In the 1999 ESPAD study of subjects 15 to 16 years old (total sample size $n = 2641$; males $n = 1280$ and females $n = 1361$) the proportion of subjects who reported being drunk three times or more in the last 30 days was 24% (total), 23% (males) and 25% (females).⁹

Alcohol dependence (last year)



Data from the Household Survey from the National Survey of Psychiatric Morbidity. This covered a sample drawn at random from the population of Britain, with the exception of the Highlands and Islands of Scotland. 10 108 individuals aged 16 to 65 years old were interviewed. The Revised Clinical Interview Schedule and ICD-10 were used.¹⁸

According to a 2000 national survey of subjects 16 to 74 years (total sample size $n = 8580$), 7% of the total sample were assessed as being dependent on alcohol. Alcohol dependence was assessed using the Severity of Alcohol Dependence questionnaire, SAD-Q. For the majority of these cases the dependence was classified as mild. The prevalence in the population were 69 per 1000 for mild dependence, 4 per 1000 for moderate dependence and 1 per 1000 for severe dependence.¹

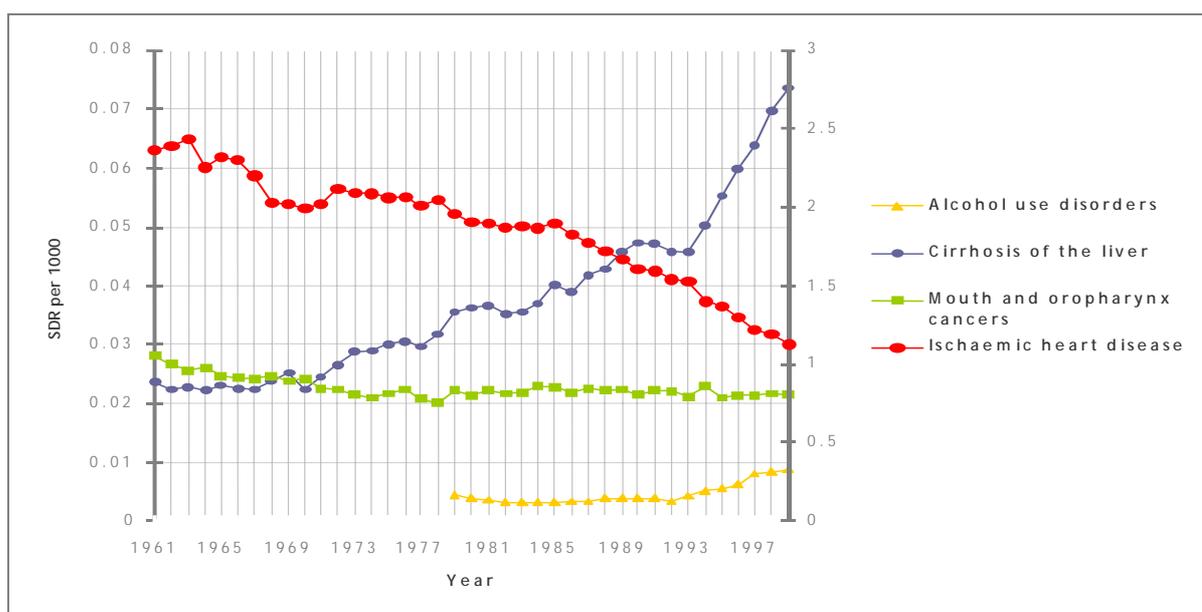
Unrecorded alcohol consumption

The unrecorded alcohol consumption in the United Kingdom is estimated to be 2.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).⁵

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

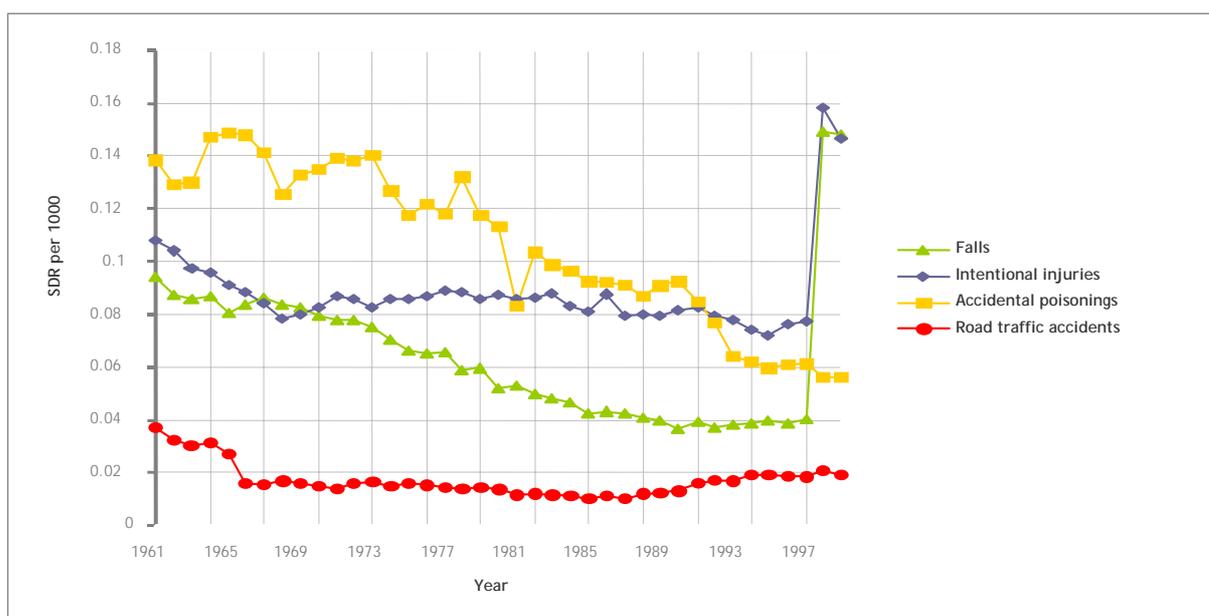
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

In a 1994 survey, 90% of personnel directors from British organizations cited alcohol consumption as a problem within their workplace. Their major concerns included loss of productivity, absenteeism, safety, employee relations, poor behaviour and impacts on company image. It is estimated that 8–14 million working days are lost annually to alcohol-related problems. With regard to safety, up to 25% of workplace accidents and around 60% of fatal accidents at work may be associated with alcohol.¹⁹

Alcohol is a major factor behind absences from work with up to 14.8 million days lost as a result of drinking every year.²⁰

It was estimated that up to 150 000 hospital admissions occurred each year as a result of acute or chronic alcohol use. In addition, one third of all accident and emergency attendances may have alcohol causally implicated.²¹

The number of hospital admissions with a primary diagnosis of “mental and behavioural disorders due to alcohol” was 30 700 in 2000/2001, having peaked in 1997/1998 at 34 400. Conversely, the number with either a primary or secondary diagnosis of this nature rose from 71 900 in 1995/1996 to 88 600 in 2000/2001. Alcoholic liver disease was a much less common alcohol-related diagnosis than mental or behavioural disorders, but one which also increased, from 14 100 admissions where there was any mention of this in 1995/1996 to 24 300 in 2000/2001.²²

In a study of 464 people attending a general hospital in Northern Ireland (response rate 82%), it was found that 15% of outpatients, 16% of inpatients and 38.5% of those attending the Accident and Emergency Department scored as misusers of alcohol according to the AUDIT questionnaire. Males were three times more likely to misuse alcohol than females. An unexpectedly large number of those attending the gynaecological clinic reported alcohol misuse.²³

Provisional estimates suggest that in 2002, 6% of road traffic accidents involved illegal alcohol levels, and that these accidents resulted in a total of 20 140 casualties: 15% of road deaths occurred when someone was driving over the legal limit for alcohol. There were 530 drink driving-related deaths in 2001 and provisional estimates suggest that around 560 people were killed in 2002. In addition to those fatalities, around 2700 people were seriously injured in drink driving accidents in 2001 and provisional estimates for 2002 are of the order of 2800. It is estimated that in 2002, more than twice as many men as women were casualties in alcohol-related road accidents: almost 90% of alcohol-related road accident casualties were adults aged 16 to 59.²²

One in seven traffic deaths were alcohol-related in 1998 – 460 people died in drink-drive accidents and 2520 were seriously injured.²⁴ Between 1993 and 2001, the total number of casualties from road accidents involving alcohol rose by one fifth.²¹

The Department of Environment Transport and the Regions estimates that there were 550 deaths and over 16 000 injuries caused by drink driving in 1997. It is thought that 20% of drivers killed on the roads have illegal blood alcohol levels (above 80 mg/100 ml), whilst drivers with blood alcohol levels of between 50 mg to 80 mg/100 ml are 2–2.5 times more likely to be involved in an accident. The Department of Health has estimated that 30% of pedestrians killed on the roads are over the legal driving limit, and this figure is thought to rise to 75% between 22:00 and 04:00.¹⁹

According to the official statistics, 10% of motorcyclists and 19% of car drivers involved in fatal crashes exceeded the legal alcohol rate (80 mg/100 ml).²⁵

In the early 1980s, alcohol-related deaths, which include not only health problems caused by alcohol, but also homicides and accidents where alcohol was a significant factor, accounted for approximately 2% of all deaths in the young adult age group. In 2001, this figure has risen to at least 6%.²⁶ It is estimated that between 15 000 and 22 000 deaths per year were associated in some way with alcohol misuse.²²

Studies in the UK show that there are a range of injuries frequently associated with alcohol including, such as assault (69.6%), accidents in the home (13%), accidents at work (8%), and road casualties (11%).²⁷

A 1995 study looking at deaths from injury and poisoning among young men aged 15–39 years in England and Wales found that the most common cause of death was poisoning by alcohol and drugs.²⁸

In a study examining the relationship between binge drinking and criminal and disorderly behaviour among 18- and 24-year-olds, it was found that binge drinking, and especially male binge drinking, among 18- to 24-year-olds is statistically related to offending behaviour. In the 12 months prior to the study, 39% of binge drinkers admitted to committing an offence and 60% admitted criminal and/or disorderly behaviour during or after drinking alcohol. Individuals who got drunk at least once a week had more than five times the odds of being involved in fighting or violent crime. For offences or disorderly behaviour that took place during or after drinking alcohol an individual had a seven times greater chance of breaking or damaging something and a five times greater chance of being involved in a fight if he/she got drunk at least once a week.²⁹

Data from the 1998/1999 Youth Lifestyle Survey show that 39% of binge drinkers among those aged 18 to 24 years had committed a criminal offence in the last 12 months (17% had committed a violent crime, 15% had taken part in a group fight in a public place, 11% had committed theft and 4% had committed criminal damage). The survey also found that in the past 12 months (among those aged 18 to 24 years), 41% of men and 24% of women had gotten into a heated argument, 23% of men and 5% of women had broken, destroyed or damaged something belonging to someone else and 7% of men and 1% of women had taken something belonging to someone else during or after drinking. For binge drinkers, the rates of having done any of the above were even higher: 50%, 26%, 17% and 8% respectively.³⁰

In a Northern Ireland suicide study (case-control psychological autopsy), it was found that the prevalence of alcohol use disorders among people who committed suicide was 43%. The estimated risk of suicide in the

presence of current alcohol misuse or dependence was eight times greater than in the absence of current alcohol misuse or dependence.³¹

A study conducted among women in a general hospital ward found that excessive alcohol consumption was significantly associated with attempted suicide by drug overdose.³²

A study of 104 gunshot suicides in Northern Ireland over a 5-year period found that alcohol consumption was involved in 41 of the suicides.³³

The British Crime Survey in England and Wales, based on interviews conducted in 2001/2002, shows that 47% of offenders were perceived to be under the influence of alcohol by their victims in violent incidents, compared with 40% in 2000. In England and Wales, 26 200 people (23 700 men and 2500 women) were found guilty of drunkenness in 2001.²²

According to a Market and Opinion Research International poll (2001), seven out of ten respondents saw drinking in public places as a problem in their locality.²¹

In a study looking at offences of drunkenness among police detainees, it was found that within the confines of the station, being drunk was associated with aggressiveness, with the need for medical examination and with delays in implementing interview procedures. The physical condition of many chronically drunk people was very poor and evidence of long-term self neglect was common.³⁴

The All-Party Group on Alcohol Misuse found that 30% of individuals on probation in 1994 had severe alcohol problems and that 70% of these individuals reported this alcohol problem as being directly associated with their last offence. It was also found that 45% of remand prisoners and 20% of sentenced prisoners had severe alcohol problems, with 7% of sentenced prisoners being alcohol-dependent.¹⁹

Between 30% and 60% of child protection cases involve alcohol. Up to 1.3 million children may be adversely affected by family drinking.²¹

The SDR per 100 000 population for chronic liver disease and cirrhosis was 9.12 in 1999 and 9.65 in 2000.³⁵ From 1970 to 2000, deaths from chronic liver disease has increased among men in the age group 25–44 years from 49 per annum to 470 (959%) and among women aged 25–44 years from 29 to 268 (924%).³⁶ Large rises in death rates from chronic liver disease and cirrhosis have occurred in most age groups. In 45–54-year-olds, there has been a greater than fourfold increase amongst men since the early 1970s and a threefold increase in women. In 35–44-year-olds, the rise has been even larger: an eightfold increase in men and approaching a sevenfold increase in women. The rise in deaths from cirrhosis amongst younger people is of particular concern where binge drinking patterns appear to be common.³⁷

The number of alcohol-related road traffic accidents per 100 000 population was 18.45 in 1996.³⁵

In a study based on a subsample of 15- and 16-year-old school students, there was a strong relationship found between truancy and perceived school performance and use of alcohol.³⁸

A recent study found that problem drinking, as identified by the CAGE questionnaire, was more prevalent amongst those who experienced unemployment, with a slight positive gradient with the increasing amount of accumulated unemployment. Recent unemployment was particularly strongly associated with problem drinking.³⁹

Economic and social costs

An interim report by the Prime Minister's Strategy Unit puts the annual alcohol-related costs of crime and public disorder at £7.3 billion, work place costs at £6.4 billion, and health costs at £1.7 billion.²¹

It is estimated that long-term sickness, unemployment and premature death due to alcohol abuse costs the UK economy some £2.3 billion a year.²⁰

Alcohol misuse imposes a substantial burden on Scottish society, costing £1071 million per year at 2001/2002 prices, which is greater than many prevalent illnesses such as stroke, depression and diabetes mellitus. In terms of the statutory agencies, alcohol misuse imposes a greater burden on the criminal justice system than both the health service and social work services. However, the greatest burden on the individual and society as a whole is arising from lost productivity.⁴⁰

It was estimated that the cost to the National Health Service of alcohol misuse was £1.4 to £1.7 billion a year, including 1 in 26 NHS bed days (about £2 million), 1 in 80 NHS day cases, and up to 35% of all accident and emergency attendance costs.²²

Aside from crimes committed as a result of alcohol misuse, HM Customs and Excise estimates that up to £220 million was lost in revenue in 1997 as a result of cross-channel alcohol smuggling.¹⁹

In 2002, total household expenditure on alcohol in the United Kingdom was £38.4 billion. This figure excludes legitimate cross-border shopping, which is included in tourist expenditure, but includes estimates of the value of smuggled alcohol. Since 1980, expenditure on alcohol as a proportion of total household expenditure has fallen from 7.5% in 1980 to 5.8% in 2002.²²

Country background information

Total population 2003	59 251 000	Life expectancy at birth (2002)	Male	75.8
Adult (15+)	48 585 820		Female	80.5
% under 15	18	Probability of dying under age 5 per 1000 (2002)	Male	7
Population distribution 2001 (%)			Female	6
Urban	90	Gross National Income per capita 2002	US\$	25 250
Rural	10			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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